

17 - EPIDEMIOLOGICAL PROFILE AND EVALUATION OF FUNCTIONAL CAPACITY OF INSTITUTIONALIZED ELDERLY

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INTRODUCTION

Population aging is a worldwide reality, which is occurring rapidly, especially in Brazil. Changes in this population structure have changed the population's morbidity profile, with the preponderance of chronic degenerative diseases over acute and infectious processes (CÉSAR et al., 2015).

Gavasso and Beltrame (2017) report that chronic diseases are prevalent in the elderly, but their occurrence does not necessarily characterize the onset of disabilities, although it represents a relevant factor for their development. Küchemann apud Berlezi et al. (2016) state that the increase in life expectancy leads to the emergence of degenerative and chronic diseases that, consequently, lead to the gradual loss of functional capacity.

Functional capacity is one of the most important indicators of the health status of the elderly population and can be conceptualized as the ability to maintain the physical and mental functions necessary for the individual to maintain their autonomy and independence. Functional capacity is one of the most relevant dimensions in gerontology, due to personal and family suffering caused by dependence and the increased demand for medical and social services (BRITO et al., 2014; BERLEZI et al., 2016).

The factors identified as responsible for the loss of functional capacity in the elderly are individual factors, such as demographic, socioeconomic and health conditions (PINTO et al., 2016).

Assessing functional capacity is a challenge to be faced, given the heterogeneity of the aging process and the influence of different factors on the elderly, family and society. This assessment is commonly performed through the performance of activities of daily living (ADLs), which are divided into three major groups: basic, instrumental and advanced (BRITO et al., 2014; DIAS et al., 2015).

As Atividades Básicas da Vida Diária (ABVDs) são aquelas ligadas ao autocuidado como banhar-se, vestir-se, alimentar-se e apresentar controle esfincteriano. A capacidade para realizar ABVDs é uma medida importante para avaliar a demanda por assistência, cuidados e apoio. Já as Atividades Instrumentais da Vida Diária (AIVDs) compreendem o desempenho de funções necessárias para manter uma vida independente na comunidade e estão relacionadas a ações mais complexas envolvendo participação social, como usar o telefone, fazer compras, dirigir e utilizar meios de transporte coletivo. As Atividades Avançadas de Vida Diária (AAVDs) são aquelas relacionadas aos domínios físico, de lazer, social e produtivo, que exigem maiores níveis de funções cognitivas, físicas e sociais. São baseadas em condutas intencionais, influenciadas por padrões motivacionais e culturais, que permitem ao indivíduo o desenvolvimento de múltiplos papéis sociais, a manutenção de saúde mental e uma boa qualidade de vida (CÉSAR et al., 2015; DIAS et al., 2015; PINTO et al., 2016).

O aumento na proporção de idosos com incapacidades e fragilizados é considerado um dos fatores de risco para institucionalização. Contudo, pessoas idosas com boa capacidade funcional também podem residir em Instituições de Longa Permanência para Idosos (ILPIs), devido a inúmeros outros fatores como: redução da disponibilidade e alto custo de cuidado familiar; moradias com espaço físico reduzido e estruturas com riscos para quedas; violência contra o idoso; e inexistência de serviços de apoio social e de saúde. Nesses casos, a dificuldade na aceitação e adaptação às novas condições de vida podem gerar um comportamento dependente em diferentes graus (FERREIRA et al., 2014).

Em razão do aumento na demanda por ILPIs e dos impactos ocasionados pela perda da funcionalidade nos idosos, observou-se a necessidade de estudar o nível de capacidade funcional em idosos institucionalizados. Esses estudos podem contribuir para proposição de políticas e intervenções que subsidiem as ações dos serviços de saúde e ILPIs, de forma a favorecer a preservação da independência desses idosos, trazendo melhoria nas condições de vida dessa população.

Diante do exposto, o presente estudo teve como objetivo avaliar a capacidade funcional em idosos institucionalizados.

MATERIALS AND METHODS

This is a descriptive, cross-sectional and quantitative study, conducted with elderly residents of the Porto Seguro and Yeda Lucena ILPIs, located in district IV of Recife - PE, Brazil, in December 2017.

The population consisted of institutionalized elderly, totaling 35 residents, 15 from the Porto Seguro unit and 20 from the Yeda Lucena institution.

