

57 - EFFECTS OF THE WALKING ABOUT THE FUNCTIONAL AUTONOMY OF ELDER WOMEN.

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Introduction: In the most of countries of world there was an advance in technology like for example, the appearing of new medicaments, discoveries of new surgeries, at last it having so an increasing in expectation of living of people and like consequence the number of elder population increased. In this expectation, the number of people of the best age comes growing frequently and what it was a worrying of the developed countries became itself, now worrying too in countries in development (NÓBREGA *et al* apud AIDAR *et al*, 2007).

The population of elders in Brazil is growing too, so several researches affirm that there was a diminution in number of birth and a considerable increasing in number of elders, where conform the data of Instituto Brasileiro de Geografia e Estatística (IBGE, 2004), the elders sum 9,3% (16,22 millions which, in 2005 had amounted to 18 million), it should know that there was an increasing of 11,4% of the 219 millions of brazilians being possible that reach 35 millions until 2050.

To according to World Health Organization (WHO) the oldness is the "progressive diminution of the function, and it has like result in a lost of the adaptative answer, to stress and in crescent risk of the related sickness to age". Therefore the senescence varies too much between the people and it is influenced as by lifestyle as genetic factors (NIEMAN *apud* DANTAS & VALE, 2004).

When the citizen is to getting the oldness, their functional capabilities change and like results it has a bigger incidence of patalogic process. This alterations in biopsicossocial domains put in risk the quality of life of elder because it delimits your capability to create, with efficiency the your activity of the day and to put in bigger vulnerability the your health (SPIRDUSO *apud* AIDAR *et al*, 2007).

So, the people are searching by life quality, and they want to be independent in your activity and decisions, for that these get more courage and liberty of expression. These qualities should be showed in all the being, but they should be more frequent in elder woman life, with the aim that they created your activities alone, being an independent person.

To according to the Group of Development Latino-American to maturity (GDLAM *apud* DANTAS & VALE, 2004), the autonomy can be determined by three aspects: Autonomy of action (related notion of physics independence), autonomy of wish (related the possibility of self-determinations), and autonomy of thinking (permits the being to judge any situation). Then we noticed that there are three related factors: health, quality of life-intelect.

The walking strengthens the idea that, in epoch to get age, the human beings, reliving a true crisis of identity, search solutions to, by way of other to meet themselves. Casual meetings on no, in gardens and privately in parks, it can increase opportunities of relation ships between people of different groups (NONORUMA *apud* TERZIAN, 2002 p. 25).

Methodogy: The research has start of a longitudinal descriptive study and it is of approach quantitative, through tests, where the collected data were analysed estatisticly. The population of study was formed by 11 (eleven) woman registred in two posts of the PSF created Leão Sampaio College of the Juazeiro do Norte city CE, they were selected conform critério of inclusion where the beings should to be of woman sex, and to have age same or above sixty years old, to be registred in family health program (PSF) post 22 and 40 located in Leão Sampaio College of the Juazeiro do Norte city CE, to be ready physically to create a selected groups of tests to evaluation of functional autonomy. The research follows the criterion for acreation of health of 10/10/1996.

After the knowlgedge of proceeding of the research by participants and to sign of the TCLE, the study has started with the collect of data to evaluation of functional autonomy where it was used like way to collect data, the protocol GDLAM said by DANTAS & VALE (2004): to walk 10m C10m; lift yourself of the sat position LPS; to lift yourself of the nose decubit position LPDV; to lift yourself from the chair and to move by home LCLC; and the tests of to dress and put out a chemisette VTC. The used materials: obstacles, little mattress, chairs, measuring tape, cronometeres, pen and small board.

To the classification, we use the standard of evaluation of functional autonomy showed by protocol GDLAM (DANTAS & VALE, 2004).

