170 - QUALITY OF LIFE PORTADORES DE MARCAPASSO AND ELDERLY CARDIOPATAS.

OSWALDO DIAS LEITE JÚNIOR; ANA PAULA ALBERGARIA; MÁRCIA ALBERGARIA.
Curso de Educação Física - Universidade Estácio de Sá
Rio de Janeiro - RJ - Brasil

INTRODUCTION

The aging population is a worldwide phenomenon that is happening in the last 30 years. In Brazil, according to the world health organization, between 1950 and 2025 the population of elderly grown sixteen times against five of the current population (IBGE, 2000).

Aging refers to a physiological process or chronological, it is a process biossocial of regression, observable in all living beings expressing themselves in the loss of capacity throughout life, due to influences of different variables. (FLECK et all, 2000).

Epidemiological data point to the high prevalence of cardiovascular disease in people aged less than 60 years, as the greatest cause of mortality and a major failure of this age group. It is observed that in elderly patients with coronary artery disease determines higher rate of physical limitation and disability, compared to young people. As this age group the expectation of living is lower, usually the professionals do not send these elderly to treatment and less frequently arise in the treatment of cardiovascular rehabilitation. (FEDERIGHI, 1995).

In 1995, the World Health Organization (WHO) defines quality of life as the perception of the individual about his position in life, according to the cultural context and value system with which the lives and for their goals, expectations, patterns and concerns. (THE WHOQOL GROUP, 1995).

The quality of life of the elderly comprise different dimensions: environmental conditions, behavioral competence, perceived quality of life and well-being subjective.

The geriatrics and gerontology brought a new dimension in the evaluation of elderly patients: a global assessment (Comprehensive Geriatric Assesment). (FREITAS et all, 2002).

The diagnostic methods and therapeutic proposed an elderly patient should seek to preserve or improve the quality of life, not only to increase the survival of the patient. (WILLIAMSON et all, 1999).

According to Okuma, 2000 apud Farias 2005, also stressed that regular physical activity is an important resource to minimize the negative changes of aging, allowing for the adult, a more active life, improving the welfare function of the body.

The physical activity properly targeted, both in healthy elderly subjects and in cardiopatas, favorably modifying the lipid and carbohydrate metabolism, causes an increase in levels of high-density lipoprotein (HDL), has beneficial effect on fat, improves sensitivity insulínica, the deduction is important cardiovascular risk. (FLETCHER, 1996).

Epidemiological studies indicate that the sedentary lifestyle associated to a doubly high risk of coronary artery disease. It was noted a reduction of around 20% to 25% in the risk of death in patients post-myocardial infarction who were in cardiovascular rehabilitation program, when compared to patients undergoing conventional treatment, not using exercise, (MORAES, 2005).

According certifies Pollock & Wilmore (1993) the Infarto myocardial necrosis is a part of the heart muscle caused by the lack of blood supply that leads nutrients and oxygen to the heart. It is the result of a complex series of events accumulated over the years, but can be characterized by occlusion of the coronary arteries due to an inflammatory process associated with the adhesion of plaques of cholesterol in their walls. The shedding of a fragment of these boards or the formation of a blood clot, a thrombus within the arteries carry the blocking of the flow of blood causing serious and irreparable damage to the heart (necrosis of the heart muscle).

There is no doubt that the best way to avoid the infarction is to reduce exposure to risk factors: smoking, obesity, diabetes, hypertension, high cholesterol levels, stress, life sedentária.

By definition, blood pressure is the force exerted by blood on the walls of the vessels. Can continuous change, depending on physical activity, emotions, positions and times when the record was made.

A satisfactory level of pressure aims to promote an adequate flow of blood that the body is oxigenar, if food and do all the metabolic exchange necessary for the maintenance of life.

Most of the time the hypertension does not cause symptoms, evolving so silent, which is why its periodic check is necessary from the point of view of prevention. (GUISELINE, 1998). The aerobic activity reduces blood pressure of rest and during submaximal exercise, just as occurs with the heart rate. (MORAES, 2005).

This is because the exercise stimulates the development of collateral circulation. These openings of new branches in the circulatory system coronary may override the effects of arteroscleose, in the event of the blockade of a vessel, new vessels serve as alternative paths so that the blood continue coming to the cardiac tissue, reducing the risk of infarction in people with arterial obstructions , or if reached infartar, these individuals are able to recover better. (ALLSEN, HARRISON, VANCE, 2001).

