63 - CHARACTERIZATION OF ELDERLY IN ASSISTED EMERGENCY SERVICES

FERNANDA DE MEDEIROS FERNANDES[1]
RENATA SILVA SANTOS[2]
ANA ANGÉLICA RÊGO DE QUEIROZ[3]
SILVÍA XIMENES OLIVEIRA[4]
REJANE MARIA PAIVA DE MENEZES[5]
[1] Enfermeira. Aluna especial da disciplina Processo de envelhecer e as intervenções em saúde do programa de pós-graduação (mestrado) da Universidade Federal do Rio Grande do Norte.
[2] Enfermeira. Mestranda em Enfermagem pelo programa de pós-graduação da Universidade Federal do Rio Grande do Norte.
[3.] Enfermeiranda da Universidade Federal do Rio Grande do Norte. Bolsista de Iniciação Científica do Grupo de Pesquisa Enfermagem nos Serviços de Saúde
[4.] Enfermeira. Aluna especial da disciplina Processo de envelhecer e as intervenções em saúde do programa de pós-graduação (mestrado) da Universidade Federal do Rio Grande do Norte.
5 Enfermeira. Doutora em Enfermagem. Professora da PPGEnf/ UFRN.
UNIVERSIDADE FEDERAL DO RIO GRANDE DO NORTE, NATAL, RIO GRANDE DO NORTE, BRASIL
nandinhamf@hotmail.com

INTRODUCTION

The increase more and more of the elderly people worldwide has significantly altered the age structure and the profile of morbidity and mortality in this population, which presents itself affected by chronic diseases, accompanied by consequent increased cost of treatment, hospitalization and rehabilitation, in addition to potential impairment of the dependency of this population, in general, coming from sequelae and disability produced by the onset of these diseases. (VERAS, 2002).

The change in this profile has an impact for social policies and health, since the current health care model is still based on disease, rather than the aspects of promotion, maintenance and health education (MENEZES, 2001). Associated with these aspects, there is a growing demand for services of average and high complexity and poor care in emergency departments, thus favoring to broadcast of the negative image at the media about emergency services.

In this context, it is clear that the services of emergency care for the elderly need to adapt to their demands, especially with regard to specialized materials and equipped and trained professionals to better suit your needs.

Understanding the complexity that involves the entire process of human aging, this study aimed to characterize the elderly population treated at emergency rooms of two hospitals in a city in northeastern Brazil, in order to better understand this reality and, from their results contribute to the improvement of health care in the tertiary level.

METHOD

Exploratory research carried out in two emergency rooms of public hospitals, located in a medium-sized city in northeast Brazil.

The sample of the non-probabilistic intentional type amounted to 100 elderly of both sexes (Male = 52, Females = 48) in the age group 60 to 83 years who sought care at two emergency rooms in the period from 15/03/04 to 06/04/04. This research met the criteria required by the CEP-UFRN.

The data were collected through semi-structured, using a tested questionnaire, about socio-demographic data, current health status and determinants of demand for emergency care, in addition to registration information of the medical health of the institution.

RESULTS AND DISCUSSION

It was found among the elderly participants in the study, a slight male predominance in contrast to the phenomenon of feminization, common in the elderly.

Regarding age, it identifies the presence more and more of elderly people more and more elderly, confirming the increased life expectation of the Brazilian population as a whole, and suggests that if there was an increase on the other hand, it is expected that there is a predominance of chronic non-communicable diseases among them.

TABLE 1 - Characterization of elderly people treated according to sex ,age, marital status, educational level and number of children. Natal-RN, 2004.

