86 - PROFILE OF THE HEALTH CONDITIONS OF THE ELDERLY

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INTRODUCTION

Although aging is a triumph there important differences between developed and developing countries. The aging world population is a fact widely documented by all international organizations. As a phenomenon worldwide, affects differently the various countries, we understand aging as a stage of human development, with specific characteristics.

The concept of old age is difficult to define and ends in any case, multiple dimensions that must be addressed if we as a starting point a historical and cross-cultural perspective, when you realize that the concept of old age has changed and consequently have been assigned the elderly fairly different roles in nature. Thus, it is easy to find examples and even memories of a time when older people occupied a central place and respect, whether in family or community. (ZIMERMAN, 2000)

Front of the different settings to talk about this phenomena is necessary to understand aging as a stage of human development, with specific characteristics in this respect also, similar (specificity) of any other. The specifics of this phase of development are generally known as old age is characterized by a cycle of change at all levels of human functioning, which make people more vulnerable to a range of situations, including accidents and diseases.

In parallel to the observed changes in the population pyramid, diseases of the aging acquire higher expression in society. One result of this dynamic is a growing demand for health services. Indeed, this is one of the current challenges: lack of resources to a growing demand.

The elderly consume more health services, hospital stays are more frequent and long hospital bed occupancy is higher as compared to other age groups. In general, the elderly are chronic diseases and multiple last for several years and require constant monitoring, permanent care, continuous medication and periodic examinations.

In this sense, this study aims to characterize the health status of elderly residents in João Pessoa, Paraiba.

METHODOLOGY

This is an exploratory research in subsidized social representations of health from the perspective of older people in primary health care, of both sexes, residents in the city of João Pessoa, Brasil considered the third city with the largest number of elderly, in which IBGE estimates the total number of elderly would reach 61.281no year 2010 (BRASIL, 2002).

The sampling process was probabilistic, two-stage conglomerate, where it was decided by a sample of 240 older people a guaranteed maximum error of 6.3% with 95% probability.

Data collection was performed by a questionnaire addressing the socio-demographic variables: age, sex, religion, marital status and questions about health conditions self reported by the elderly.

The collected data were obtained from the first processed with the help of the software Excel - 2003 to build a database and then transferred to the SPSS (Statistical Package for Social Sciences) - version 11.0.

RESULTS AND DISCUSSION

The profile for the elderly participants in this study regarding the age ranged from 60 to 98 years, concentrating in ages ranging between 60 and 65 years (24.2%) and 66 to 70 years (24.2%) , in which 69.6% are women, with 127 (52.9%) elderly married or consensual union has followed with 33.8% widowed, with 72.1% who professed to be catholics.

Stresses the importance of social equity as a prerequisite for health as one of the most important to public health; among these actions, it points to the development and implementation of health policies for the elderly as being responsible for conditions healthy life for this population. However, in addition, that in Brazil is a shortage of health and social programs aimed at promoting both independence and for maintenance of dependent elderly people at home. This aspect has favored the retention of population isolation and physical inactivity causing serious damage to physical and mental health of elderly, although old age is considered a phase which consists of words, experiences, wisdom and representative content (VELOZ, et al, 1999).

In this vision you can see the importance of environmental health as interdependent in establishing priorities and goals in health policy for the elderly. So think of this policy requires the need to consider the specificities of the aging process as a multifactorial approach that is based on health promotion as an effective search for creating conditions that ensure the well-being of this population as a fundamental purpose.

The self-reported illnesses that were significant to the test, ie presenting with a p lower than 0.05, were: CVA, impaired vision, cardiac, hearing impeded and anemia. (table 1).

DISEASES		AGE GROUP		TOTAL	*P*
		60 A 79 ANOS	80 E MAIS		
IMPAIRED VISION	YES	79	24	103	
		76,7%	23,3%	100,0%	
	NO	120	16	136	0,055
		88,2%	11,8%	100,0%	
	NS/NR	1	0	1	
CARDIAC	YES	30	11	41	
		73,2%	26,8%	100,0%	
	NO	170	29	199	0,055
		85,4%	14,6%	100,0%	

CVA	YES	6	5	11	
		54,5%	45,5%	100,0%	
	NO	193	35	228	
		84,6%	15,4%	100,0%	
	NS/NR	1	0	1	0,029
		,8	,2	1,0	
		100,0%	,0%	100,0%	
HEARING IMPEDED	YES	24	14	38	
		31,7	6,3	38,0	
		63,2%	36,8%	100,0%	
	NO	176	26	202	0,000
		168,3	33,7	202,0	
		87,1%	12,9%	100,0%	
ANEMIA	YES	21	0	21	
		100,0%	,0%	100,0%	
	NO	179	39	218	0,009
		82,1%	17,9%	100,0%	
	NS/NR	0	1	1	
		,0%	100,0%	100,0%	
	Total	200	40	240	

Tabela 1. Health situation self-reported diseases of the elderly. João Pessoa. 2011.

Estimated that arterial hypertension reached approximately 22% of the population over twenty years, accounting for 80% of cases of cerebrovascular accident, 60% of cases of acute myocardial infarction and 40% of early retirements, and mean a cost of 475 million reais spent on 1.1 million hospitalizations per year (MINISTÉRIO DA SAÚDE, 2001).

Second Cade (2001), hypertension (HBP) is a chronic degenerative disease, whose control has become a challenge for professionals, since its treatment requires the active participation of hypertensive patients in order to change certain habits of life harmful to health and to assimilate other beneficial health condition.

