121 - PRELIMINARY STUDY IN THE DEVELOPMENT OF A MULTIPROFESSIONAL ASSESSMENT PROTOCOL FOR ELDERLY RESIDENTS OF LONG STAY INSTITUIONS

VILANI MEDEIROS DE A. NUNES
DAISY VIEIRA DE ARAÚJO
PRISCILLA LEITE L. DE LIMA
EDSON BATISTA DOS S. JÚNIOR
JOÃO CARLOS ALCHIERI
FEDERAL UNIVERSITY OF RIO GRANDE DO NORTE - NATAL, BRASIL
vilani.nunes@gmail.com

I – INTRODUCTION/JUSTIFICATION:

Aging is an inherent part of life and a universal phenomenon, characteristic of both developed and developing countries. It occurs through declining birth and death rates and is characterized by morphological, biochemical, physiological, nutritional, pharmacodynamic, pharmacokinetic, behavioral and psychosocial changes which, when not evaluated in an interdisciplinary manner, may affect quality of life among the elderly. According to Neri (2005) and Zimerman (2000), population aging in Brazil is characterized by the accumulation of progressive incapacities in functional activities and activities of daily living, associated with adverse socioeconomic conditions. Mortality is replaced by comorbidities and, as such, maintaining functional capacity emerges as a new paradigm of health, relevant for the aged (BRASIL, 2006; MONTEZUMA et al., 2008).

The accelerated pace of aging in Brazil creates new challenges for contemporary Brazilian society, where this process occurs in a setting of profound social, urban, industrial and family transformation (CALDAS, 2003). Age-related changes are associated with the presence of risk factors and the occurrence of chronic degenerative diseases, causing a certain degree of dependence among the elderly. This is directly related to the loss of autonomy and difficulty carrying out basic activities of daily living, which may interfere in quality of life, undermining individual independence and autonomy and sometimes leading individuals to live in long stay institutions for the elderly (LSIE). In accordance with Abreu et al., (2002) and Reis et al., (2008), although these changes are typical of the aging process, they lead to a progressive loss of ability in adapting to the environment, making individuals more vulnerable to pathological processes.

Institutionalized elderly are a distinct population group, exhibiting high risk for several pathologies including depression, respiratory infections, and dementias which, when combined with social and emotional isolation, contribute to a growing decline in functional capacity (CALDAS, 2003); (SANTOS; LEBRAO; DUARTE, 2008). It is essential to consider the aged on multiple dimensions in order to enhance their institutionalized care, thereby improving their health and quality of life. Given the current trends of population aging and greater longevity, studies based on measures of health status and functional incapacity among the elderly are increasingly important in order to guide decisions for defining intervention priorities. Acknowledging population aging as a public health issue is one of the greatest fundamental challenges in Brazilian society, where caring for the aged needs to be viewed comprehensively, both by the institutions providing care and professionals in healthcare teams.

According to Chaimowicz and Greco (2003), admission of an elderly person into an institution is generally a painful experience for both residents and families. The family finds it difficult to perform its traditional functions of raising children and taking care of its elderly members. Thus, if institutions for the aged, known in Brazil as asylums, were formerly destined for invalid seniors, in today's increasingly aging society, they have a new mission: taking care of elderly individuals in need of multiprofessional care as a result of functional losses that preclude their living alone or with their family.

Giacomin et al (2008) state that the rise in elderly populations dependent on specialized care has been accompanied by an increasing need for institutions providing care to these individuals. The institutionalized aged are often a distinct group, highly sedentary and suffering from lack of affection, loss of autonomy caused by physical and mental incapacities, the absence of family members to assist with self-care and insufficient financial support. For Maciel and Guerra (2007), these factors contribute to the high prevalence of physical limitations and comorbidities, reflecting on their independence and autonomy. The new paradigm of elderly health in Brazil is how to maintain functional capacity among the aged, sustaining independence and preserving autonomy.

Institutionalized elderly and the institutions that shelter them generally cannot by themselves cope with the complexity and difficulties brought about by aging and/or senility. Early and systematic detection of problems and defining an individualized care plan, through global multidimensional evaluation of aged individuals, are valuable auxiliary methods to ensure better quality for services provided (CORTELLETTI; CASARA; HERÉDIA, 2004).

