148 - CARING THE ELDERLY IN BASIC HEALTH UNIT

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INTRODUCTION

The construction of the Unified Health System - SUS promoted changes in the role of nursing in which ceased to be curative, individualized, linked to hospitals, and has become collective developed by a working team that performs preventive actions and to promote the Basic Health Units (UBS) (NASCIMENTO; NASCIMENTO, 2005).

For these authors, the nurse can intervene in the Family Health Program applying concepts related to the process of working in health sector strategy capable of cooperating in family health care directed the full according to the ongoing needs of the life cycle of families who are linked to UBS. Accordingly, the practitioner must be aware of the change in the profile population in its area of coverage, such as increasing elderly population resulting from the decline in fertility and mortality in all age groups, requiring a team approach to the elderly, understanding that the aging process is a benign rather than pathological (SILVESTRE; COSTA NETO, 2003).

The movement of recovery of the elderly emerged at the end of the 1980s, because of many professionals in the area of health and human and social sciences that have demographic analysis on the human aging taking as a starting point "the outstanding work of Simone de Beauvoir (1970), *The old age*, and at the national level, the eloquent work of Eneida Haddad, *The ideology of old age* (1986), and Ecléa Bosi, *Memories of old* (1987) "(VERAS; CALDAS, 2004).

The advance of capitalism has led to a loss of social value of the elderly, be a disposable system that absorbs only people with productive capacity. Creating a society for the distorted vision of old age, they are people with different needs that must be met, rather than being unproductive, sick and waiting for death. Studies show that in 2025 Brazil will have a population with 33,882 people older than 65 years to (VERAS; CALDAS, 2004; SILVA; BATISTA, 2007).

With the progressive growth of the elderly population in developing countries, has generated concern in the areas of health and welfare, by requiring the State of productive sectors and households to offer quality of life. From this problem has arisen to Law No. 8.842/94, regulated by Decree Law No. 1.948/86, which govern the National Policy of Older Persons, which forces the deployment and implementation of actions geared to the elderly in various spheres of government, involving several ministries. In 1999, the Ministry of Health, through Decree No. 1.395/99, establishes the National Policy on Aging Health, responsible for the actions of health for people over 60 years, in different levels of care, primary, secondary and tertiary (TIER et. al, 2006).

The policy for the human aging must be central goal in the community to maintain the highest possible number of elderly who live in an integrated manner and active, with a high degree of autonomy, the longer attainable. Taking stock of promotional specific protection, early identification and more common disorders his speech, as well as rehabilitation activities geared to avoid conviviality of its apartheid family and social (GUIMARAES, 1987; NASCIMENTO; NASCIMENTO, 2005).

In order to achieve that is proposed to the National Health Policy of Older Persons, established itself as essential guidelines: the promotion of healthy aging, maintaining functional capability and their rehabilitation when compromised, attention to the health needs of the elderly, training of professionals I support the practice of informal care, studies and research (NASCIMENTO; NASCIMENTO, 2005).

According to the guidelines developed by federal agencies, in primary care to the elderly should be done by one general practitioner, has specialists in geriatrics as a reference to an integrated team, incorporating the alternative care practices, while respecting ethical principles and allows the elderly to choose the preferred therapy (GUIMARAES, 1987).

The main focus of activity of Nursing should be in health education, building of knowledge about the process of senescence and senility, so that the elderly have their needs met and reach its independence, it EMBASA assistance in the health-disease and also directs the actions aimed at the self. So the nurse and the team multiprofisisonal must act with the elderly and their families, support the decisions, acceptance of changes in body image, if any, in the educational process and in accordance with their individual needs (SILVA; BATISTA, 2007; DIOGO, 2000).

This work is intended to emphasize the care of elderly covered by the teams of family health.

METHODOLOGY

This is a documentary study conducted from a survey near the Information System of Primary Care (ISPC) of DATASUS, in the period 2005 to 2007, provided by the Municipal Health Secretariat of the city of Joao Pessoa, Paraiba, Brazil. The data were compiled from reports submitted to the technique of content analysis categorical following steps: selection of material, selection of units of context and record, process of categorization, inference and interpretation. The results were analyzed were complemented by an assystematic observation in services visited and presented in tables. (BARDIN, 2004)

RESULTS

Data obtained from reports from the SIAB together information from each unit of basic health, the city of João Pessoa, corresponding to the period considered for this study, which presents data on the distribution per year and coverage of teams, population 60 years and more registered in family health teams and distribution of causes of death for people aged 60 years and over, the city of João Pessoa.

Table 1: Distribution of population aged 60 years and coverage of the Family Health Teams. João Pessoa. PB. Brazil. 2007

Year	*Estimated population over 60 years*	*Registered population over 60 years*	Coverage
2005	51.984	36.200	69,6
2006	53.790	41.675	77,5
2007	54.708	45.842	83,8

Source: SMS/JP SIAB

By the data presented in table 1 may infer that there was a growth in population over 60 years in the city of Legaspi, registered in the basic health units and the coverage of them.

