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ORIGINAL ARTICLE

QUALITY OF LIFE OF ELDERLY PARTICIPANTS IN A HEALTH PROMOTION GROUP

QUALIDADE DE VIDA DE IDOSOS PARTICIPANTES DE UM GRUPO DE PROMOÇÃO DE SAÚDE CALIDAD DE VIDA DE LOS ANCIANOS PARTICIPANTES EN UN GRUPO DE PROMOCIÓN A LA SALUD

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ABSTRACT

Objective: evaluating the quality of life of elderly participants of a health promotion group. **Methods:** a retrospective observational longitudinal study of quantitative type. It used secondary data from the Assessment Questionnaire of Quality of Life (SF-36) present in the records of the internship in physiotherapy on primary care, Faculty Estacio of Alagoas in 2011 and 2013. The research project was approved by the Research Ethics Committee, CAAE 27111914.2.0000.5012. **Results:** there were included 10 records in this study. The domain of the General State of Health was the domain that obtained statistical significance when comparing the same from 2011 and 2013. **Conclusion:** the study showed the importance of GPS for the quality of life of older people using activities on health education and physical activity group. **Descriptors:** Aging; elderly; Quality of Life; Health Promotion.

RESUMO

Objetivo: avaliar a qualidade de vida em idosos participantes de um grupo de promoção à saúde. **Método:** estudo longitudinal retrospectivo e observacional do tipo quantitativo. Utilizaram-se dados secundários do Questionário de Avaliação de Qualidade de Vida (SF-36) presente nos prontuários do estágio de fisioterapia na atenção básica da Faculdade Estácio de Alagoas nos anos de 2011 e 2013. A pesquisa teve aprovado o projeto no Comitê de Ética em Pesquisa, CAAE 27111914.2.0000.5012. **Resultados:** foram incluídos 10 prontuários no presente estudo. O domínio do Estado Geral de Saúde foi o domínio que obteve significância estatística ao comparar o mesmo com os dos anos 2011 e 2013. **Conclusão:** o estudo mostrou a importância dos GPS na qualidade de vida dos idosos ao utilizar as atividades de educação em saúde e a prática de atividades físicas em grupo. **Descritores:** Envelhecimento; Idoso; Qualidade de Vida; Promoção de Saúde.

RESUMEN

Objetivo: evaluar la calidad de vida de los ancianos participantes de un grupo de promoción a la salud. **Métodos:** estudio longitudinal observacional retrospectivo del tipo cuantitativo. Utilizamos datos secundarios del Cuestionario de Evaluación de la Calidad de Vida (SF-36) presente en los registros del periodo de fisioterapia en la atención primaria de la Facultad Estácio de Alagoas en 2011 y 2013. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE 27111914.2.0000.5012. **Resultados:** se incluyeron 10 registros en este estudio. El dominio del Estado General de Salud fue el dominio que tuvo significación estadística al comparado con los de los años 2011 y 2013. **Conclusión:** el estudio demostró la importancia de GPS en la calidad de vida de ancianos a utilizar las actividades de educación sanitaria y grupo de actividad física. **Descriptores:** Envejecimiento; Ancianos; Calidad de Vida; Promoción de la Salud.

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INTRODUCTION

The change in the world age pyramid puts focus on aging and old age, raising actions of social and government agents, and professionals of health.¹ According to the National Health Policy for the Elderly², it is expected that already in 2050 there will be a greater number of older people relating to the number of children. This is due to various factors like: physical, functional, mental, and health, which are characterized by being decisive for a good quality of life, and act as agents, since they directly influence on determining who is considered an elder.³

The concept of being elderly is differentiated for developed countries, there are considered older people, according to the United Nations, through Resolution 39/125 during World United Nations General Assembly on Ageing Population, only persons aged 65 or older; and in developing countries, these, are elderly people aged 60 or older.⁴ In Brazil, the Statute of the Elderly⁵ endorses this determination.

