96 - HEALTH CONDITION OF ELDERLY ENROLLED IN FAMILY HEALTH STRATEGY OF NUMBER 10 THE CITY OF ITAJAÍ-SC

FABÍOLA CHESANI
GIOVANNA MICHELLE BERTOLDO
MIRIANE KINAL BORGES
ALEXSANDRA MARINHO DIAS
University of Vale of Itajaí, Itajaí – Santa Catarina, Brasil
alexsandradias@univali.br

INTRODUCTION

Currently the world has witnessed an increasingly consistent growth of the elderly population, especially in developing countries like Brazil (VERAS, 2008). The control of communicable diseases and chronic conditions, emergence of new drugs, implementation of health policies, sanitary improvement conditions and medical diagnostic and therapeutic conditions are some facts that allow growth (HARTMANN, 2008), besides the reduction of fertility rate and mortality (ALVES; RODRIGUES, 2005).

In association with this growth, there was an increase in the incidence of chronic diseases, which may be followed by sequel, resulting in limited performance and functional dependence (VERAS, 2008).

The functional capacity, especially motor`s component is one of the most important part of a healthy aging and the quality of elderly`s life (CARNEIRO et al. 2002). So, invest in the maintenance and preservation of the elderly to perform basic activities of daily living are basic points to extend as long as possible the independence, maintaining its functional capacity (FEDRIGO, 1999).

Currently, professionals from different fields have shown great interest in developing geriatric research approach (GUIMARÃES et al., 2004) as them help in the understanding of aging and provide parameters for organizing and practicing health policies for the elderly population in general. Instruments capable of measuring self-rated health in this population become important, assisting in intervention programs to improve the general health conditions are beyond being predictors of mortality and functional decline (HARTMANN, 2008).

Thus, the identification of factors associated with self-rated health may give subsidy actions of health professionals in the care of the elderly, focusing on the actions of health promotion and disease prevention for active aging and life quality (PAGOTTO, 2009).

With this, the overall objective of this research focus on assessing the health status of the elderly multidimensional of the city of Itajai, Santa Catarina, considering the functional capacity and associated morbidities.

METHODOLOGY

This research`s approach is a descriptive and cross-sectional population-based. It was held in the territory covered by the Family Health Strategy (FHS) 10 of the Basic Health Unit located in the neighborhood of Don Bosco in the city of Itajai, SC.

The elderly registered with the Information System of Primary Care (SIAB) in the city of Itajai, compos of 432 seniors was the target of this research. The sample comprised 101 elderly, who voluntarily agreed to participate in the study, after signing the Instrument of Consent, and answered a questionnaire in their homes.

As requirement of inclusion it was elected elderly over 60 years, and those who refused to participate or were not found in their homes and those with cognitive impairment and could not answer the questionnaire was considered requirement of exclusion.

As an instrument of research it was used a multidimensional questionnaire already validated, abbreviated, for studies of the elderly population in Brazil - Brazil Old Age Schedule (BOAS), adapted to the Brazilian reality by Professor Renato Veras of StateUniversity of Rio de Janeiro (UERJ). The questionnaire is divided into nine sections, but for this study we carried out a reduction of the questionnaire, using data on general information, performance in activities of daily living, and physical health, composed of 49 questions that address the objectives of this study. The scale of self-perceived health in this interview allows the evaluation of the patient on a qualitative scale ranging from very bad - bad - good - great.

It was utilize of statistical procedure for presentation of the result`s collected techniques

RESULTS AND DISCUSSION

Participant age ranged between 60 and 93 years, with an average of 69 years. As gender arrengment, 75 of the participants (74.3%) were female and 26 (25.7%) were male.