Inclusion criteria were people over 60 years of age residing in the above mentioned institutions who agreed to participate in the research. Those with severe cognitive deficit or in vegetative state were excluded. The elderly were informed about the objectives of the research, the confidentiality of the information provided, willingness to participate in the investigation and signing of the Informed Consent Form (ICF).

Sociodemographic variables were extracted from the Brazil Old Age Schedule (BOAS) instrument. This questionnaire addresses general information, physical health, and utilization of medical and dental services (VERAS et al., 1988). The social variables analyzed in the present study were: gender, age, marital status, functional literacy and total number of children. For data collection related to functional capacity, the following instruments were used: Katz Index for ABVDs (KATZ et al., 1963); and Lawton and Brody Scale for IADLs (LAWTON; BRODY, 1969).

The Katz Index identifies functional capacity for ABVDs by assessing the following activities: feeding, toilet control, transfers, dressing, bathing, and toilet skills (LINO et al., 2008). Elderly people who do not need help in any of the activities were classified as independent, partially dependent those who need help in one or all activities and totally dependent the elderly who are unable to perform all activities.

Lawton and Brody (1969) developed a scale for assessing IADLs, consisting of seven activities: preparing meals, doing household chores, handling money, using the telephone, taking medications, shopping, and using transportation. The scale classifies the level of functional condition of the elderly, obtained through a score involving the seven activities. Scores range from 1-3 points for each instrumental activity. The classification establishes independence (score reaching 21 points), partial

dependence (scores ranging between 6 and 20 points) and total dependence (score less than or equal to 5 points) (SANTOS; VIRTUOSO JÚNIOR, 2008).

When analyzing the AADLs, questions adjusted by the FIBRA Network (Brazilian Elderly Frailty) were used and implemented in a study on frailty profiles in Brazilian elderly, conducted in São Paulo (OLIVEIRA et al., 2015). The advanced activities addressed in the present study were: receiving and visiting; go to the church; attend meetings or parties and cultural events; driving a car; make single and / or multi-day trips; develop volunteer and paid work; integrate boards or boards; attend an Open University for Seniors or some refresher course; and participate in centers and or exclusive groups for the elderly. The elderly who still perform 4 or more activities were considered more active.

For data processing, storage and analysis, we used the statistical program SPSS (Statistical Package for the Social Sciences), version 21.0. Descriptive statistics were performed using absolute and relative frequency, mean, median, standard deviation, minimum and maximum measurements.

This study is linked to an umbrella research entitled "Impact of multidimensional interventions on older adults enrolled in primary health care and their caregivers" approved by the Research Ethics Committee of the Federal University of Pernambuco (Opinion No. 51557415.9.0000.5208). Resolution 466/12 of the National Health Council

RESULTS

Of the 35 elderly included, 65.7% (n = 23) were male and 34.3% (n = 12) were women. Age ranged from 60 to 90 years, with a mean age of 70.8 years (± 9.0 years), with the highest prevalence in the age group of 60–70 years (58.8%; n = 20). Most of the elderly (76.9%; n = 20) had no partner (divorced, widowed, separated or single), had 1 to 4 children (48.1%; n = 13) and were literate (64.0 %; n = 16) (Table 1).

Table 1. Socio-demographic characterization of institutionalized elderly. Recife, PE, Brazil, 2017

Variables	n	%
Sex		
Male	23	65,7
Feminine	12	34,3
Marital Status		
Married / Living together	06	23,1
Divorced / Widowed / Separated / Never Married	20	76,9
Age range		
60 –70	20	58,8
71 –80	08	23,5
Over 80	06	17,6
Functional Literacy		
Can read and write	16	64,0
Cannot read and / or write	09	36,0
Total number of children		
No children	12	44,4
1 to 4 children	13	48,1
5 or more children	02	7,4

Source: Research Data, 2017

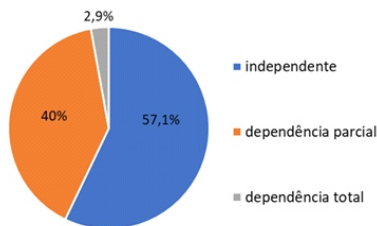
Regarding the dependence of the elderly on ABVDs, it was observed that most were independent for all basic activities. The percentages of independent elderly for these tasks ranged from 62.9% (dressing and using the toilet) to 80% (sphincter control), described in Table 2.

Table 2. Frequency distribution of degree of dependence on ABVDs according to the Katz Index. Recife, PE, Brazil, 2017.

