115 - LIFESTYLE AND AUTONOMY OF THE ELDERLYS WHO PRACTICE AND ELDERLY THAT DON'T PRACTICE GYM"S ACTIVITIES

MARCIO M. SANT"ANA
MARCELO M. SANT"ANA
MARCIA ALBERGARIA
Curso de Educação Física_LAFIEX - Campus Akxe. Universidade Estácio de Sá, RJ, Brasil.
prof.marcelosantana@gmail.com

INTRODUCTION

The population of elderly grows significantly, about 15% of the population of Rio de Janeiro has more than 60 years. In Brazil today for each group of 100 children aged 0 to 14 years are 24.7, 65 years old or more, these numbers are growing at a rate proportionate so that in 2050 it will turn around for 100 children from 0 to 14 exist 172, 7 elderly (IBGE 2009). There is a concern about this increase in life expectancy, as have more years of life did not mean to be healthy, with aging come many age-related diseases. Physical inactivity is one factor that can aggravate or be responsible for some of these diseases, as in Rio de Janeiro 45% over 50 years are insufficiently active (DATASUS, 2005). A healthy lifestyle can help reduce risks and / or slow down the level of diseases related to aging.

The bony structures undergo remodeling every day, with this aging process begins to fail in maintaining the rate of resorption. This occurring with the loss of 1% per annum of bone and osteoporosis (metabolic bone disease) from 2% to 3% per annum. The bones of the spine, hip and wrist bone loss have to be bigger and faster which creates an increased vulnerability to fractures and falls.

In the joint, with aging comes a disease called osteoarthritis (degenerative joint disease), more common in toes, knees and hips. This weakness undermines the mobility and pain in joints generated these people move less, making the joints more flexible and less rigid reducing mobility. Stretching exercises improve flexibility of these joints relieving local pain and providing a better joint mobility (SPIRDUZO, 2005).

With aging in the muscular system is a gradual reduction in their performance capabilities called Sarcopenia and muscle strength. Caused by the combined effects of progressive neuromotor deterioration and reduction in overhead regular muscle (MCARDLE, 2003). Some muscle fibers are lost, these are replaced by fat or fibrous connective tissue, such loss compromises mobility (FLECKD, KRAEMER, 2006). One of the most effective ways to improve strength and increase muscle mass is through resistance training for seniors who trained force for 16 weeks showed an increase between 30% and 75% of 1RM strength, in addition to increased autonomy and flexibility (GOMES et al, 2006). Physically active force or resistance have a significantly better quality of life, that did not practice (QUINTÃO et. al. 2009). In addition to loss of muscle mass and strength, there is a reduction in the ability of muscles to exert force quickly (muscle power) seniors takes longer to send stimulating the central nervous system and more time for the muscle to process the response to this imbalance and recover (FLECKD, KRAEMER, 2006). Power training with the elderly can contribute to improved levels of strength and muscle power (BARROS, CALDAS, 2009).

One benefit sought with resistance training practiced by the elderly is the development or enhancement of autonomy, which is the ability to perform what is considered important for a good quality of life (FARINATTI, 2008). The resistance training practiced by elders in valences Improves physical balance, agility, coordination and gait by generating greater functional autonomy and a greater mobility in their DLAs (DA SILVA et al., 2007).

Due to the increasing elderly practitioners of resistance training in gyms, and the importance to this audience, there has been a curiosity to discover that improves this type of training provides the life of these elderly.

The aim of this study was to determine the level of autonomy in elderly people, aged between 60 and 75 years of both genders who practice strength training, in Rio de Janeiro. Relating the autonomy of individual practitioners and non practitioners of this modality. Taking as indicative of the strength training can promote a better autonomy and a better lifestyle for the elderly.

METHODOLOGY

The study was a descriptive one (THOMAS e NELSON, 2002). Participants were three groups of apparently healthy elderly individuals (ACSM, 2002) between the ages of 60 and 76 years of age. Residents of Rio de Janeiro. G1-being of elderly practitioners of weight lifting exercises (9 subjects), G2-elderly who do other physical activities (16 individuals) and G3-sedentary elderly (11 subjects) with a total of 36 respondents.

