133 - FUNCTIONAL EVALUATION: CHARACTERISTICS AND DEMAND FOR INSTITUTIONALIZED ELDERLY

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INTRODUCTION:

The issue of healthy aging is a major concern of modern society. The advancement of technology and medicine has as one of its main consequences of increasing life expectancy and an aging population more numerous. The concern is accentuated when we look how the elderly population has been growing in the world, including in developing countries such as Brazil, where the demographic transition is undeniable. By the year 2025, possibly occupy the sixth place of the elderly population in the world with 31.8 million people aged 60 years or more (CAMARANO, 2002; VERAS, 2003; OMS, 2005).

The accelerated pace of aging in Brazil creates new challenges for the contemporary Brazilian society, where this process occurs against a backdrop of profound social, urban, industrial and family. The family finds it very difficult to perform the traditional functions assigned to it, as an educator of children and caregivers of older people.

With the growth of the elderly and dependent care, the institutions designed to provide assistance to this population becomes increasingly necessary. If the nursing homes, formerly known as nursing homes, were aimed at helpless old age, today's society with an aging, now have a new mission: caring for elderly in need of a multidisciplinary care, according to the functional losses that have made the living alone or with family.

The search for new institutional models that provide an environment and specific care and to preserve and promote the fundamental rights of the elderly as a human being should be encouraged. Institutionalized elderly people have a different profile, sedentary lifestyle, lack of affection, loss of autonomy due to physical and mental disability, no family to help care and insufficient financial support. These factors contribute to the high prevalence of physical limitations and comorbidities reflected in their independence and autonomy. The new paradigm of health of the elderly population is how to maintain their functional capacity remaining independent and maintaining their autonomy.

With the worldwide growth of the elderly population, the concern about the functional capacity is emerging as a new emphasis on the estimation of health from the elderly population. This increase generates higher probability of occurrence of chronic diseases and, therefore, the development of disabilities associated with aging.

In general, the ability to function independently declines with age and this decline is influenced by a number of biological, psychological and social (GUCCIONE, 2002). The vast majority of older people is a carrier of chronic diseases, disabilities or have medical problems, which are strongly associated with loss of functional capacity. However, it is observed that the functional capacity is also influenced by demographic, socioeconomic, cultural and psychosocial (ROSA et al 12, 2003).

Functional capacity, especially the motor dimension, is one of the important markers of successful aging and quality of life of older people. The loss of this ability is associated with the prediction of fragility, dependence, institutionalization, increased risk of falls, death and mobility problems, bringing complications over time, and generating long-term care stay and high cost (DIOGO, 2001).

When the functional capacity begins to deteriorate is that the problems begin to emerge. The concept is closely linked to maintaining the autonomy, dependence and the transfer of the elderly to an institution if it is not possible to mobilize financial resources and family to take care of the elderly in their own home, using the institutionalization when the burden becomes unbearable or assume the elderly are not receiving adequate assistance.

Appears, therefore, as a new paradigm of health, particularly with the elderly. Functional capacity, in this light, becomes the result of the multidimensional interaction between physical health, mental health, independence in daily living, social integration, family support and economic independence (RAMOS, 2003).

Any of these dimensions is compromised, can affect the functional capacity of an elderly (FREITAS et al 3, 2002). Thinking about the autonomy of elderly and sick in terms of the degree to which their freedom of choice is respected, than the degree to which they are able to make decisions. Independence is the ability to perform activities of daily living (ADLs) without help (DUARTE and DIOGO, 2000).

Institutionalization in itself represents a risk factor, as the institutionalized elderly need attention, support and specialist services, with the vast majority is fragile and has physical or mental comorbidities, making them prone to falling. For their social isolation, physical inactivity and psychological processes, it is understood that the longer the duration of institutionalization, the greater the weakness of the elderly. It is directly linked to factors like social class, manifestation of disease and dysfunction, and immobility, instability, incontinence and cognitive impairment are the main (SANTOS; ANDRADE, 2005).

Currently, functional assessments have been a highlight in the field of geriatrics and gerontology, as they are instruments that measure the functions of the elderly, providing assistance, analysis and classification of functional capabilities and their limitations, thus contributing to a better therapeutic approach and developing strategies for action and intervention by an interdisciplinary team. For Ramos (2003), although the vast majority of the elderly will lead to at least one chronic disease are not all limited by these diseases, and many lead perfectly normal life with their disease controlled expressing satisfaction in life.