Variables	Independent n (%)	Partial Dependency n (%)	Total dependence n (%)
ABVD	23 (65,7)	1 (2,9)	11 (31,4)
Take a bath	22 (62,9)	2 (5,7)	11 (31,4)
Dress up	22 (62,9)	5 (14,3)	8 (22,9)
Use toilet	24 (68,6)	8 (22,9)	3 (8,6)
Perform transfer	28 (80,0)	1 (2,9)	6 (17,1)
Control sphincter	27 (77,1)	5 (14,3)	3 (8,6)

Source: Research Data, 2017.

Functional independence for ABVDs was confirmed by the Katz Index scores, where 57.1% (n = 20) of the elderly presented independence scores, followed by 40.0% (n = 14) with partial dependence. The percentages can be viewed in Graph 1.



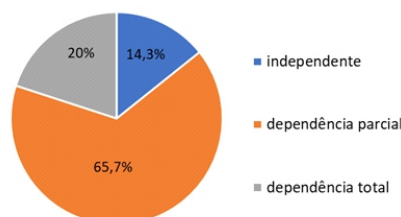
Graph 1. Classification of the elderly regarding the degree of dependence on ABVDs according to the Katz Index. Recife, PE, Brazil, 2017

Source: Research Data, 2017.

Considering the dependence of the elderly on IADL, it can be observed that most were independent to use telephone (45.7%; n = 16), to use means of transportation (45.7%; n = 16), to make purchases (35, 3%; n = 12) and taking medication (44.1%; n = 15).

However, preparing meals (62.9%; n = 22), performing housework (61.8%; n = 21) and handling money (42.9%; n = 15) had the highest dependency percentages. The results were entered in Table 3.

The Lawton and Brody Scale classifies the elderly according to the degree of dependence on IADLs. According to the scores obtained through this scale, it was observed that 65.7% (n = 23) of the institutionalized were partially dependent for instrumental activities of daily living, as shown in Graph 2.



Graph 2. Classification of the elderly according to the degree of dependence on IADLs according to the Lawton and Brody scale. Recife, PE, Brazil, 2017
Source: Research Data, 2017

Regarding dependence on AADLs, most activities are no longer performed by the elderly, such as: doing (71.4%; n = 25) and receiving visits (51.4%; n = 18); go to church (85.7%; n = 30); attend meetings or parties (82.9%; n = 29) and cultural events (74.3%; n = 26); make day trips (80.0%; n = 28) or several days (77.1%; n = 27); and develop paid work (94.3%; n = 33). Paid work presented the highest percentage among the activities that were abandoned by the elderly.

Most of the elderly stated that they never performed activities such as driving a car (64.3%; n = 18), developing volunteer work (60.7%; n = 17), taking part in boards (60.7%; n = 17), and integrate Third Age Universities (89.3%; n = 25), the latter with the highest percentage. However, 40.0% (n = 14) of them stated that they still participated in elderly groups. The results can be seen in Table 4.

All the elderly were classified as “less active” according to FIBRA criteria.

Table 4. Frequency distribution of the degree of performance in AAVDs according to the FIBRA network. Recife, PE, Brazil, 2017.

Variables AAVD	Never did n (%)	Stopped doing n (%)	Still do n (%)
Make visits	4 (11,4)	25 (71,4)	6 (17,1)
Receive visits	8 (22,9)	18 (51,4)	9 (25,7)
Go to the church	2 (5,7)	30 (85,7)	3 (8,6)
Attend meetings or parties	4 (11,4)	29 (82,9)	2 (5,7)
Attend cultural events	9 (25,7)	26 (74,3)	0 (0,0)
Driving car	18 (64,3)	10 (35,7)	0 (0,0)
Take a day trip	6 (17,1)	28 (80,0)	1 (2,9)
Take a multi-day trip	8 (22,9)	27 (77,1)	0 (0,0)
Do volunteer work	17 (60,7)	11 (39,3)	0 (0,0)
Doing paid work	1 (2,9)	33 (94,3)	1 (2,9)
Join boards	17 (60,7)	10 (35,7)	1 (3,6)
University of Seniors	25 (89,3)	3 (10,7)	0 (0,0)
Coexistence Groups	12 (34,3)	9 (25,7)	14 (40,0)

Source: Research Data, 2017.

DISCUSSION

The present study allowed to evaluate the functional capacity of the elderly residents in the Porto Seguro and Yeda Lucena LSIEs, located in the city of Recife-PE.

