76 - CHARACTERIZATION OF ELDERLY IN AN INTERNAL UNITY IN INTENSIVE CARE OF A PUBLIC HOSPITAL IN NATAL/ RN

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INTRODUCTION

In recent years, the aging process has been intensifying in developing countries, with the rapid increase of population aged 60 years and more, especially in Latin America. Accompanying this demographic transition are the diseases of aging themselves, increasing the demand for health services and generating strong social impact, since the elderly involved in a disproportionate when compared to other age groups to use these services (TRUELSEN; BONIT; JAMROZIK, 2001).

In Brazil, the proportion of people aged 60 years or more increased from 6.7% in 1990 to 8.1% in 2000, and the projections of the Brazilian Institute of Geography and Statistics (IBGE) suggest that this population reaches 64 million people in 2050, which would be 24.6% of the total population (IBGE, 2004). That global trend is drawing attention to the need to improve their resources in health, especially with regard to the measures considered at high cost, because the elderly are the biggest consumers (NAGAPPAN; PARKIN, 2003; GUERRA, 2000).

The average age of patients in an Intensive Care Unit (ICU) has increased in recent years and will further increase with the aging of the general population. Several studies have demonstrated the relevance of the medical intensive care provided to geriatric patients. In Western countries, the percentage of people over 65 represent 18% of the general population, accounting for 45.5% of hospital admissions (ADELMAN; BERGER; MACINA, 1994, BOUMENDIL et al., 2004).

Vosylius, Sipylaite and Ivaskevicius (2005), argue that increasing the number of diseases and lack of household services and / or outpatient appropriate often make the first visit of elderly patients in advanced stages are given in the hospital, increasing the costs and reducing the possibility of a favorable prognosis. When hospitalized, the length of the bed occupancy is higher when compared to other age groups, and there is also an increased consumption of drugs, since the diseases and chronic degenerative diseases lead to greater demand for the use of these agents.

Often, these conditions may lead to worsening the state of these patients and their referral to the Intensive Care Unit (ICU), where interventions have costly, involving complex technology to an appropriate care. The elderly patients admitted in these units have increased risk of morbidity and mortality when compared to younger patients. This poor prognosis is not due only to the patient's age, but may also be due to other factors, including the condition that led to hospitalization, the severity of this disease, coexisting diseases and complications occurred in the ICU (MENDONÇA et al., 2008; VOSYLIUS ; SIPYLAITE; IVASKEVICIUS, 2005).

This scenario justifies the concern not only with the human-technological support to the elderly severe, but also with the economic management and the real effectiveness of intensive support in this population. Seeking to improve the care to the elderly critical aimed to, through this study, characterize elderly patients admitted to the ICU of a public hospital in Natal / RN, as the most common diseases, the length of stay and its evolution.

METHODOLOGY

This is a documentary study descriptive and exploratory, with quantitative approach and retrospective data obtained from records of patients admitted to a general ICU from June 2007 to June 2008. The descriptive study, according Cervo and Bervian (1996) aims to observe, record, analyze and correlate the facts or phenomena without manipulating them. Describes accurately the frequency with which the phenomenon occurs, their relationship and connection with others.

The quantitative approach allows a systematic collection of number information, under conditions of very controlling, analyzing this information through statistical (POLIT; BECK; HUNGLER, 2004). The place where the study was made in the ICU of the Coronel Pedro Germano Central Hospital (Police Hospital), located in Natal / RN. The unit has four beds for adult patients and has clinical and surgical care.

The study population consisted of all patients 65 or more aged hospitalized in ICU during the period investigated. W e r e harvested at the time of admission and during the period of hospitalization, the following variables: gender, age, length of hospital stay, clinical, and clinical diagnosis, ranging as the organic systems: cardiovascular, pulmonary, vascular, digestive, and kidney endocrine.

The data were categorized and processed electronically through the softwares Excel 2007 and Statistica 6.0, in addition to being analyzed by descriptive statistics and presented in the form of tables.

RESULTS AND DISCUSSION

Here's the results of the 43 patients who were part of this study as shown in Table 01 below.