Population aging in Brazil, mainly from the 90s, promoted mobilization of government agencies and civil society groups, which resulted in the National Policy for the Elderly; and later, the Statute of the Elderly.⁶ The aging process has transformed the idea of a sick body, and physical disabilities caused by natural biological process of Active Ageing. According to the Pan American Health Organization - PAHO, Active Aging allows seniors performing their potential for physical, social and mental well-being throughout the life course, and that these people should participate in society, which will provide them protection, security and care, according to their needs, desires and capabilities. In this sense, there are three pillars that structure policy for Active Ageing, which are: participation, health and safety, which should be observed in order that the elderly preserved their place in society, according to the precepts of PAHO/Aging active.⁷

It is known that individuals who maintain an active lifestyle and healthy living are a population subgroup that tends to get sick less often and have lower incidence of pathologies. The diseases that affect the elderly are cardiovascular and diabetes.⁸ According to this evidence, groups were created with the goal of preservation of capabilities and development potential of the elderly, for the prevention of diseases, as well as minimizing harm to health.⁹

The experiences of maintaining welfare and dealing with a phase of life marked by illness and disability are constant in the lives of those who face aging, hence why they need to use strategies to promoting health, and stimulating behaviors, in order to maintain autonomy, and a successful aging.¹⁰ The conceptual and political bases of health promotion advocate improving methodologies and practices capable of cooperating with the full attainment of the potential health of communities and individuals, in their different periods of life. Thus, groups can be strategies to practice health promotion, according to the characterization of the set of participants interacting with the aim of expanding their capabilities and behavior change, favoring the development of autonomy, and coping with situations that cause unnecessary suffering.¹¹

Quality of life (QOL) is an eminently human notion, which has been approximated to the satisfaction found in family, loving, social and environmental life, and to the own existential aesthetic. It presupposes the ability to make a cultural synthesis of all the elements that a given society considers its standard of comfort and well-being. The term covers many meanings, which reflect knowledge, experience and values of individuals and communities, which reported to it in different times, places and stories.¹²

Given the above, it is hoped this study contribute to the understanding of the subject, and provide grants for development of specialized care strategies

OBJECTIVE

- Evaluating the quality of life in elderly participants of a group of health promotion.

METHOD

A retrospective longitudinal, observational study of quantitative type. The inclusion criterion was established at the medical records of elderly, who remained as members of a group to promoting health, performed by stage physiotherapy in primary care, belonging to the Faculty Estacio of Alagoas, between the years of 2011 to 2013. The sample was composed by ten (10) records; more specifically, the part of the records found in the Brazilian version of the Assessment Questionnaire Quality of Life Short Form-36 (SF-36).

The SF-36 is a generic instrument for measuring quality of life, developed in the USA. This instrument was translated and validated in Brazil to assessing the quality of life in patients with rheumatoid arthritis,

which proved appropriate to sociocultural and economic situation of the Brazilian population.¹³ For this reason, the SF-36 was the chosen instrument to assessing quality of life of seniors participating in a group of health promotion in the city of Maceio- AL.

The independent variables selected were those which have traditionally been used in research on factors related to quality of life, the SF-36. The questionnaire consists of eight components: physical functioning, bodily pain, general health, vitality, social functioning, emotional problems, and mental health. For each of the eight components there is a scale score with measures of values of one (1) to five (5), which represent, respectively, the lowest value for significance with a big commitment, and the largest for any impairment in QOL of that individual.

Statistical analysis was performed using Excel 2007 program, using XLSTAT plugin. To applying the T student test, with significance level of 5% for comparison analysis between the domains of the SF-36 questionnaire, assessed in 2011 and 2013 in elderly participants of a GPS.

The research project was approved by the Ethics Committee on Human Research of the Faculty Estacio of Alagoas in 2014, under the

CAAE 27111914.2.0000.5012 and based on Opinion 545.651.

RESULTS AND DISCUSSION

In the analysis of GPS, it was noted a predominance of females, being 8 women participants, and only two men. This shows that perhaps this genre, this age group, look over the projects for their social integration.¹⁴ The programs for seniors have mobilized primarily a female audience, while male participation rarely exceeds 20%¹⁵; according to present data that showed 20% of male subjects with call for two years of continuous participation in the GPS.