Professionals working with the aging process, from various fields of knowledge (doctors, physical therapists, nurses, dieticians, occupational therapists and others), aim to provide biopsychosocial well-being among institutionalized elderly at all levels of healthcare (primary, secondary and tertiary), enhancing their global roles in order to achieve greater independence, autonomy and better quality of life during this phase of life.

Given these concerns, and in order to achieve this holistic approach to aged individuals, the present study was developed through the interest of healthcare professionals dealing with human aging in the municipality of Santa Cruz, primarily nurses, dieticians, physical therapists and psychologists, in establishing multidimensional assessment of elderly individuals identified by the “Healthy Aging” Project (Projeto “Envelhecendo com Saúde”). The primary theme was maintaining global functional capacity, which is essentially a multiprofessional activity (NUNES, 2007).

II- OBJETIVOS:

a) Characterize the aged resident of philanthropic LTIE in Natal, Rio Grande do Norte (RN) state;
b) Describe activities carried out by the group of researchers during the execution phases of the study.

III- METHODOLOGY:

- Type of Study: Descriptive, using a qualitative approach that, according to Cervo and Bervian (1996, p. 50), “describes the existing characteristics, properties or relationships within an investigated community, group or reality”.

- Study site: Philanthropic long stay institutions for the elderly, registered by the sanitation Vigilance Department of Natal.

- Population and Sample: The study was composed of 300 elderly institutionalized residents, monitored by professors from the faculties of nursing, nutrition and physical therapy at the Federal University of Rio Grande do Norte (UFRN), in

partnership with the local Sanitation Vigilance Department and the State Council for the Rights of Elderly People, through studies and debates that took place at the same time as this study. For data collection, participants were selected according to the following criteria: being at least 60 years old, from both sexes, in good general health with no mental limitations and/or speech and hearing difficulties, classified as independent or partially independent, able to respond to formulated questions and volunteer for participation in the investigation.

- Data Collection Procedure: Meetings were scheduled between technical managers of the institutions and the team of teachers involved in the project. In accordance with national guidelines for human research specified by the National Health Council in Resolution No. 196/1996, the project was approved by the UFRN Research Ethics Committee (Protocol n°. 162/2011). Elderly subjects were then instructed in regard to the investigation, prior to data collection. Thus, those opting to participate signed Informed Consent (IC), while those unable to do so used the space provided for a fingerprint (BRASIL, 1996).

- Instruments: A structured questionnaire was applied on sociodemographic and health aspects, in order to establish epidemiological diagnosis of Long-Stay Institutions for the Elderly (LSIE) in line with the characterization of elderly residents; the WHOQOL – OLD (to assess quality of life), mental health evaluation (Mini Mental), Assessment of Independence in Daily Life Activities (Katz Index) and the Subjective Global Assessment and Anthropometric evaluation of nutritional status.

- Implementation of the Study: All participants and students involved in the study were trained by professors in the application of instruments to be used, in accordance with proposed objectives. Following research activities, educational tasks were carried out where groups of elderly were strategically instructed in performing practical activities related to promoting health and preventing disease, according to results obtained after data analysis. The study was conducted in various areas, ranging from the classroom where teaching staff and students gathered to plan theoretical and practical activities and undertake training in instrument application, to meeting points where the aged gathered in their respective institutions.

IV- RESULTS:

The present study focused on quality healthcare for institutionalized elderly by supervising and monitoring health-related activities. All LSIEs registered by the Sanitation Vigilance Department were identified. Visits to all the institutions revealed that medical charts of the aged lacked extensive geriatric/gerontological assessment indicating their health status. This type of evaluation is part of the requirements recommended by Federal (RDC 283/2005, which approves technical regulations that define operational guidelines of long stay institutions for the elderly) and Municipal legislation (decree no. 8.553/2008, which regulates operations of residential institutions for the elderly at the local level) (BRASIL, 2005).

