156 - ATTENTION TO THE ELDERLY'S HEALTH IN FAMILY HEALTH UNITS (FHU).

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INTRODUCTION

In the end of the decade of 60, appear in Brazil, the first initiatives in practices attention to the elderly health, through intern (major) in medicine formation courses and had the geriatric, as one of the specialty; in the 80 years, the Health Ministry created the programmatic pratice attention to the groups, among them the hypertensions and dyabethic groups, in spite of they not being defined just for elderly, today 80% from this group of people are formed by eldery and by adults in health chronic conditions.

Currently, the low complexity services in health attention come a litlle organized and scarce in the attendance to the elderly demand; many are assisted in advanced stage of the disease, limiting the individual and healing attendance, to the average and high complexit, which discretized the SUS current politic. It understands that the professionals from the Health Family Strategy (HFS) ought to qualify to attendance better the elderly's health demand in the perspective of the promotion, prevention and in the specific protection to the risk factors and offences that existent. Recently, in 2006, was created the National Health Politic of the Elderly People with the purpose to recover, to maintain and to promove the elderly autonomy and independence, through collective and individuals health measures, in consonance to the Unique Health System principles and guidelines (BRASIL, 2006a).

In this contect, it is justify the importance of this study by the rquirement to investigate the health attendance to the new elderly demands in the HFS model, with the goal to analyse the attendance to the elderly in Family Health Units (FHU) and to identify their health complaints and the attendance received, in the municipal district of Natal, RN.

MATERIALS AND METHODS

Descriptive and exploratory study, accomplished in FHU, in the municipal district of Natal, RN. Among 33 FHU existents until the year of 2007, 07 did not part of the sample. Was used structured interview, with form about the social-demographic elderly characteristics and refers to the FHU attendance. The study had a favorable judgment from the Researches Ethics Committee of The Federal University of Rio Grande do Norte (REC-FURN), recorded under the number 021/07 and followed the resolution of the National Health Council n°. 196/96 (BRASIL, 1996).

The interviews happened in july 2007 in FHU, in a place where the elderly could sat and answer the questions; all elderly had access to the Term of Free and Informed Consent (TFIC). Of a population of 311 elderly, it was obtained an intentional and not probabilistic sample of 297 eldery; were included: elderly with 60 years old or more, assisted in the FHU in the collect period, volunteer and with cognitive conditions and health conditios favorable to the participation. As independents variables: sex, age, marital status, profission, income, origin, habitation, familiar group and the received attendance in the unit, beyond the health complaints, examination and accomplished tratements, and the professional that assisted; the dependent variable corresponded the elderly opinion about the attendance and suggestions for the improvement.

RESULTS AND DISCUSSIONS

The presented results accompany the descriptive statistical analysis, through relative and absolute frequencies, illustrations and tables, besides the specialized literature. The tab. 01, related to the elderly's interviewed distribution by residential area in municipal district, it indicates that the largest index of elderly (7,7%) is located in Bairro Nordeste (West district), one of the oldest neighborhoods of the city, followed by Conjunto Panatis (7,1%) located in Igapó, II North District of Natal (tab.01).

Table 01 Distribution of interviewees who were attended in FHU from Natal, RN, 2007

Municipal Districts	Nÿ. ofinterviewees	%
Bairro Nordeste	23	7,7
Panatis	21	7,1
Potengi	16	5,4
Soledade II	16	5,4
Felipe Camarÿo II	15	5,1
Josÿ Sarney	15	5,1
Monte Lÿbano	15	5,1
Passo da Pÿtria	13	4,4
Igapÿ	13	4,4
Felipe Camarÿo	12	4,0
Guarita	12	4,0
Santarÿm	12	4,0
Soledade I	11	3,7
Cidade Nova	10	3,4
Parque das Dunas	10	3,4
Bom Pastor	9	3,0
Pompÿia	9	3,0
frica	8	2,7
Nazarÿ	8	2,7
Planÿcie das Mangueiras	8	2,7
Planalto	7	2,3
Redinha	6	2,0
Vista Verde	6	2,0
Nova Cidade	5	1,7
Gramorÿ	5	1,7
Rocas	5	1,7
Nova Natal I	4	1,3
Santa Catarina	3	1,0
Total	**297**	**100**

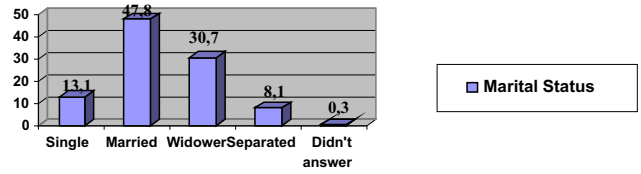
The table 02 shows that 67% of participants are women, it indicates that the women go get for more help about health. According to Veras (1994), women looking for services of health not only in old age, but in all the phases of life, and it has been contributing for "old age female", being consequence from the high rates of women's survival.

