

131 - FACTORS OF HEALTHY AGING: A LITERATURE REVIEW

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INTRODUCTION

The discussion of successful aging is relatively new, one of the topics widely disseminated among the media, services, research and texts that instruct law and public policy in the field of gerontology. In this area, it is assumed that the clock time must be increased by active life, identified as a need of work handled in recent years, largely related to increased production in science, technology and practices of health care for the elderly. The first geriatric studies were prepared in the 1950s and 1960s by researchers from European countries, because at that time, it was possible to find a large proportion of healthy elderly in these communities. It is desirable that the aging occurs with quality and maintenance of individual autonomy, while preserving the opportunity for children to continue to participate in society and to minimize the chances of social exclusion (TEIXEIRA, NERI, 2008, LIMA, 2003, 2005, Glass, 2003; PASCHOAL, 2002).

Thus, while aging is defined as sociovital multifaceted process throughout the life course, old age means the status of "being old", a condition that results from the aging process that generations have experienced and experience within the social, political individual and diverse.

Recent research has shown that life expectancy in Brazil is increasing and, consequently, the number of elderly as well (IBGE, 2000). These data clearly illustrate the changing profile of the demographic pyramid of the country, mainly by medical advances and the reduction in birth rates occur causing a large increase in the number of people over 60 years, that is, seniors (EIZIRIK, 2001).

Talking about aging is necessary to consider the interaction of multiple factors, including: physical and mental health, independence of daily living, social integration, family support and economic independence, among others. Thus, the definition of active aging is presented as "optimizing opportunities for health, participation, security, aiming to improve the quality of life as people grow older (WHO, 2005, p.13).

In this sense, motivated by the prospect of deepening the knowledge about healthy aging, we sought to literature for the necessary foundations for the acknowledgment of this theme. Given this reality, and knowing the importance of these aspects in health care for the elderly, this study aimed to identify the literature the factors related to human aging process healthy, taking into account the increase in the number of people over 60 years in Brazil.

METHODS

This is a descriptive study, carried out a literature review which aims to explain a problem from theoretical references to published documents, seeking to understand and analyze scientific contributions and cultural differences on a particular theme, not merely repeating what already been said or described, but allows the examination of a subject under new approach or approach and innovative conclusions (MARCONI and Lakatos, 2005).

For the development of this research, we sought to publications available in BIREME, specifically in the databases of the literature Latin American and Caribbean Health Sciences (LILACS), the period between the months of August and September 2009.

According to Santos (2004), "the literature is that developed from those already established, consisting mostly of books and papers," the latter being the component of the literature done here. The search was made through the junction of the keywords "human aging" and "successful aging", available in Descriptors in Health Sciences (DECS).

RESULTS

Demographic and epidemiological aspects of aging. The elderly are the segment of the population fastest growing in the world, where there was a change in the age pyramid in the middle of the twentieth century, especially after the 50s, making the study of aging and old age a focus of attention, has led to actions of social agents and government, and professionals in the health field. The aging process that previously was restricted to developed countries is occurring in developing countries and more quickly (WHO, 2000).

In Brazil, population aging has occurred rapidly and sharply. According Alves and Rodrigues (2005), the elderly population will reach the year 2020 with more than 26.3 million, representing nearly 12.9% of the total population. Moreover, the country has experienced a significant increase in longevity. The projections of the Brazilian Institute of Geography and Statistics (IBGE, 2005) indicate that 8.9% of the population consists of people aged 60 or older.

According Lebrão (2007), the Brazilian population, as well as Latin American and Caribbean, has undergone in the last five decades, the transitions due to changes in mortality and fertility, which is increasing in pace never seen before. These changes have caused the population rise from a demographic regime of high birth rates to a regime of low mortality, and this led to an aging population.

The IBGE reports that based on the set of estimates of fertility in Brazil has been possible to establish the likely future path of this demographic variable, which states that fertility has been decreasing over the years, first as a result of changes occurring in Brazilian society, so general, and in the family, more particular. In 1991, the fertility rates are already positioned at 2.85 children per woman and in 2000, 2.39 children per woman (IBGE, 2000).