The evidence shows that the systemic practice of physical activity has influenced positively in the prevention and regulation of the patterns of body fat. (FARIAS, 2005).

While obesity is related to genetic factors, behavioral studies associate the growth of the number of obese individuals to lifestyle adopted by the modern world, including how important factor the sedentary lifestyle, obesity this related to type 2 diabetes mellitus, hypertension and cardiovascular disease, and this well established that regular exercise has favorable effects in the control of these diseases. (MORAES, 2005).

There are several studies that show mechanisms to measure overweight and obesity, or the risk of diseases linked to excess weight, Araújo, 2007 shown in study the relationship between variables and clinical laboratory with overweight and obesity, the study showed that all subjects total cholesterol and HDL fraction of high, had direct relationship with the IMC, which is larger than 30Kg / m2.

Even receiving care and attention, the prescription of exercise is recommended using information obtained objective of a test of recent efforts with stress as heart rate, blood pressure, subjective perception of effort, ECG changes, and functional capacity. (ACSM, 2003). This approach is appropriate for most heart patients and carriers of marcapasso.

Cardiovascular diseases are the leading causes of death in developed and developing countries. Previous studies showed that the employment of a joint approach comprising treatment clinical ally to a program of assistance for control of various risk factors, through educational orientation or behavioral intervention. (PUGLIESE, 2007).

Statistics show a significant association between obesity and early death caused by a number of diseases. Obesity

can increase the risk of certain diseases or worse, as the heart and circulatory system, (ALLSEN, HARRISON, VANCE, 2001).

METHODOLOGY

The type of study is descriptive and quasi-experimental, due to observe the perception of the quality of life, lifestyle and the level of physical activity of 10 individuals cardiopatas, bearers of marcapasso and not carriers, which carry regular physical activity and supervised , of both genders, aged from 54 to 88 years, and 6 non-carriers and 4 portdores of marcapasso, residents in the municipality of Rio de Janeiro.

For the assessment of the quality of life of cardiopatas not bearers of marcapasso, was used Questionnaire WHOQOL - BREF World Health Organization (WHO), shortened version of the WHOQOL-100, the WHOQOL-Focus is a shorter than demand little time for your fill, but with satisfactory psychometric characteristics.

The version in Portuguese of the instruments WHOQOL was developed at the Center WHOQOL for Brazil, in the Department of Psychiatry and Medical Legal Federal University of Rio Grande do Sul in the year 1998.

The WHOQOL-brief set of 26 questions, and two questions general and the other 24 represent each of the 24 facets that make up the original instrument. Thus the WHOQOL - Bref is composed by 4 areas: Physical, Psicológico, Social Relations and Half-environment. In the analysis of data according to the protocol provided by the instrument, was used the sum of the values that exceed of 14 would be within the standards of quality of life.

For the assessment of the quality of life of patients with marcapasso was used Questionnaire AQUAREL, a specific questionnaire for assessing the quality of life for patients with marcapasso, composed of twenty questions distributed in three areas (discomfort in the chest, arrhythmia, the dyspnea exercise) called AQUAREL (Assesment of QUAlity of life and RELated events).

Through the cross product of adaptation and scientific evaluation of the quality of life for patients with marcapasso of the Faculty of Medicine, School of Nursing and the Clinical Hospital of the Federal University of Minas Gerais and the Federal University of Sao Paulo, the questionnaire AQUAREL had its validity proven in the year of 2005. We use the calculation percent to analyze the responses of individuals.

The measurement of the level of physical activity in large groups requires tools for easy implementation, good accuracy and low cost. It is this which is proposing the questionnaire IPAQ-short version, a questionnaire reliable, complete and easy to fill, it would be a great tool to work in epidemiological studies to diagnose the level of AF of the population and prevent diseases caused by physical inactivity, but also in studies that add to improve the quality of life of the population. This questionnaire was proposed by the World Health Organization in 1998 and validated by CELAFISCS in 2000. The questionnaire used in this study IPAQ-short version, composed put 6 facets.

For analysis of the data, subjects were classified according to the sum of time of activity that they carry.

The profile of the way of life proposed by Nahas 2001, derived from the model of pentáculo of welfare, is a simple, self-administered, which includes five key aspects of the style of life: nutrition, stress, relationships, preventive behavior and physical activity.

