

The nursing process in the care of elderly people with hyperthyroidism: attention to individual needs

*El proceso de enfermería en el cuidado de personas mayores con hipertiroidismo:
atención a las necesidades individuales*

*O processo de enfermagem no cuidado a idosos portadores de hipertireoidismo:
atenção às necessidades individuais*

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Abstract

This study aimed to describe common nursing diagnoses and nursing interventions for elderly individuals with hyperthyroidism. This qualitative, exploratory study was conducted in the endocrinology outpatient clinic of a public health institution in the state of Rio de Janeiro. Data collection was performed by analyzing the medical records of 15 elderly individuals with hyperthyroidism, selected through intentional sampling. Symptoms such as tremors, exophthalmos, gastrointestinal disturbances, and enlarged goiter were prevalent. Based on the signs and symptoms assessed, four prevalent nursing diagnoses stood out: impaired physical image, dysfunctional gastrointestinal motility, impaired physical mobility, and risk for dry eye. The conclusion is that care for elderly individuals with hyperthyroidism is complex and requires nursing professionals capable of providing appropriate and systematic care.

Descriptors: Hyperthyroidism; Aged; Nursing Process; Nursing Diagnoses; Nursing Care.

Resumen

Este estudio tuvo como objetivo describir los diagnósticos e intervenciones de enfermería comunes para personas mayores con hipertiroidismo. Este estudio cualitativo y exploratorio se realizó en la clínica ambulatoria de endocrinología de una institución de salud pública en el estado de Río de Janeiro. La recolección de datos se realizó mediante el análisis de las historias clínicas de 15 personas mayores con hipertiroidismo, seleccionadas mediante muestreo intencional. Síntomas como temblores, exoftalmos, trastornos gastrointestinales y bocio agrandado fueron prevalentes. Con base en los signos y síntomas evaluados, se destacaron cuatro diagnósticos de enfermería prevalentes: deterioro de la imagen física, motilidad gastrointestinal disfuncional, deterioro de la movilidad física y riesgo de ojo seco. La conclusión es que el cuidado de las personas mayores con hipertiroidismo es complejo y requiere profesionales de enfermería capaces de brindar una atención adecuada y sistemática.

Descriptoros: Hipertiroidismo; Anciano; Proceso de Enfermería; Diagnóstico de Enfermería; Atención de Enfermería.

Resumo

Objetivou-se descrever diagnósticos de enfermagem frequentes e intervenções de enfermagem voltadas para idosos com hipertireoidismo. Pesquisa qualitativa e exploratória realizada no ambulatório de endocrinologia, em instituição pública de saúde localizada no estado do Rio de Janeiro. A coleta de dados foi realizada por análise de prontuários de 15 pessoas idosas com hipertireoidismo, selecionadas por amostragem intencional. Houve prevalência de sintomas como tremores, exoftalmia, distúrbios gastrointestinais e aumento do bócio. Com base nos sinais e sintomas avaliados, destacaram-se quatro diagnósticos de enfermagem prevalentes: imagem física prejudicada, mobilidade gastrointestinal disfuncional, mobilidade física prejudicada e risco de olho seco. Conclui-se que o cuidado à pessoa idosa com hipertireoidismo é complexo e envolve a necessidade de profissionais de enfermagem aptos a prover cuidado apropriado e sistematizado.

Descritores: Hipertireoidismo; Idoso; Processo de Enfermagem; Diagnósticos de Enfermagem; Cuidados de Enfermagem.



Introduction

The progressive and continuous aging of the world's population is one of the greatest challenges facing society today¹. While the increase in life expectancy is a positive achievement, the rising incidence of chronic diseases, especially in developing countries, is also a cause for concern^{2,3}. According to the Brazilian Institute of Geography and Statistics (IBGE), the elderly population in Brazil grew by 9 million from 2012 to 2021, and the forecast for 2060 is that 1 in 4 Brazilians will be elderly^{4,5}. At the same time, the incidence of endocrine disorders also increases, since the endocrine system follows the physiological process of aging, which results in changes in the function of the mechanisms of this system, including the thyroid⁶.