This study meets the Standards for Conducting Research in Human Beings, Resolution 196/96 of the National Health Council, 10/10/1996.

Data collection was carried out at a gym in the west zone of Rio de Janeiro neighborhood of Barra da Tijuca and at an event in Recreio where the Estacio de Sa University, participated with their students.

The study subjects underwent a clinical history, BMI, height, WHR (Pollock 1993),

PAR-Q (CSEP, 2002), and the IPAQ-short version (IPAQ, 2002). To evaluate the lifestyle of individuals was used to profile individual lifestyle proposed by Nahas (2006). After evaluating the elderly GDLAM protocol was applied to assess the functional autonomy (Dantas and Vale, 2004). We performed the analysis of central tendency using means and standard deviation for continuous variables.

DATA ANALYSIS

With the responses of clinical history, and the Par-Q group had no any restriction on the participation of the research tests. Analyzing the responses of IPAQ (short version) found contradictory data about the level of physical activity at the G1 some sort of elderly were insufficiently active and sedentary group of active seniors G3 were found in G1 this may be the result of subjective perception of the test or due to ease of city life as a remote control and use of transport vehicles for all events of daily life. In G3 these data may have been connected with the second issue of the test. As to BMI (Figure 1), and similar results were found positive on the average of three G1 BMI = 25.28, G2 and G3 BMI = 25.83 BMI = 26.26. In general mean the three groups are in the overweight range, despite this closeness of the results G3 presents a greater number of individuals in the range of overweight, obesity I and II as in the study of Aquino e Albergaria (2007) in which the elderly insufficiently active are mostly in the overweight range.

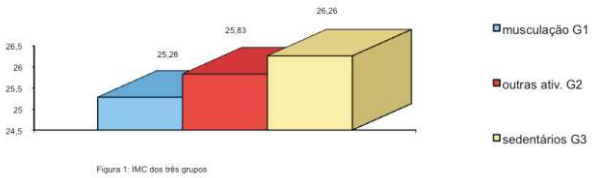
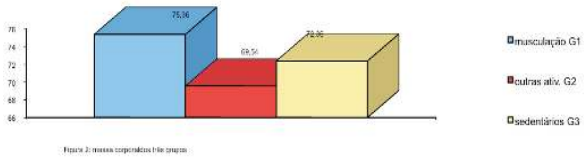


Figura 1: IMC dos três grupos

When compared the body mass for three groups can be observed that the G1 shows results close to G3 (Figure 2), but even with that closeness G3 has a larger number of overweight and obesity I and II when compared with BMI suggesting so individuals in this group have higher fat mass by the low level of physical activity and consequent low caloric expenditure, apart from increased adipose tissue from the decrease in muscle mass common in the aging process (Fleck and Kraemer, 2006). And as the study of Nair (2002) who found a decrease in fat mass of individuals who practiced weight training, the G1 got similar results, but should probably have a greater muscle mass, as a result of training. In the study of Baptist, Duarte and Albergaria (2009) they found the same results for the IMC of the sedentary individuals that can suggest a relation between the high IMC and not practice physical activities and probable relation with the lean mass of the trained individuals.



As for body composition was also analyzed for WHR (Figure 3) of the three groups. This assessment found moderate values of WHR for men and women of G1 and G2 for men, while women's group G2 and G3 men and women of the results were considered high risk. These data demonstrate that older adults who perform physical activities or other strength training are less prone to heart disease, and sedentary elderly have this increased risk. Spirduzo (2005) says that exercise can act as preventing the onset of heart disease and can improve quality of life of older people who already have heart disease.

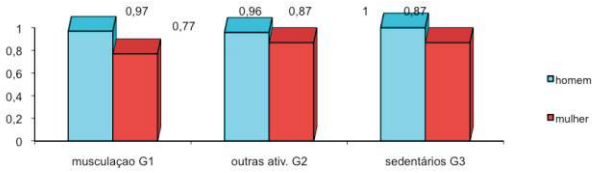
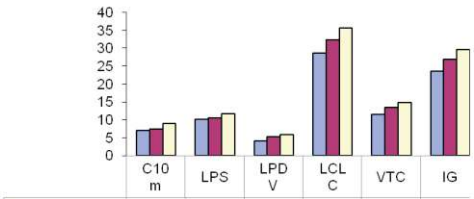


Figura 3: RCQ dos três grupos por gênero

Through theGDLAN protocol were evaluated the functional autonomy of elderly individuals. And for comparison between groups was used the mean of all three groups being the best result of the three groups as seen in Dantas and Vale (2004).