Regarding the sociodemographic characterization of the institutionalized elderly of this study, the age was predominantly from 60 to 70 years old, however 23.5% of them were between 71 and 80 years old and 17.6% of them were over 80 years old. This result characterizes a long-lived population. Increased longevity may imply a greater number of elderly with disabilities (GAVASSO; BELTRAME, 2017).

Regarding gender, there was a greater predominance of males, contrary to the condition called “feminization of old age”, which indicates a higher percentage of women compared to men, especially at older ages (BERLEZI et al., 2016; GAVASSO ; BELTRAME, 2017). In addition, it is noted that the percentage of the female population in the LSIE is much higher than the number of men. However, the findings of the present study tend to reflect a change in family dynamics and society in recent years, revealing a change in the profile of institutionalized elderly (ALENCAR et al., 2012).

In addition, one should consider the fact that most of these elderly do not have a partner, a condition that favors the institutionalization situation. According to Pinheiro et al. (2016), some factors such as being single, not having children and

having a low or zero level of education may favor the institutionalization process, which corroborates the present study, where it was observed that 76.9% of the elderly did not have companion.

Regarding the number of children, our results involve two aspects, since most (48.1%) of the elderly have between 1 and 4 children, however, an almost equivalent portion (44.4%) of these individuals had no children. At the same time that the family support network is lacking due to the absence of children, there is still family vulnerability in health care and care for the elderly who, even in the presence of children (who could be the caregivers of their parents), are institutionalized (SILVA; SAMPAIO; SAMPAIO, 2017).

Considering the functional capacity of the elderly in the ABVDs, the findings corroborate the studies by Oliveira and Mattos (2012) that observed that most institutionalized elderly could perform the ABVDs without assistance, presenting similar activities ("dressing" and "bathing"). itself") with greater difficulty of execution. In this same study, the dependence score in these activities was 44.0%, analogous to the results of the present study. Souza, Santana and Jesus (2017) also reported "bathing" and "dressing" as the most compromised basic activities, but obtained a higher percentage (53.1%) of institutionalized elderly with partial dependence classification in ABVDs.

Regarding the degrees of functional independence in community-dwelling elderly, Silva et al. (2018) report that 92.2% were independent in the six basic functions of daily living, with only 7.4% presenting moderate dependence. Pinto et al. (2016) also reported a high independence rate (81.8%) for ABVDs and a low percentage of moderate dependence (14.2%), according to the Katz Index.

Therefore, it is possible that institutionalization is an aggravating factor for the dependence of the elderly, because when they are institutionalized they have lower independence rates compared to the community, corroborating the statements by Barros et al. (2016) who report that institutionalized elderly usually have sedentary habits, leading to a decrease in their functional capacity. On the other hand, by reducing the independence and functional capacity of this age group, the family leaves the responsibility of care to third parties, often generating institutionalization, and thus contributing to increased dependency rates (PINHEIRO et al., 2016).

The activities that presented the highest rates of partial dependence ("bathing" and "dressing") are, among the ABVDs, those that require greater efforts of strength, range of motion, balance and coordination, which are already compromised in the oldest old. Thus, the need for assistance to perform these activities is justified.

Considering the functional capacity of the elderly in the IADL, the results are similar to the findings of Souza, Santana and Jesus (2017), in which 25% of the institutionalized elderly were independent and 65.6% had partial dependence in the IADL, mentioning that the activities most compromised were "washing / ironing" and "housework / manual". Already Oliveira and Mattos (2012) reported a prevalence of 16.3% for independence and 30.5% for partial dependence on IADLs, and "using the telephone" was the instrumental activity with the highest prevalence of dependence, followed by "shopping".

Regarding the functional capacity for IADLs of community-dwelling elderly, Pinto et al. (2016) report that 54.6% of them were classified as totally independent. However, the prevalence of functional disability in IADLs was 46.3% in the studies by Virtuoso Júnior et al. (2015).

Once again, it is observed that elderly residents in the community have a higher degree of functional independence in dealing with IADLs, which are more elaborate activities that require a reasonable level of interaction and social context. Moreover, these are activities that involve greater complexity and interaction of motor and cognitive functions (such as housework, meal preparation and money management), being more difficult for the elderly, including some of them also mentioned by Souza, Santana and Jesus (2017). Moreover, in institutionalized elderly these tasks tend to be outsourced by caregivers and / or tutors (in the case of money), causing them to stop being performed by the elderly, thus generating dependence.