CATEGORIES		n	%
Gender	Woman	48	48
	Man	52	52
Age group	60 – 69	31	31
	70 – 79	37	37
	80 e +	32	32
Schooling	Non-Literate	60	60
	Primary higher education	35	35
	Secondary higher education	5	5
Marital status	Married	55	55
	Single	8	8
	Separated	2	2
	Widowed	31	31
	stable union	4	4
Number of children	1 – 5	28	28
	6 – 10	47	47
	11 – 15	12	12
	16 – 20	6	6
	None	7	7

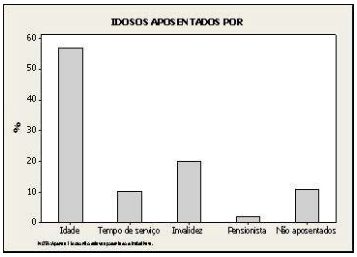
When it comes to the education of persons investigated by the study, 60% of them are not literate (can not read or

write). In this sense, one should consider that in the 1930s to the 1950s, primary education was restricted to specific social segments of society. It is also believed that the rates found are related to cultural and social values of the first half of last century, when women took domestic activities, coupled with difficult access to the educational system especially for residents in rural areas (MEIRELES, 2007).

Of the subjects interviewed, 55% were married, while 31% were widowed, due perhaps, the fact of the elderly woman did not make new marriages and, in the case of this study was the largest number of men, which agrees with studies Berquó (1998), which found a high percentage of widows, in contrast to the high percentage of married men, especially for residents in rural areas (MEIRELES, 2007).

Regarding the number of children, is characterized family organization that prevailed in the first half of last century, in which families lived in the same home environment and the presence of the elderly was a high social status.

CHART 1 - Characterization of elderly (as) served as the whether or not retirement. Natal, 2004



According to Figure 1, 86% of elderly respondents are retired (57% by age, 20%by disability and 9% for length of service), 11% are not retired, and only 3% make up the category of pensioners.

A striking feature of most of the aging population in Brazil is the low socioeconomic status, whose main source of income is retirement and / or pension that is not always sufficient to meet the basic needs of life and health of the elderly. Therefore, it has become common the return of the retiree to work as a result, often of need to seek another source of income to subsidize and / or help with household expenses and health expenses (MARTINS, 2007).

It was observed that 36.2% of the elderly live with their children, with family income of around 1 to 3 minimum wages, followed by 25.4% elderly are living with their elderly parther and have an income around 1 to 3 minimum wages, while 11% live with their grandchildren (as) and also have income between 1 and 3 minimum wages, most of the time, are married and accompanied by their son-in-law and/or daughter- in -law and grandchildren, which raises the discussion of transgenerational homes and the difficulty in living people with varying degrees of age and styles of different lives, often in reduced physical spaces.

TABLE 2 - Frequency of diseases reported by age, and time as carriers of diseases. Natal-RN,

Pre-existing pathologies		time as carriers of diseases (in years)												Total	
		> 1		2 a 5		6 a 10		>10		Not reported		Without pathology			
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
System	Circulatory	10	6,4	43	27,7	21	13,5	7	4,5	2	1,3	-	-	83	53,4
	Respiratory			3	2	-	-	2	1,3	-	-	-	-	5	3,3
	Gastrointestinal	1	0,6	1	0,6	-	-	2	1,3	-	-	-	-	5	2,5
	Genito-urinary	1	0,6	-	-	-	-	-	-	-	-	-	-	1	0,6
	Central Nervous	-	-	-	-	-	-	1	0,6	1	0,6	-	-	2	1,2
	Endocrine	2	1,3	10	6,4	6	3,8	6	3,8	1	0,6	-	-	25	16
	Neoplasms	2	1,3	3	2	1	0,6	-	-	1	0,6	-	-	7	4,5
	No pathology	-	-	-	-	-	-	-	-	-	-	27	17,4	27	17,4
	TOTAL	16	10,2	60	38,7	28	17,9	18	11,5	5	3,1	27	17,4	155	100

It was observed that 53.4% of illnesses reported by the elderly belong to the circulatory system, among which is identified hypertension and coronary heart disease, while 16% have disease linked to endocrine system, metabolic system and nutrition presenting diabetes mellitus as main disease.