Table 01 Characterization of the elderly hospitalized in an ICU of a public hospital according to sex, length of stay, development and c

VARIABLE	N	%
SEX	**N**	**%**
Male	21	48,8
Female	22	51,2
TOTAL	**43**	**100,0**
AGE	**N**	**%**
65 I--I 74	11	26,0
75 I--I 84	22	51,0
85 I--I 94	10	23,0
TOTAL	**43**	**100,0**
TIME OF HOSPITAL	**N**	**%**
From 1 a 7 days	35	81,4
From 8 a 14 dias	5	11,6
≥ 15 days	3	7,0
TOTAL	**43**	**100,0**

CLINICAL EVOLUTION	N	%
Deaths	16	37,2
Discharged	26	60,5
Transfer	1	2,3
TOTAL	**43**	**100,0**
CLINICAL DIAGNOSTICS	**N**	**%**
Cardiovascular (CCI, ICO, AMI, angina, EAP, SH)	15	34,9
Pulmonary (lung sepsis, PNM, IRpA,)	10	23,3
Vascular (stroke, DVT)	5	11,6
Digestive (TU pancreas, colic, HDA, cholecystitis)	6	14,0
Renal (IRA, IRC exacerbated, urinary sepsis)	5	11,6
Endocrine	2	4,7
TOTAL	**43**	**100,0**

SOURCE: DATA FROM RESEARCH

Of the total of 67 patients studied, there were mostly female, with 51.2% of cases. A study conducted by Feijó et al. (2006), in an ICU of a university hospital in Fortaleza, also showed the dominance of the female population of elderly inmates.

In terms of age, 64% of inpatients were 65 years or more, with a predominance of those aged 75 to 84 years (64%) and a range between 65 and 93 years. Similar data were found by Acuña et al., (2008).

As for the length of hospital stay, we found an average of 1 to 7 days (81.4%), followed by 8 to 14 days (11.6%) of the population studied. These data were also analyzed in the study of Feijó et al. (2006), when they found an average of ICU stay of 7 to 8 days of hospitalization of the elderly, as similar to our study.

Already in work with older people in an ICU of a public hospital in the Amazon, the average stay was 9.6 to 10.2 days (ACUNA et al., 2007).

In our study, the clinical course is characterized by 60.5% of the elderly inmates were discharged, 37.2% deaths and 2.3% were transferred to other units in hospital. In the study of Acuna et al. (2007), found that the majority of hospitalized patients had the evolution of death with 38% of the hospitalized elderly.

As for the clinical diagnosis, to cardiovascular disorders (34.9%) and respiratory (23.3%) were those most affected elderly people hospitalized in our study, followed by the Digestive disorders (14.0%), vascular and renal (11.6%), endocrine (4.7). Similar data were found in studies in the state of Ceará with 29.2% disorders of the cardiovascular system and 21.5% of respiratory, as the diseases more common in elderly hospitalized in an ICU (FEIJÓ et al., 2006).

Looking at our results, we can infer that the cardiovascular and respiratory disorders more often justified the referral of patients to the ICU. It should be emphasized that the sepsis was identified in a quarter of the patients tested, justifying the death rate of 37.2% of the elderly, as Table 01.

CONCLUSIONS

In this work, identified itself a slight predominance of women among the hospitalized elderly (51.2%), the time ranged from 1 to 7 days in most cases (81.4%), the clinical course for high of the unit occurred in 60.5% of cases and the clinical diagnoses were present more cardiovascular disorders (34.9%), distributed between the diagnosis of congestive heart failure (CHF), coronary artery disease (CCD), acute myocardial infarction (AMI), angina, acute lung edema (EAP) and high blood pressure (HBP).

Health care for elderly patients have been frequent subject in literature over the years. The growth in the number of people aged 60 years or more, as well as the expectation of life, reflects an increase in admissions of patients in this age group in the ICU (BOUMENDIL et al., 2004).

With this, we find that it is necessary a better reflection of the care given to this population, aiming at the prevention of diseases and reduce hospitalizations, as the co-morbidities, cognitive function, the functional status and care will become integral components of fundamental importance and a challenge to the nurse in assisting the elderly hospitalized in ICU (MENDONÇA et al., 2008).

