91 - CONCEPTIONS OF AGING AND FALLS FOR THE ELDERLY

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INTRODUCTION

In recent years, significant changes in socioeconomic conditions, health and consequently on the demographic structure, leading to an overgrowth of the elderly population in Brasil. With that comes a major concern in several areas of knowledge, because this population represents a very different group than the other age groups, attracting the interest of many scholars on the theme of aging.

The aging, once considered a phenomenon today is part of the reality of most societies worldwide. This phenomenon can be associated with a decrease in birth rates and fertility, increased life expectancy and also a drop in mortality rates, which can be explained by advances in biomedical knowledge about the health-disease process

As life expectancy increases, the increasingly aging population and growing prevalence of chronic diseases and factors that may expose the elderly to a lower quality of life. Fall is considered one of these factors, its cause can be directly linked to physiological changes associated with aging such as decreased muscle strength, balance disorders, vision and hearing, among others.

Thus, health policies directed to aging should be concerned with factors that determine an active aging, for example, promoting healthy lifestyles in all stages of life, promote physical activity, the prevention of situations of violence, access to healthy foods and reducing consumption of tobacco. Active aging is based on human rights, participation, care, self-realization and the principles of independence.

One of the factors that reduce the independence of in the elderly are the complications resulting from falls, causing a decrease in functional capacity, increased hospitalizations, fear of falling again, making them more dependent, and thus decreasing their quality of life. Thus, it is need to be discussed about events such as the frequent occurrence of falls in the elderly.

The falls are much common and most feared by the elderly, due to the consequences that may result as functional decline, insecurity, social isolation, lead to institutionalization and often died. It can be defined as an unintentional event that results in the change in position of the individual to a lower level compared to its initial position. Events associated with loss of consciousness, acute cerebrovascular injury, car accident, vigorous recreational activity or violence, are often excluded from the definition of falls in older adults (NEVITT, 1997; TINETTI et al., 1988).

Think subjective implications of aging and the full impact both biological and psychosocial possible a new way of looking at the fall of the view from the elderly to be in communication that are produced specific social representations, as the dynamics of interactions between subjects and performed object, that is, particularly the links between the sender and receiver, the organization of targeted messages and behaviors. (MOSCOVICI, 2003)

In this respect, the contribution to the processes of formation of conduct or behavior and guidance of social communications functions are responsible for the development of social representations, on which the groups will reflect on the situation of individuals in various matters of everyday life. In other words, is a practical knowledge, using the common sense of individuals who try to represent a little known fact from what they know about it (VELOZ, SCHULZE, CAMARGO, 1999).

The notion of social representation emerged from two problematics: one specific and one general. The first concerns how scientific theory is appropriate, transformed and used by the common man and the second depicts how to build a significant world. The representations can be considered as constitutive factors of stimulus and response modeling, it is not only mediate between stimuli and responses. Once constituted the representation, individuals seek to create a reality that validates the predictions and explanations arising from the representation (VALA, 2002).

Thus, it is extremely importance to know what seniors think about the falls and how these can be prevented in order to implement preventive measures more effective and efficient, contributing to a healthy and successful.

Thus, this study aims to understand the social representations about elderly falls second.

METHODOLOGY

Exploratory study in a qualitative approach from the perspective of the theoretical support social representations to be considered a form of knowledge that guides behavior / conduct and directs communication behaving as a source of study for understanding the phenomena of everyday life (MOSCOVICI, 2003).

Participated in the research one hundred and fifty elders belonging to the Family Health Unit - Living Well, the city of João Pessoa, Paraiba, Brazil, from both sexes, chosen for convenience and random, with mental and physical conditions to respond to interview, in attendance to Resolution 196 (BRASIL, 1996), with protocol number 0597, was examined and approved by the Ethics Committee in Research of the Center for Health Sciences, Federal University of Paraiba - CEP / CCS.

For data collection was used a semistructured interview subsidized in the theoretical framework social representations, after acceptance of the elderly participate in the study, conducted from january to april 2009.

The data collected were organized into a database, and processed with the help of software Alceste: 2010 from a lexical analysis of textual material to provide context (lexical classes), characterized by its vocabulary and the text segments that shared this vocabulary, covering a set of text segments identified five classes of segments (UCEs) text or interconnected themes.

RESULTS AND COMMENTS

In the first stage of treatment of the material by Alceste, it was found that the corpus consists of one hundred and fifty interviews, gave rise to the 150 UCI's units (initial context), corresponding to individuals participating in the study, whose contents size five semantic classes, grouped according to their content.

Table 1 – Distribution of semantic classes.

