Nursing care needs for users of the Psychosocial Care Centers

Necessidades de atenção de enfermagem a usuários de Centros de Atenção Psicossocial

Necesidades de atención de enfermería a usuarios de Centros de Atención Psicosocial

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Abstract

Objective: To assess the nursing care needs of users of the Psychosocial Care Centers; compare demographic and clinical variables between care categories; and, investigate the predictive factors for nursing care needs.

Methods: Descriptive-exploratory study with a quantitative approach carried out in three Psychosocial Care Centers in a city in the interior of the State of São Paulo, Brazil. Five nurses assessed intensive care users by applying the Patient Classification Instrument of the Dependency Level in Psychiatric Nursing. The statistical analysis, with a significance level of 5% (p≤0.05), consisted of measures of central tendency, association tests and logistic regression. The statistical analysis, with a significance level of 5% (p≤0.05), consisted of measures of central tendency, association tests and logistic regression.

Results: In the 249 assessments carried out, there were 145 (58.2%) users in the discrete care category and 103 (41.4%) in the intermediate category. The age group, the number and type of diagnoses were associated with the categories of care: higher frequency of the discrete in 30-39 years, two/three diagnoses and disorders related to substance use; and intermediate/full in 40-49 years, a diagnosis and psychotic disorders. Being a user of the Psychosocial Care Centers II and III, and male, were predictive factors for greater need for nursing care.

Conclusion: There was a predominance of users in the discrete category and an association between the categories of care with age group, number and type of diagnoses. The risk factors for greater need for nursing care were related to users of the Psychosocial Care Centers II and III and male.

Resumo

Objetivo: Avaliar as necessidades de atenção de enfermagem de usuários de Centros de Atenção Psicossocial; comparar as variáveis demográficas e clínicas entre as categorias de cuidados; e, investigar os fatores preditores para as necessidades de atenção de enfermagem.

Métodos: Estudo descritivo-exploratório com abordagem quantitativa realizado em três Centros de Atenção Psicossocial de uma cidade do no interior do Estado de São Paulo, Brasil. Cinco enfermeiros avaliaram usuários de atendimento intensivo mediante aplicação do Instrumento para Classificação do Nível de Dependência em Enfermagem Psiquiátrica. A análise estatística, com nível de significância de 5% (p≤0,05), consistiu em medidas de tendência central, testes de associação e regressão logística.

Resultados: Nas 249 avalições realizadas houve 145(58,2%) usuários na categoria de cuidados discreta e 103(41,4%) na categoria intermediaria. A faixa etária, o número e o tipo de diagnósticos estiveram associados às categorias de cuidados: maior frequência da discreta em 30-39 anos, dois/três diagnósticos e transtornos relacionados ao uso de substâncias; e da intermediária/plena em 40-49 anos, um diagnóstico e transtornos

psicóticos. Ser usuário de Centros de Atenção Psicossocial II e III, e do sexo masculino foram fatores preditores para maior necessidade de atenção de enfermagem.

Conclusão: Houve predomínio de usuários na categoria discreta e associação entre as categorias de cuidados com faixa etária, número e tipo de diagnósticos. Os fatores de risco para maior necessidade de atenção de enfermagem relacionaram-se aos usuários de Centros de Atenção Psicossocial II e III e do sexo masculino.

Resumen

Objetivo: Evaluar las necesidades de atención de enfermería a usuarios de Centros de Atención Psicosocial, comparar las variables demográficas y clínicas entre las categorías de cuidados e investigar los factores predictores de las necesidades de atención de enfermería.

Métodos: Estudio descriptivo y exploratorio, con enfoque cuantitativo realizado en tres Centros de Atención Psicosocial de una ciudad del interior del estado de São Paulo, Brasil. Cinco enfermeros evaluaron usuarios de atención intensiva mediante la implementación del instrumento para la Clasificación del Nivel de Dependencia en Enfermería Psiquiátrica. El análisis estadístico, con nivel de significación de 5 % ($p \leq 0,05$), consistió en medidas de tendencia central, pruebas de asociación y regresión logística.

Resultados: De las 249 evaluaciones realizadas, 145 (58,2 %) usuarios se encontraban en la categoría de cuidados discreta y 103 (41,4 %) en la categoría intermedia. El grupo de edad, el número y el tipo de diagnóstico estuvieron relacionados con las categorías de cuidados: mayor frecuencia en categoría discreta personas entre 30-39 años, dos/tres diagnósticos y trastornos relacionados con el uso de sustancias, y en la intermedia/plena personas entre 40-49 años, un diagnóstico y trastornos psicóticos. Ser usuario de Centros de Atención Psicosocial II y III y ser de sexo masculino fueron factores predictores de una mayor necesidad de atención de enfermería.