Table 02 Distribution of elderly considering their sex, in FHUs from Natal, RN, 2007.

Sex	Nÿ. deinterviewees	%
Male	98	33,0
Female	199	67,0
Total	**297**	**100**

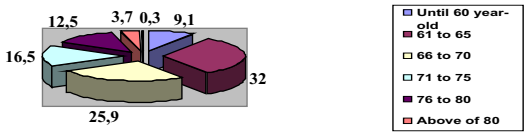
About the marital status as a variable, 47,8% of elderly are married, what demonstrates the number of stable unions in the period of aging is considerable (fig. 01). However, 30,7% of interviewees are widower, 13,1% are single, 8,1% are separated and just 0,3% didn't answer it. It's observed a larger percentile of widow women than the men. As the women survive more than the men, most of them who are more than 65 year-old are widow, and most of the time they don't want a second marriage, what attracts attention to women loneliness in the old age (ELIOPOULOS, 2005).

Picture 01 Distribution of marital status among the interviewees in FHU, Natal, RN, 2007.



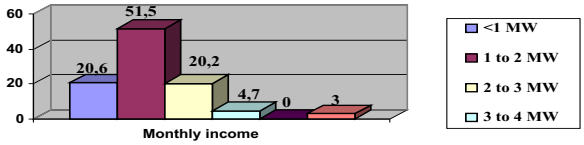
Considering the variable "age", 32% are in age group from 61 to 65 year-old and 25,9% between 66 e 70 year-old, phase of life which are found high indexes of morbity by chronics diseases, what require more cares with health, mainly when those diseases are installed. Another 16,9% are between 71 and 75 year-old, 12,5% between 76 and 80 year-old, and 3,7% are above of 80 year-old (picture 02). These results corroborate with the data from IBGE about the expectations of Brazilians life of 71,9 year-old, having an increment of two months and twelve days comparing to the year of 2004.

Picture 02 Distribution of interviewees' age group in FHU, Natal, RN, 2007.



The picture 03 shows that 51,5% of elderly of this study have family income from one to two minimum wages (MW), complemented by a family member from the own elderly, spouse, and/or from another resident in domicile. According to data from IBGE (BRAZIL, 2006b), 64,7% of elderly resides in family nucleus with four to five people and they are responsible by their domiciles.

Picture 03 Distribution of interviewees' family income in FHU, Natal, RN, 2007.



Considering the area where they reside, 91,6% are from adscript area to FHU, according to HFS. However, 84% indicate to receive assistance in FHU out of residential area (tab. 03). According to principles of territorialization, the HFS takes the responsibility by attention to health of all the people who reside in FHU's abrangency area, it includes those from public and private institutions (BRAZIL, 2002a).

Table 03 Distribution of elderly who lives in the registered area to the FHU, Natal, RN, 2007.

Lives in the registered area	Nÿ. of answer	%
Yes	272	91,6
No	25	8,4
Total	**297**	**100**

As the complaints and reasons to the elderly look for attendance in FHU, the table 4 shows the arterialy hypertension with 28,3%, 10,8% will receive remedy and 8,4% for the diabethys control and scheduling of consultations. The hypertension is today the responsible for around 40% of the deads by cerebral vascular accident, 25% of the deads by arterialy coronary desease and, associated to the diabethys, by 50% of the paucity renal cases (BRASIL, 2002b).

Others reasons, are the participation for 8,1% of elderly in Hiperdia group and, others 2,0% in the existence group; Besides 6,4% complaint about osseo pain and 5,1% of headache. In lesser proportion, 4,7% of the elderly look for the FHU to show examination results and for to get reference card given here exmple of integrality actions for the eldery.

Table 04 Complaints and reasons for the interviews looking for the FHU, Natal, RN, 2007.