Then the walking has started, being created 3 (three) times in week, after 3 (three) months of observation was created new collecting of data. It was made a bank of data in statistics package for science social (SPSS) version 16.0 and applied the descriptive statistics of medium. And to comparison between tests, the tests nonparametric tests Wilconxon. The distribution was created in chart, and the sums of variables.

Results and Discussion: Initially it was analysed the maximun and minimum that have characteristics of the sample of the general group (N=11) C10m 6,98(±0,97), LPS 10,28(±2,27), LCLC 37,53(±4,03), VTC 19,11(±4,08) e LPDV 3,50 (±0,95).

Chart 01: Descriptive Statistics of average, standard deviation, values maximum and minimum of variables (C10m), (LPS), (LCLC), (VTC), (LPDV) starting of activity.

Variables	Mimimum	Maximum	Average and Standard Deviation
C10M	5,56	8,65	6,98±0,97
LPS	6,70	14,00	10,28±2,27
LCLC	31,00	44,62	37,53±4,03
VTC	14,65	28,77	19,11±4,08
LPDV	2,37	5,44	3,50±0,95

To according to the collected results, before to follow the program of physical activity, the tests of C10m e LPS, are in

regular classification, and the tests of LCLC and LPDV. We noticed that are in *good* classification, being that all conform the standard of evaluation of protocol de GDLAM.

After three months of intervention with the practicing of walking the statistics results, that characterize the sample of the general group (N=11) was: age 64,82(±3,48) years, C10m 6,88(±1,01), LPS 8,77(±1,89), LCLC 40,53(±6,52), VTC 12,19(±3,09) e LPDV 3,14(±1,32), seen in chart two.

Chart 02: Descriptive Statistics of average, standard deviation, values maximum and minimum of variables the second collection of (C10m), (LPS), (LCLC), (VTC), (LPDV).

Variables	Mimimum	Maximum	Average and Standard Deviation
C10M_2	5,75	9,00	6,88±1,01
LPS_2	6,10	13,25	8,77±1,89
LCLC_2	35,15	58,00	40,53±6,52
VTC_2	9,13	18,80	12,19±3,09
LPDV_2	1,74	6,13	3,14±1,32

After three months of the walking we had like results of tests of C10m, LCLC e LPDV the classification like *regular*, and to the tests of LPS the classification *good*.

To according to DANTAS & VALE (2004) others research did not introduce the significant results, satisfactory for the test in study, having like main cause the number of evaluates and the times (months) of creation of activity.

Last Considerations: The research with base in sample permitted concluded, that the elder that practices but that too this practicing weren't significative as the statistics sums to significance, except to the test of to put and to dress the shirt.

Though the investigated group to take part in a systemic training, with a frequency above 85% there are several factores for that, this practicing didn't have improved the level of functional autonomy. Like the problem of hypertension, in that any of investigated elders women introduced, but non considered factor of exclusion, for don't show nisk even thought difficulty to create the tests, neither to participate of practices of walking, for to be a kind of activity with weak intensity or moderately weak. The psychologic problems in families if don't be evaluated in related research, but recongnized like factor that compromise the answering of the benefits and in development of tests.

So, it is visible the needing of a more complete research because the low number of participants can had influenced in results.

Therefore, we can concluded that the practicing of walking is a fine activity to improvise the levels of functional autonomy, even thought without to offer immediate benefits or in a long time.

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EFFECTS OF THE WALKING ABOUT THE FUNCTIONAL AUTONOMY OF ELDER WOMEN.**Abstract:**