Given that institutionalization may result in functional decline, with consequent loss of independence for the performance of ADL, this study aimed to analyze the degree of independence to carry out ADL of elderly residents in long-stay institutions - LPI, the Natal - RN, from specific issues such as ability to feed themselves, be consistent, getting around, bathing, dressing and using the bathroom.

METHODS

This is a descriptive, exploratory study, conducted in nursing homes, for charity, located in the city of Natal / RN. The study population consisted of residents of institutions, with a sample of 60 seniors selected on the following inclusion criteria: minimum age of 60 years, present a good cognitive status, mental limitations and / or sensory impairment which could impede the understanding, be fit and able to answer the questions of this research and provide informed consent regarding the participation of voluntary informed consent form.

The instruments employed used a form that identified socioeconomic and demographic aspects.

The degree of independence of the elderly was assessed using a scale of basic activities of daily living (ADL) of Katz (FREITAS et al. 2006) on the activities are fundamental to maintaining independence: the ability to feed themselves, be consistent, move out , bathing, dressing and using the bathroom. The score is the sum of "yes", and six points mean independence for ADLs, four points, and partial dependence of zero to two, significant dependence.

The procedures for data collection were based on the sequence of transmission of the Request for Authorization to develop research institutions; routing of the research project for the Ethics Committee of the Federal University of Rio Grande do Norte - UFRN; visit to the institution establish contact with the elderly with which the Consent Form, in accordance with Resolution 196 / 96, followed by signature of participants and administration of research instruments. Data were collected in the period between the months of August to October 2009, after being approved by the ethics committee on research UFRN. The results were tabulated on Microsoft Office Excel 2003, analyzed using percentages, following the standards recommended for a descriptive study.

RESULTS:

There was a higher frequency of older females compared to males aged (Table1) respectively mean and standard deviation of 79.0 ± 16.89 years and 78.8 ± 13.15 years with an amplitude ranging from 58 to 109 years. These data reaffirm the presence biggest of the feminine sex in relation to the masculine sex in the Brazilian oldness. They attribute the phenomenon of the feminização of the aging to the care biggest that the woman has with the health, good with the hormonal protection, in set with the risks which are submitted the men, throughout the life, and they take that them to die first that women (BERQUÓ, 1999; DEBERT, 1999; KALACHE, VERAS and RAMOS, 1987). In a study by Savonitti (2000) with the elderly in a nursing home in São Paulo, the average age was 73.1 years. In the study by Lucena et al. (2002), the mean age was 69.5 years.

Table 1 - Distribution of the institutionalized elderly by sex and age

Relationship between the mean age and sex of older Gender Female Male	Sex	
	Female	Male
Number of Elderly	35	25
Ages	79	78,8
Standard Deviation	16,89	1,15

Most studies in the elderly indicates the females usually outnumbered when related to the opposite gender. This may be related to higher mortality of males in old age (POETA, 2002).

To Veras 1994, apud Pires, Silva (2001), women live longer because they are less at risk, home accidents and work accidents, homicides, suicides, consume less tobacco and alcohol use are more frequent services health. But not only those factors that demonstrate longevity in women: there are biological and genetic factors which, although not yet fully understood, contribute to the prolongation of their lives.

Table 2 - Distribution of population by gender, education and marital status

Variables	Categorias	Dependent		Independent	
		N	%	N	%
Gender	Female	20	33,3	15	25,0
	Male	15	25,0	10	16,7
Literacy Education	Literacy Education	20	33,3	05	8,3
	Not Literate	25	41,7	10	16,7
Marital Status	Single	19	31,7	11	18,3
	Widowed	21	35,0	07	11,7
	Separated	02	3,3	-	-
	Married	-	-	-	-

Through the demographic variables (Table 2), we found that of 60 elderly subjects in Natal - RN, 58.3% were female and 41.7% were male. Other studies conducted in nursing homes also showed the prevalence of female gender, such as the one performed by Bennemann (2002) in a geriatric institution in the city of Bragança Paulista - SP, which has 69% of the females. In another study, conducted by Bento (1999) in a charity in the city of João Pessoa - PB is reported that 58.9% are women. Marital status varied, with 50% single, 46.7% were widowed and only 3.3 separated. Similar results were shown in the work of Lucena et al. (2002): 71.8% single, 15.4% separated, 7.7% widowed and only 5.1% married. Since the high percentage of single individuals may indicate that there is a marginalization of older people without families, and the elders themselves prefer isolation from society, he believes, often, be disruptive to his family, as cited in the work of Lucena et al. (2002). In search Savonitti (2000), 48.4% of the population was single.