	C10 m	LPS	LPD V	LCL C	VTC	IG
MUSCULAÇÃO	6,95	10,15	4,17	28,53	11,37	23,46
OUTRAS ATIV.	7,36	10,52	5,33	32,33	13,41	26,72
SEDENTÁRIOS	8,94	11,72	5,77	35,61	14,85	29,55

Figura 5: Média do GDLAN dos três grupos

It can be seen in Figure 5, a slight advantage to G1 and G2 in test C10M. The only group that showed a fair result was the G1. The G2 and G3 results were categorized as weak. The same happens with the test results LPS, G2 and G3 had a weak result. As can be seen in Gomes et al. (2006) in which older people who have done strength training performed better on these tests than the group of sedentary.

In the LPDV test G1 got the best results that can be directly related to work performed for upper limb strength training, which guarantees to the elderly the power gain greater besides agility and flexibility as can be seen in the study by Gonçalves, and Gurjão Gobbi, (2007). The same can be related to the advantage of the VTC test of G1(dress and taking off his shirt). In LCLC test the G1 and G2 have the best results suggesting that the strength and flexibility gains can be due the practice of physical trainning or others activities (such as walking or swimming) can also improve the motor coordination, mobility and agility of older, providing greater autonomy for realization of ADLs. as seen in the study of Gill et. al. (2009) that performing a program of strength training for 24 weeks, motor and functional improvement found in the elderly.

Finally at the GA (general index) G1 was rated good, G2 as regular and G3, weak. Comparing to the article by Pereira, Ferraz and Albergaria (2009) who found similar data for the outcome of elderly sedentary who in the IG were also classified as weak, demonstrating the importance of physical activity as strength trainning like other activities to a greater autonomy in ADLs.

Our findings were of concern among individuals of the G3, they have an obese I and II BMI and WHR in a high level, can be related to the low results on tests of GDLAN, it seems that these associated factors affect elderly quality of life due to low autonomy and mobility caused by excessive weight.

Comparing the Nahas (2006) lifestyles of the three groups, the first item related to nutrition in individuals interviewed were found positive responses to G1 and G2 (Figures 6 and 7) these groups responded to a good diet and avoid eating fatty foods,

perhaps due to the need of nutrients for physical activity, Regarding the second item on the questionnaire on physical activity only for the G1 that practice strengh trainning gave positive responses, saying physical activity at least 30 min. 5 times per week, plus strength training and stretching two or more times per week, G2 who practice other activities not reported to perform activities of strength or muscle stretching, but these other activities such as walking, swimming or other make 5 or more times per week.

The G3 (Figure 8) of the sedentary, reported change kinds of transportatio by walking stairs or by elevator which can show the willingness to exercising, this item was another one that occurred in G1 reported no change means of transport or lift by walking, cycling or stair, which may justify the results on the IPAQ where some elderly people in this group were classified as insufficiently active. When asked about the preventive behavior, the G3 sedentary said not knowing or controlling your cholesterol or your blood pressure, which is a particular concern because this group was classified as high risk group (WHR) and seems to be unaware about this risk. As in the study Biazetto et. al. (2006) the individuals who practice physical activity showed more concern for health, controlling cholesterol levels and blood pressure and not smoking or drinking alcohol. In the component relating to relationships the three groups said they were satisfied with their relationships, but these do not meet with friends or participate in associations.

The G2 when asked about stress management, reported not had time to relax and balance the time devoted to working with the leisure time which can increase the stress level considerably.