To walk is ideal to work the cardiovascular function, the level of physical conditioning, it helps to lost weight and strengthens the muscles of the legs and buttock. It too reduces the blood pressure, the cholesterol levels in blood, the risks of sickness in heart, osteoporose, diabetes, stress, between other (SOUZA, 2001). The aim of research is analyse the effects of the walking about the functional autonomy of elder women registered in two PSF's in Juazeiro do Norte city CE, in a time of twelve weeks. The sample was made by 11 (eleven) woman with age by 64,82 ($\pm 3,48$). They had submitted to protocol of evaluation by AF do GDLAM, it formed of tests of walking ten meters (C10M), to lift from chair and move yourself by home (LCLC), to lift of the sat position (LPS) and to lift of the nose decubit position (LPDV). To analyse and classification of the data, it was compared descriptive statistic of average, standard deviating maximum and minimum. And to comparision between tests, the nonparametric and Wilconxon test. The distribution was created in graphic and chart, and the used classifications will be creates in graphic and chart, and variables. The results before C10m 6,98 ($\pm 0,97$), LPS 10,28 ($\pm 2,27$), LCLC 37,53 ($\pm 4,03$), VTC 19,11 ($\pm 4,08$) et LPDV 3,50 ($\pm 0,95$) and after twelven weeks C10m 6,88 ($\pm 1,01$), LPS 8,77 ($\pm 1,89$), LCLC 40,53 ($\pm 6,52$), VTC 12,19 ($\pm 3,09$) and LPDV 3,14 ($\pm 1,32$). It concluded that the elder woman that practice walking, they showed small difference in functional autonomy after 3 (three) months of practicing and didn't having meaning the estatistics results.

Key-Words: walking, functional autonomy, elders.

EFFETO DE LA MARCHE SUR L' AUTONOMIE FONCTIONELLE DES FEMMES AGÉES**Resumé:**

Marcher est idéal pour travailler la fonction cardiovasculaire, le niveau de condition physique, aide à perdre du poids et renforce les muscles des jambes et des fesses. En plus, cela réduit la pression sanguine, les niveaux de cholestérol du sang, le risque de maladie cardiaque, ostéoporose, diabetes, stress entre autres (SOUZA, 2001). L'objectif de ce travail est d'analyser les effets de la marche sur l'autonomie fonctionelle des femmes âgées, inscrites dans deux PSF de la ville de Juazeiro do Norte CE, sur une période de douze semaines. L'échantillon a été composé de 11 (onze) femmes âgées de 64,82 ($\pm 3,48$) soumises au protocole d'évaluation de l'AF de GDLAM, constitué des tests de, marcher 10 mètres (C10M), se lever d'une chaise et se rendre à la maison (LCLC), se lever de la position assise (LPS) et se lever de la position decubitus ventrale (LPDV). Pour l'analyse et la classification des données on a recouru à la statistique descriptive moyenne, écart standard, maximum et minimum, et pour la comparaison entre les tests, le test nonparamétrique test Wilconxon. La distribution a été réalisée en graphiques et tableaux et les classifications utilisées se sont réalisées après l'équationnement des variables. Les résultats avant C10m 6,98 ($\pm 0,97$), LPS 10,28 ($\pm 2,27$), LCLC 37,53 ($\pm 4,03$), VTC 19,11 ($\pm 4,08$) et LPDV 3,50 ($\pm 0,95$) et après 12 semaines C10m 6,88 ($\pm 1,01$), LPS 8,77 ($\pm 1,89$), LCLC 40,53 ($\pm 6,52$), VTC 12,19 ($\pm 3,09$) et LPDV 3,14 ($\pm 1,32$). On conclut que, les personnes âgées pratiquant la marche, présentent une petite différence d'autonomie fonctionelle après 3 (trois) mois de pratique sans signification dans les calculs statistiques.