In addition to meeting the 15 items of the questionnaire, we need coloring each of the tracks representative of each of the items self-assessed on a scale ranging from zero to three. The more color you are given, the more appropriate that the style of life of the person. The instrument-Profile of Style of Life Single - was idealized for use in adults and can be interpreted either individually or collectively. The general idea is to allow the person or group identifies positive and negative aspects of life.

	NUTRITION	ATIV. PHYSICAL	COMP. PREV.	RELAC.	STRESSE
CARDIOPATAS	2 2 0	2 3 0	3 3 3	3 0 1	0 2 2
MARCAPASSOS	2 3 3	3 3 0	3 0 0	3 0 0	3 2 0

	NUTRITION			ATIV. PHYSICAL			COMP. PREV.			RELAC.			STRESSE		
CARDIOPATAS	2	2	0	2	3	0	3	3	3	3	0	1	0	2	2
MARCAPASSOS	2	3	3	3	3	0	3	0	0	3	0	0	3	2	0

	CARDIOPATAS	MARCAPASSOS
ACTIVE	83%	75%
VERY ACTIVE	17%	xxx
INSUFICIENT ACTIVE	xxx	25%

The results of Aquarel 50% say never, 25% say they rarely and 25% from time to time feel the heart beat stronger.

On this issue 100% reported ever having beat strong sense in the neck or abdomen (belly). As the feeling of faintness, 50% said never mind, 25% rarely feel and 25% always go through that. 50% responded that never felt, 25% rarely feel and 25% almost always, feel tired and exhausted after sleeping a night of sleep.

The tiredness or lack of energy has hindered or atrapalhado you to do the daily activities, 25% responded that on occasion atrapalha and 75% of people say they never hurt.

50% of respondents never needed, 25% said from time to time and 25% said that almost always due to tiredness must sit or lie down during the day.

The results of Whoquol were satisfactory paragraphs 6 points assessed, in the functional and sensory all achieved good ranking. In the aspect that assesses the autonomy only 1 not achieved the proper classification. Activities Within the past,

present and future was just below 14 points not reaching classification good.

In the aspect of social participation was the same thing just not reached the expected. On death and dying 4 of 6 were below showing greater concern for the death. For intimacy only 1 was below.

CONCLUSION

Imprescindibilidade of physical activity aimed at high correlation to physical activity, the physical quality and health, according to the World Health Organization .

Negrão 2006, claims to be the practice of physical activity is a mechanism of control to be used by carriers of diseases coronarianas.

It says it is the concern with the practice of physical activity shown by the individuals interviewed, we suggest that more studies be done to a definitive conclusion.

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ABSTRACT

Introduction: The aging refers to a physiological process or chronological, it is a process biosocial of regression, observable in all living beings expressing themselves in the loss of capacity throughout life, due to influences of different variables. (FLECK et all, 2000). The quality of life of the elderly comprises different dimensions: environmental conditions, behavioral competence, perceived quality of life and well being subjective. Methodology: The type of study is descriptive and quasi-experimental. For the assessment of the quality of life of heart diseases not bearers of marcapasso, was used Questionnaire WHOQOL - BREF World Health Organization (WHO), for the evaluation of the quality of life of patients with marcapasso was used Questionnaire AQUAREL, a questionnaire specific evaluation of the quality of life for patients with marcapasso. Besides the IPAQ (Questionnaire International Physical Activity), a questionnaire was used to assess the profile of the way of life proposed by Nahas (2001). Results: The results of Aquarel 50% say never, 25% say they rarely and 25% from time to time feel the heart beat stronger. As the feeling of faintness, 50% said never mind, 25% rarely feel and 25% always go through that. 50% responded that never felt, 25% rarely feel and 25% almost always, feel tired and exhausted after sleeping a night of sleep. The tiredness or lack of energy has hindered or confusing you to do the daily activities, 25% responded that on occasion confuses and 75% of people say they never hurt. 50% of respondents never needed, 25% said from time to time and 25% said that almost always due to tiredness must sit or lie down during the day. The results of Whoquol were satisfactory paragraphs 6 points assessed. Conclusion: Physical activity aimed at high correlation to physical activity, the physical quality and health,