The model proposed in this study is based on comprehensive care of elderly individuals, guaranteed by the National Health System – SUS through the Health Covenant (Pacto da Saúde) and recommended as priority actions in the Pact for Life (Pacto pela Vida). It was integrated into the Investigative Research Group on Human Ageing at this university, consisting of four areas of programmed interdisciplinary activities: Educational Activities with Elderly Nursing Home Residents, Elderly Physical therapy, Multiprofessional Care of the Aged, Extension Workshop for the Aged: Developing Technology in Gerontology (BRASIL, 1999; 2006). Activities will be undertaken in the fields of nutrition, physical therapy, nursing and psychology, with the recent addition of graduate students from the areas described.

According to Nunes (2007), the Healthy Aging Project involves educational and healthcare activities in the areas of nutrition, nursing and physical therapy. Healthcare services are developed through multidimensional tests and guidance in appropriate gerontological care, physical therapy evaluation and monitoring for elderly sufferers of motor dysfunctions, as well as nursing assistance. Educational activities are offered both the aged individuals and staff/caregivers from the institutions in order to raise awareness on promoting health and preventing disease.

Practical guidance and courses given were aimed at the well-being of employees/caregivers and the elderly. These included issues such as ways of avoiding back pain and falls, the best position for the patient in bed, how to transfer the aged from a wheelchair or a bed, among others. The program is developed in five philanthropic long stay institutions registered by the Sanitation Vigilance Department, located in the north, south, east and west zones of Natal. The specific goals of each activity proposed in the Project for Institutionalized Elderly Aging with Quality of Life were as follows:

a)Educational and care activities: Performed by students and professors of nursing and nutrition to develop educational, preventive and health-promoting activities in long stay institutions. The project also aims to stimulate autonomy and favor self-care through knowledge of health, as well as qualify caregivers.

b)Physical therapy care: Performed by students and professors of physical therapy professors to develop physical therapy actions in the community of institutionalized elderly related to primary health care, as well as provide students with the opportunity to monitor and study the physical dysfunctions of these individuals. Furthermore, the project also proposes to develop a practical program in the discipline of Geriatric Physical Therapy, allowing undergraduate students to evaluate the elderly residents of the institution.

c)Multiprofessional care: performed by students and professors of nursing, nutrition, physical therapy and psychology, with the aim of assessing and intervening, from a multiprofessional perspective, in the care of the institutionalized elderly. The preventive aspect uses information on the physiological processes of aging, prevention of falls, preserving physical capacity and other factors that may reduce the quality of life of the aged. All patients will be submitted to the multiprofessional geriatric assessment protocol proposed in this project.

V- FINAL CONSIDERATIONS

After implementation of study proposals, it is hoped that the quality of life of the institutionalized elderly will be enhanced by strategies established jointly by the group of students and professors. It is also hoped that with the consolidation and discussion regarding data collected, scientific knowledge on aging, its characteristics, conditions and habits in different contexts will have widened. This, in turn, could allow the quality of life of aged individuals to be measured, identifying and relating important health parameters such as the presence of comorbidities and functional impairment.

Moreover, the technical-scientific production from this project may result in a series of contributions to science and for each of the contexts studied, the manufacture, elaboration and presentation of scientific articles, as well as discussion and promotion of health-related actions.

V- REFERENCES

1-ABREU, Flávia M.C; DANTAS, Estélio H. M. ; LEITE, Wânderson de O. D.; BAPTISTA, Márcio R. ; ARAGÃO, Jani C. B. de . Perfil da autonomia de um grupo de idosos institucionalizados. Fórum brasileiro de educação física e ciências do esporte- **Revista Mineira de Educação Física.** Viçosa: Gráfica Universitária, 2002. v. 10, p. 455-455.

2-BRASIL. Ministério da Saúde. Conselho Nacional de Saúde na **Resolução N° 196**, de 10 de outubro de 1996.

3-_____. Ministério da Saúde. Política Nacional de Saúde do Idoso, aprovada pela Portaria no 1.395, de 9 de dezembro de 1999. Brasília: **Diário Oficial da República Federativa do Brasil**, no 237-E, pp. 20-24, 13 dez. Seção 1.