The National Household Sample Survey (PNAD) from 2002 to 2006, states that in 2006 and 2007 estimates have already put the female fertility in Brazil below the replacement level of generations (1.99 and 1.95 children per woman, respectively). The outlook indicates that in 2009, the fertility rate will reach the level of 1.8 children per woman (IBGE, 2006). The aging index points to changes in the age composition of the population. In 2008, for each group of 100 children aged 0 to 14 years are 24.7, 65 years old or more. In 2050, the picture changes and for every 100 children aged 0 to 14 years there will be 172, 7 elderly. Advances in medicine and improvements in general living conditions of the Brazilian population, an impact in raising the average life of Brazilians.

The expectation is that in 2050 the average life of the population can reach the level of 81.29 years or more. According to the projection of the IBGE, the country will continue to increase their rate of older people. From 2008 to 2050, Brazil is the 5th to the 8th position in the ranking of most populous countries in the world (IBGE, 2006).

With the aging of the population favored the process of epidemiological transition, which can be characterized by reducing the incidence of infectious diseases and increasing chronic diseases. However, in Brazil, it can be demonstrated an overlap of the two categories of diseases, showing the emergence of a new demand in health institutions in search of prevention and treatment (CHAIMOWICZ, 1997, GUIMARÃES, 1996).

According to Rodrigues et al. (1996), among the most common chronic diseases in the elderly are hypertension, coronary heart disease and diabetes. Changes in morbidity and mortality are due to the increase of the elderly who tend to have more diseases than the general population. To the extent that more people live to ripe old age increases the prevalence of diseases in which age is a risk factor, such as cardiovascular disease. This necessitates better knowledge of specific diseases and their clinical presentations in this age group (Taddei et al. 1997).

Data from PNAD (2003) show that about 70% of Brazilians over the age of 50 years have at least one chronic disease and 22% have three or more of these diseases.

Public health and the new paradigm. From the individual point of view, aging is a natural weakening of the body or mind that causes a progressive vulnerability to their physiology and the environment, making the elderly more prone to chronic and serious health than those with lower age. So, as you progress in age, the individual tends to demand a higher quantity of services of health care, which typically are more complex and longer lasting.

The critical aspect of aging as has been clear from the weakening of the individual, which is subjected to a higher incidence of chronic diseases that require continuous treatment, intensive and costly. This leads to greater expenditure on health and sustainability of current systems. The programs and health policies should be adapted to the new reality as a scene out of old paradigm in which the population at greatest risk were children, victims of diseases caused by risk factors and socioeconomic environment, and enter a new one with an aging population and vulnerable to chronic diseases, the result of genetic and behavioral factors.

According to studies by Ramos (2003), although the vast majority of the elderly will lead to at least one chronic disease, not all are limited by these diseases, and many lead perfectly normal life with their disease controlled, and expressed satisfaction life.

An old man with one or more chronic diseases can be considered healthy elders compared with an elder with the same illnesses but with no control over them, with resulting sequelae and associated incapacities. Thus, the classical concept of health from the World Health Organization (WHO) to be inadequate to describe the universe of the elderly, since the absence of disease is the privilege of a few, and the complete well-being can be achieved by many irrespective of the presence or absence of disease.

The biggest challenge in the twenty-first century will take care of a population of more than 32 million people, most with low socio-economic and educational costs and a high prevalence of chronic and disabling diseases. The main source of support for the elderly population is still the family, especially one that, in multigenerational households, cohabiting with the elderly, which represents a portion of the elderly population tends to be leaner, more health problems and more dependent on day-to-day than the average of the elderly. Aside from financial constraints to adhere to multiple treatments required, usually in chronic basis, the availability of family support for dependent elderly will decline sharply due to a decrease in family size, increasing the number of people reaching old age and the increasing incorporation of woman-primary caregiver - the workforce outside the home.

The health system will have to cope with a growing demand for diagnostic and therapeutic procedures in chronic non-communicable diseases, mainly cardiovascular and neurodegenerative diseases, and an even higher demand for physical rehabilitation services and mental health. You will need to establish health indicators that can identify elderly at high risk of functional loss and direct actions focused on health promotion and maintenance of functional capacity. Actions that have a practical significance for professionals working in primary health care and have a cost-benefit ratio for the administrators of the scarce resources for health.

