36 - QUALITY OF LIFE AND FUNCTIONALITY OF INSTITUTIONALIZED OLDER PEOPLE

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1 – INTRODUCTION

The result of the aging process for many seniors is due to sedentary lifestyle, featuring the loss of autonomy and independence, increasing the use of third-party assistance, including long-term care homes (Cunha et al., 2010). These houses are nothing more than a mode of care for individuals with or without family (Numes, et al. 2010), which have been suffering a increasing demand due to social, economic and health factors (DIAS, et al demand factors. 2013). Among the factors that affect health in the aging process, we highlight the functional independence which is defined as the achievement of something determined by their own means, being directly linked to mobility and functional capacity. Whereas functional capacity is characterized by the individual does not need help to perform activities of daily living. (PARAHYNA, I.M., SIMÕES, 2006; SCATTOLIN, 2007). Barthel scale, King's and Katz are tools for assessing the functionality and thus judge the ability to conduct independent, partially dependent or completely dependent activities. (SCATTOLIN, 2007; BARROS, 2010). Quality of life is another aspect related to the aging process and reflects the needs that individuals have the self accomplishment of satisfaction. (PEREIRA et al 2006;.PEPPER, et al., 2008).

In view of the aging process and important aspects such as functional independence and quality of life, physiotherapy uses interventions that can directly interfere with the functionality and quality of life of the elderly, by developing mechanisms and passing guidelines that reduce dependence on its various origins and consequences. (WISNIEWSK, et al., 2006).To that end, this study aims at examining the functional capacity and quality of life of the older people who reside in a condominium for the elderly, pre and post physical therapy intervention.

2 – METHODS

A quantitative and qualitative longitudinal study was conducted in a Senior Living Condominium of Cascavel in the period May-July 2014. The total population of the condominium is 31 people and the sample consisted of 22 older people residents in the condominium. The sample was established within the inclusion criteria and was priority the elderly want to participate and reside on the property. Seniors who remained bedridden and not consented to the proposed activities were excluded.

Firstly, the individuals were informed about the project and invited to participate by signing the consent form. The project was conducted in three stages, namely: Application of the SF-36 questionnaire, consisting of 11 items which assess eight alternate domains, namely: physical functioning, limitations due to physical aspects, bodily pain, general health, vitality, social and emotional aspects, mental health; Application of Barthel questionnaire, used to evaluate the functionality of the elderly, consisting of 10 items: feeding, bathing, routine activities, clothing, intestines, urinary system, use of toilet, transferring from bed to chair and vice versa, individual mobility and ambulation on stairs; Utilization of socio-economic status scale Abipeme, characterized by classifying the population socioeconomic class, named A, B, C, D and E, respectively the ascending order of the highest levels. The scale is graded and composed through assigning weights to a set of items of domestic comfort, beyond the level of education of the individual, moreover, was held registration form containing the name, age, sex, weight, height, medication and previous pathology. After data collection was performed physical therapy intervention, in which breathing exercises, active exercises of the lower limbs, upper limbs and trunk, stretching and global guidelines were applied to residents, and the activities were held once a week for 45 minutes on the premises of the condominium, for three months, totaling 12 sessions. When the program ended was performed the reapplication of the questionnaires for the purpose of analysis.

3 – RESULTS

The statistical analysis was performed using the SPSS software (version 15.0) and was adopted p (≤) 0.05. For all variables was applied the Shapiro-Wilk test and was found non-normality of the data. To descriptive analysis was used mean (m) and standard deviation (). For the comparison of two moments, pre- and post-test, we used the Wilcoxon test.

Twenty-two institutionalized elderly people who lived in the house long stay were evaluated, 16 females and 6 males, mean age of 74.6 ± 5.7 years of age, mean weight of 70.6 ± 12, 2 kg and the mean height was 1.55 ± 0.13 cm. To check the socioeconomic status of the residents of long-term care home was used the scale of ABIPEME which serves to divide the population into categories according to consumption patterns and potentials. We observed that out of the 22 elderly patients, 21 were in category "Class D", and an elderly female was a greater potential for consumption, belonging to "Class C".