Regarding dependence on AADLs, most activities are no longer performed by the elderly. Thus, some studies suggest that slight changes in AADL performance would represent the first signs of mild cognitive impairment. AADLs, also called complex activities of daily living, require the integrity of multiple physical, psychological, social, and cognitive functions to perform them, and involve performing activities within the dimensions of participation in social, productive, and leisure activities, such as : skills to keep work, travel and plan trips, join groups or community movements, drive, plan events or play (DIAS et al., 2015).

Overall, the participants in this study showed a greater dependence on IADLs compared to ADLs and AADLs. This occurrence is justified by the fact that, hierarchically, functional losses occur from instrumental activities to basic activities of daily living, because IADLs require greater physical and cognitive integrity compared to ABVDs (BARBOSA et al., 2014).

Functional capacity is an important marker of successful aging and the quality of life of older people. The difficulty or disability of the elderly is associated with the prediction of frailty, dependence, institutionalization, death and mobility problems, bringing complications over time and generating long-term care and high cost. Therefore, the goal in health care is not only to prolong life, but mainly to maintain the functional capacity of the individual, so that they remain autonomous and independent for as long as possible. For this to occur, the maintenance of health of the elderly must be based on the principles of the Unified Health System (SUS) with the goal of universal access and comprehensive care, through strategies, not specific programs, appropriate to the needs of this population group (BRITO et al., 2015).

FINAL CONSIDERATIONS

In summary, the present study mostly characterizes a long-lived population, predominantly male, has no partner, can read and write, and has 1 to 4 children. Most of the elderly people surveyed have independence for all basic activities, are partially dependent on instrumental activities, for advanced activities, most activities are no longer performed by the elderly.

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EPIDEMIOLOGICAL PROFILE AND EVALUATION OF FUNCTIONAL CAPACITY OF INSTITUTIONALIZED ELDERLY

Population aging is a worldwide reality, which is occurring rapidly, especially in Brazil. Functional capacity is one of the most important indicators of the health status of the elderly population and can be conceptualized as the ability to maintain the physical and mental functions necessary for the individual to maintain their autonomy and independence. The present study aimed to evaluate the functional capacity in institutionalized elderly. This is a descriptive, cross-sectional and quantitative study conducted with elderly residents of the Porto Seguro and Yeda Lucena LSIEs, located in district IV of Recife - PE, Brazil, in December 2017. For the collection of data related to functional capacity were used the following instruments: Katz Index for ABVDs; Lawton and Brody Scale for IADLs. Of the 35 elderly included in this study, 65.7% (n = 23) were male, the highest prevalence in the 60-70 age group (58.8%; n = 20). Most of the elderly (76.9%; n = 20) had no partner (divorced, widowed, separated or single), had 1 to 4 children (48.1%; n = 13) and were literate (64.0 %; n = 16). The present study characterizes mostly a long-lived population. Regarding functional capacity, most elderly people have independence for all basic activities, are partially dependent on instrumental activities and advanced activities, most activities are no longer performed by the elderly.

Descriptors: Functional Capacity; Aging; Long Term Care Institution for the Elderly.

PROFIL ÉPIDÉMIOLOGIQUE ET ÉVALUATION DE LA CAPACITÉ FONCTIONNELLE DES PERSONNES ÂGÉES INSTITUTIONNALISÉES

Le vieillissement de la population est une réalité mondiale rapide, en particulier au Brésil. La capacité fonctionnelle est l'un des indicateurs les plus importants de l'état de santé des personnes âgées et peut être conceptualisée comme la capacité de maintenir les fonctions physiques et mentales nécessaires au maintien de son autonomie et de son indépendance. La présente étude visait à évaluer la capacité fonctionnelle des personnes âgées institutionnalisées. Il s'agit d'une étude descriptive, transversale et quantitative menée auprès de personnes âgées des LSIE de Porto Seguro et Yeda Lucena, situées dans le district IV de Recife - PE, Brésil, en décembre 2017. Pour la collecte de les données relatives à la capacité fonctionnelle ont été utilisées avec les instruments suivants: indice de Katz pour les ABVD; Échelle de Lawton et Brody pour les IADL. Parmi les 35 personnes âgées incluses dans cette étude, 65,7% (n = 23) étaient des hommes, soit la prévalence la plus élevée dans le groupe d'âge des 60 à 70 ans (58,8%; n = 20). La plupart des personnes âgées (76,9%; n = 20) n'avaient pas de partenaire (divorcé, veuf, séparé ou célibataire), avaient 1 à 4 enfants (48,1%; n = 13) et étaient alphabétisées (64,0 %; n = 16). La présente étude caractérise principalement une population ayant vécu longtemps. En ce qui concerne la capacité fonctionnelle, la plupart des personnes âgées sont indépendantes pour toutes les activités de base, dépendent en partie d'activités instrumentales et d'activités avancées, la plupart des activités n'étant plus effectuées par les personnes âgées.