As for education, the study reveals that 41.6% of the elderly were illiterate and 58.4% literate. In search of Lucena et al. (2002, p. 168), the majority of older people was composed of illiterate (64.1%) and the rest of semiliterate (35.9%), which shows that, according to Martinez (cited LUCENA et al. 2002), low socioeconomic status or rural origin may be some possible causes that reflect the high rate of illiteracy.

For competence of daily living means the ability or potential to perform adequately the activities considered essential building independent lives, are linked to socio-cultural factors and genetic and biological factors, showing their relation mutifatorial, just as the concepts of quality of life. With respect to the ability to perform ADLs, it was reported that 58.3% of the elderly were dependent for most ADL, while 41.7 were independent for most of these activities. Functional independence was defined by Neri (2001) and Paschoal (1996) as the ability to do something with our own resources. It is linked to mobility and functional capacity, where the individual lives, without requiring assistance in the implementation of basic and instrumental activities of daily living.

The scores obtained by the Katz Index by sex are presented in Table 3, where you can see that in general the

institutionalized elderly demonstrate some need for assistance and the execution of habits of hygiene and cleanliness. Based on scores Katz developed indicators to differentiate the magnitude of the dependency ratio, and found that 55% of those surveyed had more significant levels of loss of autonomy and a greater dependence for carrying out basic activities.

Table 3 - Distribution of the institutionalized elderly by sex and ADL

	Sex	
	Female	Male
Fields	Average	Average
Bathing	2,06	2,04
Dressing	2,15	2,21
Use health	1,94	2,04
Pour and raise	1,77	1,58
Continence	1,97	1,92
Eating	1,74	1,54

Thinking about the autonomy of elderly and sick in terms of the degree to which their freedom of choice is respected, than the degree to which they are able to make decisions. Independence is the ability to perform activities of daily living (ADLs) without help (DUARTE and DIOGO, 2000). Get health through the autonomy achieved by the performance of physical activity - many researchers have struggled to try to ascertain the physical condition that determines a better performance in activities of daily living, which could be defined as healthy triangulation, which would be physical activity, autonomy and health (ARAGON, DANTAS and DANTAS, 2002).

FINAL CONSIDERATIONS

These data point to the high rate of disability of the elderly residents of nursing homes in the city of Natal - RN, suggesting the relevance of interventions on this aspect. Confirming found in the literature, there is a greater dependency of the elderly in nursing homes. However, no statistically significant relationship for age, gender, marital status with the degree of functional capacity.

Through these results, it is concluded on the importance of the participation of professionals in the health contracts, which could help the limitations of functional capacity, seeking early rehabilitation, preventing the progression and recovering the loss of function. Thus, you may be offered better quality of life, promoting a successful old age, within the standards of human dignity. We can see also the need to broaden and deepen research on assessments covering the elderly in all dimensions (for more comprehensive with respect to their physical and mental health) and also assess the physical environment in which it is inserted because inadequate environments contribute to reduced functional capacity.

Thus, science fulfills its purpose which is to assist in maintaining and improving the lives, providing subsidies for the reversal of membership now unveiled the elderly population living in institutions for the aged in the city of Natal – RN. Thus this study allows us to understand that the elderly have a degree of dependency to self-care, requiring assistance in activities of daily living, support formal / informal, enabling interventions to health professionals, and implementation of public policies aimed at care the health of the elderly, with emphasis on the promotion of healthy aging in line with the guidelines established in the pact the health of 2006.

It is important to work in an interdisciplinary team as a central strategy in search of comprehensive health care for the elderly. Professionals who work with the aging process, in several areas of knowledge (doctors, physiotherapists, nurses, occupational therapists, among others), try to provide, at all levels of health care (primary, secondary and tertiary), welfare bio-psycho-social development of the institutionalized elderly, enhancing their global functions, in order to achieve greater independence, autonomy and a better quality for this phase of life.

It seems that the dependency of the elderly is seen as something natural and expected, but in fact it is known that when it is affected by pathologies that lead to the condition of partial or total dependence, it is still possible to rehabilitate him to recover ability to perform one or another activity of daily living. The rehabilitation of some functions, though often it may seem insignificant to the family, returns to the elderly's ability to do for himself, is, self-care.