Hyperthyroidism is a chronic disease resulting from this dysfunction, caused by the overactivity of the thyroid gland, which is responsible for producing certain hormones and regulating important organs such as the heart, brain, kidneys, and liver⁷. Thyroid gland disorders, associated with certain conditions, lead to the overproduction of thyroid hormones T3 (triiodothyronine) and T4 (thyroxine), compromising the proper functioning of the organs it regulates. Some of the thyroid-dependent functions that can be affected include activation of osteoblasts and osteoclasts (risk of osteoporosis in adults), induction of increased blood volume and cardiac output, increased lipolysis (weight loss), modulation of mitochondrial respiration, regulation of cholesterol and triglyceride metabolism, and the synthesis of pituitary hormones, inhibition of TSH (thyroid-stimulating hormone), among other functions⁸. Tremor, fatigue, insomnia, anxiety, and muscle weakness may also manifest⁹.

The endocrine system is not the only one affected by the aging process, which brings with it a complex interplay of biological, social, psychological, and behavioral changes¹⁰. These terms are understood as "fragilities" and "vulnerabilities," related to the risk of increased multidimensional decline³. In elderly individuals with hyperthyroidism, these risks are heightened because, in addition to the impairment inherent to aging, there are metabolic complications characteristic of the pathology. This factor does not exclude the possibility that some elderly patients are asymptomatic. Its main forms are Graves' disease and toxic multinodular goiter, which is more frequent in the elderly¹¹. It is important to highlight that the prevalence of hyperthyroidism increases with age, affecting women more frequently, making the development of appropriate care necessary^{12,13}.

Furthermore, it is crucial to consider accessibility and inclusion in the care of elderly people with hyperthyroidism. Physical, communicational, and social barriers can compromise the effectiveness of care and the patient's active participation. Studies indicate that people with disabilities face significant challenges in accessing health services, including a lack of adequate infrastructure, discriminatory attitudes, and ineffective communication. Therefore, nursing professionals must be trained to identify and overcome these barriers, promoting an inclusive and accessible care environment. This understanding is corroborated by studies that highlight the importance of

The complexity now highlighted in the population with hyperthyroidism requires specific care, and nursing is directly linked to providing care at various stages of life¹⁵. According to Roy, the role of nursing is to promote patient adaptation in terms of physical-physiological aspects, self-concept identity, interdependence, and role performance. When this health promotion mechanism is based on science and the systematization of care (SAE), a well-founded nursing process (PE) is achieved with more rigorous and comprehensive nursing diagnoses, observing human responses and stimuli, triggering positive adaptation. In this case, the aim is to develop nursing care based on an understanding of adaptation to bridge the gap between theory and practice^{16,17}.

In this context, it is up to the nursing professional to understand that the person is a biopsychosocial being in constant interaction with a changing environment that impacts both the individual and the environment itself, faced through innate and acquired mechanisms. Thus, when the health-disease process is inevitable, this stimulus can generate positive responses through adaptation¹⁶.

Unfortunately, the increase in life expectancy is accompanied by a shortage of professionals prepared to deal with this demographic shift¹⁵, which makes care for the elderly deficient. Difficulties in accepting the scenario of population aging, as well as adapting to aging, further corroborate the effective implementation of care for the elderly population. Considering the difficulty professionals have in applying the systematized nursing process, this study seeks to answer the following questions: "What are the main nursing diagnoses and care needs observed in the elderly population with hyperthyroidism?" and "What nursing care needs have been selected to address the health of the elderly population?"

The relevance of this work is highlighted by the right of the elderly to receive appropriate and effective care, through the systematic application of unique nursing processes such as assessment, diagnosis, intervention, and outcome evaluation. Positive aging, with integrity and dignity, is achieved through health promotion with adaptation to the changes of aging and the state of health and illness, providing autonomy to the elderly. Therefore, understanding the profile of the elderly affected allows for the development of a decisive care plan¹⁸.

This research is justified by the unpreparedness of healthcare teams to provide specialized care to elderly individuals with hyperthyroidism in the face of the exponential increase in this population. The scarcity of studies on the subject and of data on the progression of the pathology reinforces the need to discuss this debilitating and sometimes imperceptible issue. This work aims to describe frequent nursing diagnoses and nursing interventions aimed at elderly individuals with hyperthyroidism.

