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MULTIDISCIPLINARY (NURSING, PSYCHOLOGY, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, PHARMACY, ORAL MEDICINE, SOCIAL SERVICES)

Emotional and social vulnerabilities of patients and their families immediately after the Allogeneic Hematopoietic Stem Cell Transplantation

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Introduction: Hospitalization for Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) has as characteristics the need for intensive care and a prolonged length of stay in a protected environment unit (PEU). During this period, patients and family members have to live with a series of procedures, interventions and approaches, often invasive and highly technical ones. After discharge from the PEU, at immediate post-HSCT period, patients and their family members must deal with the care management and develop greater autonomy regarding the treatment. At this moment, the team has to face the vulnerabilities expressed by patients and their families, which have an impact on the adherence to the proposed therapy. Objective: This study aims to report the main emotional and social vulnerabilities of patients and their families, identified during the care monitoring period in the immediate post-HSCT period. Materials and Methods: As work methodology, we implemented the weekly multidisciplinary round to discuss cases, identify care demands and develop shared treatment plans. Data from the social and psychological interviews carried out with the patient and family, as well information shared during the rounds are used to identify psychosocial vulnerabilities. These data are recorded in a single electronic medical record, allowing the access of all the members involved in the care process. Results: The main emotional and social vulnerabilities identified were: exacerbation of psychiatric disorders; fragile support network (previously nonexistent or worn out by the illness/treatment process); cognitive difficulties for treatment management; difficulties in patient co-responsibility regarding self-care; difficulty in recovering autonomy; difficulty to have access to essential resources for treatment maintenance such as medications, individual transportation and accommodations close to the hospital; lack of social protection related to work/ income; disruption or deterioration of social and community ties due to the need to move to place far from the city of origin; difficulty to have access to Out-of-Home Treatment (OHT) resources. Discussion: In this context of intense vulnerability, patients and their families need to engage emotional and social resources that will enable them to face the demands of the moment. A vigilant team, attentive to these vulnerabilities, makes it possible to think of guidance and multidisciplinary assistance/educational conducts that will encourage patient co-responsibility and autonomy, aiming to recover their capabilities to manage the self-care process. Additionally, the identification of psychosocial vulnerabilities allows articulating family and social assistance network resources, minimizing adherence difficulties found in post-HSCT monitoring.

Keywords: hematopoietic stem cell transplantation; vulnerability and health; interdisciplinary care team