Complaints	Nÿ. of answers	%
Hypertension	84	21
Receive remedy	32	8,0
Diabethys	25	6,25
Marked consultation	25	6,25
Participation in the hiperdia group	24	6,0
ssea pain and in the articulations	19	4,75
Headache	15	3,75
To present examination results	14	3,5
Reference card	14	3,5
Odontological treatment	11	2,75
Heart problems	10	2,5
Complaints about the respiratory set	10	2,5
Participate in physicals exercises	09	2,25
Gastrointestinal system complaints	09	2,25
Osteoporosis	09	2,25
Shedule examinations	07	1,75
To check the arteryal pression	06	1,5
Dizziness	06	1,5
Participation in eldery groups	06	1,5
Shedule medical consultation	06	1,5
Urinary sistem complaints	04	1,0
High cholesterol rate	04	1,0
Others	51	12,75
Total	**400**	**100**

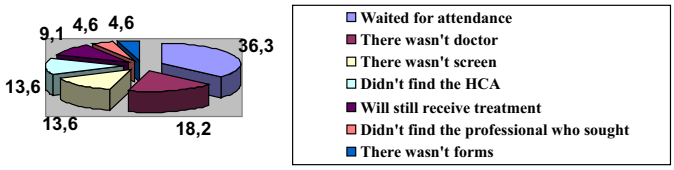
According to the table 05, 64,3% of the eldery were assisted by doctors and 21,5% by nures, following by the dentist and the nurse technical, with 4,7% each. The results demonstrate that the attendance in health in centered in the geral spontaneous demand, with the desease already installed, that in some way, justify the fact of the biggest attendance be from the doctor. It is noticed that the accomplished actions in the basic attention are focus in a biomedical model while the FHS prize an assistential model based in health vigilance.

Table 05 Distribution of professional who attend elderly in FHUs, Natal, RN, 2007.

Professionals of health	Nÿ. of answers	%
Doctor	191	64,3
Nurse	64	21,5
Nursing technician	14	4,7
Dentist	14	4,7
USF Manager	08	2,7
Others	07	2,4
Pharmacist	06	2,0
Health Agent	05	1,7
Pharmacys attendant	05	1,7
Psychologist	04	1,3
Social assistant	04	1,3
Nutritionist	03	1,0
Gynecologist	01	0,3
Dont remember	01	0,3
Didnt answer	05	1,7
Total	**332**	**-**

In relation with the attendance received in USF (picture 04), 90,9% of elderly were attended and, from 7,4% non-attended, 18,2% were because doctor's absence, 13,6% by professional of screen, and 13,6% by haven't found the health community agent (HCA). In lesser proportion are those who didn't find the desired professional (4,6%) or didn't have access to the consultation form (4,6%). If partly, these answers are due to professional's absenteeism, on the other hand, it can link to the low service organization.

Picture 04 Distribution of causes about the interviewees' not-attendance in FHUs, Natal, RN, 2007.



The table 05 and table 06, present the frequency and type of exams requested for the elderly when assisted. It were requested exams for 31% of the elderly, being 94,8% complemental examinations. More specific exams are performed in referred units and, the current reference system and counter-reference of UHS doesn't work appropriately, contemplating in difficulties in the access to services of larger specificity (VERAS, 2003).

Table 05 Frequency of exams solicitation to the interviewees in FHU, Natal, 2007.

Examination solicitations or not	Nÿ. of interviewees	%
Yes	92	31,0
No	189	63,6
Didnt answer	16	5,4
Total	**297**	**100**

Table 06 Distribution of requested exams to interviewees in FHU, Natal, RN, 2007.

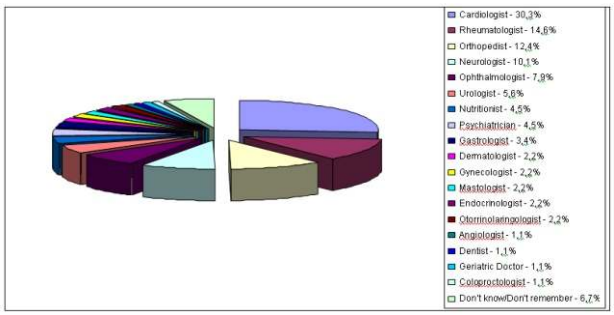
Sort of exam	Nÿ. of answers	%
Complemental examinations (Blood count, feces, glycemia).	97	94,8
Specific examinations (X-Ray, endoscopy, etc.).	39	42,4
Others/Dont remember	23	25,0
Total	**157**	**-**

About solicitation of the references, the table 07 and the picture 05 shows that 30% of the eldery receive references for others professionals; of these, 30,3% are forward to the cardiologist, 14,6% to the rheumatologist, 12,4% to the orthopedic specialist, 10,1% to the neurologist and 7,9% to the eye specialist. According to previous study, the mainly causes of elderly attendance are the cardiovascular deseases, arteryal hypertension and mellitus diabethys (MENEZES, 2004). The demand of 14,6% and 12,4% by rheumatologist and orthopedic specialist indicate the incidence of the osseos and artycular deseases that are configured in determiner for eldery incapacities.

Table 07 Distribution of interviewee references in the FHU, Natal, RN, 2007.