Over the years the health teams have been remedial, able to make people aware of the importance of registering on the drive and be part of the existing groups for each age group.

The elderly are the most privileged for having the "HIPERDIA" (Day-care hypertension and diabetes) the chance of having a day dedicated to them and to their needs.

The Family Health Program has been responsible for the early detection of health problems among the elderly, in seeking to maintain their functional capacity through specific activities, tracking of sensory damage, mood changes, aimed at the prevention of nutritional deficiencies, assessing the ability and functional ability at home and prevention of social isolation with the creation of groups. In this role the nurse acts in a holistic, systematic, preventive actions, and health education (TIER et. Al, 2006; SILVA; BATISTA, 2007).

It is relevant to note that the most important in these data should not be the number of people registered, but the quality of services provided to them, and whether that coverage meets the people who really need the health service.

Table 2: Population aged 60 and over registered in the Family Health Teams in Health Districts. João Pessoa. PB. Brazil. 2006.

Health district	*Registerd population*	*Registered population over 60 years*	*%*
I	127.717	11.894	9,3
II	116.481	10.994	9,4
III	161.548	12.334	7,6
IV	87.168	7.405	8,5
V	34.990	3.215	9,2
Total	527.904	54.708	10,4

Source: SMS/JP SIAB

Along table 2, it appears that most of the elderly population of the city of João Pessoa focuses on the health district III, which covers the districts of: Mangabeira, Bancários, Valentina, Cidade Universitária and Água Fria, considered popular neighborhoods, where the people live on low wages and living conditions, often precarious; contrast to the sanitary district V, which involves neighborhoods considered noble, where as many uses the system of private care.

In the city of João Pessoa the basic health units are most frequented by older people, not only for lack of conditions to pay a health plan, but also feel for themselves alone at home since the children when they have, woman get married or leave home. The unit becomes your social environment and friendship.

In Brazil the elderly are a poor population, which are major sources of income and retirement pensions. Getting the mercy of the public network service when needed, and the SUS characterized as a low quality of service, where there are no guarantees to be answered, when compared to the private sector, but the cost is expensive (CHAIMOWICZ, 1997; BOS; BOS, 2004).

The causes of death reported in the reports meet the diagnoses of ICD-10, as presented below.

Table 3: Distribution of death causes in people aged 60 and over, in João Pessoa. PB. Brazil. 2006.

Death causes according ICD-10	*Deaths*	*%*
Some infectious and parasitic diseases	060	03,0
Neoplasms (tumors)	333	16,6
hematology organs, blood diseases and immunity transmission.	015	00,8
Endocrine nutritional and metabolic diseases	232	11,6
Mental and behavioral disorders	003	00,2
Nervous system disorders	054	02,7
Diseases of the circulatory	806	40,3
Diseases of the respiratory system	274	13,7
Diseases of the digestive	088	04,4
Diseases of the skin and subcutaneous tissue	013	00,7
Diseases of the musculoskeletal system and connective tissue	006	00,3
Diseases of the genitourinary	051	02,5
Symptoms, signs and abnormal findings on clinical and laboratory examinations.	035	01,7
External causes of morbidity and mortality	030	01,5
Total	2002	100,0

Fonte: SMS/JP SIAB

It appears that the diseases with a significant number of elderly deaths in João Pessoa are those that affect the cardiovascular system followed the tumors.

Besides the living conditions of elderly diseases, it also reflects in life quality factors associated with the stressors of day to day, aggravated by the lack of an effective medical care for this population causing them to illness and death.

CONCLUSIONS

This study presents the relevant aspects of elderly care covered by the teams of family health. The elderly seek the services of a health care quality, support at the moment of weakness and incessant search for self, either physical or psychological.

The care to the elderly should be done in a holistic manner and should consider his life in bio psychosocial, because often their problems are not only of a medical, but psychological as lack of attention, affection and social exclusion experienced by the company.

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ABSTRACT

The units of family health are the main responsibility for care for the elderly, since a good part of this population is unable to enjoy a private system, which is important for people with low income and living in precarious conditions of housing. This is a documentary study from data obtained in the Information System of Primary Care (ISPC) of DATASUS, from 2004 to 2006, provided by the Municipal Health Secretariat of the city of Joao Pessoa, Paraiba, Brazil. According to the data realizes that there was an increase in the number of elderly in Joao Pessoa, registered in the Unit, the coverage of care to the elderly population is concentrated in densely populated neighborhoods. The data suggest the main cause of deaths with cardiovascular disease note that there was a growth in population over 60 years in the city of Legaspi, reflecting, therefore, by increasing the number of elderly people registered in basic health units and the coverage of them. Over the years the health teams have been remedial, able to ensure that the elderly are aware of the importance of the drive to register and take part in groups for each age group. The elderly are covered with "HiperDia" with care toward them and to their needs, although the population will always drive, and the most visited at the home visits.

