

101 - EFFECTS OF PHYSICAL EXERCISES ON THE QUALITY OF ELDERLY

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INTRODUCTION

The growth of the world's elderly population is considered as an important indicator of the improvement in life expectancy of this population. (LINCK et al., 2009). (DANTAS et al., 2013).

Health promotion and quality of life are the most important goals in physical activity performed with the elderly. Therefore, it is necessary to try to have active lifestyles, integrating physical activity into their daily life (MERQUIADES et al., 2009) (MEURER; BENEDETTI; MAZO, 2012)..

Regular physical activities brings several benefits to the elderly among them, stand out improved self-efficacy, contribution to increased bone density, aid in disease control, improved food intake, decreased depression, reducing the occurrence of accidents (NAHAS, 2006).

The Quality of Life Group of the WHO Mental Health Division defined quality of life as "the individual's perception of their position in the cultural context and value system in which they live and in relation to their goals, expectations, standards and concerns "(MONTEIRO, 2010). The importance of daily physical activity practice is the maintenance or restoration of health, so that it can also contribute to self-image and self-esteem of the elderly (BENEDETTI; MAZO; BORGES, 2012.; DA SILVEIRA et al, 2013). (TORRES et al., 2009).

According to Brazil (2014th), the Centers of Support for Family Health (NASF) were created by the Ministry of Health in 2008, in order to support the realization of primary care in Brazil, expanding health offerings in network services, as well as the resolution, the scope and target of these actions.

The Department of Primary Care, the Ministry of Health have been promoting the deployment and implementation of the Health Academy centers in municipalities such as the city of Patos-PB. The poles are therefore physical spaces, with equipment, structure and qualified professionals, in order to contribute to the promotion of health and care production and healthy lifestyles of the population (BRAZIL, 2014th). Brazil (2014th) data shows that the "Health Academy program takes a broad view of health and establishes as its starting point the recognition of the social, economic, political and cultural on health."

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The Ministry of Health points out that all activities can be developed in basic health units, health clubs or elsewhere in the territory. (BRAZIL, 2011).

The 2nd Ordinance No. 2681 of November 7, 2013, the Program Health of the Academy aims to contribute to the promotion of health and care production and healthy lifestyles of the population through the implementation of poles with infrastructure and qualified professionals (BRAZIL, 2013th).

According to Brazil (2014th) provides up in the Primary Care Department site that the Program Health Academy was launched by the Ministry of Health (MOH) in 2011, as the rise of health strategy and provide care for municipalities Brazilians. Its purpose is to promote physical activity and physical practices, promoting healthy eating, health education, among others, in addition to contributing to the production of care and health and sustainable livelihoods of the population.

The Centers of Support for Family Health (NASF) were created by the Ministry of Health in 2008 in order to support the consolidation of primary care in Brazil, expanding its coverage and resolution. As the principles and guidelines of primary care, provided in Ordinance No. 2,488, of October 21, 2011, the Ministry of Health, Primary Care be marked by a set of health actions, both individually and collectively, comprising the promotion and protection of health, disease prevention, diagnosis, treatment, rehabilitation, harm reduction and health maintenance with the nail to extend comprehensive care that impact on health status and autonomy of people and determinants and health conditions of communities (BRAZIL, 2011).

The NASF should seek to contribute to the comprehensive care to SUS users, mainly through the expansion of the clinic, assisting in increasing the capacity for analysis and intervention on health problems and needs, both in clinical terms as health and environmental inside the territories.

As for the Short Form 36 (SF-36), we can see that it is used to assess qualitative and quantitative aspects of QOL of patients. This instrument is a multidimensional questionnaire consisting of 36 items, grouped in eight scales: physical functioning (10 items), physical aspects (4 items), pain (2 items), general health (5 items), vitality (4 items), social aspects (2 items), emotional aspects (3 items), mental health (5 items) and more a matter of assessing the health changes that occurred in the one year period and that, although not used to score any of previous eight scales, is of paramount importance to the knowledge of the patient's disease (CARVALHO et al, 2012). (ACREE et al, 2006;. BANEGAS et al, 2006;. BOWE et al., 2006). In this sense, to what extent an exercise program affects the quality of life among the elderly in NASF Patos-PB?

This study has the general objective of evaluating the effects of an exercise program on the quality of life of the elderly, attended by NASF the city of Patos-PB. And the specific objectives direct to verify the perception of quality of life of individuals after submission to an exercise program in older, developed the Geo Administrative District (DGA) III, NASF- Patos-PB; compare the perception of the quality of life of individuals after submission to an exercise program in elderly developed in Geo Administrative District (DGA) III, NASF- Patos-PB.

MATERIALS AND METHODS**Type of study and sample site**

Pre-experimental study with a quantitative data approach, in which the changes induced by physical exercise program on the quality of life of elderly people, were investigated serviced by the Center for Support to Health (NASF) the Administrative Geo District (DGA III) in the city of Patos-PB (Thomas, Nelson and Silverman, 2012).