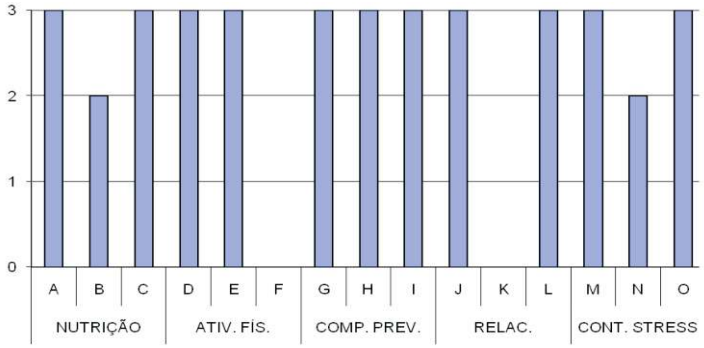


Figura 6:Estilo de Vida G1 treinam. de força

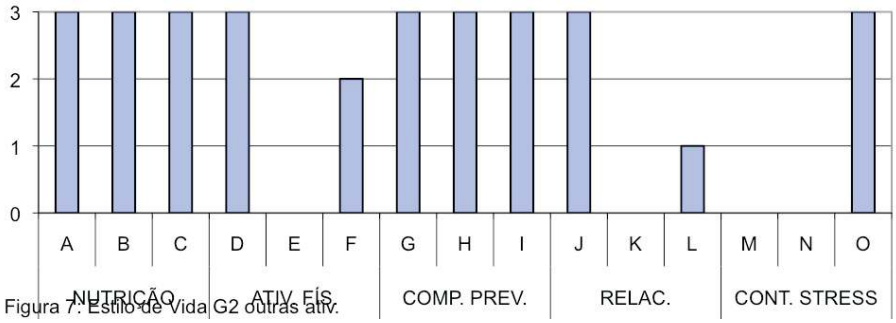


Figura 7: Estilo de Vida G2 outras ativ.

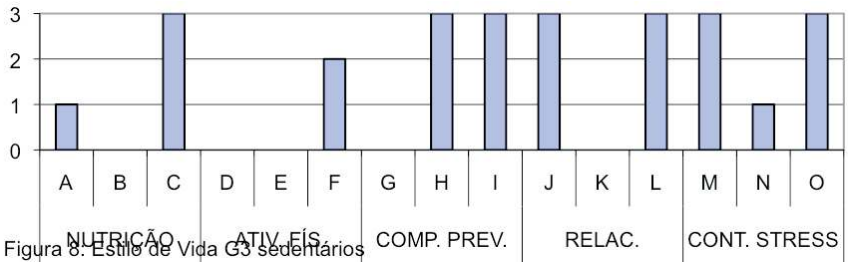


Figura 8: Estilo de Vida G3 sedentários

In this analysis G1 showed better results in all components of the questionnaire relating to lifestyle, which suggests that older adults who perform physical activities have a better quality of life, Biazetto et. al. (2006) found the same data to analyze the lifestyle of elderly who practice strengh trainning at south zone of Rio de Janeiro.

CONCLUSIONS

The present study can be observed that elderly people who practice strength training in the gym or physical activities like walking or swimming are of better quality of life (NAHAS, 2006) when compared to sedentary elderly, and greater autonomy for carrying out activities everyday life as observed in the test protocol GDLAN. Thus demonstrating the importance of regular exercise as active so that the aging process common to all happen in a safer and healthier manner.

It is recommended the investigation of these results with other assessments or with a larger number of individuals in order to confirm or contradict the results of this search.

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LIFESTYLE AND AUTONOMY OF THE ELDERLYS WHO PRACTICE AND ELDERLY THAT DON'T PRACTICE GYM"S ACTIVITIES

ABSTRACT

Currently 14,9% of the population of Rio de Janeiro has more than 60 years. In Brazil, for each group of 100 children aged 0 to 14 years are 24.7, 65 years old or more by 2050 this number will be reversed for 100 children 0-14 there will be 172, seven elderly (IBGE 2009). As they age the functional capabilities are not the same, there loss of adaptability, mobility and functional deficiencies, most of these losses is due to reductions in the natural functioning of bone, joint and muscular. The aim of this study was to determine the level of autonomy of elderly people of both genders who practice strength training, in Rio de Janeiro. Take as indicative of the strength training can promote a better autonomy and a better lifestyle for the elderly population. Participants were three groups of apparently healthy elderly individuals aged between 60 and 76 years. Divided into three groups, G1-aged practitioners of strength training (weightlifting), G2-elderly who do other physical activities like walking, and the control group G3-sedentary elderly. The subjects underwent a clinical history, verification of BMI (body mass index) of WHR (waist and hip), the PAR-Q questionnaire and IPAQ (International Physical Activity Questionnaire - short version), the profile style individual life proposed by Nahas, and protocol GDLAM assessment of functional autonomy. Individuals in the G3 (sedentary) had a BMI in obese I and II and high WHR, which may be related to the low results on tests of GDLAN also seems that these associated factors affect the quality of life for seniors. The G1 (elderly trained) showed better results in all components of the research. It may be noted that the elderly who do strength training at a gym or physical activities like walking or swimming have more autonomy and better quality of life when compared to sedentary elderly. Thus demonstrating the importance of regular physical exercise on the aging process.