The perspective of a successful aging. Since the 1980s, there are several international initiatives that value the opportunity to take the aging process as positive, thought of as a time of life to pursue well-being, pleasure and quality of life. The policy of active aging, proposed by the World Health Organization (WHO, 2005), is a concrete example of these recommendations, emphasizing that aging well is not just an individual matter, but a process that must be facilitated by public policies and increased social initiatives and health throughout the life course.

Prevention and control of disease processes are fundamental in old age, but organically related to other dimensions of living conditions that enhance the satisfaction of basic needs and sense of accomplishment. This line emerge reflections on the "age well", as a reaction to the association between old age and inactivity.

As Rowe and Kahn (1997), in 90 years, the term successful aging has currency in the geriatric field, to identify strategies to increase the proportion of the elderly population ages well.

The authors propose that successful aging involves three main components: low probability of disease and disability, high functional capacity, and cognitive and active engagement with life. In this definition, successful aging is more than absence of disease and maintenance of functional capacity. Both are important, but its combination with the active engagement with life that best represent the concept. As examples the authors, cognitive and physical activity are potential, they say that a person can do and not what she does.

A priori, the creation of the policy assumes that in order to age in a healthy and successful, it must increase the opportunities for individuals to choose lifestyles healthier and even take control of their status health. Thus, the definition of active aging is presented, according to the WHO as "optimizing opportunities for health, participation, security, aiming to improve the quality of life as people grow older (WHO, 2005, p. 13, WHO, 2002).

Are important terms for this policy: autonomy, independence, quality of life and healthy life expectancy, even in cases where they have installed some degree of functional capacity. That is, the concept aims to convey a more inclusive than the term "healthy aging" as it believes continued participation as engagement in life, even though perhaps limited to the domestic or coexisting with some level of disability. It is therefore restricts the ability to remain physically active or inserted into the workforce. Recognize the influence of a set of factors that interact continuously active aging (economic, behavioral, personal, related to the physical environment, social and social services and health), of which are influenced by aspects of gender and culture. Public policies should articulate sector actions aimed at these factors.

One of the strategies to leverage the gains of the aging process would be the quest for healthy aging, the result of a series of activities encouraged with a view to promoting health, preventing or delaying the installation of chronic diseases, delaying functional decline, fostering their autonomy and independence. Thus, it preserved the cognitive aspect of social integration and enhancement of interpersonal relationships and affective. Many of these activities are to stimulate functional habits such as eating properly and balanced, regular exercise, social interaction, and occupational activities such as crafts and literature.

For this reason, in health, promotion of healthy aging is a major challenge to be faced. According Gordilho et al (2001), the focus of health policy should be to promote healthy aging and the maintenance of maximum functional capacity of the individual ages, as long as possible. Thus, the concept must be appropriate in the promotion of healthy lifestyles, which points to the need for individual accountability for their health. Whereas age and aging as heterogeneous realities Cachioni and Neri (1999) emphasized

the importance of understanding such processes as the accumulation of past events, in permanent interaction with multiple dimensions of life. The observation of different patterns of aging and the quest to understand the determinants of longevity and quality of life have motivated studies on the line of understanding of what constitutes the proper age.

CONCLUSION:

Given the possibilities of so many consequences that may occur in old age, it becomes relevant to the humane intervention in this period to provide for possible disturbances that occur at that stage of life, for the moment the body goes through a process of reduced metabolism, which influences directly the mechanism of action of physiological and behavioral. Emphasized the importance to seek new forms of assistance to enable them to reduce the losses that course, and that the population can reach old age with quality of life engaged in a variety of key factors that involve individuals, families, governments and health.

It is noticed that the age, social exclusion becomes the focus of old inequalities, with regard to its importance within the realm of living with each other. Based on this fact, aging quality of life should also be based on a pipeline integration, interaction of the "old" with the new to show the value of lessons learned for a lifetime. Therefore, it is essential that human beings have a minimum of integrity, be it physical, mental, social, environmental, nutritional and hormonal.