Conclusión: Se observó un predominio de usuarios en la categoría discreta y relación entre las categorías de cuidados con el grupo de edad, número y tipo de diagnóstico. Los factores de riesgo de mayor necesidad de atención de enfermería se relacionaron con los usuarios de Centros de Atención Psicosocial II y III y de sexo masculino.

Introduction

The worldwide psychiatric reform movements since the 1960s, and in Brazil, in the 1970s, brought new practices in mental health.[1] The main strategy in this new scenario was the emergence of community services that substitute the hospital-centered model – the Psychosocial Care Centers (Portuguese acronym: CAPS) – for the reception of people with mental disorders, stimulating their social and family integration and providing support in the search for autonomy.[2] These centers differ in terms of treatment modality and complexity, clientele served and coverage in the territory.[3]

In the deinstitutionalized care model, priority is given to the production of comprehensive care and the humanization of care with a focus on users' preferences and values.[4,5] In the area of psychiatric nursing and mental health, discussions have advanced about care centered on person, highlighting attitudes of respect for their experiences and needs, and involvement in the treatment plan.[6,7]

Following this approach, the CAPS implemented the Singular Therapeutic Project (Portuguese acronym: PTS) which establishes a treatment plan built in conjunction with the interdisciplinary team, the user himself/herself and his/her family. In this project, the knowledge and opinion of the client are valued using resources such as active listening and health education, and not being restricted to drug therapy. Reassessments are part of this treatment plan as needs may vary over the period.[3,4]

In this context of practice, the performance of the nursing team in psychiatric care and mental health extends to offering a welcoming environment as well as establishing a bond of trust based on empathy and respect.[8] Therefore, in the PTS, nursing stands out for its proximity and concern in providing assistance based on the client's care needs.[9]

The terms needs for care, demand for care or need for care have been used and associated with the Patient Classification Instruments (PCI), whose objective is to identify how much the patient needs nursing care in a given health service.[10,11]

The scientific literature has made available studies addressing the sociodemographic[12,13] and clinical[14,15] profile of people assisted in the CAPS. However, no research was found regarding their care demand in relation to nursing using a patient classification instrument. Given this scenario, the present study was guided by the following questions: What are the care needs of the CAPS' users? Are there differences between the modalities? Is there an association between the categories of care and the demographic and clinical variables stud-

ied? Are there predictive factors for greater need for nursing care? Thus, its objectives were: to assess the nursing care needs of users of the Psychosocial Care Centers; compare demographic and clinical variables between care categories; and, investigate the predictive factors for nursing care needs.

Methods

This descriptive-exploratory, cross-sectional investigation with a quantitative approach was carried out from March to May 2019 in three CAPS, described below, aimed at serving adults, located in a city in the interior of the State of São Paulo, Brazil.

The study scenarios were the CAPS Alcohol and Drugs (CAPSAD), CAPSII and CAPSIII. The CAPSAD offers assistance to addicts of psychoactive substances due to spontaneous demand or referred by health services covering, in the western region, an estimated population of 200,000 inhabitants and 1575 visits/month. The CAPSII, with the central district as the coverage area (estimated at 120,000 inhabitants and 1350 visits/month), provides outpatient and day-care services (non-intensive, semi-intensive and intensive) in mental health.[14] The CAPSIII, which operates 24 hours a day, performs outpatient consultations, day care and night care, with five beds for seven continuous days or ten discontinued days, with a mean of 1756 visits/month.

The population consisted of all users in intensive care present in the data collection period. Intensive care is characterized by continuous attention, it is offered daily to people in severe mental distress, in a crisis situation or in severe difficulties in social and family life.[16] This choice resulted from the frequency of service (three to four/week), length of stay (minimum of six hours/day) and number of procedures (25/user/month),[16] allowing the application of a patient classification instrument. During the data collection period, 50 users were registered at the CAPSII, 60 at the CAPSIII and 40 at the CAPSAD. Of these, 63 were in intensive care, 20 at the CAPSII, 21 at the CAPSIII and 22 at the CAPSAD.