Key words: Primary Care. Elderly. Nursing.

ÉTANT DONNE LES PERSONNES AGEES DANS L'UNITE DE SANTE DE BASE

ABSTRACT

Les unités de santé de la famille sont la principale responsabilité pour les soins aux personnes âgées, car une bonne partie de cette population n'est pas en mesure de profiter d'un système privé, ce qui est important pour les personnes à faible revenu et vivant dans des conditions précaires de logement. Il s'agit d'une étude documentaire à partir des données obtenues dans le système d'information des soins de santé primaires (ISPC) de DATASUS, de 2004 à 2006, fournis par le Secrétariat municipal de santé de la ville de Joao Pessoa, Paraiba, Brésil. Selon les données se rend compte que il ya eu une augmentation du nombre de personnes âgées à João Pessoa, enregistrée dans l'unité, la couverture des soins aux personnes âgées population est concentrée dans des quartiers à forte densité de population. Les données indiquent la principale cause de décès aux maladies cardio-vasculaires note qu'il ya eu une croissance de la population de plus de 60 ans dans la ville de Legaspi, ce qui reflète, par conséquent, en augmentant le nombre de personnes âgées enregistrées dans les unités de santé de base et la couverture des eux. Au fil des ans, la santé des équipes de réparation ont été en mesure de veiller à ce que les personnes âgées sont conscients de l'importance de l'effort visant à enregistrer et prendre part à des groupes pour chaque groupe d'âge. Les personnes âgées sont couvertes avec "HIPERDIA" avec soin à leur égard et à leurs besoins, bien que la population aura toujours dur, et le plus visité à l'visites à domicile.

Mots-clés: soins de santé primaires. Personnes âgées. Soins infirmiers.

ATENCIÓN A LAS PERSONAS DE EDAD EN LA UNIDAD BÁSICA DE SALUD

RESUMEN

Las unidades de salud de la familia son los principales responsables de la atención a las personas de edad avanzada, ya que una buena parte de esta población no está en condiciones de disfrutar de un sistema privado, lo cual es importante para las personas con bajos ingresos y que viven en condiciones precarias de la vivienda. Este es un estudio documental a partir de

los datos obtenidos en el Sistema de Información de Atención Primaria (ISPC), de DATASUS, desde 2004 a 2006, proporcionados por la Secretaría Municipal de Salud de la ciudad de Joao Pessoa, Paraíba, Brasil. Según los datos da cuenta de que hubo un aumento en el número de personas mayores en Joao Pessoa, registrada en la Unidad, la cobertura de la atención a la población de edad avanzada se concentra en barrios densamente poblados. Los datos sugieren la causa principal de muertes con enfermedades cardiovasculares en cuenta que hubo un crecimiento de la población de más de 60 años en la ciudad de Legaspi, lo que refleja, por lo tanto, aumentando el número de las personas de edad matriculados en las unidades de salud básica y la cobertura de les. Lo largo de los años los equipos de la salud han sido correctivas, capaces de garantizar que las personas de edad son conscientes de la importancia de la unidad de inscribirse y participar en grupos para cada grupo de edad. Las personas de edad están cubiertos con "HIPERDIA" con cuidado hacia ellos y sus necesidades, aunque la población siempre la unidad, y los más visitados en la casa de visitas.

Palabras clave: Atención Primaria. Ancianos. Enfermería.

ATENDIMENTO AO IDOSO NAS UNIDADES BÁSICA DE SAÚDE

RESUMO

As unidades de saúde da família são as principais responsáveis pelo atendimento aos idosos, uma vez que boa parte desta população não tem condições de usufruir de um sistema privado, por se tratar de uma população com baixa renda e vivendo em condições precárias de moradia. Trata-se de um estudo documental a partir de dados obtidos no Sistema de Informação da Atenção Básica (SIAB) do DATASUS, de 2004 a 2006, fornecido pela Secretaria Municipal de Saúde do Município de João Pessoa, Paraíba, Brasil. De acordo com os dados se percebe que houve um aumento do número de idosos em João Pessoa, cadastrados na Unidade; a cobertura de atendimento a população idosa concentra-se em bairros populosos. Os dados apontam a principal causa de óbitos às doenças cardiovasculares nota-se que houve um crescimento na população acima de 60 anos no Município de João Pessoa, refletindo, portanto, no aumento do número de idosos cadastrados nas unidades básicas de saúde e na cobertura dos mesmos. Ao longo dos anos as equipes de saúde têm sido resolutivas, conseguindo fazer com que os idosos se sensibilizem da importância de se cadastrarem na unidade e de fazerem parte dos grupos para cada faixa etária. Os idosos são contemplados com o «HiperDia» com atendimento voltado para eles e para as suas necessidades, embora esta população vá sempre a unidade, sendo a mais visitada por ocasião das visitas domiciliares.

Palavras-Chave: Atenção Básica. Idoso. Enfermagem.