KEYWORDS: Elderly. Autonom. Quality of life.

MODE DE VIE ET L'AUTONOMIE EN PERSONNES ÂGÉES QUI PRATIQUE ET PLUS PRATIQUE QUE ACTIVITÉS DE ACADEMIA

RÉSUMÉ

14,9% de la population de Rio de Janeiro a plus de 60 ans. Au Brésil, pour chaque groupe de 100 enfants âgés de 0 à 14 ans sont 24,7, 65 ans ou plus en 2050, ce nombre va tourner autour de 100 enfants de 0 à 14, il y aura 172, 7 personnes âgées (IBGE 2009). À mesure qu'ils vieillissent les capacités fonctionnelles ne sont pas les mêmes, il ya perte de flexibilité, de mobilité et de déficiences fonctionnelles, la plupart de ces pertes sont dues à des réductions dans le fonctionnement naturel de l'os,

articulaires et musculaires. Le but de cette étude était de déterminer le degré d'autonomie des personnes âgées des deux sexes qui pratique la musculation, à Rio de Janeiro. Prendre comme une indication de l'entraînement en force musculaire peut favoriser une meilleure autonomie de batterie et une meilleure qualité de vie pour les personnes âgées. Les participants ont trois groupes de personnes apparemment en bonne santé âgées de 60 à 76 ans. Divisés en trois groupes, les praticiens G1 d'âge de l'entraînement en force (haltérophilie), G2 de personnes âgées qui ne autres activités physiques comme la marche, et le groupe témoin G3-sédentaires âgées. Les sujets ont subi une histoire clinique, la vérification de l'IMC (indice de masse corporelle) de WHR (taille et des hanches), le Q-AAP questionnaire IPAQ et (International Physical Activity Questionnaire - version courte), le profil de mode vie individuelle proposée par Nahas, et l'évaluation GDLAM protocole de l'autonomie fonctionnelle. Les personnes dans le G3 (sédentaires) avait IMC chez les obèses I et II et WHR élevé, ce qui peut être liée à des résultats faibles aux tests de GDLAN semble également que ces facteurs associés à une incidence sur la qualité de vie des aînés. Le G1 (âgées formés) ont montré de meilleurs résultats dans toutes les composantes de la recherche. Il peut être remarqué que les sujets qui pratique la musculation dans la salle de sport ou des activités physiques comme la marche ou la natation sont une plus grande autonomie et une meilleure qualité de vie par rapport aux sédentaires âgées. Démontrant ainsi l'importance de l'exercice physique régulière sur le processus de vieillissement.

MOTS-CLÉS: personnes âgées. Autonomie. La qualité de vie.

ESTILO DE VIDA Y LA AUTONOMÍA DE LAS PERSONAS MAYORES QUE REALIZAN ACTIVIDAD FÍSICAQU Y LOS ANCIANOS QUE NO REALIZAN ACTIVIDAD FÍSICA EN LOS GIMNASIOS