4-_____. ANVISA-Agência Nacional de Vigilância Sanitária. Resolução RDC nº. 283, de 26 de setembro de 2005. Regulamento Técnico que define as normas de funcionamento para as Instituições de Longa Permanência para Idosos. **Diário Oficial da União de 27 de setembro de 2005.** Brasília, 2005.

5-_____. Política Nacional de Saúde da Pessoa Idosa. **Portaria nº. 2.528 de 19 de outubro de 2006.** Brasília: Ministério da Saúde, 2006.

6-CALDAS CP. Envelhecimento com dependencia: responsabilidades e demandas da familia. **Cad. de Saúde Pública 2003 janeiro**; 19(3): 773-81.

7-CHAIMOWICZ, Flávio; GRECO, Dirceu B. Dinâmica da institucionalização de idosos em Belo Horizonte, Brasil. **Rev. Saúde Pública.** São Paulo, v. 33, n. 5, 1999. p. 454-460.

8-CERVO, A. L.; BERVIAN, P. A. **Metodologia científica.** 4 ed. São Paulo: Makron Books, 1996. p. 50.

9- CORTELLETTI, I. A.; CASARA, M. B; HERÉDIA, V.B.M. (Org.) **Idoso asilado**: um estudo gerontológico. Caxias do Sul: Educs: Edipucrs, 2004.

10-FREIRE JÚNIOR, R.C.; TAVARES, M. F. L. A saúde sob o olhar do idoso institucionalizado: conhecendo e valorizando sua opinião. **Interface – Comunic, Saúde,** Educ. set.2004/fev.2005 v.9, n.16, 147-58p.

11-GIACOMIN, KC, Peixoto SV, Uchoa E, Lima-Costa MF. Estudo de base populacional dos fatores associados à incapacidade funcional entre idoso na Região Metropolitana de Belo Horizonte, Minas Gerais, Brasil. **Cad. Saúde Pública 2008**; 24(6): 360-8.

12-MACIEL, ACC; GUERRA, RO. Influência dos fatores biopsicossociais sobre a capacidade funcional de idosos residentes no nordeste do Brasil. **Revista Brasileira de Epidemiologia.** 2007; 10: 179-189.

13-MONTEZUMA, CA; FREITAS, MC; MONTEIRO, ARM. A família e o cuidado ao idoso dependente: estudo de caso. **Revista eletrônica de Enfermagem 2008**; 10(2): 395-404.

14- NERI, A.L. (Org.). Palavras-chave em gerontologia. 2. ed. Campinas: Alínea, 2005.

15-NUNES, VMA. **Qualidade de Vida na perspectiva de Idosos Institucionalizados no Município de Natal – RN.** Dissertação de Mestrado. Universidade Federal do Rio Grande do Norte; 2007. 151 f.

16-REIS, LA; TORRES, GV; SILVA, JPA; SAMPAIO, LS,. Perfil Epidemiológico de idosos institucionalizados no Município de Jequié/BA. **Revista Enfermagem Atual 2008**; 46:19-23.

17-SANTOS, JLF; LEBRAO, ML; DUARTE, YAO. Desempenho funcional de idosos nas atividades instrumentais da vida diária: uma analise no município de São Paulo, Brasil. **Cadernos de Saúde Publica 2008**; 24(4):879-886.

18- ZIMERMAN, Guitte I. **Velhice: aspectos biopsicossocial.** Porto Alegre: Artes Médicas Sul, 2000.