Methodology

This qualitative research study, with an exploratory objective, is a fragment of the umbrella project "Nursing



Care for Elderly People with Endocrinological Needs." Data collection took place from April to May 2023 at the endocrinology follow-up clinic of a public health institution located in the State of Rio de Janeiro. The institution was chosen due to the large population it serves, who are undergoing treatment for hyperthyroidism.

The data collection instrument will be the thematic analysis of the medical records of fifteen elderly patients with hyperthyroidism, selected through purposive sampling, where the pathology is essential for user selection. Anamnesis, past medical history, family history, and history of the current illness will be observed, allowing for analysis. The inclusion criteria used were being under treatment for hyperthyroidism and being over 60 years of age, as defined by Brazilian legislation¹⁸. The exclusion criterion used was users who abandoned their health treatment.

The study was based on Callista Roy's Adaptation Model, which made it possible to understand the adaptive responses of older adults to hyperthyroidism, guiding the identification of nursing diagnoses and the selection of the most appropriate interventions.

To identify the most relevant nursing diagnoses and define the main care measures for the patients in the case

study, a literature review was conducted using the NANDA-International Nursing Classification System for nursing diagnoses and the NIC for classifying interventions.

Consent for participation was obtained by approaching patients after their endocrinological appointments, and upon acceptance, the research proceeded. Informed consent was obtained in writing from all individuals involved in the study.

This research was submitted to the Public Ethics Committee of the Luiz Capriglione State Institute of Diabetes and Endocrinology (IEDE/SES), and approved under opinion No. 5,814,509, respecting the national ethical requirements for research involving human beings.

Results

The total study population consisted of 15 elderly women, and information gathered during the anamnesis revealed that 9 had completed high school (60%) and were between 60 and 70 years old (60%), 7 were widows (46.7%), and 7 were married (46.7%). Regarding religion, most participants, 10 (66.7%), were Catholic (Table 1).

Table 1. Sociodemographic data of elderly female participants with hyperthyroidism. Rio de Janeiro, RJ, Brazil, 2023

Variables	n	%
Age		
60-70 years old	9	60
Over 70 years old	6	40
Skin color		
White	13	86.7
Brown	2	13.3
Marital Status		
Married	7	46.7
Widowed	7	46.7
Divorced	1	6.7
Education		
Completed higher education	2	13.3
Completed high school	9	60
Completed primary education	2	13.3
Incomplete primary education	2	13.3
Employment situation		
Unemployed	3	20
Housewife	5	33.3



Working	7	46.7
Religion		
Evangelical	3	20
Catholic	10	66.7
Spiritist	1	6.7
Umbanda	1	6.7

Table 2. Comorbidades associadas ao hipertireoidismo das participantes idosas entrevistadas. Rio de Janeiro, RJ, Brasil, 2023

Variables	n	%
Comorbidities		
Hypertension	9	60
Diabetes	13	86.7

Comorbidities associated with hyperthyroidism were found, such as systemic arterial hypertension and diabetes mellitus, as presented in Table 2. Among the most recurrent signs and symptoms, 14 patients reported goiter (93.3%), 12 gastrointestinal disorders (80%), 11 tremors

(73.3%), 9 weight loss (60%), and 7 palpitations (46.7%). Regarding etiology, 14 patients presented with non-monitoring of the thyroid gland, and 1 patient presented with other causes. No cases of Graves' disease were recorded in the selected group, as shown in Table 3.

Table 3. Signs and symptoms of hyperthyroidism prevalent in study participants. Rio de Janeiro, RJ, Brazil, 2023

Variables	n*	%
Etiology		
Graves' disease	0	0
Toxic multinodular goiter	14	93.3
Other causes	1	6.7
Signs and symptoms		
Goiter	14	93.3
Gastrointestinal disorders	12	80
Exophthalmos	4	26.7
Hand tremors	11	73.3
Alopecia	3	20
Palpitations	7	46.7
Weight loss	9	60
Fatigue	4	26.7

Table 4. Lifestyle habits of elderly female participants interviewed. Rio de Janeiro, RJ, Brazil, 2023

Variables	n	%
Healthy eating	12	80
Regular physical activity	5	33.3



Alcoholism	2	13.3
Smoking	6	40

Regarding lifestyle habits, there is a record that 5 people engage in physical activity (33%) and 12 have a healthy diet (80%), as advised during the consultation by the health professional.