Table 1: Distribution of elderly by age and gender - Itajai, 2012

	Male		Female		Total	
Group Age	**N**	**%**	**N**	**%**	**N**	**%**
60-69	17	16,8	41	40,6	58	57,4
70-79	06	5,9	27	26,7	33	32,6
80-89	03	3,0	06	5,9	09	8,9
90-99	0	0	01	1,0	01	1,0

In the study by Silva Neto et al., (2010) whose main object was to assess functional capacity, most were elderly women, married women, the highest percentage in the age group 60 to 69 years and schooling 0-4 years data similar to our sample. The prevalence of women has been reported in most studies that have found similar percentages in this survey, showing the greater women longevity. This condition stems from the existence of mortality rates by gender. That condition comes from a long time in the Brazilian population (SANTOS et al., 2002).

With regard to marital status, the prevalence was married / living together (53.5%). In the female population has the highest rate of widows is 35.6% compared to only 3% of widows, since the marital status that dominated among men was married / living together 19.8%. Corroborating our research, Alves (2004) in their study showed that the majority of applicants were married or in a consensual union, and this condition was more common among men than among women. Widowhood was found more frequently among women. Such gender differences are explained not only by the major women longevity, but also because

the social and cultural norms of our society support men remarriage after widowhood and tendency from them to remarry younger women (SANTOS et al., 2002).

Regarding self-rated health, 95% are satisfied in relation to their life in general dissatisfied and 5% being the main reason related to health problems (5%).

Table 2: Analysis of self-reported health of elderly

	Male		Female		Total	
Self-rated health	**N**	**%**	**N**	**%**	**N**	**%**
Great	5	5,0	6	5,9	11	10,9
Good	19	18,8	49	48,5	68	67,3
Bad	2	2,0	14	13,8	16	15,8
Terrible	0	0	3	3,0	3	3,0
Do not know / N/A	0	0	3	3,0	3	3,0

Relating to general health, 78.2% of respondents considered their health good / excellent, 18.8% poor / very poor and 3.0% could not answer.

Alves (2004) found in his research a good self-rated health in major proportion among men than among women, explaining that women are more critical than men, because the perception of health status is more regular and bad declared by elderly, which is consistent with our study where 16.8% of women reported health poor / very poor and only 2% of men.

Self-perceived health reflects an integrated perception of the individual, including the biological, psychosocial and social and this is a better predictor of mortality than objective measures of health status (HARTMANN, 2008), because individuals who perceive their health as positive have lower risk of mortality than those who reported worse health status (ROSA et al., 2003; ALVES; RODRIGUES, 2005; RAMOS, 2003).

There is a decline in perceived health among the elderly who have the most number of chronic conditions (HARTMANN, 2008).

In relation to current health problems 78.2% said they were experiencing health problems and 21.8% said they have no problem with their health. Within the issues spoken that stands out are Hypertension (44.6%), diabetes mellitus (17.8%), osteoarthritis (12.9%), heart disease (6.9%) and back problems (6.9 %).

A large numbers of elderly have chronic diseases, being this fact strongly associated with loss of functional capacity (GUIMARÃES et al., 2004). However, the presence of chronic diseases does not mean that the elderly can not maintain their autonomy and make it activities independently (SILVEIRA; COSTA NETO, 2003).

In our study, despite the large percentage of diseases most seniors reported having good health. It is believed that the efficiency of the health service and monitoring of the elderly will bring life quality for these seniors and also an active social life reported by the participants in the elderly group and social activities.

The literature points to functional capacity as a major benchmark of how people evaluate your general health being an important element in self-rated health among the elderly (HARTMANN, 2008, ALVES; LEITE; MACHADO, 2008).

Functional capacity refers to the capability to perform activities of daily living, to ensure minimum conditions of survival for individuals and provide life quality (YUASO; SGUIZZATTO, 2002). Commonly used to assess the functional capacity of the individual are the activities of daily living, the instrumental activities of daily living and mobility measures. The ADLs consist of self-care tasks and IADL tasks are more adaptive, e.g., shopping, calling, perform household duties, preparing a meal. Mobility refers to the ability to leave the residence (HARTMANN, 2008).

It is very common for the elderly to depend on special care to perform easy tasks, such as eating, dressing, and bathing or even perform hygiene habits and personal care. This leads to loss of autonomy and independence, leading to decrease in life quality and well-being of both the elderly and family (MINCATO; FREITAS, 2007).