Semantic classes	
Class 1	Experiences and Prevention Strategies
Class 2	Predisposing Factors
Class 3	Falls as a synonym of Aging
Class 4	Impact of Aging and Fall
Class 5	Images of Aging and Fall

SOURCE: PINHO, 2009. Research data

The class one comprises a content of speech that older people experiences and prevention strategies falls, considering content more meaningful.

[...] fall down the stairs, falls because stepped on uneven ground. It can prevent if you are more careful, watch where you walk. Aging is not good, because everyone wants to have on us, think that just because we are old we are delayed, do not let us leave alone, says that people with tired eyes and weak legs [...].

[...] is falling, but never broken anything. I was in the backyard and took a tropicão, fell and hit my face on the floor. A person can avoid falling and being more careful, paying more attention to where you walk and walk always firm [...].

[...] can prevent having more careful where you walk, your step, walk slowly, finally pay more attention. Aging is good, because I have no concern, do not have kids, my money and just for me, but I live very alone [...].

For most of the elderly the decline cannot be prevented [...] is a thing of God [...] the only way to avoid is watching where you walk, step firm and taking care [...].

It is verified that the elderly do not recognize the real importance of the factors that contribute to the prevention of falls, the practice of physical activity, use of walking aid, help from others, and even the provision of ergonomic furniture and household.

Therefore, it is important to note the importance of physical activity improves muscle strength, the range of motion, coordination, balance, walking safety, and despite of the aged to recognize the weakness as a cause of falls.

Older people deny that the gain in muscle strength is a preventive factor of the same, since for them this weakness is [...] old thing and there's no way [...].

The class two includes lines reported **predisposing factors** for the fall distributed in extrinsic and intrinsic factors responsible for highlighting negative consequences that lead to the elderly.

[...] older people fall because they are weaker, have a greater fragility may experience weakness in the legs, bones and nerves, also feel much dizzy and become unbalanced, it can take all the elderly or anyone else to fall [...]

[...] the person may fall for several reasons such as weakness in the legs and bones, the view does not pay more for anything, so we do not see a hole and then, fall and one can tropical slipping in the bathroom [...].

[...] the old fall because they step on the wet hole in the street, may slip on the slopes in uneven and then, since the bones are weak then the person falls [...].

[...] people can fall for many reasons. A person can slip on the carpet, can upset because of a dizziness. Can you give a weakness in the legs. It means so much suffering and too bad, because we get sick, it can break bones and even death [...].

[...] and when everything old becomes more difficult, old broken is useless. The person may have dropped because eyestrain can also experience dizziness and darkening of vision, leg weakness and imbalance [...].

These observations allow us to identify how the elderly think falls pointing out the factors causing falls capable of causing a multitude of factors that together or in isolation, contribute to the occurrence of this event.

These factors are identified related to the intrinsic functional changes of each individual described by muscle weakness, dizziness, change in balance and difficulty walking, and extrinsic factors, generated by the environment in which the elderly live, such as uneven , wet floors, stairs without handrails, rough carpets in the house, not to use grab bars, among others.

You can verify this class representations of causal factors linked to decline in the elderly in the event that they associate the negative aspects of aging and attach to it, extrinsic factors described for weaknesses and limitations.

The class three is portrays the vision of the elderly when designing t**he falls as a synonym of aging,** indicating the unique aspects of aging that must be accepted as the appearance of white hair, illness and limitations.

[...] old means a bad thing, because one gets sick, falls too, can do nothing [...].

[...] is depending on others to go to the bank, make fair, because he cannot carry the groceries. Old age is not only good for the limitations that appear and the diseases that seem to never end [...].

[...] i'm sad to think how I was when young. Young people can all do it all, today I get tired quickly, afraid to walk alone and have no company, we run out of friends because they do not leave the house [...].

Thus, it is possible to identify that most of the elderly is aging as a bad event, associating this phase of life to diseases such as osteoporosis, hypertension, diabetes, joint pain, visual problems and hearing problems, change in memory, limited to carry out activities previously performed with ease and dexterity, dependence on third parties, cost of medication, low wages, among others.

Few older people said that age was a good thing, a divine gift, which had less concern because the children were already created; less stress had a quiet life. Does not identify reports of speeches in which older people show changes characteristic of aging that can be delayed as long as adopt healthy practices, such as physical exercises, relaxation, memory exercises, dance, volunteer activities, leisure activities and healthy eating habits.

For Benedetti et al (2008), the physical activity is associated with health, as recommended by the WHO indicate that the participation of the elderly in light and moderate physical activities are supporting the delay of functional decline and improvement in motor and mental health.

The class four discusses the **impact of aging and fall** portraying the risks of falls, or talk about the risks of falling in the

elderly, especially the fear of being dependent on others.