In the Table 1 is presented descriptions of median and interquartile range of Barthel questionnaire and SF-36. Comparing the items performed pre and post physical therapy intervention, no statistically significant differences in quality of life and functionality of the institutionalized elderly was observed. Although it is not statistically significant, clinical improvement can be observed on the scale of Barthel which infers improvement of the functionality and the SF-36 in the domains of functional capacity, physical limitations, pain, vitality and social aspects.

Table 1: Description of median and interquartile range of Barthel questionnaire and SF-36, pre and post physical therapy intervention.

	Median N= (22)	P
Barthel		
Pre	97,50 (95 - 100)	0,16
Post	100,00 (98,7 - 100)	
Functional Capacity		
Pre	62,50 (42,50 – 85)	3,34
Post	75,00 (55 – 91,50)	
Physical Limitation		
Pre	62,50 (25 – 100)	2,48
Post	75,00 (50 – 100)	
Pain		
Pre	62,00 (50,75 – 84,00)	4,78
Post	72,00 (51,00 – 84,00)	
General Health		
Pre	57,00 (41,50 – 78,25)	0,16
Post	47,00 (36,50 – 57,00)	
Vitality		
Pre	72,50 (58,75 – 91,25)	3,96
Post	80,00 (60,00 – 95,00)	
Social Aspects		
Pre	68,75 (50,00 – 100,00)	4,16
Post	75,00 (62,50 – 87,50)	
Emocional Aspects		
Pre	100,00 (58,50 – 100,00)	3,93
Post	100,00 (91,75 – 100,00)	
Mental Health		
Pre	80,00 (68,00 – 96,00)	9,84
Post	76,50 (69,25 – 96,00)	

There is a strong link between the functionality and quality of life of institutionalized older people. Scattolin, et al. (2007) studied elderly patients with heart failure, and inferred that the functional capacity interferes with the quality of life of elderly, statistically proven that the higher the functionality of the elderly the better is the quality of life, due to independence and the possibility to develop their activities alone, with greater satisfaction. Scattolin, et al. (2007) also reports that what directly influences the patient is not the disease but the independence of the elderly. For Brandão, et al. (2009) functionality does not interfere in sick older people's lives, and yes there is a direct link to quality of life.

For Cunha, et al. (2010), aging process is accompanied by a decrease in functional capacity which is associated with the decline in ability to perform activities of daily living (ADL), which may be the biggest reason for the loss of autonomy and independence of the older people, making dependent on other people as a result of a sedentary lifestyle lived over the years. TAVARES, et al (2009), corroborated conducting a study to analyze the physical therapy intervention based on stretching, strengthening and balance exercises, providing improvement of functional capacity of patients over 65 years, the sample consisted of 17 older people over 65 years old, 24 sessions being held twice a week for 60 minutes, in which only one of the items had a significant improvement, which was to walk on flat ground, the other items did not show positive results. In our study only 12 sessions were held and may be considered one of the cases for which there was no statistically significant improvement, however the study showed that there was a clinical improvement in the functional capacity of the older people, pre and post physical therapy intervention. Probably due to the gains in mobility, independence, decrease in the level of pain, and emotional factors, caused by physical activities which promote the improvement of the organism as a whole.

In contrast, Vitorino, et al. (2013), showed that there is no significant difference in the quality of life in institutionalized and non-institutionalizedolder people, but the difference in quality of life are among younger elderly, with high level of education, and who perform physical activities or practice leisure activities daily in their lives. Going against,Martin et.al. (2012) conducted a literature review on the virtual libraries MEDLINE / PubMed, LILACS, SciELO, Cochrane, EBSCO in order to assess the quality of life of institutionalized elderly, for this purpose, 5 articles were used and most of them showed a difference in the quality of life for institutionalized and non-institutionalized elderly, demonstrating that institutionalized elderly had worse quality of life than non-institutionalized elderly, especially in the social sectors and the independence or autonomy. Many of the elderly belonging to the condominium inCascavel, presents socioeconomic class "C", if considering this fact, can be inferred that these individuals have social limitations, which in practice imply reduced quality of life, which can be seen in medium and long term, associated to the disruption of programs aimed at them.