Health should be seen more concretely and objectively, from a broad perspective, with results of a multi-disciplinary work and the promotion and protection of health, so that tomorrow's young population has access to an active aging and the elderly of today may have a healthier life, so they can complete their life cycle with dignity and respect. It is for health professionals to lead the challenges of healthy aging for the elderly are an increasingly more valuable to their families, communities and the country.

Thus, we need public policies that are directed specifically to this age group, which should be designed and implemented with care and urgency, in view of healthy aging.

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VILANI MEDEIROS DE ARAÚJO NUNES: VILANI.MEDEIROS@BOL.COM.BR FACTORS OF HEALTHY AGING: A LITERATURE REVIEW

INTRODUCTION:

The discussion of successful aging is relatively new, one of the topics widely disseminated among the media, services, research and texts that instruct law and public policy in the field of gerontology. In this area, it is assumed that the clock time must be

increased by active life, identified as a need of work handled in recent years, largely related to increased production in science, technology and practices of health care for the elderly. This study aimed to identify the factors related to human aging process healthy considering the increase in the number of people over 60 years in Brazil. Methods: This descriptive and exploratory study conducted by reviewing the literature, taking as the database for the Scientific findings in the period between the months of August and September 2009. Results and Discussion: The findings showed that one of the strategies to leverage the gains of the aging process would be the quest for healthy aging, the result of a series of activities encouraged with a view to promoting health, preventing or delaying the installation of chronic conditions, slowing functional decline, encouraging their autonomy and independence. Thus, it preserved the cognitive aspect of social integration and enhancement of interpersonal relationships and affective. Conclusion: We highlight the importance to seek new forms of assistance to enable them to reduce the losses that course, and that the population can reach old age with quality of life engaged in a variety of key factors that involve individuals, families, governments and public health. Thus, we need public policies that are directed specifically to this age group, which should be designed and implemented with care and urgency, in view of healthy aging.

KEYWORDS: active aging, healthy aging and aging population

FACTEURS DE HEALTHY AGING: A LITERATURE REVIEW

INTRODUCTION:

la discussion du «vieillesse réussie» est relativement nouveau, l'un des thèmes largement diffusés auprès des médias, des services, la recherche et des textes qui enseignent le droit et la politique publique dans le domaine de la gérontologie. Dans ce domaine, il est supposé que l'heure de l'horloge doit être augmentée par la vie active, et identifié comme un besoin de travail pris en charge ces dernières années, en grande partie liée à une production accrue de la science, la technologie et des pratiques des soins de santé pour les personnes âgées. Cette étude visait à identifier la littérature, les facteurs liés au processus de vieillissement humain en bonne santé compte tenu de l'augmentation du nombre de personnes de plus de 60 ans au Brésil. Méthodes: Cette étude descriptive et exploratoire menée en passant en revue la littérature, en prenant comme base de données pour les résultats scientifiques dans la période entre les mois d'août et septembre 2009. Résultats et Discussion: Les résultats ont montré que l'une des stratégies afin d'exploiter les acquis du processus de vieillissement serait la quête d'un vieillissement en santé, le résultat d'une série d'activités encouragées en vue de promouvoir la santé, de prévenir ou de retarder l'installation d'affections chroniques, ce qui ralentit le déclin fonctionnel, en encourageant leur autonomie et indépendance. Ainsi, elle a conservé l'aspect cognitif de l'intégration sociale et l'amélioration des relations interpersonnelles et affectives. Conclusion: Nous soulignons l'importance de rechercher de nouvelles formes d'assistance pour leur permettre de réduire les pertes sur cette voie, et que la population peut atteindre la vieillesse auprès de la qualité de vie engagé dans une variété de facteurs clés qui impliquent des individus, des familles, gouvernements et de la santé publique. Ainsi, nous avons besoin de politiques publiques qui s'adressent spécifiquement à ce groupe d'âge, qui devraient être conçus et mis en œuvre avec précaution et d'urgence, compte tenu du vieillissement en santé. **MOTS-CLÉS:** vieilli

FACTORES DE ENVEJECIMIENTO SALUDABLE: A LITERATURE REVIEW

INTRODUCCIÓN:

La discusión de un envejecimiento exitoso es relativamente nuevo, uno de los temas de amplia difusión entre los medios de comunicación, servicios, investigación y textos que instruyen a la ley y el orden público en el campo de la gerontología. En este ámbito, se supone que la hora del reloj debe ser aumentada en la vida activa, identificada como una necesidad de trabajo manejada en los últimos años, en gran medida al aumento de la producción en ciencia, tecnología y prácticas de cuidado de la salud para los ancianos. Este estudio tuvo como objetivo identificar la literatura de los factores relacionados con el proceso de envejecimiento humano saludable teniendo en cuenta el aumento en el número de personas mayores de 60 años en Brasil. Métodos: Estudio descriptivo y exploratorio, realizado mediante la revisión de la literatura, tomando como base de datos de los resultados científicos en el período comprendido entre los meses de agosto y septiembre de 2009. Resultados y Discusión: Los resultados mostraron que una de las estrategias para aprovechar los beneficios del proceso de envejecimiento sería la búsqueda de un envejecimiento saludable, el resultado de una serie de actividades fomentadas con el fin de promover la salud, prevenir o retrasar la instalación de enfermedades crónicas, la desaceleración el declive funcional, el fomento de su autonomía e independencia. Por lo tanto, conserva el aspecto cognitivo de la integración social y la mejora de las relaciones interpersonales y afectivas. Conclusiones: Se destaca la importancia de buscar nuevas formas de asistencia que les permita reducir las pérdidas de ese curso, y que la población puede llegar a la vejez con calidad de vida participan en una variedad de factores clave que involucran a individuos, familias, los gobiernos y la salud pública. Por lo tanto, necesitamos políticas públicas que están dirigidas específicamente a este grupo de edad, que deben ser diseñados e implementados con cuidado y urgencia, en vista del envejecimiento saludable.

PALABRAS CLAVE: envejecimiento activo, el envejecimiento saludable y envejecimiento de la población

FATORES DETERMINANTES DO ENVELHECIMENTO SAUDÁVEL: REVISÃO DA LITERATURA

INTRODUÇÃO:

A discussão sobre envelhecimento bem-sucedido é relativamente nova, considerado um dos temas amplamente difundidos entre os meios de comunicação, serviços, pesquisas e textos que instruem leis e políticas públicas no campo da gerontologia. Nessa área, admite-se que o tempo cronológico deve ser acrescido de vida ativa, necessidade identificada como produto de esforços agenciados nos últimos anos, em grande medida, relacionados ao incremento da produção em ciência, tecnologia e práticas de atenção à saúde dos idosos. Esse estudo objetivou identificar na literatura os fatores relacionados ao processo de envelhecimento humano saudável levando em consideração o aumento significativo do número de pessoas com mais de 60 anos no Brasil. Material e Métodos: Estudo descritivo e exploratório, realizado através da revisão da literatura, tendo-se como base de dados o LILACS para achados no período entre os meses de agosto a setembro de 2009. Resultados e Discussão: Os achados mostraram que uma das estratégias de potencializar os ganhos do processo de envelhecimento seria a busca pelo envelhecimento saudável, fruto de uma série de atividades incentivadas com intuito de promover a saúde, prevenindo ou postergando a instalação de patologias crônicas, retardando o declínio funcional, favorecendo a sua autonomia e independência. Dessa forma, seria preservado o aspecto cognitivo de integração social e de valorização das relações interpessoais e afetivas. Conclusão: Ressalta-se a importância em buscar novas formas de assistência para que sejam capazes de diminuir os prejuízos decorrentes desse ciclo, e que a população possa chegar à velhice com qualidade de vida acoplada de uma diversidade de fatores decisivos que envolvem pessoas, famílias, governos e Saúde pública. Assim, é preciso que Políticas Públicas sejam dirigidas especificamente para este segmento etário, que devem ser desenhadas e implementadas com atenção e urgência, na perspectiva de um envelhecimento saudável.

PALAVRAS-CHAVE: envelhecimento ativo, envelhecimento saudável e envelhecimento populacional