Our findings are in agreement with data from the Ministry of Health (2007), which considers hypertension as a highly prevalent disease among the elderly, constitute a public health problem in Brazil and the world as well as one of the important risk factors for developing of cardiovascular disease, cerebrovascular disease and renal disease, and that in combination with diabetes, it is responsible for 62.1% of people undergoing dialysis.

TABLE 3 -Frequency of diseases diagnosed and the fate of the elderly after treatment. Natal-RN, 2004

Diagnostic systems		discharge		admission		medicalreferral		Obsevation		Total	
		n	%	n	%	n	%	n	%	n	%
Sistemy	Circulatory	3	2,3	35	27	2	1,5	4	3	44	34
	Respiratory	7	5,3	23	17,6	-	-	1	0,7	31	23,6
	Gastrointestinal	2	1,5	8	6,1	-	-	2	1,5	12	9,1
	Genito-urinary	2	1,5	1	0,7	-	-	-	-	3	2,2
	CentralNervous	1	0,7	4	3	-	-	1	0,7	6	4,4
	Endocrine	2	1,5	12	9,2	-	-	1	0,7	15	11,4
	Osteoarticular	-	-	-	-	5	4	-	-	5	4
	Hematopoietic	2	1,5	2	1,5	-	-	-	-	4	3
	Neoplasms	-	-	1	0,7	2	1,5	-	-	3	2,2
	To clarify	-	-	3	2,3	3	2,3	1	0,7	7	5,3
	TOTAL	19	14,3	89	68,1	12	9,3	10	7.3	130	100

It can be seen in Table 3 that 34% of diagnosed diseases were related to the circulatory system, and the main arterial hypertension. The respiratory system comes next, with pneumonia as the main cause. The endocrine, metabolic and nutritional diseases appear with 11.4% of diagnoses, the main one being diabetes mellitus. In people over 60 years, the respiratory infection stands out as a major cause of mortality and major cause of morbidity, often requiring hospitalization. In recent decades, the incidence of acute infections of the respiratory tract and its complications grew at the world and the rate of the annual incidence of pneumonia increased in individuals over 65 years. (MARTINS, 2002)

After the service, a large proportion of the elderly were hospitalized, demonstrating that they consume more health services, and their rates of hospitalization more high when compared to any age group and the average occupancy three times

greater (VERAS, 2002).

TABLE 4 - Medicinal products used by elderly patients in emergency rooms two general public hospitals, according to his action. Natal-RN, 2004.

ACTION OF DRUGS	n	%
antiepileptic	3	1,8
Antacid	1	0,6
Antidepressant	1	0,6
Antianaemic	1	0,6
Recalcificante	1	0,6
Anti platelet	4	2,5
Antibiotic	5	3,1
Anti-inflammatory	1	0,6
Digitalis	5	3,1
Vasodilator	12	7,5
Antidiabetic	9	5,6
Chemotherapy	1	0,6
Bronchodilator	8	5
Anti-ulcer	3	1,8
Hypotensive blood	28	17,6
Analgesic	3	1,8
Diuretics	24	15
Antipsychotic	1	0,6
Anxiolytic	2	1,2
Not reported	12	7,5
They did not use any medication	34	21,3
Total	159	100

Evidenced in table 4 that the findings establish an intrinsic relation to the findings of pre-existing diseases in the elderly studied and detected after a medical diagnosis, since, given the high incidence of chronic noncommunicable diseases and their characteristics, there is a high consumption of drugs used especially for its control.

The findings strengthen the data found by the Ministry of Health (2007) who claim that the drugs that act on the cardiovascular system representing 45% of prescriptions for the elderly.