Table 4: Analysis of the functional capacity of the elderly in relation to gender.

	Male				Female				Total	
	Yes		No		Yes		No		Yes	No
	N	%	N	%	N	%	N	%	%	%
Quit using transport	16	15,9	10	9,9	43	42,6	32	31,6	58,5	41,5
Leaving home	21	20,9	4	4,0	67	66,1	7	7,0	87,0	13
meal preparation	8	8,0	18	17,9	67	66,1	8	8,0	73,1	25,9
Eat your meal	10	9,9	16	15,9	68	67,2	7	7,0	77,1	22,9
Clean house	8	8,0	18	17,9	65	64,2	10	9,9	72,2	27,8
Take your meds	19	18,9	5	5,0	71	68,1	4	4,0	87,0	13,0
Dressing up / undressing	26	25,7	0	0	72	71,3	3	3,0	97,0	3,0
Fix hair	26	25,7	0	0	74	73,3	1	1,0	99,0	1,0
Walk into the plan	26	25,7	0	0	71	70,3	4	4,0	96,0	4,0
Up / down stairs	26	25,7	0	0	67	66,3	8	8,0	92,0	8,0
Lying / out of bed	26	25,7	0	0	75	74,3	0	0	100	0
Bath	26	25,7	0	0	75	74,3	0	0	100	0
Cut toenails	22	21,8	4	4,0	51	50,4	24	23,8	72,2	27,8
Going to the bathroom in time	25	24,7	1	1,0	70	70,3	5	5,0	94,0	6,0

In the study by Guimarães et al. (2004) most seniors presented itself independent in carrying out their daily activities, the same result found in our sample. Santos et al. (2007) cited a study conducted in São Paulo on the living conditions of the elderly, where most had no difficulties in basic activities of daily living, and among those who had, most of them had difficulties in one or two ADLs denoting mild disability, and prevalence was higher for women.

The items that demonstrate broad disability at all ages are related to leaving home using transport (41.5%), cut toenails (27.8%) and clean the house (27.8%). In the study by Tavares and Dias (2012), within the ADL that the elderly cannot perform the one witch got higher rates was cutting toenails. In the sample Pedrazzi, Schiaveto and Rodrigues (2007), the activities in which seniors found major difficulty in do it were washing clothes, cleaning the house and shop.

The age group with the high rate of disability was between 90-99 years, which is compatible with several studies mentioning that the percentage of dependence increases with age in both genders. In the group age between 80 and 89 years there was a high percentage of functional independence. Nogueira et al., (2010) observed in their study that 71% of the oldest (over 80 years) functional capacity showed good or very good, which means a high level of independence in this population, especially as relates to people in advanced age.

In our study in general the subject present a large percentage of autonomy and independence, related to good health perception, even with high rates of comorbidities. These results are in agreement with Baron-Epel and Kaplan (2001 apud ALVES; LEITE; MACHADO, 2008) who reported that functional capacity proves more significant in the lives of individuals than

the presence of disease.

What matters is the ability to perform the activities and not the diseases themselves, as a senior with one or more chronic diseases can be considered healthy, compared with an elder with the same diseases, but without causing control these sequel and disabilities (RAMOS, 2003).

When there is gap of functional capacity enough to prevent self-care, the weight on the family and on the health system can be impacting (ROSA et al., 2003). Therefore one should seek to postpone its evolution and ensure longevity with autonomy, independence and better life quality (VERAS, 2008). The geriatric rehabilitation seeks to preserve the function, preventing the installation of disabilities, delaying them as much as possible and also attributed the decrease in impairment for disabilities, promoting a healthier life and a better life quality (CHIOVATTO, 2002) .

Thus, we highlight the importance of early detection and regular assessment of functional parameters in order to maintain as long as possible the individual`s autonomy and well-being. (SCHNEIDER; MARCOLIN; DALACORTE, 2008).

