# 88 - HEALTH PROFILE OF INSTITUTIONALIZED ELDERLY

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## INTRODUCTION

Population aging is a result of decreases of mortality rates and fertility rates and birth rates. The decrease in mortality in all age groups, caused especially by the improvements in health, infrastructure and sanitary techniques, initially led to increased life expectancy at birth, then, the life expectancy of 60 years thereafter (survival). In Brazil, between 1990 and 2000 the fertility decline was 12% (CAMARANO, 2002). According to data from the Brazilian Institute of Geography and Statistics (IBGE), 44% of women of childbearing age have less than two children (IBGE, 2001). Consequently, there is the increasing proportion of elderly, characterizing the "demographic transition"

The current increment this population has been identified as a problem with individual consequences, causing economic and social, over time, changes in the aged care policies and, consequently, the social representations of old age (PEIXOTO, 2003).

Aging also conceals is another reality that goes beyond merely economic issues. Some of the elderly are the result of demographic changes already evident and were not embedded in a social network that your immediate family (children) would be their main support, and yes, they would be left to themselves. Also aggravates situation that constantly evident that these individuals are who support their households, with money from their pensions, granted by the government.

According to Debert (2003), old age can be conceived on the one hand, as a universal fact and natural, fundamentally based on the human life cycle (birth, growth and death) and, the other as a social fact and history that involves the various ways of understanding and living the aging. The representations related to the elderly and the treatment by the company to acquire the same meanings in particular historical contexts, social and cultural groups. Different social meanings, which, added to the growing number of elderly people in the world and, more specifically in Brazil, hence the importance of public policies for this population, as well as studies to characterize their needs.

In addition to demographic changes, the company has other questions to be analyzed from the growth of the elderly in Brasil. It is important to consider how the organization will be social, cultural, political and economic will host our seniors. The elderly, as well as any human being is characterized by dimensions: biological, psychological and social.

For Neri (2005), elderly individuals are categorized in terms of the duration of their life cycle. According to current conventions socio-demographic, older people are more than sixty years of age in developing countries, and over sixty-five years, in developed countries.

Data from the World Health Organization (WHO) indicate that the life expectancy of the world population will be 73 in 2025. Population aging is one of the greatest challenges of contemporary public health. This phenomenon initially occurred in developed countries, but more recently in developing countries is that the aging population has been more pronounced. In Brasil, the number of elderly increased from 3 million in 1960 to 7 million in 1975 and 14 million in 2002 (an increase of 500% in forty years). Each year, over 650,000 older people are incorporated into the Brazilian population (RAMOS, VERAS, KALACHE, 1987; LIMA-COSTA, VERAS, 2003).

According to Carvalho Filho and Papaléo Netto (2005), it is estimated that in 2025 occupied the sixth position worldwide in absolute numbers of elderly people (32 million), accounting for 15% of our total population.

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 the increasing 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 respect this study has the objective of present the profile of elderly residents in Long-term Institutions in the municipality of João Pessoa/Paraiba.

## METHODOLOGY

This is a epidemiological descriptive study conducted in a qualitative approach in Long-term Institutions (ILP) in João Pessoa - Paraíba, Brazil, with seventy people in the age between 60 and 98 years, of both sexes who agreed to participate in the research and treated in compliance with Resolution 196 (BRASIL, 1996).

The collection of data was conducted from a semistructured interview comprising the following socio-demographic variables: age, sex, level of schooling, provenance and health status of the respondents.

We used the software Excel - 2003 for construction of a database apprehended of the matters contained in the instrument. The information contained in the database were transferred to SPSS (Statistical Package for Social Sciences) - version 11.0.

For the socio-demographic profile of the elderly in relation to the variables proceeded to statistical analysis by the construction of simple frequency tables, descriptive measures, cross-variables (combined a frequency table).