Demographic (gender and age) and clinical variables (number and type of psychiatric diagnoses) were investigated. Due to the existence of up to three diagnoses of some users, found in medical records, it was decided to consider, as the main one, the one that generates the greatest impact on the person's life according to scientific literature, considering stigma, social damage and family life.[17] In the case of the CAPSAD, the diagnosis related to the use of substances was chosen. They were grouped into: 1. Mood disorders, 2. Psychotic disorders, 3. Mental and behavioral disorders related to substance use, and 4. Other morbidities (personality, developmental, anxiety, stress-related, dissociative disorders and unspecified mental).

To assess the nursing care needs of users, the Instrument for Patient Classification Instrument of the Dependency Level in Psychiatric Nursing (PCI-Psychiatric Nursing) was applied and validated in Brazil.[18] This scale consists of 11 care areas: Care for appearance and hygiene; Expression of thought; Humor and affection; Activities; Social interaction; Food and hydration; Sleep; Medication; Eliminations; Vital signs and other controls; Somatic complaints and problems. The total score ranges from 11 to 33 and the user can be classified into one of three care categories: discrete dependence (11 to 18), intermediate dependence (19 to 26) and full dependence (27 to 33). In this study, high internal consistency of the scale was obtained, with Cronbach's α equal to 0.87.

All nurses with working hours during the day and direct assistance to the study population agreed to participate in the study, in a total of five, and applied the instrument weekly, for four weeks. Due to the dynamics of the service, users had multiple assessments. One of the researchers was responsible for the weekly delivery and collection of copies of the PCI-Psychiatric Nursing.

Considering that the instrument was not used in the services, the same researcher implemented educational action with the professionals to provide approximation of its content and form of operation. The activity was previously scheduled at the study sites, lasting 120 minutes. The educational practice had a simulated situation using clinical cases from

the practice environment to verify that everyone understood the instrument in the same way. From the discussions, there was a high agreement among nurses regarding the assessed clinical cases.

The data obtained were organized in an Excel spreadsheet, with double entry. For all analyses, processed in the programs IBM SPSS Statistics version 25, R i386 version 3.4.0 and SAS System for Windows version 9.2, a significance level of p≤0.05 was adopted. After coded and tabulated, we performed: descriptive statistics and measures of central tendency (mean, median and variation); association between variables using Fisher's exact test and Chi-square test, and when there was no normality, Mann Whitney and Kruskal-Wallis; study of factors associated with care categories using dichotomous logistic regression analysis with univariate and multivariate models (with Stepwise Forward criterion) and proportional odds method. In the multivariate analysis, all variables of the univariate were considered, even those with a p-value greater than 0.05. It was considered that some variables that are not significant in the univariate may become significant in the multivariate in the presence of other variables that were previously selected. The intermediate and full categories were grouped for greater consistency in the analyses, due to the very low frequency of this last category.

The study followed the guidelines for research on human beings with the appreciation and approval of the Research Ethics Committee of the Ribeirão Preto College of Nursing at the University of São Paulo (CEP/EERP/USP) under opinion No. 3.076.217/2018.

Results

The five nurses who performed the assessment had a mean age of 44 (SD = 8.5) years; four were female and four completed graduate studies (*lato-sensu* or *stricto sensu*). All of them had only one job and the working time in the CAPS ranged from five to 13 years.

249 assessments were obtained from 63 users, with 145 (58.2%) in the discrete care category, 74 (51%) of them in the CAPSAD, and 103 (41.4%) in the intermediate category, with 93 (90.3%) %) in the CAPSII and III. The mean age ranged from 44.7 (SD = 12.4; CAPSAD) to 52 (SD = 10.8; CAPSIII) years. A statistically significant difference was found for: gender (p≤ 0.05; CAPSIII female ‡ CAPSAD and II male), main diagnosis (p≤0.01; CAPSII and III Psychotic Disorders ‡ CAPSAD Disorders related to substance use) and categories of care (p≤0,01; CAPSAD discrete ‡ CAPSII and III intermediate) (Table 1). Regarding the number of psychiatric diagnoses, 146 (58.6%) users had one, 72 (28.9%) two and 31 (12.45%) three diagnoses.

Considering all the CAPS, the mean scores ranged from 1.1 (SD = 0,4; CAPSAD, Eliminations) to 2.2 (SD = 0.6; CAPS III, Vital signs and other controls). The care areas with the highest scores were: expression of thought, activities, social interaction, medication and vital signs and other controls (CAPSAD); somatic complaints and problems, expression of thought, mood and affection, vital signs and other controls (CAPSII) and vital signs and other controls, mood and affection, and sleep (CAPSIII) (Table 2).