CONCLUSION

We believe that the high percentage of functional capacity occurs due to the active senior`s life who attend groups and socially participate in activities. Even with the prevalence of chronic diseases did not influence the perception of the elderly. These self-assessed their health as good, which leads us to conclude that the ratio of good health is linked to better physical functioning and not the presence of disease. Therefore actions to disease prevention and health promotion should be part of the performance of health professionals, reducing disease incidence and delaying the onset of functional disabilities, promoting wellness and improved life quality for the elderly.

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HEALTH CONDITION OF ELDERLY ENROLLED IN FAMILY HEALTH STRATEGY OF NUMBER 10 THE CITY OF ITAJAÍ-SC

ABSTRACT

With increased life expectancy and longevity, the concern with functional capacity and health status of the elderly becomes relevant. Functional capacity is characterized by independence and ability to perform certain activities. Given that the goal of this research is to assess the health status of the elderly multidimensional city of Itajai, Santa Catarina, considering the functional capacity and associated morbidity and self-perceived health in the elderly. This is a population-based descriptive and quantitative character. The target population is the elderly aged over 60 years of both sexes, who agreed to participate in the

study, enrolled in Family Health Strategy No. 10 of the Basic Health Unit of Don Bosco neighborhood in Itajai, SC. As an instrument used was a questionnaire Brazil Old Age Schedule (BOAS). Of the 101 seniors, 95% are satisfied with their life in general and 78.2% reported good health / good. Among the major health problems such stands out Hypertension, Diabetes Mellitus and Arthritis. In relation to functional capacity, the elderly showed high levels of functionality and autonomy, despite high prevalence of morbidity. This proves that the best health conditions are related to functional capacity and not with the presence of disease. We conclude that the population in general regard their health as good \ great, with low levels of high prevalence of disability and morbidity. Hence arises the need for maintenance actions and prevention of functional capacity, encouraging active living and healthy aging.

KEYWORDS: Functional capacity, elderly, disability and health, physiotherapy.

ÉTAT DE SANTÉ DES PERSONNES ÂGÉES INSCRITS AU NOMBRE STRATÉGIE SANTÉ DE LA FAMILLE 10 DE LA VILLE DE ITAJAI-SC.

RESUME

Avec l'espérance de vie a augmenté et la longévité, le souci de la capacité fonctionnelle et l'état de santé des personnes âgées devient pertinente. La capacité fonctionnelle est caractérisée par l'indépendance et la capacité d'exercer certaines activités. Étant donné que le but de cette recherche est d'évaluer l'état de santé des personnes âgées de la ville multidimensionnelle de Itajai, Santa Catarina, compte tenu de la capacité fonctionnelle et la morbidité et la perception de la santé chez les personnes âgées. C'est un personnage basé sur la population descriptive et quantitative. La population cible est les personnes âgées de plus de 60 ans des deux sexes, qui ont accepté de participer à l'étude, inscrits à Family Health Stratégie n ° 10 de l'unité de santé de base de don Bosco quartier à Itajai, SC. Comme un instrument utilisé est un questionnaire annexe Brésil vieillesse (BOAS). Sur les 101 personnes âgées, 95% sont satisfaits de leur vie en général et 78,2% ont déclaré avoir une bonne santé / bien. Parmi les principaux problèmes de santé tels peuplements sur l'hypertension, le diabète sucré et de l'arthrite. En ce qui concerne la capacité fonctionnelle, les personnes âgées ont montré des niveaux élevés de fonctionnalité et de l'autonomie, en dépit de la forte prévalence de la morbidité. Cela prouve que les meilleures conditions de santé sont liés à la capacité fonctionnelle et non à la présence de la maladie. Nous concluons que la population en général considèrent leur santé comme bonne \ grand, avec de faibles niveaux de prévalence élevée de l'incapacité et de morbidité. De là naît la nécessité d'actions de maintenance et de prévention de la capacité fonctionnelle, en encourageant une vie active et en bonne santé.

MOTS-CLES: Capacité fonctionnelle, personnes âgées, handicap et de la santé, de la physiothérapie.