## RESULTS AND DISCUSSION

The table 1 shows the sociodemographic characteristics of the sample under study. Of the 70 subjects studied, 65.7% were women. The age ranged from 60 to 98 years, mean 71 and standard deviation 9.8 years. Regarding education, 60% had assiduously attended school, 11.5% of the sample completed high school and 5.7 of the elderly studied up to secondary education. The majority of respondents (45.8%) claimed to be from the interior of the State of Paraíba, others said to come from

the state capital (37.1%) and some (17.1%) are coming from other states such as Pernambuco, Bahia, Rio de Janeiro, Rio Grande do Norte, among others. Regarding the health situation 58.6% did not report any illness, however, 41.4% of the elderly report at least one type of disease. The most frequent diseases werearterial hypertension and diabetes mellitus.

| | | Elderly researched | |
|---|---|---|---|
| VARIABLE | CATEGORY | No. Elderly (n) | Percent (%) |
| Age (years) | 60 a 69 | 31 | 44,3 |
| | 70 a 79 | 18 | 25,7 |
| | 80 a 89 | 16 | 22,9 |
| | 90 a 99 | 05 | 07,1 |
| Sex | Female | 45 | 64,3 |
| | Masculine | 25 | 35,7 |
| Level of | No schooling | 42 | 60,0 |
| schooling | Incomplete fundamental | 15 | 21,4 |
| | Complete fundamental | 08 | 11,5 |
| | Incomplete secondary | 01 | 01,4 |
| | Complete secondary | 04 | 05,7 |
| Origin | João Pessoa | 26 | 37,1 |
| | Interior | 32 | 45,8 |
| | Other Estado | 12 | 17,1 |
| Health Situation | Healthy | 41 | 58,6 |
| | Unhealthy | 29 | 41,4 |

**Table 1 - Profile of socio-demographic/health the elderly (n = 70).**

With regard to health situation 58.6% did not report any illness, however, 41.4% of the elderly referm at least one type of disease. The most frequently mentioned diseases were arterial hypertension, diabetes mellitus.

Estimated to that arterial hypertension reached approximately 22% of the population above twenty years, is responsible for 80% of cases of cerebrovascular accident, 60% of cases of myocardial infarction and 40% of early retirements, and signify a cost of 475 million reais spent on 1.1 million admissions per year (MINISTÉRIO DA SAÙDE, 2001).

Importantly, when asked about the state of health / disease none of the respondents claimed to have mood problems such as sadness and depression. This shows that the disease often is not recognized by the patient, family or even by health professionals, causing suffering to him who does not receive adequate treatment, causing difficulties for their families and high socioeconomic cost to society.

The right to universal and comprehensive health care in Brazil was conquered by the society in the 1988 Constitution and reaffirmed by the creation of the Unified Health System (UHS), by Organic Law No. 8080/90 of Health (BRASIL, 1990) in this right means universal and equitable access to services and health promotion, health protection and recovery. The regulation of SUS directs the implementation of a health care model that emphasizes decentralization, universality, equity, comprehensive health care and social control (OLIVEIRA; BERMUDEZ, CASTRO, 2007).

Parallel regulation of SUS, Brazil is organized to meet the growing demands of its aging population. Enacted in 1994 and regulated in 1996, the National Elderly Policy (INP), ensuring social rights for the elderly, creating conditions to promote their autonomy, integration and effective participation in society and reaffirming the right to health in the various levels of care SUS (Law No. 8.842/94 and Decree No. 1948) (BRASIL, 1996).

This policy has been vindicated by society being the result of numerous discussions and consultations that took place in the brazilians States, which involved active seniors, retirees, academics, professionals in the field of Gerontology and Geriatrics and several organizations representing this sector, such as the Brazilian Society of Geriatric and Gerontology (SBGG, 2007).

**CONCLUSION**

Thus attempting to present a health profile of elderly residents in Long-term Institutions in the city of João Pessoa/Paraíba.

Just as important the concern with the consequences and impact suffered by the society were issues related to the demographic transition and epidemiological research is the individual perception of the elderly about their welfare in order to assess the quality of additional years of life and suggest behaviors and policies that favor a successful aging (FERRAZ; PEIXOTO, 1997).

