4 - THE ROLE OF DOMESTIC ENVIRONMENT IN THE INCIDENCE OF FALLS IN ELDERLY

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INTRODUCTION

According to the Ministry of Health in the late twentieth century, Brasil experienced a significant increase in the number of elderly, and children aged 60 or older is the fasted growing in proportional terms. According to statistical projections of the World Health Organization, 1950 to 2025, the elderly population will grow in the country, which put Brazil in absolute terms, as the sixth of the world's elderly population, that is, with more than 32 million people aged 60 years or more (BRASIL, 2002).

Among the factors that has contributed to worsening health conditions and life of the elderly population there are the falls, as are the main cause of accidents in people over 60 years. Commonly, falls occur with the elderly due to changes resulting from aging itself as postural instability, shuffling gait, short steps, decreased reflexes, disrupting the movement snapshots. There is also the development of pathological conditions, especially including postural problems, heart problems and injuries of the central nervous system (FABRÍCIO et al, 2004).

Kay (1995), says the growing number of falls with increasing age is consistent because aging brings loss of balance and changes in muscle and bone mass, increasing falls. One way to minimize this loss due to aging is the practice of physical activities. Current data indicate that physical activity reduces the occurrence of falls, osteoporosis and other chronic diseases.

Aikawa et al (2006) report that the drop is a factor which has the unintended result of the change in position of the individual to a lower level compared to its initial position, with a growing problem.

The physical consequences are the main causes that falls provide the elderly such as: hospitalizations, changes in functional capacity, decreased (ADLs) activities of daily living and fractures and is thus a major cause of accidental death in older people (STUDENSKN; WOLTER, 2002).

There are many environmental obstacles exist that may predispose the elderly to fall. In the community, the majority of falls occur in the actual place of residence in places such as stairs, bedrooms, living room and bathroom (MESSIAS AND NEVES, 2009).

According to Fabricio et al (2004), the loss of independence to perform ADLs has a high impact for the elderly after the fall, as some activities that previously could not perform alone and without any difficulty, after the fall creates a dependency that can change the daily routine not only the elderly but also their families.

In this sense, aspects related to motor skills, spatial and temporal orientation are relevant, according to research Schlindwein-Zanini, Almeida, Liposcki, Colognese (2010), who used the application of neuropsychological Inventory - SZC elderly in 60 to 70 years concluded that the majority of the sample showed no signs of changes related to the spatial and temporal orientation, but most showed signs of impaired manual dexterity, rated mild to moderate, suggesting the need for specific interventions and neuropsychological motor.

You can reduce the occurrence of falls with simple care such modifications and adaptations in the home, promoting safety within and outside the home. Thus meeting the basic needs of the elderly and mobility while reducing risk and preventing falls in the home (PERRACINI AND RAMOS, 2002).

The objective of this study was to analyze the influence of home environment on the causes of falls in the elderly, as well as identify the extrinsic factors that are associated with risk of falling.

METHODOLOGY

This research is characterized as descriptive and quantitative. Muszkat (2001) points out that the descriptive research aims to describe the characteristics of a given population or phenomenon. Involves the use of standard techniques of data collection: questionnaire and systematic observation. It assumes, in general, the survey form.

Quantitative research believes that everything can be quantified, which means in figures reviews and information to classify them and analyze them.

To achieve this has been indicated by the agents through the city of Lages / SC households that had aged 60 years or more of both sexes who were independent or partially independent and lucid. 5 Since the health agents in Lages / SC volunteered to collect data between 02 and 15 March 2011, interviewing 41 individuals (26 women and 15 men) in their homes.

All subjects were informed about the study and agreed to participate, signed the Informed Consent and answered a structured questionnaire with closed questions, with socio-demographic data, occurrence of falls, falls caused consequences, environmental factors that triggered the falls, local residence of the fall and was attended by extrinsic factors.

Continuing, we used a scale adapted Fall Risk Score, where from the final score of 8 questions about your risk of falls, using the numerical values obtained and classified the respondents into high, medium and low risk (DOWNTON, 2003).

RESULTS AND DISCUSSION

Of the 41 subjects interviewed, 37% are male and 63% female. As for age, 66% are between 60 and 70 years and 34% are aged over 80 years. The Brazilian population is rapidly aging, according to 2010 Census data presented by the Brazilian Institute of Geography and Statistics (IBGE). The population over 65 years increased from 5.9% in 2000 to 7.4% in 2010, showing that life expectancy in Brazil has been growing gradually, ie, the elderly population in Brazil is increasing, especially in the region South (IBGE, 2010).