[*...] aging is more experience, weakness, without teeth, bad eyesight. I'm afraid of falling and have fracture because of osteoporosis, and stay in the hospital, dependent for everything. The risk of falling occurs in wet conditions, sidewalk, stairs, carpet, weakness. Fall is normal, but in older people is more dangerous [...].*

[...] is an aging problem, we get sick, afraid of doing things, useless, unable to do what I did before. Fall is when the person is afraid. Have to be careful not to fall, because it may fracture bones, become unusable, in bed. Can occur through carelessness, weakness, dizziness, stairs, uneven ground. Any person may fall, is new, or old, but the fall and most dangerous in the elderly because they are weaker […].

Significantly the elderly highlight the effects of falling associated with fear of being dependent for the rest of your life, stay in a wheelchair, unable to feel pain and do nothing. This fear stems from the possible need to be dependent. They prefer death to be depending on someone to perform activities of daily living such as eating, bathing, bedtime, getting up and walking. The resulting consequences of falls are considered disastrous, the example of the fracture, it is necessary hospitalization, medication and money spent with professional assistance. It is observed that even having been dropped, the elderly do not consider to belong to risk group, and therefore do not accept to participate in appropriate interventions to address the causes and prevent further falls.

As for negative impact of aging and fall, the majority of respondents now deny that need intervention, despite the presence of risk factors such as poor mobility, advanced age and previous falls. Even those who agreed with the intervention program continue to deny they were part of the risk group. The reluctance to be seen or see themselves as old and disabled can be a negative influence on participation in groups, it is understood that the main reason for not participating in these groups was the low perception of need, coupled with the denial of risk of falls. Thus, it seems logical to think that the elderly need on such a demanding effort of programs for the elderly person of the same awareness about the risk of falls for its engagement in these programs (YARDLEY et al, 2006).

The class five, defined from the senses or **images associated with aging** and fall decrease the negative aspects of aging described as loss or limitations caused the result of aging.

[...] aging is solitude disease, trouble, arthritis, shortsighted. It is bad thing, death, useless in bed, remember pain. The risk of falling is by hunger, weakness, osteoporosis, tropicão hole [...].

[...] aging can be death, trouble, illness, lack of law, unworthiness. The fall creates more dependence, fracture, bed, pain, and problem. The risk of falling can be by dizziness, vision, tropicão, slip, death. It can be a very bad thing, and even worse because in the old is all the more difficult and complicated [...].

This class it is perceived the relation between aging and frequent fall in that older people are associated with solitude, pain, illness, problems and limitations caused by the emergence of transformations in which the elderly are more likely to fall. The fall is still represented as a natural event that happens at any age, but in the elderly, it becomes more complicated, because of weakness in the bones, nerves and giddiness, this event featuring more difficult to recover anything.

FINAL CONSIDEARÇÕES

The present study aims to understand the social representations about the second falls in elderly patients of the Family Health Units.

Knowing the social representations of the elderly is important to grasp the subjective aspects that permeate aging and are able to devise socio-emotional about falling in the elderly. In this respect, there was a denial of the risk of falls among the elderly because they consider it as a common event of aging for this reason denies the risk of falling. The design of the elderly is the same as a normal event in the course of life and can only be treated as an important event to cause some damage; otherwise it is taken as a tropicão or fall. This finding contrast with those found in research conducted by Aminzadeh and Edwards (1998) identified that representations of falls in the elderly, associated with physical injuries, psychological trauma, functional disability, dependence and even death.

The social representations about falls are permeated by negative content, represented as losses and incapacities, demonstrating the difficulties experienced by the subjects of study, but believes the same event a normal as ways of thinking and explaining the situation and issues social, through dialogues and everyday images, built up over a lifetime, so dominating the unknown (MOSCOVICI, 2003).

Although most elderly of this study have not reported on the experience of falling, they represented the natural fall as though it raises fear the consequences facing the dependence that may be imposed. In his speech to the elderly causes attributed to extrinsic falls, and in order to prevent indicate that the elderly have more attention and care.

This study suggests that it is implemented actions aimed at reducing the risk of falls in a multidimensional approach with the use of integrated and specialized interdisciplinary team, the social representations be identified by these forms of knowledge that are constructed and shared in groups belonging (JODELET, 2001).