TABLE 5 - Reasons for the choice of services and origin of the elderly. Christmas 2004.

			n	%
Reason	Proximity to home		37	37
	Best service		11	11
	Technology Resources		11	11
	medicalreferral		31	31
	Reference		10	10
	Total		100	100
Origin	Natal	Home	33	33
		Other hospital	8	8
		Unidade Básica de saúde	9	9
		Shelter	1	1
	Other municipalities / RN	Home	23	23
		Other hospital	22	22
		Health Unit	3	3
		Clinic	1	1
	Total		100	100

It was found that a large proportion sought treatment in emergency rooms of this study because of the proximity of their homes located in Natal.

A gratuity of service, ease of access and the fact that these hospitals are references in the influence on the high demand for care to elderly patients, adds to this the fact that the emergency services for that portion of the population are becoming the main, if not only, access to health care, since, among the elderly patients studied only 2% of them pay for private health insurance, getting the 98% depending on the Unified Health System, which confirms that the elderly, for the most part, has a unique alternative to the public health care, given the socioeconomic profile of the elderly population in a country where retirement is around 1 to 3 minimum wages (WONG, 2006).

CONCLUSION

The demographic transition and the current profile of morbidity and require new strategies to cope with the increasing number of elderly dependent potential, with low socioeconomic status, those with chronic diseases, drug a disproportionate share of health care resources primarily to the hospital.

The elderly patients attended in emergency rooms in the public health of this study are most of them, male, married, in the group aged 70 - 79, illiterate, dependent on the Unified Health System in almost its entirety, seeking assistance mainly due to the proximity of their residences. Furthermore, THEY have 6 to 10 children, with the presence of adult children, spouses and grandchildren living in the same household with low income provided by retirement and taking on responsibility for family maintenance and the condition of the household head.

It is also evidenced a preponderance in the use of arterial hypotensive drugs, diuretics and vasodilators in that they use drugs regularly and, among these diseases were the most common belonging to the circulatory system, with emphasis on hypertension and coronary heart disease, lasting 2 to 5 years. We highlight the prevalence of hypertension after the medical service, followed by other circulatory problems and pneumonia, these diagnoses led to a great proportion of these older people to the hospital sector.

Given the profile in this study there is a need for more effective policy with regard to the role assigned to the family and the health service and the pleadings in support network that can offer the elderly seeking the service of emergency care and their families, continuity of care after diagnosis received in the emergency sector.

It is believed that these results contribute to improving the performance of health staff and the public institutions in the care with elderly and respect for the health of the elderly.

REFERENCES

BERQUÓ, E.S. Pirâmide da solidão. In: **Anais do quinto encontro nacional de estudos populacionais**. Águas de

São Pedro: ABEP, 1998.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. **Envelhecimento e saúde da pessoa idosa**. Brasília: Ministério da Saúde, 2007. 192 p. Cadernos de atenção básica, 19.

KARSCH, U. M. Idosos dependentes: famílias e cuidadores. **Cadernos de Saúde Pública**, Rio de Janeiro, v. 19, n.3, p.861-866, jun. 2003.

MARTINS, Josiane de Jesus et al. Influência do processo de envelhecimento na qualidade de vida do ser humano: (re)desvelando significados. **REME Rev. Min. Enferm**, Belo Horizonte,v 11, n 3, p. 265-271, Jun/Set 2007.

MARTINS, Lourdes Conceição et al. Poluição atmosférica e atendimentos por pneumonia e gripe em São Paulo, Brasil. **Rev Saúde Pública**, São Paulo,v. 36, n. 1, p.88-94, Feb. 2002. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102002000100014&lng=en&nrm=iso. Acesso em: 20 julho 2008.

MEIRELES, Viviani Camboin et al. Características dos idosos em área de abrangência do Programa Saúde da Família na região noroeste do Paraná:contribuições para a gestão do cuidado em enfermagem.**Saude soc**,São Paulo,v.16,n.1,p.69-80,2007.

Disponível:http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010412902007000100007&lng=en&nrm=iso>. Acesso em: 25 julho 2008.