There are many causes cited for the increased risk of falls over time. Around 30 years of life, calcium is no longer reset the body evenly, causing some of our local bone becomes more brittle, compromising our balance. Sensory changes at older ages, reaching vision and hearing can also impair our posture and balance. Muscle weakness and degenerative diseases may be added to the factors mentioned above. The list of factors related to changes in the human body, arising from old age, and which can facilitate the loss of bodily equilibrium is long, and with an objective correlation between all these factors is the risk of falls (KAY, 1995).

Regarding the degree of independence, 61% of the subjects reported to be independent and 39% are partially independent. Although most respondents to be independent for ADLs (activities of daily living), Fabricio et al (2004) state that in the coming decades the number of functionally dependent elderly and disabled tend to increase.

Most seniors do not have the habit of physical activity, as demonstrated in this study, where about 89% of respondents do not perform any physical activity, was considered any physical activity three times a week and over 30 minutes and is very importance to the physiological status of the elderly. For Marinho (2008), the lifestyle in aging is a factor which contributes to a deterioration of postural control. These activities help to minimize the changes of the aging process and is important for the maintenance of functional capacity, ensuring quality of life for the elderly.

The benefits of physical activity for the elderly have been featured in improving functional capacity, balance, strength, coordination and speed of movement, contributing to greater safety and prevention of falls among the elderly. Physical activity is an effective strategy to prevent them, because it increases muscle strength, flexibility and motor control. Franchi (2005) found that 10 sessions of physical activity have improved the performance of various tests in the elderly, balance, strength and flexibility, suggesting that a prevention program based on regular exercise can be effective for the elderly to prevent falls.

Daily physical activity contributes to the prevention of falls as an exercise program that significantly increases strength while maintaining a body weight composition and efficient locomotion and also improve the balance should decrease the number of falls observed in older people. As physical activity a therapeutic modality that improves physical mobility and postural stability, which are directly related to the reduction of falls.

One of the factors that affect quality of life for seniors is the risk of falls. In this study the risk was high in most cases (84%), and 13% medium risk and 3% low risk. In the study with 23 elderly done by Santos (2005) which was applied to Fall Risk Score scale, 73% of the elderly are at high risk for falls, 17% medium risk and 10% low risk. The study showed that the changes associated with aging and the household members are very important factors to explain the high rate of falls in the elderly.

The main determinant of the falls are environmental factors that when associated with physical characteristics of individuals are even more aggravating. When there is commitment, physical activity means not only loss in the balance itself, which would be the primary factor in the impairment of instrumental activities, as well as limitations of muscle strength, mobility and gait. Therefore, in situations of health care, these factors should always be evaluated (FABRÍCIO et al, 2004).

The rate of falls was found to be high, with 71% of the subjects had experienced a fall and 29% did not, proving that the falls in individuals above 60 years are so frequent that have long been accepted as effects "natural" aging. This observation lies in the fact that at least 30% of the elderly in Brazil suffer an episode of downtime per year, whereas women have a frequency of falls a little higher than men. The elderly in the range between 75 and 84 years who require assistance with ADLs have some probability of falling increased by 14 times (SIQUEIRA, 2007).

Rodrigues et al (2003) show in their survey of 50 elderly (66% female and 34% male), 64% of elderly respondents suffered some type of fall, and 48% in the age group of 80-89 years. It was found that 74% of falls from her height and were related to problems in the home environment.

The causes can be varied and be associated with, the drop is usually caused by an occasional event that can be hazardous to the elderly, especially those who already have some disability in walking or balancing. Situations should be considered that provide slip, stumble, stumble, bump (on objects or people and animals). The problems with the environment will be more dangerous the higher the degree of vulnerability of the elderly and the instability that can cause this problem.

Messias and Neves (2009), a claim that women have the least amount of lean mass and muscle strength are more likely to fall than men of similar age, as are most exposed to extrinsic factors, due to the performance of household chores . The extrinsic risk factors that stood out by women are related to domestic activity, such as carpets or loose folds, presence of stairs and inaccessible objects.

Most of the elderly had some result after suffering a fall, while 49% suffered some type of fracture, 27% were hospitalized, 17% and 7% had no bruises suffered in the fall. Papaléo Netto (2002) states that approximately one third of the elderly who are 65 years or older, who suffered an episode of the fall will have any consequence after the fall.

Falls can have serious physical and psychological consequences, such as injuries, hospitalizations, loss of mobility, activity restriction, decreased functional capacity, placement in nursing homes and fear of falling again, representing the leading cause of accidental death in older people (STUDENSKN; WOLTER, 2002).