Population and sample

The study population comprised monitored and elderly enrolled in the Center for Support to Health (NASF) of that municipality. The sample consisted of 30 elderly, selected as accessibility, frequency and attendance to the program.

Variables, tools for data collection

All participants were measured and remain in the physical activity program were re-evaluated. To reevaluate we used the self-administered questionnaire SF-36, multidimensional instrument that assesses the quality of life. Composed of 36 items, divided into 8 scales, components or domains: functional capacity (CF - 10 items), physical (AF - 4 items), pain (PAIN - 2 items), general health (EGS-5 items), vitality (V - 4 items), social functioning (AS - 2 items) emotional aspects (AE - 3 items) Mental Health (SM - 5 items) and one General Index which compares the previous health with the current health (MACEDO et al., 2012). The questionnaire was administered by a trained evaluator and delivered to individuals to take home and return it two days post perception the quality of life of individuals participating in the exercise program

Data analysis

Initially, data were exploited to remove measures Central tendency and dispersion. To compare the earlier moments, recalling the 2013 data and the later dated in 2015, was held the paired or corresponding nonparametric Wilcoxon test. The analysis was performed using SPSS 20.0 (IMB, USA), with a confidence level of 95 % ($p < 0.05$).

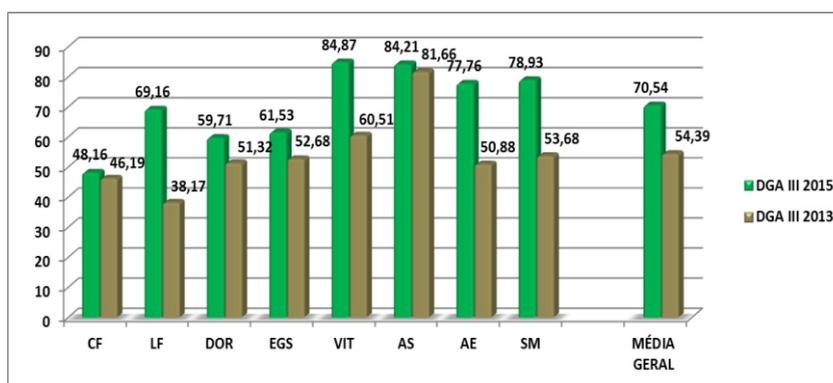
Ethical Positions

The survey was conducted in accordance with Resolution 466/12 of the National Health Council which deals with research involving human subjects and ensures that the subject's privacy was preserved and authorized by the Research Ethics Committee CEP/FIP. Under no CAEE 42204314.3.0000.5181.

RESULTS AND DISCUSSION

The results of the survey are shown in the graphs below, comparisons being made between the means of DGA DGA III III in 2013 and 2015, groups belonging to NASF ducks.

Figure 1 - Graphical representation of the comparison of the average scores obtained by the SF-36.



According to Gonçalves et al. (2011), the functional capacity element looks on the activities which the participant could accomplish lately, during an ordinary day, and because of their health, has trouble performing certain activities and how much difficulty presents itself to such an achievement.

Also according to the author above, in their study using a group older than 50 years, some areas showed fewer score when compared to other areas, as well as the functional capacity. However, this may be associated with a disease (such as osteoarthritis), and the decrease in strength and flexibility, which make it difficult to carry out daily activities, causing overload in some joints, and also increasing the demand on the muscular system (the which lies decreased).

In a study of Pires et al. (2013), with the analysis of the data found with the application of the SF-36, statistically significant differences between both groups were found.

We can describe the limitation domain by physical aspects such as the physical problems that individuals have to bend down, to run your hygiene as well as not need help for the most common activities of daily life and or professional (GONÇALVES, 2011).

Still according to the author quoted above, the physical aspects domain indicates that the performance in daily activities is not affected negatively by physical health, appearing to be associated with physical exercise, which an option is taken as lifestyle.

Figueiredo Neto, Queluz and Freire (2011) and Alencar et al. (2010) pointed out that the entry into regular physical activity programs can contribute to the quality of life in the elderly, by both the social engagement, as the positive stimulus in the physical aspects, which in practice results in greater autonomy.

The maintenance or recovery of physical abilities is made possible with regular physical activity, influencing health (PUGGARD, 2003).

In the chart which refers to the pain domain, shows the average of the DGA III in 2013 with 51.32 score and the DGA III in 2015 with 59.71 score respectively, the numbers indicate, the DGA III 2015 presents better results than the previous, reaching a conclusion that this group feels less pain in possible movements, which provides improved walking ability for these individuals.

According to Gonçalves (2011), in a study with a group people over the age of 50, some areas showed less punctuation, such as DOR (confirmed by VIT and CF fields from the same study). Fact that may be associated with propensity to illness (such as osteoarthritis), and the decrease in strength and flexibility, which make it difficult to carry out daily activities, causing overload in some joints, and also increasing the demand on the muscular system.