There was a significant difference between the demand for care in relation to nursing (discrete, intermediate/full care category) with higher frequencies in the variables: age group (30-39 years, in the discrete category; 40-49 years, in the intermediate/full category); number of diagnoses (two and three in the discrete category and one in the intermediate/full category - p≤0,01); types of diagnoses (disorders related to substance use in the discrete category and psychotic disorders in the intermediate/full category; and CAPS modalities (discrete category in the CAPSAD and intermediate/full in the CAPS II and III).

From the dichotomous logistic regression analysis, described in Table 3, it was found that the CAPS and gender variables were significantly associated with a higher demand for nursing care. Users with high chances constituted CAPS II and III, with risks 16.4 and 13.6 times higher in being classified in the intermediate/full category, respectively; and males, with a probability of 3.8 times.

Table 1. Association between demographic and clinical variables of users and CAPS investigated

Variables	CAPS AD n(%)	CAPS II n(%)	CAPS III n(%)	Total n(%)	p-value
Users (n=63)	22(34.9)	20(31.7)	21(33.4)		
Gender					≤0.05*
Male	18(28.6)	11(17.4)	10(15.9)	39(61.9)	
Female	4(6.3)	9(14.3)	11(17.5)	24(38.1)	
Mean age (years)					NS †
19-29	3(4.8)	1(1.6)	1(1.6)	5(7.9)	
30-39	5(7.9)	2(3.1)	2(3.1)	9(14.3)	
40-49	3(4.8)	8(12.7)	3(4.8)	14(22.3)	
≥50	11(17.5)	9(14.3)	15(23.8)	35(55.5)	
Age (years)					NS †
Media (SD)	44.7 (±12.4)	49.5 (±9)	52(±10.8)		
Variation	19.8 – 60.3	24.5 – 62.6	25 – 68.3		
Main diagnosis					≤0.01*
Mood disorders		2(3.1)	6(9.5)	8(12.7)	
Psychotic disorders		14(22.3)	10(15.9)	24(38.1)	
Disorders related to substance use	22(34.9)	1(1.6)		23(36.5)	
Other morbidities		3(4.8)	5(7.9)	8(12.7)	
Assessments (N=249)	85(34.2)	80(32.1)	84(33.7)		
Categories					≤0.01‡
Discrete	74(29.7)	32(12.8)	39(15.7)	145(58.2)	
Intermediate	10(4.0)	48(19.3)	45(18.1)	103(41.4)	
Full	1(0.4)			1(0.4)	
Scores					≤0.01§
M(SD)	14.4 (3.6)	18.7 (3.2)	18.7 (3.5)		
Md (Q1; Q3)	14 (11.5;16)	19.5 (16; 21.8)	19 (17; 21)		
Variation	11 - 27	12 – 23	12 – 25		

* Fisher's exact test; † Not significant; ‡ Pearson's Chi-square test; § Kruskal-Wallis; SD – standard deviation; M – mean; Md – median; Q1 – quartile 1; Q3 – quartile 3

Table 2. Mean scores of the care areas of the classification instrument, by CAPS investigated (n=249)

Care areas	CAPS AD (n=85)		CAPS II (n=80)		CAPS III (n=84)	
	M(SD)	Md(Q1:Q3)	M(SD)	Md(Q1:Q3)	M(SD)	Md(Q1:Q3)
AC1	1.2(0.5)	1(1:1)	1.3(0.6)	1(1:2)	1.7(0.7)	2(1:2)
AC2	1.5(0.6)	1(1:2)	1.9(0.7)	2(1:2)	1.7(0.7)	2(1:2)
AC3	1.3(0.6)	1(1:2)	1.9(0.5)	2(2:2)	1.9(0.6)	2(1:2)
AC4	1.4(0.6)	1(1:2)	1.6(0.6)	2(1:2)	1.7(0.6)	2(1:2)
AC5	1.4(0.5)	1(1:2)	1.6(0.5)	2(1:2)	1.7(0.6)	2(1:2)
AC6	1.2(0.4)	1(1:1)	1.6(0.5)	2(1:2)	1.3(0.5)	1(1:2)
AC7	1.2(0.4)	1(1:1)	1.7(0.4)	2(1.2:2)	1.9(0.5)	2(2:2)
AC8	1.4(0.5)	1(1:2)	1.8(0.4)	2(2:2)	1.5(0.5)	2(1:2)
AC9	1.1(0.4)	1(1:1)	1.1(0.3)	1(1:1)	1.2(0.4)	1(1:1)
AC10	1.4(0.8)	1(1:1)	1.9(0.7)	2(1:2)	2.2(0.6)	2(2:3)
AC11	1.3(0.7)	1(1:1)	2.1(0.3)	2(2:2)	1.8(0.6)	2(1:2)