There are many environmental obstacles that may predispose the elderly to fall. In the community, the majority of falls occur in the actual place of residence, in important places such as bathroom, bedroom, kitchen and main room. The studies show variations in the sector of the residence where the falls are more frequent. A study by Siqueira (2007), with 56 seniors who had suffered falls within the residence found the main sites of falls: first, the kitchen and bathroom, followed by living room, bedroom and laundry area, and finally, the corridor. Another study of 64 elderly performed by Messias and Neves (2009) found that, from inside the home, the space more pointed was the bathroom, reported in 38.1% of the reported falls. For their part, were observed in another study the following results: bathroom (38%), fourth (27%), kitchen (25%), room (5%) and running (5%) (XAVIER, 1985).

The data found in the present study show 37% with the bathroom as a place where an increased incidence of falls, followed by 25% in the quarter, 16% kitchen, 12% in the service area, 4% and 6% in room the corridor.

Papaléo Netto (2002), states that the higher incidence of falling is related to extrinsic factors, among them can be noted as risk factors, the presence of unstable furniture, steep stairs and no handrail, loose rugs and carpets maladaptive, lighting inadequate, loose parquet floor, slippery floors, high beds, sofas, chairs and toilet too low, hard to reach shelves, presence of pets in the house, wear flip-flops or shoes in poor condition or poorly adapted.

Table 1 shows how the extrinsic risk factors are variable, with 28% of respondents reported the presence of wet or slippery in their homes, 16% the bathroom has no support for users, 14% were climbing a mobile to reach an object that is not in your reach.

Table 1 - Participation of extrinsic factors in fall

FACTOR	PORCENTAGE
Wet or slippery	28%
Bathroom floor without	16%
Mobile Climbing to reach some object	14%
step	11%
stair	9%
Presence of carpets	8%
Objects on the ground	7%
low light	5%
Presence of animals in the home	2%

In a prevalence study conducted by Marinho (2008), in São Paulo, it was observed that most environmental hazards found in homes of the elderly participants were slippery 65%, 62% presence of rugs, clutter presence of 62% and cabinets are difficult to reach 51%. Other factors are also related to insecurity of the elderly in homes: inadequate lighting, switches inaccessible, lack of handrails on stairs, steps, inadequate or no signs and no-slip floors, lack of grab bars in bathrooms, toilet seats height inadequate beds also unsuitable heights, high chairs and no wrong side supporters, hurdles to overcome, such as furniture and low wires, presence of animals.

Whereas the Brazilian literature highlights the participation of extrinsic factors on the occurrence of falls in older people, and strategies for prevention, many recommendations have been identified with regard to safety, educational programs and training of human resources specialized in the theme of the elderly (SIQUEIRA , 2007).

Physiotherapy used as prevention reduced the risk of falls. The application of ergonomics within the household can provide a more accessible and safe. The quality of life allows the elderly can live healthy, capable of performing leisure activities and socializing, allowing it to participate actively in all feeling useful as prompted. The presence of professionals in the person's home can provide a closer contact with the patient and their families in their own half, this time may be useful for an assessment of the conditions that surround him. It is understood that the therapy at home also involves conducting educational activities, orientation and demonstration of technical procedures to be passed to the patient and their family caregivers. A set of actions aimed at prevention and maintenance of health through elements that strengthen beneficial to the individual factors (BAPTISTA, 2000).

Changes in the person's home are intended to facilitate their movement and balance, suggesting eliminating architectural barriers to prevent the possible impact of a fall. Following the same line of spatial intervention, seeking adaptations and modifications in the furniture making it ideal for the elderly, the changes should be permitted in the elderly, explaining that the changes are to improve their security (BAPTISTA, 2000).

Fabricio et al (2007) claim to be essential to self-care awareness and to alert the family / caregiver to participate actively in this process. Some activities that result in falls are due to reckless behavior, like climbing a ladder to clean the folding top of a closet. Risk attitudes on the part of older people who have never fallen and have good functional status appear to be as important as the presence or exposure to environmental risk. Since the major extrinsic causes of falls are related to physical environment.

The identification of significant risk factors that cause falls is an important step towards establishing strategies for prevention. So, having explained these factors, it is necessary to point out and create measures to intervene in the elderly population and its environment in order to avoid such events, because a favorable environment and suitable for the elderly is one that offers security, it is functional, providing encouragement and personal control, facilitates social interaction (MARINHO, 2008).

So you must be aware that the fall is a real event in the lives of seniors and bringing about a number of consequences, sometimes irreparable, the inability to perform activities of daily living can bring long-term consequences not only the elderly but also for the family and health services, they need to mobilize for the treatment and rehabilitation of the elderly. To minimize the consequences for the elderly and reduce damages caused by falls, it becomes necessary to invest in campaigns involving the prevention of accidents between them (MARINHO, 2008).