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ABSTRACT

The average age of patients in ICU has increased in recent years and will further increase with the aging of the general population. This scenario justifies the concern not only with the human-technological support to the elderly severe, but also with the economic management and the real effectiveness of intensive support in this population. Aiming to characterize elderly patients

admitted to the ICU of a public hospital in Natal / RN, as the most common diseases, the length of stay and its evolution. This is a documentary study descriptive and exploratory, with quantitative approach and retrospective data obtained from records of patients admitted to a general ICU of Natal / RN. Data collection was performed during the period from June 2007 to June 2008, through a structured form during the admission and clinical course of patients. It was a female predominance of elderly hospitalized (51.2%), where 51% were aged between 75 to 84 years, the most common length of hospital stay was 1 to 7 days (81.4%), we obtained in 60.5% of cases as high clinical outcome, and the clinical diagnoses were present more cardiovascular disorders (34.9%), distributed between the diagnosis of congestive heart failure (CHF), coronary artery disease (CO), of acute myocardial infarction (MI), angina, acute lung edema (EAP) and hypertension (SH). We conclude that the increase of life expectancy of the population and the development of chronic diseases, have influenced the increase in admissions of elderly patients in ICU. In this sense, it is necessary a better reflection of the care given to this population, aiming at the prevention of diseases and reduce hospitalizations, as the co-morbidities, cognitive function, the functional status and care will become integral components of fundamental importance and a challenge to the nurse in assisting the elderly hospitalized in ICU.

Key words: Hospitalization, Elderly, Intensive Care Unit, Nursing.

CARACTÉRISATION DES PERSONNES ÂGÉES DANS UNE UNITÉ DE THÉRAPIE INTENSIVE D'UN HÔPITAL DU RÉSEAU PUBLIC DE NATAL/RN

RÉSUMÉ

L'âge moyen des patients d'Unité de Thérapie Intensive a augmenté les dernières années et doit encore augmenter selon le vieillissement de la population en général. Ce scénario justifie la préoccupation en ce qui concerne l'aide humain-technologigue au patient âgé en état grave mais encore en ce qui concerne la gestion économique et la réelle effectivité du support itensif au sein de cette population. Nous avons l'objectif de caractériser les patients âgés dans l' UTI d'un hôpital public de Natal/RN, quant aux patologies les plus communes, le temps d'internation et son évolution. Il s'agit d'une étude documentale descriptive-explorative, d'abordage quantitative et de données retrospectives, obtenues dans les registres de patients admis en une UTI générale de Natal/RN. La collecte des données a été faite dans la période de juin 2007 à juin 2008, par le biais d'un formulaire structuré lors de l'admission et l'évolution clinique du patient. On a identifié une prédominence du sexe féminin des personnes âgées à l'hôpital (51,2%), parmi lesquelles 51% étaient âgées de 75 à 84 ans ; le temps d'internation le plus fréquent compris entre 1 à 7 jours (81,4%) ; on a obtenu chez 60,5% des cas des bulletins de sortie comme évolution clinique, et les diagnostiques cliniques les plus présents ont été ceux d'insuffisance cardiaque congestive (ICC), insuffisance coronarienne (CO), infartus aigu du miocarde (IAM), angine, oedème du poumon (EAP) et hipertension artérielle sistémique (HAS). Nous avons conclu que, l'augumentation de la spéctative de vie de la population et le développement de maladies croniques ont influencé l'augmentation d'admission de patients âgés en UTI. Dans ce sens, il faut faire une reflexion à propos des soins ministrés à cette population, dans le but de prévenir l'aggravation et de réduire les internations, étant donné que les co-morbidités, la fonction cognitive, l'état fonctionnel et le soin intégral deviennent les éléments d'importance fondamentale et un défi pour l'Infirmier lors de l'assistance accordée aux personnes âgées hospitalisées dans l'UTI . **MOTS-CLÉS** : Hospitalisation, Âgé, Unité de Thérapie Intensive, Infirmerie.