Regarding the data obtained in this study it was observed that the domain related to Emotional limitation was the one that had the highest average (76,60), in 2011, and the Social Functioning domain was the one that had the highest average (76,25) in 2013. Functional capacity was that presented the lowest average among all domains analyzed in 2011, and the lowest average, in 2013, was the emotional limitations (Table 1).

Table 1. - Comparative analysis of the averages of the evaluation results of the elderly quality of life.

Questionnaire SF-36	2011 (Average ± SD)	2013 (Average ± SD)	p
Functional Capacity	49 ± 25,14	66,5 ± 27,89	0,158
Physical Limitation	60 ± 35,74	65 ± 3,74	0,751
Pain	61 ± 17,58	69,2 ± 24,40	0,4
General State of Health	54,4 ± 17,17	74,4 ± 16,61	0,016*
Vitality	62,5 ± 19,61	63 ± 22,75	0,959
Social Aspects	60 ± 28,13	76,25 ± 21,61	0,165
Emotional Limitation	76,6 ± 41,72	60 ± 37,84	0,362
Mental Health	60,4 ± 23,50	70,4 ± 16,13	0,282

p < 0,05

Comparative analysis of the sample among domains of the questionnaire SF 36 showed significance level between the analyzed periods (2011 and 2013), only in the field of general health. This may have resulted from the small size of the sample. This sample was reduced by the inclusion and exclusion of the elderly in the periodic GPS, which often occurs for reasons of family commitments made by the elderly.

In matters pertaining to the General State of Health it wonders with the individual how it assesses its health, if it believes that its health tends to worsen in the future, if it considers that sick more easily than others; and if it considers its excellent health. This area had the second highest average among the 10 records studied, the individuals participating in the GPS, in 2011, which was (54,4); and in 2013, the average was (74,4),

the highest average, compared to other areas of the same year. In a study comparing groups of individuals participating in physical activity, and sedentary elderly he found that physically active older people have a better quality of life.¹⁴ This best result of quality of life was mainly the domain General Health, with an average of 78 points, compared to just 58 points, the sedentary group, which corroborates the present study because of the activities developed in the GPS study is the practice of physical activity.

In a similar study, using the SF 36 questionnaire in 87 seniors in the state of Minas Gerais, noted that the practice of physical activity on a regular basis, was associated with better quality of life, especially in the Functional Capacity, State General health, Vitality, Social Functioning, and Mental health.¹⁶

Functional capacity is the functionality that the individual has to feed, bathe, dress, go to the bathroom and keep its independence.¹⁷ It refers to the question of the SF-36, about his ability to perform vigorous activities, requiring much effort. The average of all patients in this item was 49, in 2011, and in 2013 was 66,50 (Table 1). Functional capacity was established as an important indicator of well-being of the population, contributing to their best independence and autonomy.¹⁸ In a study comparing the quality of life of sedentary elderly patients, and practicing physical exercises at the University of Franca, using the SF-36 questionnaire showed that the sedentary group achieved in this area, the average of 59 points against 63,3 points, the group of elderly practicing physical exercises.¹⁹ In this longitudinal study, the elderly are practitioners physical activity.

The scores obtained in Physical Limitation domain, which questions the elderly about the amount of time he dedicates to his work, and other activities. The average in this regard was 60, in 2011; and 65 in 2013. In studies comparing the QoL of elderly and sedentary elderly practitioners of physical activities by means of the SF-36, we found a lower score, physical problems in the field, in the group of sedentary elderly.¹⁹⁻²⁰

Pain may be related to chronic pathological processes, which extend for months or years, and the various diseases that affect the elderly, which can be sources of chronic pain.²¹ This domain in SF-36 questionnaire consists of two questions, and the first asked about the pain in the body, which the individual felt the last four weeks, and the second question, the individual is asked about how much did pain interfere in their work. This study was directed to domestic work and in this context, the averages were 61 points in 2011; and 69.2 points in 2013. High average in this area associated with groups of active seniors, allow us to infer that physical exercise can minimize the effects of pain in elderly.²²