Discussion

The clinical manifestation of hyperthyroidism is linked to its etiology, being correlated with the most common findings in the study, such as toxic multinodular goiter (TMNG) and Graves' disease (GD). TMNG mainly affects the elderly population and, due to the increased volume of the goiter, is characterized by compressive symptoms such as dyspnea and dysphagia, as well as insomnia.

Weight loss is also reported as a recurring condition in cases of hyperthyroidism, regardless of the origin of the pathology⁹. The symptom profile of hyperthyroidism generates a significant change in the client's self-perception. Weight loss, increased goiter, anxiety, alopecia, and fatigue associated with insomnia have significant impacts on the patient's physical appearance. Self-image is impaired by characteristics inherent to the pathophysiology of hyperthyroidism, and its impacts on self-perception are worse in cases of poor coping with the pathology²⁰. For this reason, this diagnosis requires specific attention and care from nursing, as exemplified in Chart 1.

Chart 1. Nursing diagnosis and intervention regarding the diagnosis of impaired body image. Rio de Janeiro, RJ, Brazil, 2023

Diagnosis: Impaired body image	
Domain: Self-perception	Class: Body Image
Nursing intervention:	
<ul style="list-style-type: none"> ● Investigate with the patient what triggered the emotions. ● Teach the patient and family meal planning, as appropriate. ● Help the patient identify their positive attributes. ● Encourage the patient to recognize and discuss thoughts and feelings. ● Help the patient identify the impact of the illness on self-concept. ● Assess the patient's adaptation to changes in body image, if indicated. ● Offer truthful information regarding the diagnosis, treatment, and prognosis. ● Provide an atmosphere of acceptance. 	

Source: NANDA (2021-2023), NIC (2016).

During the analysis of the medical records, a high incidence of gastrointestinal disorders was observed, including hyperdefecation²¹. This symptom is characteristic of hyperthyroidism in the elderly², which is the population defined as being at risk for a diagnosis of dysfunctional

gastrointestinal motility (Chart 2). This refers to an alteration in the functioning of the gastrointestinal tract, whether due to increased, decreased, or absent peristaltic activity, including its ineffective action.

Chart 2. Nursing diagnosis and intervention regarding the diagnosis of dysfunctional gastrointestinal motility. Rio de Janeiro, RJ, Brazil, 2023

Diagnosis: Dysfunctional gastrointestinal motility	
Domain: Elimination and exchange	Class: Gastrointestinal function
Nursing intervention:	
<ul style="list-style-type: none"> ● Monitor bowel movements, including frequency, consistency, shape, volume, and color, as appropriate. ● Monitor bowel sounds. ● Monitor for signs and symptoms of diarrhea, constipation, and impaction. ● Advise the patient on specific foods that help promote bowel regularity. ● Advise the patient on fiber-rich foods, as appropriate. ● Assess for fecal incontinence, if necessary. ● Initiate a bowel training program, as appropriate. 	

Source: NANDA (2021-2023), NIC (2016).

Hand tremors are also reported as a significant problem, according to the high number of patients affected during the research. Records indicate this symptom is more evident in patients with Graves' disease⁹. This symptom can

restrict the performance of daily activities that were previously performed easily by the individual, as well as causing fatigue in patients. Such limitations can lead to anxiety and distorted self-perception. Other symptoms



associated with restricted mobility are reported in research as being frequent in elderly individuals with hyperthyroidism, such as asthenia and the risk of osteoporosis^{8,9}.

The set of signs and symptoms leads to impaired mobility and the nursing diagnosis of impaired physical

mobility, defined by uncoordinated movement associated with impaired metabolism. It is related to decreased muscle strength, also associated with aging. This motor limitation leads to increased frailty in the elderly and, consequently, greater dependence²².

Chart 3. Nursing diagnosis and intervention regarding the diagnosis of impaired physical mobility. Rio de Janeiro, RJ, Brazil, 2023

Diagnosis: Impaired physical mobility	
Domain: Activity / rest	Class: Activity / exercise
Nursing intervention:	
<ul style="list-style-type: none"> ● Encourage the expression of feelings about limitations. ● Guide the individual on the appropriate type of exercise for their health level, together with the doctor and/or physiotherapist. ● Identify environmental characteristics that may increase the potential for falls (e.g., slippery floors and unguarded stairs). ● Encourage the patient to perform normal activities of daily living according to their level of ability. ● Assist until the patient is fully capable of self-care. ● Offer physical assistance, if necessary. ● Determine the individual's need for assistance with instrumental activities of daily living (e.g., shopping, cooking, house cleaning, laundry, use of transportation, money management, medication management, communication, and time management). 	