Reference solicitation	Nÿ. of interviews	%
Yes	89	30,0
No	196	66,0
Did not answer	12	4,0
Total	**297**	**100**

Picture 05 Referenced specialty in the FHU attendance, Natal, RN, 2007.



About the sugestions in the attendance improvement in FHU, 23,9% of the elderly suggest amplification of the teams, 19,9% the largest availability of medicines and 14,1% the increase in the number of consultation per day. The professional reduced number can reflect in the attendance quality, in the difficulty in get attendance and in the wait to be assisted; 8,1% ask for more attention, respect and patience to the elderly (Table 08).

Table 08 Distribution of the sugestions given by interviewee in FHU, Natal, RN, 2007.

Sugestions	Nÿ. of answers	%
Addition in the professionals number	71	23,9
Not to lack medicine	59	19,9
Biggest number in attendance per day	42	14,1
Decrease in time wait for consultation	24	8,1
More attention, respect and patience to the eldery	24	8,1
Improvement in general service	23	7,7
More agility in consultation shedule	17	5,7
More agility in examination shedule	13	4,4
Priority to elderly attendance	13	4,4
Presence of specialists doctors in the FHU	12	4,0
Examination accomplished in the own FHU	06	2,0
Others sugestions	19	6,4
Total	**323**	**-**

FINAL CONSIDERATIONS

The health of old people and referring questions to the services of low complexity attention have been recurrent themes in studies and reflections in present time. In Natal, it is observed that elderly users, in spite of receive attendance in Family Health Units (FHU) from their neighborhood, many difficulties in this sense still exist.

These difficulties involve the family health team and the reference and counter-reference system of the UHS. In attendance to health chronic problems, is common to be requirement of routing to others specialty or, to do solicitation of more complex examinations which are accomplished in specialty clinical centre.

Finally, it is believed that the attendance to elderly population in Family Health Units guarantee an attention centered in actions of health promotion and offences prevetion, however, already face problems in the geral attendance, mainly when there is requirement by more specialty services or services with more complexity. It is waited in a near future, that the services will be more organized starting from the reference and counter-reference system, accomplishing so with the principle of the integrality.

Key-words: Aged; Primary Health Care; Family Health; Nursing.

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ATTENTION TO THE ELDERLY'S HEALTH IN FAMILY HEALTH UNITS (FHU).

ABSTRACT

The presente study has as a goal to analyse the attendance to the elderly in Family Health Units (FHU) in the elderly's perspective and to identify their complaints about health when they are assisted, in the municipal district of Natal, RN. It is a descriptive and exploratory study in 26 FHU in the period of july, 2007, through the structured interview and application that contained objectives and subjectives questions, in one sample of the intentional and non-probabilistic type to 297 elderly. The results refers a prevalence in the female sex (67%), marital status with (47,8%) married, age group between 61 and 65 years old (32%), income family of 1 to 2 minimum salary (51,5%) and 91,6% lived in the adscript area of UHF where they are assisted. The mainly complaint is the artery hypertension (28,3%) and 64,3% of the professionals who assisted the elderly are doctors and 21,5% are nurses. For 90,9% of the aged the attendance is “good” and they will follow the recevied treatement, and about the orientations according to 38,5% they say about the feeding. After the attendance, 30% of the aged were refer to others professionals, and 30,3% these, to the cardiologist. Finally, the aged suggest the addition of professional numbers (23,9%) in the perpective of the addition of this attendance. It is believed that the increment of this attendance in the FHU could guarantee a more centered attention in the promotion and prevention of the health and in the specific protection of the risks and offences, avoiding the current continuous flow of the aged in urgency services and it would attend to the principle of Unique Health System integrality.

Key-words: Aged; Primary Health Care; Family Health; Nursing.