Vitality was the domain in which it was found smaller increase in average among the records of individuals participating in the GPS, in the analyzed years, the average being 62.5 in 2011; and 63 in 2013. This area is represented by the questioning, the elderly, about the time that, during the day, he feels full of vigor, willpower, strength, and how long he feels tired. In a study conducted in Minas Gerais, comparing the QOL of elderly participants and non-participating members of community groups, we found that elderly participants in social groups, and obtained

better average in the category of SF36 Vitality, that elderly people who did not participate in groups, possibly because they were the most active participants in the elderly group than non-participants.¹⁸ A little perceived difference may have occurred because the GPS study developed physical activity, since 2011, and thus could not analyze the action alone physical activity, because it was present in both periods evaluated.

The domain Social Aspects obtained averages 60 and 76, 25 -- in the years 2011 and 2013 -- respectively. Although the social relations of the elderly usually happen in familiar surroundings and that seniors who participate in social groups, extend their relationships with their peers within the group, they increase social support.²³ In the comparative study with elderly fitness enthusiasts and sedentary elderly was observed that the domain Social Aspects presents itself as a strong predictor of encouragement to the elderly, so that it integrates projects, which are associated with physical activity.¹⁴

In the present study, the Emotional limitation was the only domain in which we found a decline in the average obtained in 2013 and 2011 and 76.6 points in 2011 and 60 in 2013 In a study it was observed that a group sedentary elderly had higher average in this area, that the group of active elderly.²⁰ This may be associated with the subjectivity of issues related to mental health, and may correspond not only to physical exercise and health education activities, but also, a good family and social relationship.

Mental health is the emotional balance between internal equity and external demands or experiences. It is the ability to manage their own lives and emotions within a wide spectrum of variations without, however, losing the value of the real.²⁴ An active lifestyle can control symptoms and prevent disease, improve, and maintain physical fitness and improve the ability to perform daily activities, which provides physiological, psychological and social benefits that can reduce anxiety and improve mood.²⁵ In this study, the average of the Mental Health domain obtained in 2011 was 60.4 points. Already in 2013, the average obtained in this same area was 70.4 points.

The elderly, in the current context, are faced with new requirements requiring an adaptation effort on the part of these.²⁶ The development of various activities within the group, instigates the construction of a utopia of healthy aging.²⁶ Activities regular physical,

present in GPS, cause benefits in biological, psychological and social dimensions of the elderly that can improve and/or maintain and/or slow the decline in the levels of functional capacity in elderly.²⁸ This facilitates the development of successful aging and necessary adjustments in the aging process.

We observed in this study, a numerical improvement in almost all domains of quality of life questionnaire administered in 2013 that applied in the same group, in 2011. These results seem to confirm the importance of GPS in various aspects is a part of everyday life of the elderly.

The important thing is that the actions for physical activity do not have the intention only of occupation and decrease idleness of the elderly or treat it as a person incapable. Therefore only offer physical activity in the group is not sufficient. Programs in this direction should be preceded by information about the benefits of these activities; and on the need to assess the conditions, needs and expectations of this population, in relation to a change of behavior.²³

The dialogic model of education, health, proposes the construction of knowledge, based on dialogue, where teacher and student take an active role in the learning process through a critical and reflective approach to reality.²⁹ Thus, knowledge of benefits of physical activity, recognized as facilitating the formation of habits focused on health promotion, must be transmitted in the form of dialogue, so that the construction of this occurs among the elderly need to know.

CONCLUSION

The analysis of the quality of life of the GPS participants, through the questionnaire SF36, was able to reveal advances in several areas of the same. Among them, we highlight the general health, which achieve statistical significance in this study.

The GPS are capable of impacting the health of the population, and stresses the importance of training and the implementation of GPS by health professionals. Health professionals should act as promoters of health "with" and not "for" in relation to assisted community and seeking the addition of references of public health and health education through the construction of planned practices, and engaged.

Finally, it is suggested that further research be done with a larger sample, a result of which the results showed statistical significance in only one domain.

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