Source: NANDA (2021-2023), NIC (2016).

Exophthalmos, more common in Graves' disease, is a symptom that can be present in hyperthyroidism. Molina states that 40 to 50% of patients with hyperthyroidism present with exophthalmos because of the regulatory mechanisms of thyroid dysfunction⁸. Some study participants presented with exophthalmos, requiring closer observation during nursing care. The percentage difference can be justified because elderly individuals frequently have non-muscular blockade (NMB) as the cause of the pathology, which does not manifest this symptom. Exophthalmos leads to altered aesthetics and impaired body image and should be managed as already explained in the diagnosis. However,

it also exposes the eyeball, potentially leading to dryness, which determined the indication of a risk diagnosis for dry eye. In addition to ocular proptosis, the diagnosis is associated with hormonal changes and metabolic disease. The elderly population is classified as at risk for this diagnosis, and when associated with hyperthyroidism, it requires greater attention, as indicated in Chart 4.

Due to the increased beta-adrenergic receptors caused by hyperthyroidism, symptoms such as palpitations may manifest²². In the group studied, palpitations may also be related to the reported comorbidities; however, there are studies linking the symptom to hyperthyroidism.

Chart 4. Nursing diagnosis and intervention regarding the diagnosis of risk of dry eye. Rio de Janeiro, RJ, Brazil, 2023

Diagnosis: Risk of dry eye	
Domain: Security / protection	Class: Physical injury
Nursing interventions:	
<ul style="list-style-type: none"> ● Determine the patient's knowledge about the medication. ● Apply lubricants (e.g., eye drops, ointments) to aid in tear production, as appropriate. ● Develop strategies with the patient to improve adherence to the prescribed medication regimen. ● Avoid exposure to drafts, excessive heating, or unnecessary cooling. ● Monitor for redness, exudate, or ulceration. ● Instruct the patient to gently close their eyes to help distribute the medication. 	

Source: NANDA (2021-2023), NIC (2016).

Final Considerations

This study aimed to understand the nursing process in the care of elderly people with hyperthyroidism to improve decision-making in the care of this growing population, through the analysis of medical records and the literature, NANDA, and NIC. To define the nursing process for this population, diagnoses directed at physiological limitations and self-perception were highlighted,

emphasizing the debilitating nature of hyperthyroidism. Regarding the analysis of care, it was observed that it varies from guidance to the patient's active participation in adapting to the disease, since the pathology affects multiple factors and requires diverse coping strategies. These results corroborate findings in research on the subject. Based on the results found, it is understood that the objective of the work was fulfilled; however, the study presents limitations that



should be considered. The small number of participants reduces the possibility of generalizing the findings, which may generate divergence if the analysis is conducted in larger and more heterogeneous groups. Furthermore, the exclusive use of medical records as a data source restricts the understanding of subjective aspects of the elderly person's experience with the disease, such as feelings, perceptions, and individual coping strategies. Another limiting factor refers to the specificity of the studied scenario, which may not reflect the reality of other care contexts, such as primary care or specialized services.

Additionally, there is a need to consider accessibility and inclusion in the care of elderly people with hyperthyroidism, since physical, communicational, and social barriers can compromise the effectiveness of care and the patient's active participation. Future studies should

explore strategies that promote equitable access to health services and health education, ensuring that nursing interventions are adapted to the needs of each elderly person, respecting their limitations and potential. Due to these limitations, it is recommended that future research include larger, multicenter samples and methodologies that also integrate qualitative approaches to deepen the understanding of the impact of hyperthyroidism on the lives of elderly people and broaden the applicability of the identified nursing care.

We observed the need for nursing professionals to be trained and attentive to the signs and symptoms of hyperthyroidism for better investigation and treatment, seeking to enable its control without more extensive damage to health. Thus, improving care through diagnosis and enhancing outcomes with the systematization of care.

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