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CONCEPTIONS OF AGING AND FALLS FOR THE ELDERLY

ABSTRACT

Exploratory study in a qualitative approach from the perspective of the theoretical support social representations with the objective of know the social representations about elderly falls second. Participated in the research one hundred and fifty elders belonging to the Family Health Unit - Living Well, the city of João Pessoa, Paraiba, Brasil. For data collection was used a semi structured subsidized in the theoretical framework of social representations. The data collected were organized into a database, and processed with the help of software Alceste: 2010 from a lexical analysis of textual material which showed five interrelated thematic categories or classes: experiences and strategies for prevention, risk factors, falls as synonymous with aging, aging and impact of the fall and images of aging and decline. There was a denial of the risk of falls among the elderly because they consider it as a common event of aging for this reason denies the risk of falling. The design of the elderly is the same as a normal event in the course of life and can only be treated as an important event to cause some damage, otherwise it is taken as a tropicão or fall.

KEY WORDS: Aging, Falls, Social Representations.

RESUMEN

Estudio exploratorio en un enfoque cualitativo a la vista de los fundamentos teóricos de las representaciones sociales a fin de comprender las representaciones sociales las caídas segundo ancianos. En la encuesta participaron ciento cincuenta ancianos pertenecientes a la Unidad de Salud Familiar - Vivir Bien, la ciudad de João Pessoa, Paraíba, Brasil. Para recopilar los datos se utilizó una entrevista semi-estructurada subsidiada en el marco teórico de las representaciones sociales. Los datos obtenidos fueron organizados en una base de datos y procesada con la ayuda de software Alceste: 2010 a partir de un análisis léxico de material textual que mostró cinco categorías temáticas interrelacionadas o clases: experiencias y estrategias de los factores de prevención de riesgos, caídas como sinónimo de envejecimiento, el envejecimiento y el impacto de la caída y las imágenes del envejecimiento y el caidas. No hubo una negación de los riesgos de caídas entre los ancianos, ya que lo consideran como un evento común del envejecimiento por esta razón negar el riesgo de caer. el diseño de los ancianos es el mismo que un evento normal en el curso de la vida y sólo puede ser tratado como un acontecimiento importante para causar algún daño, de lo contrario, se toma como una tropicão o el otoño.

PALABRAS CLAVE: Envejecimiento, Caídas, Representaciones sociales.

RÉSUMÉ

Étude exploratoire dans une approche qualitative en vue de la base théorique des représentations sociales, afin de comprendre les représentations sociales des personnes âgées tombe. Participé à l'enquête 150 anciens appartenant à l'Unité de santé de la famille - Bien vivre, la ville de João Pessoa, Paraíba, Brasil. Pour collecter les données, nous avons utilisé une entretien semi-structuré dans le cadre théorique des représentations sociales. Les données collectées ont été organisées dans une base de données, et traitées avec l'aide du logiciel Alceste: 2010 à partir d'une analyse lexicale des documents textuels qui a montré cinq catégories interdépendantes thématiques ou des classes: les expériences et les stratégies pour les facteurs de prévention des risques, diminue à mesure que synonyme de vieillissement, vieillissement et de l'impact de la tombe et les images du vieillissement et du déclin. Il y avait un déni du risque de tombes chez les personnes âgées parce qu'ils le considèrent comme un événement commun de vieillissement pour cette raison refuser le risque de tombe. Le design des personnes âgées est le même comme un événement normal dans le cadre de vie et ne peut être traitée comme un événement important pour causer quelques dégâts, sinon il est considéré comme un tropicão ou à l'automne.

MOTS-CLÉS: Vieillissement, Tombe, Représentations sociales.

CONCEPÇÕES SOBRE ENVELHECIMENTO E QUEDAS PARA IDOSOS

RESUMO

Estudo exploratório em uma abordagem qualitativa na perspectiva do aporte teórico das representações sociais com o objetivo de conhecer as representações sociais sobre quedas segundo idosos. Participou da pesquisa cento e cinquenta idosos, pertencentes à Unidade de Saúde da Família - Viver Bem, no município de João Pessoa, Paraíba, Brasil. Para coleta dos dados utilizou-se uma entrevista semi estruturada subsidiada no referencial teórico das representações sociais. Os dados coletados foram organizados em um banco de dados, e processadas com o auxilio do software Alceste: 2010 a partir de uma análise lexicográfica do material textual que apontou cinco classes ou categorias temáticas interligadas: experiências e estratégias de prevenção; fatores predisponentes; quedas como sinônimo de envelhecimento; impacto do envelhecimento e da queda e imagens sobre envelhecimento e queda. Observou-se a negação do risco de quedas entre os idosos por considerarem a mesma como um evento comum do envelhecimento por esta razão negam o risco de queda. Na concepção dos idosos a mesma é um evento normal no curso de vida e que só é tratada como um evento importante se ocasionar algum tipo de dano, caso contrário é tida como um tropicão ou tombo.

PALAVRAS CHAVE: Envelhecimento; Quedas; Representações Sociais.