To Stiggelbout (2004) and Nelson (2007), the lack of regular physical activity is a potential risk factor that can increase the functional decline and the cost of treatments.

Faced with this information we can highlight that the DGA Group III 2015 presents more satisfactory results.

This same phenomenon can be observed in the study of Mota et al. (2006), where the group of regular physical activity of elderly practitioners obtained higher values in all areas.

In the graph which shows the averages DGA III in 2013 and 60.51 in 2015 DGA III 84.87, this domain refers to the way a person feels, and how things have been for the past week in respect at your disposal, considering both energy level and fatigue, to face new work.

According to Macedo (2003), in their study, it was observed that in relation to the domain vitality, practitioners of physical exercise have greater vigor and willingness to perform daily activities, professional and personal activities, demonstrating greater energy and less fatigue.

The social aspect is absolutely attached to the perception of the subject regarding your physical health and emotional difficulties and how these affect their normal social activities in relation to family, neighbors and friends, or activities conducted in groups (Goncalves, 2011).

According to the same author in his study, using a regular program of physical activity, the components with the highest score on the SF-36 in the sample studied were respectively the social AS-aspects, followed by physical AF-, emotional AE-ways general EGS-health, CF-functional ability, mental SM-health, vitality and VIT-domain-PAIN pain.

The research Toscano and Oliveira (2009), the study noting that the quality of life of elderly people who have a higher level of physical activity is better than others with lower. Stand out in this study, scores on "social aspects", collaborating with the result of this work, which shows that the elderly practitioners of regular physical activity are part of a support group, where relations extend, increasing so the social support.

It is observed in Figure scores obtained for the average of the DGA III in 2013 with 50.88 and DGA III in 2015 with 77.76, the emotional aspect is related to the reflection of the emotional conditions or problems (feeling depressed or anxious) in the performance of activities of daily living, and or professional.

According to Almeida et al. (2010), it could be verified through their study that the highest values found themselves in emotional aspects domain, physical aspects and pain, precisely the group that participated in the project Active Living in the city of Itabira.

As regards specifically mental health, in a systematic review of studies, Taylor et al. (2004) concluded that the effects are clear about the psychological well-being caused by physical activity in the elderly, one of the mechanisms to explain these effects increased cerebral blood flow during exercise.

In view Macedo (2003), the positive response in mental health related physical activity is maximum control of nervousness, minor depression and discouragement, greater calm and tranquility and, above all, happier individuals.

In studies of Pires et al. (2013) observed that the highest values were found in their respective fields: general health, social functioning and mental health.

Therefore, the average, even though exposed results considered good, highlight the importance of physical exercise on health and therefore on the individual's quality of life. Similarly, the practice of exercise is important factor for the growth performance of the human being, enabling it to efficiently carry out the tasks imposed by day to day, playing them more effectively and with better quality of life.

CONCLUSION

The interest in the area quality of life is related to the possibility of improving the living conditions of people through specific actions on the determinants of quality of life of specific populations and may involve physical, psychological, social and environmental.

Studies involving elderly and physical activity are essential to show the importance of it in the quality of life, as every year a growing number of elderly people in Brazil and around the world.

The premise of this study was to evaluate the quality of life in older adults participating in a regular exercise program, using the SF-36 instrument. The results indicated a good level of quality of life, as well as interaction between the domains, however, the DGA III 2015 group presented better scores when compared to DGA III in 2013, which can be attributed to the permanence of this public within their exercise program.

Understanding the different domains of quality of life must be related to other variables, such as socioeconomic characteristics, which were not objective of this study. Therefore, we realize the importance that there are increasingly frequent studies with this population, especially when it comes to physical exercise and quality of life programs.

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EFEITOS DE EXERCÍCIOS FÍSICOS SOBRE A QUALIDADE DE VIDA DE IDOSOS.**RESUMO**

O crescimento da população idosa mundial é considerado como um importante indicativo da melhoria da expectativa de vida dessa população. Acredita-se que os aumentos globais da quantidade de idosos são indicativos para a melhoria da saúde, multiplicando assim demanda por mais serviços de saúde para que possa atendê-lo as necessidades dessa população. O presente estudo teve como objetivo avaliar efeitos de um programa de exercícios físicos sobre a qualidade de vida de idosos atendidos pelo NASF da cidade de Patos-PB. Para desenvolvê-lo, utilizou-se como procedimento metodológico, a pesquisa pré-experimental, com uma abordagem quantitativa, na qual foi empregado como instrumento de coleta o questionário auto administrável o SF-36. Os resultados indicaram um nível bom de qualidade de vida, além de interação entre os domínios, porém, o grupo DGA III 2015 apresentou escores mais satisfatórios quando comparado ao DGA III 2013, que pode ser atribuído à permanência desse público no respectivo programa de exercícios. Dessa forma esses resultados permitiram comparar a influencia positiva de um programa de exercícios físicos desenvolvida pelo NASF III de Patos-PB.

PALAVRAS-CHAVE: Saúde. Estilo de vida. Idosos.