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FUNCTIONAL EVALUATION: CHARACTERISTICS AND DEMAND FOR INSTITUTIONALIZED ELDERLY
BACKGROUND:

Functional capacity is one of the important markers of successful aging and quality of life of older people. The loss of this ability is associated with the prediction of fragility, dependence, institutionalization, increased risk of falls, death and mobility problems, bringing complications over time, and generating long-stay care. Given that institutionalization may result in functional decline, this study aimed to analyze the degree of independence to carry out Activities of Daily Living (ADL) of elderly residents in long-stay institutions - LPI, the city of Natal -RN. **MATERIALS AND METHODS:** A descriptive exploratory study conducted in charities, with a population of study consisted of a sample of 60 elderly. The study was approved by the Ethics and Research of the Federal University of Rio Grande do Norte - UFRN, in accordance with Resolution 196 / 96. Data were collected in the period between the months of August to October 2009. The instruments used were a form with demographic and socioeconomic issues and the ADL scale of Katz on the activities are fundamental to maintaining independence: the ability to feed themselves, be consistent, getting around, bathing, dressing and using the bathroom . **RESULTS:** We found a higher frequency of older females compared to males respectively mean age and standard deviation of 79.0 ± 16.89 years and 78.8 ± 13.15 years. The ability to perform the ADL was identified that 58.3% of the elderly were dependent for most ADL demonstrated need for assistance and the execution of daily habits. **CONCLUSION:** We emphasize the high rate of disability in elderly subjects, suggesting the relevance of interventions on this aspect. It is important to work in an interdisciplinary team as a central strategy in search of comprehensive health care for the elderly.

KEYWORDS - KEY: human aging, elderly, functional capacity.

FUNCTIONAL EVALUATION: CARACTÉRISTIQUES ET DEMANDE AUX PERSONNES AGEES INSTITUTIONNALISÉE
CONTEXTE:

la capacité fonctionnelle est l'un des jalons importants du vieillissement réussi et la qualité de vie des personnes âgées. La perte de cette capacité est associé à la prédiction de la fragilité, la dépendance, l'institutionnalisation, un risque accru de chutes, de décès et problèmes de mobilité, ce qui porte les complications dans le temps, et en générant de long séjour de soins. Étant donné que l'institutionnalisation mai entraîner le déclin fonctionnel, cette étude visait à analyser le degré d'indépendance pour mener des activités de la vie quotidienne (AVQ) des résidents âgés en long séjour institutions - LPI, la ville de Natal - RN. **MATÉRIEL ET MÉTHODES:** Une étude exploratoire descriptive menée dans les organismes de bienfaisance, avec une population d'étude se composait d'un échantillon de 60 personnes âgées. L'étude a été approuvée par l'éthique et la recherche de l'Université fédérale de Rio Grande do Norte - UFRN, conformément à la Résolution 196 / 96. Les données ont été recueillies dans la période entre les mois d'août à Octobre 2009. Les instruments utilisés étaient un formulaire avec des questions démographiques et socio-économiques et de l'échelle ADL de Katz sur les activités sont essentielles au maintien de l'indépendance: la capacité à se nourrir, être cohérent, se déplacer, se laver, s'habiller et aller aux toilettes. **RÉSULTATS:** Nous avons constaté une fréquence plus élevée de femmes âgées que chez les hommes, respectivement, l'âge moyen et l'écart type de 79,0 ± 16,89 ans et 78,8 ± 13,15 années. La possibilité d'effectuer l'ADL a été identifié que 58,3% des personnes âgées avaient besoin d'obtenir le plus besoin ADL démontrée pour l'assistance et l'exécution des habitudes quotidiennes. CONCLUSION: Nous insistons sur le taux élevé d'invalidité chez les sujets âgés, ce qui suggère la pertinence des interventions sur cet aspect. Il est important de travailler dans une équipe interdisciplinaire en tant que stratégie centrale dans la recherche de soins de santé complets pour les personnes âgées.

MOTS CLÉS - KEY: le vieillissement de l'homme, personnes âgées, des capacités fonctionnelles.