CONCLUSION

In the present study, it was revealed that 84% of elderly respondents have a high risk of falls and the risk increases with the number of extrinsic risk factor for being an event that is hardly the result of a single factor. Since 71% of respondents have had episodes of falls, 49% suffered some type of fracture, 27% were hospitalized and 17% had bruises.

Falls are a major public health problem, requiring a multifaceted approach, which is only possible through the integrated action of a specialized multidisciplinary team seeking to clarify the risk factors and consequences. Starting up the relevance of assessing the living conditions and health of the people to adopt behaviors appropriate to the real needs in relation to risk factors for falls.

The elderly need attention, care, encouragement and appreciation of his life story. There is also need to begin preventive care as early as possible, since the more advanced age, the greater the weakness, increasing the risk of falls, possible consequences and even death. However, despite growing interest in this age group, little has been done both in the prevention and rehabilitation.

One of the great difficulties involved appropriate assistance to the elderly is the underestimation of the amendments proposed by them. In this sense, the importance of monitoring this elderly, environmental adaptation, physical activity, increased balance and mobility. To contribute to greater autonomy and independence for the elderly, and thus preventing and minimizing falls within the home environment.

The physiotherapist as a member of the healthcare team must develop, improve clinical care and socialize and best strategies for meeting the biopsychosocial needs of this age group.

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THE ROLE OF DOMESTIC ENVIRONMENT IN THE INCIDENCE OF FALLS IN ELDERLY

ABSTRACT

The Ministry of Health, Brazil experienced a significant increase in the number of elderly. Among the factors that contribute to worsening health conditions an life of the elderly population there are the falls, which are the main cause of accidents in people over 60 years in his home. Fall is a factor which has the unintended result of the change in position of the individual to a lower level compared to its initial position, with a growing problem in an aging population every day. The extrinsic causes are a major cause of falls in the home, causing physical and psychological consequences for the elderly. We conducted this study aiming to analyze the influence of home environment and extrinsic factors in the causes of falls. We used a questionnaire with closed questions, applied for 5 health workers in Lages / SC, interviewing 41 individuals, 26 women and 15 men in their homes. And applied the scale adapted Fall Risk Score, which aims to assess the risk of falls, using the numerical values obtained, ranking high, medium and low risk. The results show that 71% of respondents have had episode of fall, and 49% suffered some type of fracture, 27% were hospitalized and 17% had bruises. The highest incidence of falls occurred in the bathroom (37%) and fourth (25%). It was evident that the risk for falls increases with the number of extrinsic factors, whereas 84% of respondents have a high risk of falls. Therefore, it is essential to monitor the elderly physiotherapy, seeking environmental adaptation, physical activity, improving balance and mobility, ensuring greater autonomy and independence to these elderly, and thus preventing falls in the home environment.

KEYWORDS: elderly, home environment, falls.

LE ROLE DE L'ENVIRONNEMENT DOMESTIQUE DE L'INCIDENCE DES CHUTES CHEZ LES PERSONNES AGEES

RÉSUMÉ

Le ministère de la Santé, le Brésil a connu une augmentation significative du nombre de personnes âgées. Parmi les facteurs qui contribuent à l'aggravation des conditions de santé et la vie de la population âgée, il ya les chutes, aqui sont la cause principale des accidents chez les personnes de plus de 60 ans dans maison. L'automne est un facteur qui a le résultat involontaire de la variation de position de l'individu à un niveau inférieur par rapport à sa position initiale, avec un problème croissant dans une population vieillissante chaque jour. Les causes extrinsèques sont une cause majeure de chutes à domicile, causant des conséquences physiques et psychologiques pour les personnes âgées. Nous avons mené cette étude visant à analyser l'influence du milieu familial et les facteurs extrinsèques dans les causes des chutes. Nous avons utilisé un questionnaire avec des questions fermées, appliquée pendant 5 agents de santé dans Lages / SC, en interrogeant 41 personnes, 26 femmes et 15 hommes dans leurs foyers. Et l'échelle appliquée Score adaptée risque de chute, qui vise à évaluer le risque de chutes, en utilisant les valeurs numériques obtenues, le classement risque élevé, moyen et faible. Les résultats montrent que 71% des répondants ont eu des épisodes de l'automne, et 49% ont subi un certain type de fracture, 27% ont été hospitalisés et 17% avaient des ecchymoses. La plus forte incidence des chutes se sont produites dans la salle de bains (37%) et quatrième (25%). Il était évident que le risque de chute augmente avec le nombre de facteurs extrinsèques, tandis que 84% des répondants ont un risque élevé de chutes. Par conséquent, il est essentiel de surveiller la physiothérapie âgées, en essayant d'adaptation de l'environnement, l'activité physique, améliorer l'équilibre et la mobilité, assurer une plus grande autonomie et l'indépendance de ces personnes âgées, et donc de prévenir les chutes dans l'environnement domestique.