MENEZES, R.M.P de. **História de Saúde e Doença**: narrativas de idosos atendidos em um serviço de saúde. 2001. 176 f. Tese (Doutorado em Enfermagem) – Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo, Ribeirão Preto, 2001.

VERAS, R P. **Terceira idade:** gestão contemporânea em saúde. Rio de Janeiro: Relume- Dumará, 2002.

WONG, L. L. R; CARVALHO, J. A. O rápido processo de envelhecimento populacional do Brasil: sérios desafios paraaspolíticaspúblicas.Rev.Bras.Estud.Popul.,v.23,n.1,p.5

-26,2006.Disponível:em:<http://www .scielo.br/scielo.php?script=sci_arttext&pid=S010230982006000100002&lng =en&nrm=iso>.Acesso em 28 jul de 2008.

Avenida das Tulipas, 121,conjunto Mirassol, bairro Capim Macio, Natal/RN.CEP: 59078-220.Tel:(84)9104-1227
nandinhamf@hotmal.com

CHARACTERIZATION OF ELDERLY IN ASSISTED EMERGENCY SERVICES

ABSTRACT

The network of health care services to elderly health care organized by Unified Health System (SUS) are not still suited to the requirements and specificities of health in this age group and are therefore seen a breach of the principle of completeness, in the public emergency services. This descriptive and exploratory study aims to characterize the elderly treated in emergency rooms of two hospitals in a Brazilian city of medium size. The data collection was done using semi-structured interview accompanied of form with open and closed questions related to current health status and socio- demographic factors, besides the information in hospital records. The results indicate that among the respondents, 60.0% are illiterate, 55.0% were married, 31.0% widowed, 47.0% had 6 to 10 children, 57.0% retired, 81.2 % with income between 1 to 3 minimum wages, 44.2% live with children and 98.0% have no health insurance. On morbidity, 53.4% have cardiovascular diseases, 68.5% were hospitalized, and, of these 53.0% were treated without going through the screening service at both institutions. These results allow us to conclude that the current demographic and health profiles require to establish new strategies to cope the increase of potentially dependent elderly with low socioeconomic status,with chronic diseases and consuming of disproportionate share of resources health.

KEYWORDS: Gerontology. Nursing. Health of the elderly.

CARACTERISATION DES PERSONNES ÂGÉES EN ASSISTE DES SOINS D'URGENCE

RÉSUMÉ

Le réseau de services de soins de santé aux soins de santé des personnes âgées organisé par le système de santé unifié (SUS) ne sont pas adaptés aux exigences et aux spécificités de la santé dans ce groupe d'âge et sont donc vu une violation du principe d'exhaustivité, en cas d'urgence -- publics de secours. Cette étude, descriptive et exploratoire vise à caractériser les personnes âgées traitées dans les salles d'urgence de deux hôpitaux d'une ville brésilienne de taille moyenne. La collecte des données a été réalisée par voie semi-forme structurée avec des questions ouvertes et fermées liés à l'état de santé actuel et les facteurs socio démographiques, outre les informations contenues dans les dossiers hospitaliers. Les résultats indiquent que parmi les répondants, 60,0% sont analphabètes, 55,0% étaient mariés, 31,0% veuves, 47,0% avaient 6 à 10 enfants, 57,0% de retraités, 81,2 % avec un revenu entre 1 à 3 salaires minimums, 44,2% vivent avec des enfants et 98,0% n'ont pas d'assurance santé. Sur la morbidité, 53,4% ont des maladies cardiovasculaires, 68,5% ont été hospitalisés, et parmi eux 53,0% ont été traités sans passer par le service de dépistage dans les deux établissements. Ces résultats nous permettent de conclure que les profils démographiques et sanitaires, imposent d'établir de nouvelles stratégies pour faire face à l'augmentation des personnes âgées potentiellement dépendantes, le statut socio-économique faible, celles souffrant de maladies chroniques et la consommation d'une part disproportionnée des ressources santé.