ATTENTION A LA SANTÉ D` AGE CHEZ UNITES DE SANTE DE LA FAMILLE
RÉSUMÉ

L`actuel étude a comme objectif envisager l`égard à la personne chez Unités da Santé de la Famille (USF) dans la perspective d`ângé et identifier leurs lamentations de santé quand pri en considérations de santé quand pri en considerátion, en Ville de Natal, RN. Étude descriptif et spéculateur évolué chef 26 USF au période du mois Juillet 2007, à travers d`intervuew organisée et formulaire contenant des questions objectifs et subjectifs, dans un échantillon d´espéce intentionnel et pas probable de 297 âgés. Les résultats indiquent une prédominance du sexe feminin (67%), état civil avec (47,8 %) mariés, à l`ânge vers 61 a 65 ans (32%), rente familier 1 a 2 salaires minimums (51,5%) et 91,6% résidents sur la zone ínscrited`USF où ils sont écouter. La principal plainte c`est l`hupertension artérielle (23,3%) et 64,3% des professionnels qui ont assisté aux ângés sont médicinset 21,5% infirmiers. Pour 90% des âgés l`assistance est 'bonne' et ils suivront le traintement recu, et quant aux orientations, d`accord avec 38,5%, ces disent sur l`alimentation. Aprés l`assistance, 30% des ângés ont été predestínés pour les autres profissionnels et 30,3% ceux-là, au cardiologue. Enfin, les âgés surggerent l`élargissement du nombre de professionnels (23,9 %) dans la perpective de s`élargir cette assistance. On croit que le developpement de cette assistance chez USF pourrait assurer une attention plus concentrée dans la protection spécifique des risques et griefs, pour éviter l` actuel flux successif d`âgés dans les services d`integrité du Systéme Unique de Santé.

Monts-chef : Ângé ; attention primaire à la Santé ; Santé de la famille ; Fonctions d`um infirmier.

ATENCIÓN A LA SALUD DEL ANCIANO EN UNIDADES DE SALUD DE LA FAMILIA
RESUMEN

El presente estudio tiene como objetivo analizar la atención a las personas en Unidades de Salud de la Familia (USF) en la perspectiva del anciano e identificar sus quejas de salud cuando es atendido, en el Municipio de Natal, RN. Un estudio descriptivo y exploratorio fue desarrollado en 26 USF, en el período de Julio de 2007, através de entrevista estructurada en formulario conteniendo preguntas objetivas y subjetivas en una muestra del tipo intencional y no probable de 297 ancianos. Los resultados indican una prevalência del sexo femenino (67%), estado civil con (47,8%) casados, de edad entre 61 a 65 años (32%), renta familiar de 1 a 2 sueldos mínimos (51,5%) y 91,6% residentes en el área adscrita de la USF donde son atendidos. La principal quiebra es la hipertensión arterial (28,3%) y 64,3% de los profesionales que atendieron a los ancianos son médicos y 21,5% enfermeros. Para 90,9% de los ancianos atendidos es “Bueno” y seguirán el tratamiento recibido, y en cuanto a las orientaciones de acuerdo con 38,5% estas se refieren a la alimentación. Después de la atención, 30% de los ancianos fueron referenciados para otros profesionales, y 30,30 % de estos, al cardiólogo. Por fin los ancianos sugieren la ampliación del número de profesionales (23,9%) en la perspectiva de ampliación de esa atención. Se acredita que el incremento de ese tipo de atendimiento en USF podría garantizar una atención más centrada en la promoción y prevención de la salud y protección específica de los riesgos y agravios. evitando el actual flujo continuo de ancianos en servicio de urgencias y atención al principio de la integralidad del Sistema Único de Salud.

Palabras Clave: Anciano, Atención primaria a la Salud de la família, Enfermería.

ATENÇÃO À SAÚDE DO IDOSO EM UNIDADES DE SAÚDE DA FAMÍLIA (USF)
RESUMO

O presente estudo tem como objetivo analisar o atendimento à pessoa idosa em Unidades de Saúde da Família (USF) na perspectiva do idoso e identificar suas queixas de saúde quando atendido, no município de Natal, RN. Estudo descritivo e exploratório desenvolvido em 26 USF no período de julho de 2007, através de entrevista estruturada e formulário com questões objetivas e subjetivas; amostra intencional e não probabilística de 297 idosos. Os resultados indicam uma prevalência do sexo feminino (67%), casados (47,8%), faixa etária entre 61 a 65 anos (32%), renda familiar de 1 a 2 salários mínimos (51,5%) e 91,6% residentes na área adscrita da USF onde são atendidos. A principal queixa é a hipertensão arterial (28,3%) e 64,3% dos profissionais que atenderam aos idosos são médicos e 21,5% enfermeiros. Para 90,9% dos idosos o atendimento é “bom” e seguirão o tratamento; quanto às orientações, 38,5% dizem respeito à alimentação; 30% dos idosos foram referenciados para outros profissionais, e 30,3% destes, ao cardiologista. Por fim, os idosos sugerem a ampliação do número de profissionais (23,9%) na perspectiva de ampliação desse atendimento. Acredita-se que o incremento desse atendimento em USF poderia garantir uma atenção mais centrada na promoção e prevenção da saúde e proteção específica dos riscos e agravos, evitando o atual fluxo contínuo de idosos em serviços de urgência e atenderia ao princípio da integralidade do Sistema Único de Saúde.

Palavras-chave: Idoso; Atenção primária à saúde; Saúde da família; Enfermagem.