For Aquinas et.al (2009),physiotherapy performs educational actions for health promotion that directly affect the quality of life of older people. In their study was compared the quality of life before and after physical therapy intervention in a group of 20 seniors, and this showed a significant difference in functional capacity and health status in general, however, there was no significant improvement in the domains of pain, vitality , mental health and physical, social and emotional aspects. Castro et.al (2007),corroborated the studyabove, comparing the quality of life of middle-aged adults and older people, 70 individuals participated of the study, and there was no difference between groups, but both groups showed clinical improvement in general health statusafter 48 sessions of physical activity. Against departure from our present study showed that only clinical improvements in functional capacity, physical limitations, pain, vitality and social aspects, justified by the fact attended only 22 elderly residents of the condominium being held just 12 sessions of physical activity.

Physical exercise is important for the elderly, due to various physiological adaptations which are likely to occur, such as: blood pressure control, weight control, improvement in lung function, circulatory benefits, glycemic control, improvement in biomechanics of gait, increased muscle mass, self-esteem and self-confidence improvement, providing them improved quality of life and functionality.

The long-term care homes have emerged in order to support the health of the older people. Araújo et.al (2010)characterized in his study the profile of the institutionalized elderly who reside in long-term care homes, regarding thesex, physical activity, civil status, education level, length of institutionalization, occupation, mobility, leisure activity and the quality of life. Thirty-eight seniors participated in the study with equal or superior age of 60 years,and was preserved cognitive level, the study showed that 19 were men and 19 were women, with mean age of 73 years, the profession was self-declared 'housekeeper', they did not perform physical activity practice, perform unassisted locomotion and consider good quality of life in all areas. However, our study was made with 16 women and 6 men, with mean age of 74 years.

Vitorino, et.al (2013) conducted a bibliographic review in which was compared community elderly to institutionalized elderly, the sample of the study consisted of 288 community elderly and 76 institutionalized elderly, using socio-demographic and a questionnaire to assess quality of life, and showed that age, sex, education, self-rated health, leisure and quality of lifepresented significant differences, and concluded that the fact ofolder people be institutionalized or not, is not related to quality of life, but socioeconomic and health characteristics. According to our study, the institutionalized elderly have a low socioeconomic level, in whichthere was 21 elderly in level D and only 1 of the institutionalized elderly in level C, then we concluded that the long-term care homes can be a place with good quality of life, but the elderly are with older ages and lower socio-demographic level.

On the perception of quality of life, Joia et al. (2007) reported that most seniors are satisfied with their lives, and most of these seniors associated life satisfaction with home comfort, food, do not feel lonely and do not have disabling diseases. Pestana and Santo (2008), with the same line of reasoning, also achieved positive results, but relating the quality of life to the absence of pain and the house safely, corroborating the present study.

4 – CONCLUSION

At the end of this study, it can be concluded that there was no significant improvement in functionality and quality of life in institutionalized elderly, pre and post physical therapy intervention, but there was a real clinical improvement in Barthel scale and SF-36 in the domains of functional capacity, physical limitations, pain, vitality and social aspects.

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QUALITY OF LIFE AND FUNCTIONALITY OF INSTITUTIONALIZED OLDER PEOPLE

ABSTRACT

The aging process is characterized for many older people as the loss of autonomy and independence, increasing the long-term care homes sought. The objective of the study is to analyze the functional capacity and quality of life of the older people who reside in a condominium for elderly, pre and post physiotherapeutic intervention. A quantitative and qualitative longitudinal study in a Condominium for older people in the town ofCascavel was conducted in the period between May and July 2014, the sample consisted of 22 institutionalized elderly people and the pre and post physiotherapeutic intervention was evaluated with the Quality of Life questionnaire SF-36, and the functionality with the Barthel scale, beyond the socioeconomic status of the elderly. It was not observed statistically significant differences in the quality of life and functionality of the institutionalized older people, but it was observed clinical improvement in Barthel scale and in SF-36, specifically in the domains of functional capacity, physical limitations, pain, vitality and social aspects, inferring that physiotherapeutic activities change the states of functionality and quality of life of older people living in Long-term Care Homes.

KEYWORDS: Older people. Quality of life.Functionality.