MOTS-CLÉS: personnes âgées, environnement familial, des chutes.

EL PAPEL DEL MEDIO AMBIENTE NACIONAL EN LA INCIDENCIA DE CAÍDAS EN ANCIANOS

RESUMEN

El Ministerio de Salud, Brasil experimentó un aumento significativo en el número de ancianos. Entre los factores que contribuyen al empeoramiento de las condiciones de salud y la vida de la población de edad avanzada son las cataratas, que son la principal causa de accidentes en personas mayores de 60 años en su casa. El otoño es un factor que ha resultado no intencionado de cambio en la posición de la persona a un nivel inferior respecto a su posición inicial, con un problema creciente en una población que envejece cada día. Las causas extrínsecas son la principal causa de caídas en el hogar, provocando consecuencias físicas y psicológicas para las personas mayores. Hemos realizado este estudio con el objetivo de analizar la influencia de ambiente familiar y los factores extrínsecos en las causas de las caídas. Se utilizó un cuestionario con preguntas cerradas, 5 aplicadas por los agentes de salud en Lages / SC, entrevistando a 41 personas, 26 mujeres y 15 hombres en sus hogares. Y se aplica la escala de puntuación del riesgo de caída adaptada, que tiene como objetivo evaluar el riesgo de caídas, utilizando los valores numéricos obtenidos, clasificación de riesgo alto, medio y bajo. Los resultados muestran que el 71% de los encuestados han tenido episodios de caída, y el 49% sufrió algún tipo de fractura, el 27% fueron hospitalizados y el 17% tenía moretones. La mayor incidencia de caídas se produjeron en el cuarto de baño (37%) y cuarto (25%). Era evidente que el riesgo de caídas aumenta con el número de factores extrínsecos, mientras que el 84% de los encuestados tienen un alto riesgo de caídas. Por lo tanto, es esencial para controlar la fisioterapia ancianos, buscando la adaptación del medio ambiente, la actividad

física, mejorar el equilibrio y la movilidad, garantizar una mayor autonomía e independencia a estos ancianos, y por lo tanto la prevención de caídas en el entorno del hogar.

PALABRAS CLAVE: medio ambiente ancianos, casa, cae.

A INFLUÊNCIA DO AMBIENTE DOMÉSTICO NA INCIDÊNCIA DE QUEDAS EM IDOSOS

RESUMO

Segundo o Ministério da Saúde, o Brasil vivenciou um significativo aumento no número de idosos. Entre os fatores que contribuem para agravar as condições de saúde e de vida da população idosa destacam-se as quedas, que constituem a principal causa de acidentes em pessoas com mais de 60 anos dentro do seu domicílio. A queda é um fator não intencional que tem como resultado a mudança de posição do indivíduo para um nível mais baixo em relação a sua posição inicial, sendo um problema crescente em uma população que envelhece cada dia mais. As causas extrínsecas são um dos maiores causadores de quedas dentro do domicílio, gerando consequências físicas e psicológicas aos idosos. Realizou-se este estudo com o objetivo de analisar a influência do ambiente doméstico e dos fatores extrínsecos nas causas das quedas. Foi utilizado um questionário com perguntas fechadas, aplicado por 5 agentes de saúde de Lages/SC, entrevistando 41 indivíduos, sendo 26 mulheres e 15 homens em suas residências. E aplicada a escala adaptada Fall Risk Score, que tem por objetivo avaliar o risco de quedas, usando os valores numéricos obtidos, classificando em alto, médio e baixo risco. Os resultados obtidos mostram que 71% dos entrevistados já tiveram episódio de queda, sendo que 49% sofreram algum tipo de fratura, 27% foram hospitalizados e 17% apresentaram escoriações. A maior incidência de queda ocorreu no banheiro (37%) e quarto (25%). Ficou evidente que o risco para quedas aumenta com o número de fatores extrínsecos, visto que 84% dos entrevistados possuem alto risco de quedas. Sendo assim, considera-se primordial o acompanhamento fisioterapêutico dos idosos, buscando a adaptação ambiental, realização de atividade física, melhora do equilíbrio e da mobilidade, garantindo maior autonomia e independência a esses idosos, e desta forma prevenindo as quedas dentro do ambiente doméstico.

PALAVRAS CHAVE: idosos, ambiente doméstico, quedas.