RESUMEN

En la actualidad el 14,9% de la población de Río de Janeiro tiene más de 60 años. en Brasil, por cada grupo de 100 niños de 0 a 14 años 24.7, de 65 años o más para el año 2050 este número se dará la vuelta para 100 niños de 0 a 14, habrá 172 ancianos 7 (IBGE 2009). A medida que envejecen las capacidades funcionales no son lo mismo, hay pérdida de flexibilidad, la movilidad y deficiencias funcionales, la mayor parte de estas pérdidas se deben a la reducción en el funcionamiento natural de los huesos, articulaciones y los músculos. El objetivo de este estudio fue determinar el nivel de autonomía de las personas mayores de ambos sexos que la práctica de entrenamiento de fuerza, en Río de Janeiro. Tomar como indicativo de la entrenamiento de fuerza puede promover una mejor autonomia y un mejor estilo de vida para los ancianos. Los participantes fueron tres grupos de ancianos aparentemente sanos de 60 a 76 años, divididos en tres grupos, g1. personas mayores con la formación práctica de fuerza (pesas), g2- de la tercera edad que hacen otras actividades físicas como caminar, y el grupo control g3-sedentarios de edad avanzada. Los sujetos se realizó historia clínica, la verificación del IMC (índice de masa corporal) de RCC(cintura y cadera), el PAR-Q y cuestionario IPAQ (cuestionario internacional de actividad física - versión corta), el perfil de estilo la vida individual propuesto por Nahas, y la evaluación del protocolo GDLAN de la autonomía funcional. Las personas en el g3 (sedentaria) tenían un IMC de obesidad i y ii y RCC alta, que puede estar relacionado con los bajos resultados en las pruebas de GDLAN también parece que estos factores asociados a afectar la calidad de vida de los ancianos. El g1 (ancianos entrenados) mostraron mejores resultados en todos los componentes de la investigación. Se puede observar que los sujetos que la formación práctica de la fuerza en el gimnasio o las actividades físicas como caminar o nadar han más autonomía y una mejor calidad de vida en comparación con los adultos mayores sedentarios. Lo que demuestra la importancia del ejercicio físico regular sobre el proceso de envejecimiento.

PALABRAS CLAVE: Ancianos. Autonomía. La calidad de vida.

ESTILO DE VIDA E AUTONOMIA DE IDOSOS PRATICANTES E NAO PRATICANTES DE ATIVIDADES EM ACADEMIA

RESUMO

Atualmente 14,9% da população do estado do Rio de Janeiro têm mais de 60 anos. No Brasil para cada grupo de 100 crianças de 0 a 14 anos existem 24,7 idosos de 65 anos ou mais, em 2050 esse número irá se inverter para 100 crianças de 0 a 14 existirão 172, 7 idosos (IBGE 2009). Ao envelhecer as capacidades funcionais não são as mesmas, ocorrem perda de adaptabilidade, mobilidade e deficiências funcionais, grande parte destas perdas é decorrente de reduções naturais no funcionamento dos sistemas ósseo, articular e muscular. O objetivo deste estudo foi verificar o nível de autonomia destes idosos, de ambos os gêneros praticantes de treinamento de força, na cidade do Rio de Janeiro. Levar indicativos de como o treinamento de força pode favorecer uma melhor autonomia e um melhor estilo de vida para a população idosa. Participaram do estudo três grupos de idosos aparentemente saudáveis com idade entre 60 e 76 anos. Divididos em três grupos, G1- idosos praticantes de treinamento de força (musculação); G2-idosos que praticam outras atividades físicas como caminhada; e o grupo controle G3-idosos sedentários. Os sujeitos foram submetidos a uma Anamnese, verificação do IMC (índice de massa corporal), do RCQ (relação cintura e quadril), os questionários PAR-Q e IPAQ (questionário internacional de atividade física - versão curta), o perfil de estilo de vida individual proposto por Nahas, e o protocolo GDLAM de avaliação da autonomia funcional. Os indivíduos do G3 (sedentários) apresentaram IMC em obesidade I e II e RCQ alto, podendo ter relação com os baixos resultados encontrados também nos testes do GDLAN, parece que estes fatores associados interferem na qualidade de vida dos idosos. O G1 (idosos treinados) apresentou melhores resultados em todos os componentes da pesquisa. Pode ser observado que os idosos que praticam treinamento de força em academia ou atividades físicas como caminhada ou natação apresentam uma maior autonomia, e melhor qualidade de vida, quando comparados aos idosos sedentários. Demonstrando assim a importância da prática regular de exercícios físicos no processo de envelhecimento.

PALAVRAS-CHAVE: Idosos. Autonomia.Qualidade de vida.