QUALITÉ DE VIE ET FONCTIONNALITÉ DES PERSONNES ÂGÉES INSTITUTIONNALISÉES

RÉSUMÉ

Le processus de vieillissementestcaractérise par lespersonnesâgées enperted'autonomie et l'indépendance, commeça les lieu de résidencepermanentesoins de plus en plus recherchée. L'objectif de l'étudeestd'analyser la capacitéfonctionnelle et la qualité de vie des personnesâgées qui résidentdans un condo de résidencepermanente, avant et après intervention physiothérapie. Uneétudelongitudinale qualitative et quantitative dans un condo de résidencepermanente pour les personnesâgéesdans la ville deCascavel,la période comprise entre Mai à Juillet 2014, l'échantillonétaitcomposé de 22 personnesâgéesinstitutionnalisées,et évaluéesavant et après intervention physiothérapie,la qualité de vie a étéévaluée à questionnaire SF -36, la fonctionnalité avec l'échelleBarthel, au-delà du statut socio-économique des personnesâgées. Aucunedifférence statistiquementsignificativen'a étéobservée en terme dela qualitéde vie et la fonctionnalité despersonnesâgéesinstitutionnalisées, mais on peut observer uneamélioration clinique à l'échelleBarthel et le questionnaire SF-36 de la capacitéfonctionnelle, les limitations physiques, la douleur, la vitalité et les aspects sociaux, concluantque les activités de physiothérapiechangent la fonctionnalité et la qualité de vie despersonnesâgées vivant danslieux de résidencepermanente.

MOTS-CLÉS: PersonnesÂgées. Qualité de vie. Fonctionnalité.

CALIDAD DE VIDA Y FUNCIONALIDAD DE ANCIANOS INSTITUCIONALIZADOS

RESUMEN

El proceso de envejecimiento se caracteriza por muchas personas mayorescomo lapérdida de autonomía e independencia, asíloshogares de residencia permanentesoncada vez más buscado. El objetivo delestudio es analizarlacapacidad funcional y lacalidad de vida de las personas mayores que residenenuncondominio de ancianos, antes y después de laintervenciónfisioterapéutica. Fue realizado unestudio longitudinal cuantitativo y cualitativoenuncondominiode ancianosenlaciudad de Cascavel,enel período comprendido entre mayo yjulio de 2014, lamuestraestuvo conformada por 22 ancianosinstitucionalizados,se evaluó,antes y después de laintervenciónfisicoterapéutica,lacalidad de vida conelcuestionario SF -36, lafuncionalidadconla escala de Barthelylasituación socioeconómica de las personas mayores. No se observarondiferencias estadísticamente significativasem lacalidadde vida y lafuncionalidad de losancianos institucionalizados,

pero podemos observar mejoría clínica enla escala de Barthel y enel SF-36,enlacapacidad funcional, limitaciones físicas, dolor, vitalidad y aspectos sociales, infiriendo que lasactividades de fisioterapia cambianlafuncionalidad y lacalidad de vida de las personas mayores que vivenenhogaresde residencia permanente.

PALABRA CLAVE: Ancianos. Calidad de vida. Funcionalidad.

QUALIDADE DE VIDA E FUNCIONALIDADE DE IDOSOS INSTITUCIONALIZADOS

RESUMO

O processo de envelhecimento caracteriza para muitos idosos a perda de autonomia e independência, sendo as casas de longa permanência cada vez mais procurada. O objetivo do estudo é analisar a capacidade funcional e a qualidade de vida dos idosos que residem em um condomínio de idoso pré e pós intervenção fisioterapêutica. Foi realizado um estudo longitudinal quantitativo e qualitativo, no Condomínio de idosos da cidade de Cascavel no período de maio a julho de 2014, a amostra foi composta de 22 idosos institucionalizados e foi avaliado pré e pós intervenção fisioterapêutica a qualidade de vida com o questionário SF-36, a funcionalidade com a escala de Barthel além do nível socioeconômico dos idosos. Não se observou diferenças estaticamente significativas na qualidade de vida e na funcionalidade dos idosos institucionalizados, porém podemos observar melhora clínica na escala de Barthel e no questionário SF-36 nos domínios de capacidade funcional, limitação física, dor, vitalidade e aspectos social, inferindo que as atividades fisioterapêuticas modificam a funcionalidade e a qualidade de vida de idosos que vivem em casas de longa permanência.

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