EVALUACIÓN FUNCIONAL: CARACTERÍSTICAS Y DEMANDA DE ANCIANOS INSTITUCIONALIZADOS
ANTECEDENTES:

La capacidad funcional es uno de los indicadores importantes de un envejecimiento exitoso y la calidad de vida de las personas mayores. La pérdida de esta capacidad está asociada con la predicción de la fragilidad, la dependencia, la institucionalización, el aumento de riesgo de caídas, la muerte y los problemas de movilidad, con lo que las complicaciones en el tiempo, y la generación de estancia de larga duración cuidado. Teniendo en cuenta que la institucionalización puede provocar el declive funcional, este estudio tuvo como objetivo analizar el grado de independencia para realizar actividades de la Vida Diaria (ADL) de los ancianos residentes en estancias de larga duración instituciones - LPI, la ciudad de Natal - RN . **MATERIAL Y MÉTODOS:** Un estudio exploratorio descriptivo, realizado en obras de caridad, con una población de estudio consistió en una muestra de 60 ancianos. El estudio fue aprobado por la Ética y de Investigación de la Universidad Federal de Rio Grande do Norte - UFRN, de conformidad con la Resolución 196 / 96. Los datos fueron recolectados en el período comprendido entre los

meses de agosto a octubre de 2009. Los instrumentos utilizados fueron un formulario con cuestiones demográficas y socioeconómicas y la escala ADL de Katz para las actividades son fundamentales para mantener la independencia: la capacidad de alimentarse por sí mismos, ser coherentes, moverse, bañarse, vestirse y usar el baño. **RESULTADOS:** Se encontró una mayor frecuencia de mujeres mayores en comparación con los varones, respectivamente, la edad media y desviación estándar de 79,0 ± 16,89 años y 78,8 ± 13,15 años. La capacidad de realizar la ADL se identificó que el 58,3% de los ancianos dependen de la necesidad demostrada la mayoría de ADL para la asistencia y la ejecución de los hábitos cotidianos. **CONCLUSIONES**: Destacamos la elevada tasa de discapacidad en sujetos de edad avanzada, lo que sugiere la pertinencia de las intervenciones en este aspecto. Es importante trabajar en un equipo interdisciplinario como una estrategia central en la búsqueda de atención integral de salud para los ancianos.

PALABRAS CLAVE - CLAVE: el envejecimiento humano, personas de edad avanzada, la capacidad funcional.

AVALIAÇÃO FUNCIONAL: CARACTERÍSTICAS E DEMANDAS DE IDOSOS INSTITUCIONALIZADOS

INTRODUÇÃO:

A capacidade funcional é um dos importantes marcadores do envelhecimento bem sucedido e da qualidade de vida dos idosos. A perda dessa capacidade está associada à predição de fragilidade, dependência, institucionalização, risco aumentado de quedas, morte e problemas de mobilidade, trazendo complicações ao longo do tempo, e gerando cuidados de longa permanência. Considerando-se que a institucionalização pode resultar em declínio funcional, esse estudo teve como objetivo analisar o grau de independência para a realização de Atividades da Vida Diária (AVDs) dos idosos residentes em instituições de longa permanência - ILPI, da cidade de Natal – RN. **MATERIAIS E MÉTODOS:** Estudo descritivo, exploratório, realizado em instituições filantrópicas, com uma população constituída de 60 idosos. A pesquisa foi autorizada pelo Comitê de Ética e Pesquisa da Universidade Federal do Rio Grande do Norte – UFRN, de acordo com resolução 196/ 96. Os dados foram coletados no período compreendido entre os meses de agosto a outubro de 2009. Como instrumentos foram utilizados um formulário com questões socioeconômicas e demográficas e a escala de AVDs de Katz sobre as atividades fundamentais à manutenção da independência: capacidade de alimentar-se, ter continência, locomover-se, banhar-se, vestir-se e utilizar o banheiro. **RESULTADOS:** Constatou-se uma maior freqüência de idosos do sexo feminino em relação ao sexo masculino respectivamente com idades médias e desvios padrões de 79,0 ±16,89 anos e 78,8 ±13,15 anos. Quanto à capacidade para realizar as AVDs foi identificado que 58,3% dos idosos eram dependentes para a maioria das AVDs demonstrando necessidade de auxilio quanto à execução de hábitos diários. **CONSIDERAÇÕES FINAIS:** Ressaltamos o alto índice de incapacidade funcional dos idosos institucionalizados, o que sugere a relevância de intervenções sobre esse aspecto. Torna-se importante o trabalho em equipe interdisciplinar como estratégia central na busca da integralidade da atenção a saúde da pessoa idosa.

PALAVRAS – CHAVE: envelhecimento humano; idoso, capacidade funcional.

PUBLICAÇÃO NO FIEP BULLETIN ON-LINE: http://www.fiepbulletin.net/80/a1/133