AC1 – Care for appearance and hygiene; AC2 – Expression of thought; AC3 – Humor and affection; AC4 – Activities; AC5 – Social interaction; AC6 – Food/Hydration; AC7 – Sleep; AC8 – Medication; AC9 – Eliminations; AC10 – Vital signs and other controls; AC11 –Somatic complaints and problems; M – mean; SD – standard deviation; Md – median; Q1 – quartile 1; Q3 – quartile 3

Discussion

The periodicity of the assessments can be a limitation because it was performed weekly and not according to the frequency of attendance of users in intensive care, three to five times a week. In addition the findings may differ from other scenarios, as they represent the CAPS of a city in the interior of the state of São Paulo.

It was a pioneering investigation as it was the first approach of nurses in Community Mental Health Care with a tool for assessing the demand for nursing care. Thus, it was possible to obtain a mapping of the care profile of users in different CAPS modalities, associated with their demographic and clinical characteristics, allowing to guide the planning of nursing care in the construction of the PTS.

In this study, the PCI-Psychiatric Nursing was applied to assess the nursing care needs of users in intensive care from three CAPS. Since its construction and validation in 2008[18], few studies have used it and, in the context of psychiatric inpatient units in a general hospital[10], neuropsychiatric hospital[11] and emergency services.[19] In 2017, its application in psychiatric intensive care units (ICU), psychiatric emergency room, psychiatric ward and CAPSIII was recommended by the Federal Council of Nursing (Portuguese acronym: COFEN), through the Resolution No. 543.[20]

It was believed that the care profile in the CAPS, with a predominance of the discrete category in the CAPSAD, followed by the intermediate category,

Table 3. Analysis of univariate and multivariate logistic regression between two groups of nursing care demand (discrete *vs.* intermediate/full care categories) (n=249)

Variables	Univariate analysis			Multivariate analysis		
	OR	IC 95%	p-value	OR	IC 95%	p-value
Gender						
Female	1			1		
Male	1.61	0.95-2.73	0.08	3.79	2.01-7.14	<0.001
Mean age						
19-29 years	1					
30-39 years	0.42	0.13 – 1.35	0.15			
40-49 years	1.63	0.58 – 4.55	0.35			
≥50 years	0.80	0.31 – 2.02	0.62			
CAPS Unit						
CAPSAD	1			1		
CAPSII	10.1	4.65 – 21.91	<0.001	16.41	7.07 – 38.07	<0.001
CAPSIII	7.8	3.61 – 16.7	<0.001	13.62	5.87 – 31.58	<0.001
Type of Diagnoses						
Disorders related to substance use	1					
Mood disorders	2.58	1.03 – 6.46	0.04			
Psychotic disorders	8.60	4.30 – 17.20	<0.001			
Other morbidities	5.59	2.30 – 13.60	<0.001			
Number of Diagnoses						
3	1					
2	0.88	0.34 – 2.23	0.78			
1	2.65	1.15 – 6.15	0.02			

OR - Odds Ratio; IC - confidence interval

in the CAPSII and III, would be different from those found in the hospital and emergency context; however, the categories found with high frequencies were similar.[10,11,19] The full category represented the smallest portion in all surveys[10,11,19], most frequently in the specific hospitalization unit for people in crisis.[10] In the assessments carried out in the CAPS, only one user fell into this last category, implying referral to hospitalization due to the increased demand for care and, therefore, change in the treatment regime.