ESTADO DE SALUD DE LAS PERSONAS MAYORES INSCRITO EN ESTRATEGIA DE SALUD DE LA FAMILIA 10 DE LA CIUDAD DE ITAJAÍ-SC.

RESUMEN

Con mayor esperanza de vida y la longevidad, la preocupación por la capacidad funcional y el estado de salud de los ancianos se vuelve relevante. La capacidad funcional se caracteriza por la independencia y la capacidad de realizar ciertas actividades. Dado que el objetivo de esta investigación es evaluar el estado de salud de los ancianos de la ciudad multidimensional de Itajaí, Santa Catarina, teniendo en cuenta la capacidad funcional y la morbilidad asociada y la salud autopercibida en los ancianos. Este es un carácter basado en la población descriptivo y cuantitativo. La población objetivo son los ancianos mayores de 60 años de ambos sexos, que aceptaron participar en el estudio, matriculados en familia Estrategia de Salud N º 10 de la Unidad Básica de Salud de Don Bosco en el barrio de Itajaí, SC. Como instrumento utilizado fue un cuestionario Horario Brasil Vejez (BOAS). De los 101 adultos mayores, el 95% está satisfecho con su vida en general y el 78,2% informó de la buena salud / buena. Entre los principales problemas de salud tales rodales fuera la hipertensión, la diabetes mellitus y artritis. En relación con la capacidad funcional, los ancianos mostraron altos niveles de funcionalidad y la autonomía, a pesar de la alta prevalencia de la morbilidad. Esto demuestra que las mejores condiciones de salud están relacionados con la capacidad funcional y no con la presencia de la enfermedad. Llegamos a la conclusión de que la población en general consideran que su salud es buena \ estupendo, con bajos niveles de prevalencia de discapacidad y morbilidad. De ahí surge la necesidad de realizar acciones de mantenimiento y prevención de la capacidad funcional, fomentando una vida activa y envejecimiento saludable.

PALABRAS CLAVE: capacidad funcional, discapacidad ancianos, y la salud, fisioterapia.

CONDIÇÃO DE SAÚDE DE IDOSOS ADSCRITOS NA ESTRATÉGIA SAÚDE DA FAMÍLIA N°10 DO MUNICÍPIO DE ITAJAÍ-SC.

RESUMO

Com o aumento da expectativa de vida e da longevidade, a preocupação com a capacidade funcional e condições de saúde dos idosos torna-se relevante. A capacidade funcional é caracterizada pela habilidade e independência para realizar determinadas atividades. Diante disso o objetivo dessa pesquisa é avaliar a condição de saúde multidimensional dos idosos da cidade de Itajaí-SC, considerando a capacidade funcional e morbidade associadas e autopercepção da saúde do idoso. Trata-se de pesquisa descritiva de base populacional e de caráter quantitativo. A população alvo constitui de idosos com idade igual ou superior a 60 anos de ambos os sexos, que aceitaram participar do estudo, cadastrados na Estratégia Saúde da Família n° 10 da Unidade Básica de Saúde do bairro Dom Bosco em Itajaí-SC. Como instrumento foi utilizado o questionário Brazil Old Age Schedule (BOAS). Dos 101 idosos, 95% estão satisfeitos com sua vida no geral e 78,2% relataram uma saúde boa/ótima. Dentre os principais problemas de saúde referidos destaca-se a Hipertensão Arterial Sistêmica, Diabetes Melittus e Artrite. Em relação à capacidade funcional, os idosos apresentaram altos índices de funcionalidade e autonomia, apesar de grande prevalência de morbidade. Isso comprova que as melhores condições de saúde estão relacionadas com capacidade funcional e não com presença de doenças. Conclui-se que a população estudada refere sua saúde no geral como boa\ótima, apresentando baixos níveis de incapacidades e grande prevalência de morbidades. Por isso surge a necessidade de ações de manutenção da capacidade funcional e prevenção, estimulando uma vida ativa e envelhecimento saudável.

PALAVRAS-CHAVES: Capacidade funcional, idosos, incapacidade e saúde, fisioterapia.