VILANI MEDEIROS DE ARAÚJO NUNES
Endereço: Av. Alexandrino de Alencar, n°1362 – Bairro: Tirol
Cidade: Natal – RN. CEP: 59.015.350
Telefones: (84) 9981-2699 / 8873-6863
E-mail: vilani.nunes@gmail.com

PRELIMINARY STUDY IN THE DEVELOPMENT OF A MULTIPROFESSIONAL ASSESSMENT PROTOCOL FOR ELDERLY RESIDENTS OF LONG STAY INSTITUIONS

ABSTRACT:

Introduction: The accelerated pace of aging in Brazil has created new challenges for society, where age-related changes involve the presence of risk factors and the occurrence of chronic-degenerative diseases, compromising the autonomy of the aged and requiring them to reside in long stay institutions. The early detection of problems and the elaboration of an individualized health care plan are valuable tools to ensure the quality of services rendered to these individuals. Objective: Characterize the institutionalized elderly through global assessment. Methodology: Descriptive and exploratory study conducted in a long stay institution for the elderly (LSIE), with aged individuals selected according to the following criteria: age 60 years or older; good general health; no mental limitations or hearing and speech problems and willing to take part in the study. The research was approved by the Federal University of Rio Grande do Norte (UFRN) Research Ethics Committee (Protocol no. 164/2011). A structured questionnaire on socio-demographic and health aspects was applied. RESULTS: Long stay institutions for the elderly are non-profit philanthropic entities financed by the Municipal Secretariats of Health and Social Assistance, in addition to old age pensions, whose values are established in the Statute of the Elderly. Participants included 300 elderly individuals, 65.1% women, single (44.2%) and widowed (41.8%). The 71-80 age range was the most frequent (41.8%); mean age was 76.6 years; 30.2% had an incomplete elementary education and 25.6% were illiterate. Prior to admission to the institution, 37.2% of the elderly resided with their children. CONCLUSION: Effective measures are needed to establish health-strategies aimed at the institutionalized elderly.

KEYWORDS: Elderly;Long Stay Instituions; multidisciplinary assessment.

ÉTUDE PRÉLIMINAIRE SUR LE DÉVELOPPEMENT DU PROTOCOLE DE EVALUATION MULTI DIMENSIONELLE DES RESIDENTS AGÉS DES INSTITUITIONS LONG SÉJOUR

RÉSUMÉ:

Introduction: Le rythme rapide du vieillissement au Brésil crée de nouveaux défis pour la société, où l'on se rend compte que dans les changements liés au vieillissement sont la présence de facteurs de risque et la survenue de maladies chroniques, d'altérer l'indépendance des personnes âgées qui les conduit à résider dans des institutions long séjour (ILS). La détection précoce des problèmes et la définition d'un plan de soins individualisé sont des méthodes utiles pour assurer la qualité des services aux personnes âgées. Objectif: caractériser les personnes âgées institutionnalisées dans la perspective d'une évaluation globale. Méthodologie: étude descriptive et exploratoire, menée dans une ILS, avec des agés choisis selon les critères d'inclusion: 60 ans ou plus, bon état général, mais sans limitations mentales ou problémes auditifs ou d'élocution, et accepter participer á l'étude. La recherche a été approuvé par la Comité D'éthique en Reserche / UFRN (protocole no. 164/2011). Nous avons utilisé un questionnaire structuré sur les aspects socio-démographiques et de santé. Résultats: ILS philanthropiques, à but non lucratif, maintenu par les Secrétariats Municipaux de Santé e Bien-Être, en plus des valeurs de la pension de vieillesse, conformément aux statuts des personnes âgées. Les participants comprennent 300 personnes âgées, les femmes 65,1%, célibataire (44.2%) et veuves (41.8%). L'intervalle d'âge entre 71 et 80 ans avaient une plus grande fréquence (41,8%), âge moyen de 76.6 ans, 30.2% n'avaient pas terminé l'enseignement primaire, suivie par 25.6% des analphabètes

âgées. Avant d'aller à l'institution, 37.2% des personnes âgées vivent avec leurs enfants. Conclusion: Une action est nécessaire para établir des stratégies efficaces visant à la santé des personnes âgées institutionnalisées.

MOTS CLÉS: personnes âgées, instituition á long séjour, évaluation multidimensionnelle de la personne âgée.