As for the diagnoses identified, the group of mental and behavioral disorders related to substance use causes harm and overload to individuals; however, compared to other mental disorders, it is not the most disabling, falling behind depressive and anxiety disorders.[17,21] This may explain its association with the discrete category. Psychotic disorders, on the other hand, were associated with the intermediate/full category, because they reach from mental functions to the social and occupational network of users, which can generate greater demand for care.[22,23]

In addition, psychotic disorders were prevalent in the CAPSII and III, a result similar to that of another study.[13] These places are reference services for the population with severe mental disorders, offering support and the possibility of rehabilitation in situations of cognitive impairment, difficulties in reintegrating into society, in addition to suffering from stigma.[17]

The presence of more than one diagnostic hypothesis in some users referred to the situation that there are oscillations to close a clinical picture, especially in psychiatry. The diagnostic assessment process takes time, in some cases months or even years, and changes and diagnostic associations are natural.[24] It was assumed that the number of diagnoses would accompany the demand for care, however, it was opposite to the classification of nursing care needs. It cannot be concluded that the user with a diagnosis would be a long-standing and, therefore, chronic case, requiring greater care, as it was not possible to have data on the time of mental disorder.

It was also expected that the high demands for nursing care would correspond to the public above 50 years of age, because the increase in age accompanies the need for care.[25] However, the intermediate/full categories were shown to be associated with the age group of 40 to 49 years. Research on the burden of mental disorders[17] identified higher values in this age group, both in schizophrenia and in alcohol use/abuse. The discrete category, on the other hand, was associated with the age group of 30 to 39 years, and it is possible to infer that there is less impairment in autonomy.

The area of care for *expression of thought*, which assesses the sense of perception and the response to requests, received a higher score in the CAPSAD, probably because it includes intoxication or psychoactive substance withdrawal syndrome, which can trigger psychotic symptoms, such as delusions and hallucinations.[26] Often, these signs cease after hours, however, they have the possibility of becoming a pathological condition.[27]

Another area of care, *somatic complaints and problems*, with a higher score in the CAPSII, is related to the treatment and side effects of medications. In the case of the predominant diagnosis in this service, psychotic disorders, nursing must pay attention to extrapyramidal symptoms as a consequence of the impregnation of typical antipsychotics.[28] In addition to being uncomfortable to the individual, intoxication due to the use of antipsychotics can lead to a condition called neuroleptic malignant syndrome, which, if not detected early, generates many complications, including acute respiratory failure, acute kidney injury and sepsis.[29] In addition, in this care area, the signs of chronic disease are also assessed, and in this case, they can be punctuated by the cognitive and social impairment generated by these disorders; a classic example is schizophrenia.[30]

In the CAPSIII, the area of outstanding care, *vital signs and other controls*, focuses on the need for systematic care directed to the symptoms of morbidities. As in the CAPSII, there was a predominance of psychotic disorders, the basis of which is antipsychotic treatment.[28] Even the new generation of these drugs – the atypical ones – can generate complications, such as the metabolic syndrome, requiring professional care. Thus, the high score in this care area may be related to its use and the consequent increased risk of developing diseases such as systemic arterial hypertension, obesity and type II diabetes mellitus.[31]

The two predictive factors identified for greater demand for nursing care were related to being a CAPSII user (16.4 times higher), CAPSIII (13.6), and male (3.8). Both CAPS had a predominance of psychotic disorder. The risk in the CAPSII was 2.8 times higher than in III, probably because it had higher frequencies in the age group (40-49 years) and in the gender (male) associated with the greater need for care. Regarding the male gender, presenting himself as a risk factor, it may be related to the male cultural issue of seeking care only when illnesses arise or in an emergency, in addition to the more positive perception of his health than the female gender.

[32] Therefore, when they seek or are taken to services, men can present the disease in a more advanced framework.[33]

The CAPS constitute the reference care model of the Unified Health System (Portuguese acronym: SUS) in the area of Mental Health and Psychiatry, in Brazil, and this research is the first step to understand how the demand for nursing care takes place in this practice scenario. Thus, it is expected that the findings contribute and stimulate other investigations to deepen this theme and expand the view of nursing for its assistance.

Conclusion

The nursing care needs of users in intensive care were predominant in the discrete category in the CAPSAD and intermediate in the CAPSII and in the CAPSIII. Differences were identified between the modalities with regard to gender, main diagnosis and care categories. Finally, the predictive factors for greater need for nursing care were being a user of the CAPSII and III, and male.

Acknowledgments

Collaborations

Pedroso TG contributed to the conception and design of the research, obtaining, analyzing and interpreting the data, writing, critical review of the manuscript and approval of the final version to be published. Pedrão LJ collaborated with the conception and design of the research, data analysis, critical review of the manuscript and approval of the final version to be published. Perroca MG cooperated with the conception and design of the research,

analysis and interpretation of data, writing, critical review of the manuscript and approval of the final version to be published.

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