Mots-clé: Marche, Autonomie fonctionelle, Personne âgée

EFFECTOS DE LA CAMINADA SOBRE LA AUTONOMÍA FUNCIONAL DE MUJERES ANCIANAS.**Resumen:**

Caminar es ideal para trabajar la función cardiovascular, el nivel de condicionamiento físico, ayuda a perder peso y fortalece los músculos de las piernas y del glúteo. También reduce la presión de la sangre, los niveles de colesterol en la sangre, el riesgo de enfermedades cardíacas, osteoporosis, diabetes, estrese, entre otros (SOUZA, 2001). El objetivo del trabajo es analizar los efectos de la caminata sobre la autonomía de las mujeres ancianas, listado en dos PSF'S - (Programas de la salud de la familia) -, en la ciudad de Juazeiro do Norte - CE en un periodo de doce semanas. La muestra fue compuesta por 11 (once) mujeres con edad de 64,82 ($\pm 3,48$). presentó el protocolo de evaluación de la AF del GDLAM, contituido de los testes de caminar 10 metros (C10M), levantarse de la silla y pasar a la casa (LCLC), levantarse de una posición sentada (LPS) y levantarse de la posición decúbito ventral (LPDV). Para análisis e clasificación de los datos se buscó a la estadística descriptiva de media, desvio padrón, máximo y mínimo. Y para comparación entre los testes, el teste nonparametric test Wilconxon. La distribución fue realizada en gráficos e tablas, y las clasificaciones utilizadas serán realizadas después del ecuacionamiento de las variables. Los resultados antes C10M 6,98 ($\pm 0,97$), LPS 10,28 ($\pm 2,27$), LCLC 37,53 ($\pm 4,03$), VTC 19,11 ($\pm 4,08$) y LPDV 3,50 ($\pm 0,95$) y después de 12 semanas C10M 6,88 ($\pm 1,01$), LPS 8,77 ($\pm 1,89$), LCLC 40,53 ($\pm 6,52$), VTC 12,19 ($\pm 3,09$) y LPDV 3,14 ($\pm 1,32$). Se concluye que, las ancianas practicantes de la caminata, presentaron pequeña diferencia en la autonomía funcional después de 3 (tres) meses de práctica no teniendo significado en los cálculos estadísticos.

Palabras Clave: Caminata, Autonomía Funcional, Anciano.

EFEITOS DA CAMINHADA SOBRE A AUTONOMIA FUNCIONAL DE MULHERES IDOSAS**Resumo:**

Caminhar é ideal para trabalhar a função cardiovascular, o nível de condicionamento físico, ajuda na perda de peso e fortalece os músculos das pernas e do bumbum. Ainda reduz a pressão sanguínea, os níveis de colesterol no sangue, o risco de doenças cardíacas, osteoporose, diabetes, stress, entre outros (SOUZA 2001). O objetivo do trabalho é Analisar os efeitos da caminhada sobre a autonomia funcional de mulheres idosas, cadastradas em dois PSF's, na cidade de Juazeiro do Norte CE em um período de doze semanas. A amostra foi composta por 11 (onze) mulheres com idade de 64,82 ($\pm 3,48$). Submetidos ao protocolo de avaliação da AF do GDLAM, constituído dos testes de caminhar 10 metros (C10M), levantar da cadeira e locomover-se pela casa (LCLC), levantar da posição sentada (LPS) e levantar da posição decúbito ventral (LPDV). Para análise e classificação dos dados recorreu-se a estatística descritiva de média, desvio padrão, máximo e mínimo. E para comparação entre testes, o teste nonparametric test Wilconxon. A distribuição foi realizada em gráficos e tabelas, e as classificações utilizadas serão realizadas após o equacionamento das variáveis. Os resultados antes C10m 6,98 ($\pm 0,97$), LPS 10,28 ($\pm 2,27$), LCLC 37,53 ($\pm 4,03$), VTC 19,11 ($\pm 4,08$) e LPDV 3,50 ($\pm 0,95$) e após 12 semanas C10m 6,88 ($\pm 1,01$), LPS 8,77 ($\pm 1,89$), LCLC 40,53 ($\pm 6,52$), VTC 12,19 ($\pm 3,09$) e LPDV 3,14 ($\pm 1,32$). Conclui-se que, as idosas praticantes da caminhada, apresentaram pequena diferença na Autonomia Funcional após 3 (três) meses de prática não tendo significância aos cálculos estatístico.

Palavras-chave: Caminhada, Autonomia funcional, Idoso.