CARACTERIZACIÓN DE LOS ANCIANOS INTERNOS EN UNA UNIDAD DE CUIDADOS INTENSIVOS DE UN HOSPITAL PÚBLICO EN LA CIUDAD DE NATAL / RN

RESUMEN

El promedio de edad de los pacientes en la unidad de cuidados intensivos ha aumentado en los últimos años y aumentará aún más con el envejecimiento de la población en general. Esta situación justifica la preocupación no sólo con el ser humano-tecnológico de apoyo a las personas de edad grave, pero también con la gestión económica y la eficacia real de un apoyo intensivo en esta población. El objetivo ha sido caracterizar los pacientes ancianos ingresados en la UCI de un hospital público en Natal / RN, como las enfermedades más comunes, la duración de la estancia y su evolución. Este documental es un estudio descriptivo y exploratorio, con enfoque cuantitativo y retrospectivo de los datos obtenidos de los registros de los pacientes en una UCI de Natal / RN. La recopilación de datos se realizó durante el período comprendido entre junio de 2007 a junio de 2008, a través de una forma estructurada durante la admisión y curso clínico de los pacientes. Se trata de un predominio femenino de los ancianos hospitalizados (51,2%), donde el 51% eran de edades comprendidas entre los 75 a 84 años, el más común duración de la estancia hospitalaria fue de 1 a 7 días (81,4%), hemos obtenido en el 60,5% de los casos como el resultado clínico de alta, y los diagnósticos clínicos estaban presentes más enfermedades cardiovasculares (34,9%), distribuidos entre el diagnóstico de insuficiencia cardíaca congestiva (ICC), enfermedad de la arteria coronaria (CO), de infarto agudo de miocardio infarto (MI), la angina de pecho, edema agudo de pulmón (EAP) y la hipertensión arterial (SH). Llegamos a la conclusión de que el aumento de la esperanza de vida de la población y el desarrollo de enfermedades crónicas, han influido en el aumento en las admisiones de pacientes de edad avanzada en la UCI. En este sentido, es necesario un mejor reflejo de la atención a esta población, con miras a la prevención de las enfermedades y reducir las hospitalizaciones, como la co-morbilidad, la función cognitiva, el estado funcional y la atención pasará a ser parte integrante fundamental de importancia y un desafío a la enfermera en la asistencia a los ancianos hospitalizados en la UCI.

Palabras clave: Hospitalización, Ancianos, Unidad de Cuidados Intensivos, Enfermería.

CARACTERIZAÇÃO DE IDOSOS INTERNADOS EM UMA UNIDADE DE TERAPIA INTENSIVA DE UM HOSPITAL PÚBLICO EM NATAL/RN

RESUMO

A idade média dos pacientes de UTI tem aumentado nos últimos anos e aumentará ainda mais com o envelhecimento da população geral. Esse cenário justifica a preocupação não apenas com o amparo humano-tecnológico ao idoso grave; mas também com o gerenciamento econômico e a real efetividade do suporte intensivo nesta população. Objetivamos caracterizar os pacientes idosos internados na UTI de um hospital público de Natal/RN, quanto às patologias mais comuns, ao tempo de permanência e a sua evolução. Trata-se de um estudo documental descritivo-exploratório, com abordagem quantitativa e dados retrospectivos, obtidos dos registros de pacientes admitidos em uma UTI geral de Natal/RN. A coleta de dados foi realizada no período de junho 2007 a junho 2008, por meio de um formulário estruturado durante a admissão e evolução clínica do paciente. Identificou-se um predomínio do sexo feminino dos idosos internados (51,2%), em que 51% tinham idades compreendidas entre 75 à 84 anos; o tempo de internação mais freqüente foi de 1 a 7 dias (81,4%), obtivemos em 60,5% dos casos altas como evolução clínica, e os diagnósticos clínicos mais presentes foram as disfunções cardiovasculares (34,9%), distribuídos entre os diagnósticos de insuficiência cardíaca congestiva (ICC), insuficiência coronariana (CO), infarto agudo do miocárdio (IAM), angina, edema agudo de pulmão (EAP) e hipertensão arterial sistêmica (HAS). Concluímos que o incremento da expectativa de vida da população e o desenvolvimento de doenças crônicas têm influenciado o aumento de admissões de pacientes idosos em UTI. Nesse sentido, se faz necessário uma melhor reflexão dos cuidados administrados a essa população, visando à prevenção de agravos e redução de internações, já que as co-morbidades, a função cognitiva, o estado funcional e um cuidado integral passam a ser componentes de fundamental importância e um desafio para o enfermeiro na assistência ao idoso hospitalizado em UTI.

PALAVRAS-CHAVE: Hospitalização, Idoso, Unidade de Terapia Intensiva, Enfermagem.