Diseases that lead to physical disability, such as hypertension and diabetes mellitus may be one of the factors that facilitate the occurrence of depression. The loss of health is a risk factor associated with depression in the elderly and a significant percentage of cases the symptoms appear after a depressive illness. Other examples are the classic Parkinson's disease and Alzheimer's where the elderly can develop clinical depression at some point. It is possible that a physical incapacity associated with dependence on third parties, exacerbated by the lack of social support is a risk factor demonstrated by the emotional and claudicating beginning of the depressive symptomatology.

For Galinsky (1993), all shares in health problems, as provided for in that Politics must to objectify to maintain the maximum elderly in the community, with his family in the most decent and comfortable as possible. His eslocamento for a long stay service be it a long stay hospital, asylum, nursing home or similar, and can be considered an alternative only when all previous efforts fail.

The psychosocial complications associated with the aging are warning signals that demand investigation and effective proposals that can offer better quality of life in this age group. Know the profile health is important to understand how older people adopt healthy practices and health stack up against aging itself as a phenomenon of a psychosocial nature by revealing a social reality that demands serious reflection on the part of health professionals, educators, family , governments and society in general, beyond the order to show forms of socially contextualized expertise and practices with repercussions in health quality of life of the elderly, in particular the elderly in social-interactional context of natural and self-reported major diseases suggest and to know what older people think about health and quality of life.

Living increasingly has significant implications for the quality of life, longevity can be a problem, with serious consequences in the different dimensions of human life, physical, psychological and social. These years can be lived more years of suffering for individuals and their families, years marked by illness, functional decline, increased dependency, and loss of autonomy, social isolation and depression. However, if individuals get older while remaining autonomous and independent, the increased survival may be full of meaning (PASCHOAL, 1996).

CONCLUSIONS

The study sought to profile the health status of elderly residents in the city of João Pessoa, Paraiba.

Demographic aging is a troubling reality for their alterations as a process that has implications for all levels of social organization, thus requiring a major concern of the state in regard to health, welfare and education in the face of this reality. Because of its extent, the aging today deserves a special attention by governments worldwide and the general population, its magnitude as a problem by socio-economic and cultural development that has as one of the main causes of the rapid decline in total fertility world, particularly in Brasil.

Article 8º of Law 10.741/2003 refers that aging is a highly personal rights and their protection, therefore, constitutes a social right. Proceeding, the Article 9º attributes to the State the obligation to "ensure the protection for the elderly to life and health, through effective public social policies that enable healthy aging and in dignity." A partnership for a better quality of life for the elderly tends to be a form of understanding of human dignity (BRASIL, 2003).

To this end, health studies with elderly people are important since they may indicate significant clues for the adoption of preventive behaviors from healthy behaviors that can change the style of life by promoting autonomy and self-esteem, positive life with a higher quality.

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ABSTRACT

This is a qualitative research conducted with 240 elderly with the objective of characterize the health situation of elderly residents in João Pessoa, Paraiba. Data were collected from the questionnaire and analyzed using the software Excel - 2003 for construction of a database and then transferred to the SPSS (Statistical Package for Social Sciences) - version 11.0. The self-reported illnesses that have any impact to the test, ie presenting with a p less than 0.05 were: stroke, impaired vision, cardiac, hearing impeded and anemia.

KEY WORDS: Health; Elderly; Nursing.

RÉSUMÉ

C'est un enquête qualitative réalisée avec 240 personnes âgées afin de caractériser l'état de santé des personnes âgées résidant à João Pessoa, Paraíba. Les données ont été recueillies à partir d'un questionnaire et analysées à l'aide du logiciel Excel - 2003 de construire une base de données, puis transféré à l'logiciel SPSS (Statistical Package for Social Sciences) - version 11.0. Les maladies autodéclarées qui ont été importants pour le test, c'est à dire réalisée avec un p inférieur à 0,05 ont été: accident vasculaire cérébral, une déficience visuelle, le cœur, les malentendants et l'anémie.

MOTS CLÉS: Santé, Personnes âgées, Infirmiers.

RESUMEN

Se trata de un estudio cualitativo realizado con 240 ancianos con el fin de caracterizar el estado de salud de los ancianos residentes en João Pessoa, Paraíba. Los datos fueron recolectados a partir de un cuestionario y analizados utilizando el software Excel - 2003 para construir una base de datos y luego fue trasladado a la SPSS (Statistical Package for Social Sciences) - Versión 11.0. Las enfermedades auto-informó que fueron significativos para la prueba, es decir, realizado con una p menor que 0,05 fueron: discapacidad la visión, accidente cerebrovascular, corazón, discapacidad auditiva y anemia.

PALABRAS CLAVE: Salud, Enfermería, Ancianos.

PERFIL DAS CONDIÇÕES DE SAÚDE DE IDOSOS

RESUMO

Trata-se de uma pesquisa qualitativa realizada com 240 idosos com o objetivo de caracterizar o perfil da situação de saúde de idosos residentes em João Pessoa, Paraíba. Os dados foram coletados a partir de um questionário e analisados com o auxilio do software Excel - 2003 para construção de um banco de dados e posteriormente transferidas para o pacote estatístico SPSS (Statistical Package for Social Sciences) – versão 11.0. As doenças auto referidas que tiveram significância frente ao teste, ou seja, se apresentaram com um p menor que 0,05, foram: derrame, visão prejudicada, cardíaca, audição prejudicada e anemia.

PALAVRAS CHAVE: Saúde; Idoso; Enfermagem.