ESTUDIO PRELIMINAR SOBRE EL DESARROLLO DEL PROTOCOLO DE EVALUACIÓN MULTIDIMENSIONAL DE RESIDENTES MAYORES EN INSTITUCIONES DE LARGA ESTADÍA

RESUMEN:

Introducción: El rápido ritmo de envejecimiento en Brasil, crea nuevos retos para la sociedad, donde uno se da cuenta de que en la relacionada con la edad los cambios es la presencia de factores de riesgo y la aparición de enfermedades crónicas, afectando la independencia de las personas mayores los lleva a residir en instituciones de larga permanencia (ILPI). La detección temprana de problemas y la definición de un plan individualizado de atención son métodos valiosos para asegurar la calidad de los servicios a los ancianos. Objetivo: Caracterizar los ancianos institucionalizados en la perspectiva de una evaluación global. Metodología: Estudio descriptivo y exploratorio en ILPI a cabo con individuos seleccionados en los criterios de inclusión:. 60 años de edad, buen estado general, pero no limitado a la salud mental y / o con problemas de audición y lenguaje, y tome el caso La investigación fue aprobada por el CEP / UFRN (dictamen N º 164/2011). Se utilizó un cuestionario estructurado sobre aspectos sociodemográficos y de salud. Resultados: ILPI filantrópicas, sin fines de lucro, mantenida en el Municipal de Salud y Bienestar Social, y estableció los valores de la pensión de vejez, de acuerdo con el Estatuto de las Personas Mayores. Los participantes incluyen 300 mujeres de edad avanzada, el 65,1%, solteros (44,2%) y viudas (41,8%). El intervalo de edad entre 71 y 80 años tenían una mayor frecuencia (41,8%), con una edad media de 76,6 años. 30.2% tenían primaria incompleta, seguido por el 25,6% de analfabetos mayores. Antes de ir a la institución, el 37,2% de los ancianos vivían con sus hijos. Conclusión: Es necesario adoptar medidas para establecer estrategias eficaces para la salud de los ancianos institucionalizados.

PALABRAS CLAVE: Ancianos, instituciones a largo plazo, la evaluación multidimensional de las personas mayores.

ESTUDO PRELIMINAR NO DESENVOLVIMENTO DE PROTOCOLO DE AVALIAÇÃO MULTIDIMENSIONAL DE IDOSOS RESIDENTES EM INSTITUIÇÕES DE LONGA PERMANÊNCIA

RESUMO:

Introdução: O acelerado ritmo de envelhecimento no Brasil cria novos desafios para a sociedade, onde se percebe que nas alterações relacionadas à idade está a presença de fatores de risco e ocorrência de doenças crônico-degenerativas, prejudicando a autonomia do idoso levando-os a residir em instituições de longa permanência (ILPI). A detecção precoce de problemas e a definição de um plano individualizado de cuidados são métodos valiosos para garantir qualidade dos serviços prestados ao idoso. Objetivo: caracterizar o Idoso institucionalizado na perspectiva de realizar uma avaliação global. Metodologia: Estudo descritivo e exploratório, realizado em ILPI, com idosos selecionados nos critérios de inclusão: idade 60 anos ou mais; bom estado geral, sem limitações mentais e/ou dificuldades de audição e fala, e aceitar participar do estudo. A pesquisa teve aprovação do CEP/UFRN (Parecer n° 164/2011). Utilizou-se questionário estruturado sobre aspectos sócios demográficos e saúde. RESULTADOS: As ILPI são filantrópicas, sem fins lucrativos, mantidas com recursos das Secretarias Municipais de Saúde e Assistência Social, além de valores estabelecidos da aposentadoria dos idosos de acordo com o Estatuto do Idoso. Os participantes incluem 300 idosos, 65,1% sexo feminino, solteiros (44,2%) e viúvos (41,8%). Intervalo de idade entre 71 a 80 anos apresentou uma maior frequência (41,8%); média de idade de 76,6 anos. 30,2% possuem o ensino fundamental incompleto, seguidos de 25,6% de idosos alfabetizados. Antes de irem para a instituição, 37,2% dos idosos residiam com os filhos. CONCLUSÃO: São necessárias ações efetivas no estabelecimento de estratégias voltadas para a saúde da pessoa idosa institucionalizada.

PALAVRAS- CHAVES: Idoso; Instituição de Longa Permanência; avaliação multidimensional do idoso.