Descripteurs: Capacité fonctionnelle; Le vieillissement; Établissement de soins de longue durée pour personnes âgées.

PERFIL EPIDEMIOLÓGICO Y EVALUACIÓN DE LA CAPACIDAD FUNCIONAL DE ANCIANOS INSTITUCIONALIZADOS

El envejecimiento de la población es una realidad mundial, que está ocurriendo rápidamente, especialmente en Brasil. La capacidad funcional es uno de los indicadores más importantes del estado de salud de la población de edad avanzada y puede conceptualizarse como la capacidad de mantener las funciones físicas y mentales necesarias para que el individuo mantenga su autonomía e independencia. El presente estudio tuvo como objetivo evaluar la capacidad funcional en ancianos institucionalizados. Este es un estudio descriptivo, transversal y cuantitativo realizado con residentes mayores de los LSIE de Porto Seguro y Yeda Lucena, ubicado en el distrito IV de Recife - PE, Brasil, en diciembre de 2017. Para la recolección de los datos relacionados con la capacidad funcional se utilizaron los siguientes instrumentos: Índice de Katz para ABVD; Lawton y Brody Scale para IADLs. De los 35 ancianos incluidos en este estudio, el 65,7% (n = 23) eran hombres, la prevalencia más alta en el grupo de edad 60-70 (58,8%; n = 20). La mayoría de los ancianos (76,9%; n = 20) no tenían pareja (divorciados, viudos, separados o solteros), tenían de 1 a 4 hijos (48,1%; n = 13) y sabían leer y escribir (64,0 %; n = 16). El presente estudio caracteriza principalmente a una población de larga vida. Con respecto a la capacidad funcional, la mayoría de las personas mayores tienen independencia para todas las actividades básicas, dependen parcialmente de actividades instrumentales y actividades avanzadas, la mayoría de las actividades ya no las realizan los ancianos.

Descriptores: Capacidad Funcional; Envejecimiento Institución de atención a largo plazo para ancianos.

PERFIL EPIDEMIOLOGICO E AVALIAÇÃO DA CAPACIDADE FUNCIONAL DE IDOSOS INSTITUCIONALIZADOS

O envelhecimento da população é uma realidade mundial, que vem ocorrendo de forma rápida, especialmente no Brasil. A capacidade funcional é um dos indicadores mais importantes do estado de saúde da população idosa e pode ser conceituada como a capacidade de manter as funções físicas e mentais necessárias para o indivíduo conservar sua autonomia e independência. O presente estudo teve como objetivo avaliar a capacidade funcional em idosos institucionalizados. Trata-se de um estudo descritivo, transversal e de caráter quantitativo, realizado com idosos residentes nas ILPIs Porto Seguro e Yeda Lucena, localizadas no distrito IV do município de Recife – PE, Brasil, no período de dezembro de 2017. Para a coleta de dados relacionadas à capacidade funcional foram utilizados os seguintes instrumentos: Índice de Katz para as ABVDs; Escala de Lawton e Brody para as AIVDs. Dos 35 idosos incluídos nesse estudo, 65,7% (n=23) eram do sexo masculino, a maior prevalência na faixa etária de 60–70 anos (58,8%; n=20). A maioria dos idosos (76,9%; n=20) não tinham companheiro (divorciados, viúvos, separados ou solteiros), possuíam de 1 a 4 filhos (48,1%; n=13) e eram alfabetizados (64,0%; n=16). O presente estudo caracteriza em sua maioria, uma população longeva. Com relação a capacidade funcional, a maioria dos idosos possui independência para todas as atividades básicas, são parcialmente dependentes para as atividades instrumentais e para as atividades avançadas, a maioria das atividades deixaram de ser realizadas pelos idosos.

Descriptores: Capacidade Funcional; Envelhecimento; Instituição de Longa Permanência para Idosos.