There was an important advance with respect to the health of the elderly population, with the publication of the Pact for Life in 2006, by Ordinance No. 399/GM (BRASIL, 2006). In this document the health of the elderly was one of six priorities agreed between the three spheres of government. Besides the presentation of actions aimed at implementing some of the National Policy of Health of the Elderly.

Galinsky (1993), states that all actions on health problems, as required by that policy should aim to keep the most elderly in the community, with his family in the most dignified and comfortable as possible. His shift to service a long stay, be it a long stay hospital, asylum, nursing home or similar, can be considered an alternative only when all previous efforts fail.

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**HEALTH PROFILE OF INSTITUTIONALIZED ELDERLY**

**ABSTRACT**

The objective of this study was to present the profile of elderly residents in long-term institutions. This is an epidemiological descriptive study conducted in long-term institutions (ILP) in João Pessoa - Paraíba, Brasil, with seventy people in the age between 60 and 98 years, of both sexes who answered a semi structured interview. The data were transferred to SPSS, a statistical analysis on by the construction of simple frequency tables, descriptive measures, cross-variables. The results point to the health status of 58.6% did not report any illness; however, 41.4% of the elderly report at least one type of disease. The most frequently mentioned diseases were arterial hypertension, diabetes mellitus.

**KEY WORDS:** Institutions; Elderly, Health

**RÉSUMÉ**

L'objectif de cette étude était de présenter le profil des résidents âgés à long terme les institutions. Il s'agit d'une étude épidémiologique descriptive effectué de Institutions les Longue Durée (ILD) à João Pessoa - Paraíba, Brasil, avec des individus soixante-dix ans entre 60 et 98 ans, des deux sexes qui ont répondu à un entretien semi-structuré. Les données ont été transférées au SPSS, une analyse statistique à travers la construction de tableaux de fréquence des mesures simples et descriptives, croisée des variables. Le point de résultats à l'état de santé de 58,6% n'ont pas signalé de maladie, cependant, 41,4% du rapport des personnes âgées d'au moins un type de maladie. Les maladies les plus fréquentes étaient: l'hypertension sucré diabète.

**MOTS CLÉS:** Institutions, Personnes Agées, Santé

**RESUMEN**

El objetivo de este estudio es presentar el perfil de los ancianos residentes en instituciones de larga permanencia. Se trata de un estudio epidemiológico descriptivo realizado en instituciones de larga permanencia (ILP) en João Pessoa - Paraíba, Brasil, con setenta personas de entre 60 y 98 años, de ambos sexos que respondieron a una entrevista semi-estructurada. Los datos fueron transferidos a SPSS, un análisis estadístico a través de la construcción de tablas de frecuencias simples, medidas descriptivas, cruce de variables. Los resultados indican el estado de salud del 58,6% no informaron de ninguna enfermedad, sin embargo, el 41,4% de los ancianos declaran al menos un tipo de enfermedad. Las enfermedades más frecuentes fueron: hipertensión arterial, la diabetes mellitus.

**PALABRAS CLAVE**: Instituciones; Salud; Anciano

**PERFIL DE SAUDE DE IDOSOS INSTITUCIONALIZADOS**

**RESUMO**

O objetivo desse estudo foi apresentar o perfil de idosos residentes em Instituições de Longa Permanência. Trata-se de um estudo epidemiológico descritivo realizado em Instituições de Longa Permanência (ILP) em João Pessoa - Paraíba, Brasil, com setenta idosos, com idade entre 60 e 98 anos, de ambos os sexos que responderam uma entrevista semi-estruturada. Os dados obtidos foram transferidos para o pacote estatístico SPSS, em uma análise estatística através da construção de tabelas de frequências simples, medidas descritivas, cruzamentos de variáveis. Os resultados apontam à situação de saúde 58,6% não relatam qualquer doença, porém, 41,4 % dos idosos referem pelo menos um tipo de doença. As doenças mais citadas foram: hipertensão arterial, diabetes melitos.

**PALAVRAS-CHAVE:** Instituições; Idoso; Saúde.