MOTS-CLÉS: gérontologie. Soins infirmiers. Santé des personnes âgées

CARACTERIZACIÓN DE LAS PERSONAS MAYORES ATENDIDOS EN ATENCIÓN DE EMERGENCIA

RESUMEN

La red de servicios de salud a la atención de la salud de las personas mayores, organizado por el Sistema Único de Salud (SUS) no son adecuados a las necesidades y especificidades de la salud en este grupo de edad, por lo visto una violación del principio de la integridad, en caso de emergencia -- la asistencia pública. Este estudio, descriptivo y exploratorio tiene por objeto caracterizar a las personas de edad atendidos en salas de emergencia de dos hospitales en la ciudad brasileña de tamaño medio. Recolección de datos se realiza a través de forma semi-estructurada acompañado de preguntas abiertas y cerradas relacionadas con el estado de salud actual y los factores socio demográficos, además de la información en los registros hospitalarios. Los resultados indican que entre los encuestados, el 60,0% son analfabetos, el 55,0% estaban casadas, el 31,0% viudos, el 47,0% tenían de 6 a 10 niños, el 57,0% jubilados, el 81,2 % con ingresos entre 1 a 3 salarios mínimos, el 44,2% vive con los niños y 98,0% no tienen seguro de salud. Sobre la morbilidad, el 53,4% tienen enfermedades cardiovasculares, el 68,5% fueron hospitalizados, y, de estos 53,0% fueron tratados sin pasar por el servicio de detección en ambas instituciones. Estos resultados nos permiten concluir que los perfiles de las corrientes demográficas y de salud, requieren de establecer nuevas

estrategias para hacer frente al aumento de la condición potencialmente dependientes de edad avanzada, de estratos socioeconómicos bajos, las personas con enfermedades crónicas y consume una parte desproporcionada de los recursos salud

PALABRAS CLAVE: Gerontología. Enfermería. La salud de las personas mayores.

CARACTERIZAÇÃO DE IDOSOS ATENDIDOS EM SERVIÇOS DE URGÊNCIA

RESUMO

A rede de serviços de atenção a saúde da pessoa idosa organizada pelo Sistema Único de Saúde (SUS) ainda não estão adequados às exigências e especificidades de saúde desse grupo etário, sendo por isso observado uma quebra do princípio da integralidade, nos serviços de pronto-socorros públicos. Este estudo, do tipo descritivo e exploratório tem o objetivo de caracterizar pessoas idosas atendidas em serviços de urgência de dois hospitais públicos em um município brasileiro de médio porte. A coleta de dados foi feita através de entrevista semi-estruturada, acompanhada de formulário com questões abertas e fechadas relacionadas a situação atual de saúde e dados sócio demográficos, além das informações do prontuário hospitalar. Os resultados obtidos indicam que, entre os entrevistados, 60,0% não são alfabetizados, 55,0% casados, 31,0% viúvos; 47,0% possuem de 6 a 10 filhos; 57,0% aposentados; 81,2% com renda entre 1 a 3 salários mínimos; 44,2% residem com filhos e 98,0% não possuem plano de saúde. Sobre a morbidade referida, 53,4% dos idosos tem doenças circulatórias, 68,5% deles foram internados, sendo que, 53,0% destes, foram atendidos sem passar pelo serviço de triagem nas duas instituições. Estes resultados permite-nos concluir que os atuais perfis demográfico e de saúde, exigem que se estabeleçam novas estratégias para fazer frente ao aumento de idosos potencialmente dependentes, com baixo nível sócio-econômico, portadores de doenças crônicas e consumidores de uma parcela desproporcional de recursos da saúde.

PALAVRAS CHAVE: Gerontologia. Enfermagem. Saúde do idoso.

PUBLICAÇÃO NO FIEP BULLETIN ON-LINE: http://www.fiepbulletin.net/80/a2/63