according to the World Health Organization

KEYWORDS: Marcapasso, Heart Disease, Physical Activity

RESUMEN

Introducción: El envejecimiento se refiere a un proceso fisiológico o cronológico, es un proceso biossocial de regresión, observable en todos los seres vivos expresarse en la pérdida de la capacidad durante toda la vida, debido a la influencia de diferentes variables. (FLECK et al, 2000). La calidad de vida de las personas de edad comprenden diferentes dimensiones: las condiciones ambientales, de comportamiento competencia, la percepción de la calidad de vida y el bien estar subjetivo. Metodología: El tipo de estudio es descriptivo y cuasi experimentales. Para la evaluación de la calidad de vida de cardiopatas no portadores de marcapasso, se utilizó cuestionario WHOQOL - BREF Organización Mundial de la Salud (OMS), para la evaluación de la calidad de vida de pacientes con marcapasso se utilizó Cuestionario AQUAREL, un cuestionario de evaluación específica La calidad de vida de pacientes con marcapasso. Además de la IPAQ (International Physical Activity Questionnaire), un cuestionario para evaluar el perfil de la forma de vida propuesto por Nahas (2001). Resultados: Los resultados de Aquarel 50% decir nunca, 25% dice que rara vez y 25% de vez en cuando sentir el latido del corazón más fuerte. Como la sensación de desmayo, 50% dijo no te preocupes, el 25% rara vez se sienten y 25% siempre pasan por eso. 50% respondió que nunca se sintió, 25% rara vez se sienten y 25% casi siempre, se siente cansado y agotado después de dormir una noche de sueño. El cansancio o falta de energía ha obstaculizado o atrapalhado usted para hacer las actividades diarias, el 25% respondió que en ocasiones atrapalha y 75% de las personas dicen que nunca han hecho daño. 50% de los encuestados nunca necesaria, 25% dice de vez en cuando y el 25% dice que casi siempre debido al cansancio debe sentarse o acostarse durante el día. Los resultados de Whoquol fueron satisfactorios párrafos 6 puntos evaluados. Conclusión: Imprescindibilidade de la actividad física encaminada a alta correlación con la actividad física, la calidad física y la salud, según la Organización Mundial de la Salud

PALABRAS CLAVE: Marcapasso, Cardiopatas, Actividad Física

QUALIDADE DE VIDA DE PORTADORES DE MARCAPASSO E IDOSOS CARDIOPATAS.

RESUMO

Introdução: O envelhecimento se refere a um processo fisiológico ou cronológico, é um processo biossocial de regressão, observável em todos os seres vivos expressando-se na perda da capacidade ao longo da vida, devido a influencia de diferentes variáveis. (FLECK et all, 2000). A qualidade de vida do idoso compreende diferentes dimensões: condições ambientais, competência comportamental, qualidade de vida percebida e bem-estar subjetivo. Metodologia: O tipo de estudo é descritivo e quase-experimental. Para a avaliação da qualidade de vida dos cardiopatas não portadores de marcapasso, foi utilizado o Questionário WHOQOL-BREF da Organização Mundial da Saúde (OMS), Para a avaliação da qualidade de vida de pacientes portadores de marcapasso foi utilizado o Questionário AQUAREL, um questionário específico de avaliação da qualidade de vida para pacientes portadores de marcapasso. Além do IPAQ (Questionário Internacional de Atividade Física), foi utilizado um questionário para avaliar o perfil do estilo de vida proposto por Nahas (2001). Resultados: Os resultados do Aquarel 50% dizem que nunca, 25% dizem que raramente e 25% de vez em quando sentem o coração bater mais forte. Quanto a sensação de desmaio, 50% responderam nunca ter sentido, 25% raramente sentem e 25% sempre passam por isso. 50% responderam que nunca sentiram, 25% raramente sentem e 25% quase sempre, se sentem cansados e exaustos após ter dormido uma noite de sono. O cansaço ou a falta de energia tem dificultado ou atrapalhado você a fazer as atividades diárias, 25% responderam que de vez em quando atrapalha e 75% das pessoas dizem que nunca atrapalhou. 50% dos entrevistados nunca precisaram, 25% responderam de vez em quando e 25% responderam que quase sempre devido ao cansaço precisam se sentar ou deitar durante o dia. Os resultados do Whoquol foram satisfatórios nos 6 aspectos avaliados. Conclusão: Imprescindibilidade da atividade física tendo em vista alta correlação a atividade física, a qualidade física, e saúde, de acordo com a Organização Mundial de Saúde.

PALAVRAS-CHAVE: Marcapasso, Cardiopatas, Atividade Física.