Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

RISK FACTORS AND OBESITY IMPACTS ON THE OBESE ELDERLY LIVES

FATORES DE RISCO E AS REPERCUSSÕES DA OBESIDADE NA VIDA DE IDOSOS OBESOS

FACTORES DE RIESGO Y LAS REPERCUSIONES DE LA OBESIDAD EN LA VIDA DE LOS ANCIANOS OBESOS

Kay Francis Leal Vieira[1], Adriana Lira Rufino de Lucena[2], Khivia Kiss da Silva Barbosa[3], Fabiana Ferraz Queiroga Freitas[4], Marta Mirian Lopes Costa[5], Josilene da Silva Macena[6]

ABSTRACT

Objective: to identify the risk factors and the impact of obesity in the obese elderly. ***Method:*** descriptive study, with a quantitative approach, carried out during the months of March and April 2013, with 30 obese elderly registered in a family health unit of Bayeux/PB. The data were collected through semistructured instrument and analyzed by frequencial statistic from the presentation in tables. A biometric Health Unit balance was used, where height and weight were verified for each elderly. The research project has been approved by the Ethics Committee in Research, CAAE 13366613.5.0000.5179. ***Results:*** the use of alcohol (50%) fat diet (70%) and lack of physical activity (63%) were identified as major factors associated with obesity. ***Conclusion:*** the results obtained showed a reflection about health policy for elderly care, in different contexts. ***Descriptors:*** Elderly; Obesity; Risk factors.

RESUMO

Objetivo: identificar os fatores de risco e as repercussões da obesidade em idosos obesos. ***Método***: estudo descritivo, com abordagem quantitativa, realizada durante os meses de março e abril de 2013, com 30 idosos obesos cadastrados em uma Unidade de Saúde da Família de Bayeux/PB. A coleta de dados foi realizada por meio de instrumento semiestruturado e analisados pela estatística frequencial a partir da apresentação em tabelas. Foi utilizada uma balança biométrica da Unidade de Saúde, onde foram verificados peso e altura de cada idoso. O projeto de projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 13366613.5.0000.5179. ***Resultados***: o uso de álcool (50%), dieta hiperlídica (70%) e falta de atividade física (63%) foram identificados como principais fatores associados à obesidade. ***Conclusão***: os resultados obtidos corroboram para uma reflexão acerca das políticas de saúde para atenção aos idosos, nos diferentes contextos. ***Descritores***: Idoso; Obesidade; Fatores de Risco.

RESUMEN

Objetivo: identificar los factores de riesgo y las repercusiones de la obesidad en ancianos obesos. ***Método***: estudio descriptivo, con enfoque cuantitativo, realizada durante los meses de marzo y abril de 2013, con 30 ancianos obesos inscriptos en una Unidad de Salud de la Familia de Bayeux/PB. La recolección de datos fue realizada por medio de instrumento semi-estructurado y analizados por la estadística frecuencial a partir de la presentación en tablas. Fue utilizada una balanza biométrica de la Unidad de Salud, donde fueron verificados peso y altura de cada anciano. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE 13366613.5.0000.5179. ***Resultados***: el uso de alcohol (50%), dieta hiperlípidica (70%) y falta de actividad física (63%) fueron identificados como principales factores asociados a la obesidad. ***Conclusión***: los resultados obtenidos corroboran para una reflexión acerca de las políticas de salud para atención a los ancianos, en los diferentes contextos. ***Descriptores***: Anciano; Obesidad; Factores de Riesgo.

[1]Nurse, Specialist Professor in Family Health, Nursing School Nova Esperança/Facene. João Pessoa (PB), Brazil. E-mail: adriana.lira.rufino@gmail.com; [2]Nurse, Master degree Professor in Nursing in Public Health, Federal University of Campina Grande/UFCG. Campina Grande (PB), Brazil. E-mail: khiviakiss@yahoo.com.br; [3]Psychologist, Master degree Professor and PhD in Social Psychology, Nursing School Nova Esperança/Facene. João Pessoa (PB), Brazil. E-mail: kayvieira@yahoo.com.br; [4]Nurse, Master degree in Nursing in Public Health, Federal University of Campina Grande/UFCG. Campina Grande (PB), Brazil. E-mail: fabianafqf@hotmail.com ; [5]Nurse, PhD Professor in Sociology, Graduation/Post-Graduation, Federal University of Paraíba/PPGENF/UFPB. João Pessoa (PB), Brazil. E-mail: marthamiryam@hotmail.com; [6]Nurse, Hygiene Coordinator of Childrens´ Hospital João Marsicano. Bayeux (PB), Brazil. E-mail: josinhamacena@gmail.com

INTRODUCTION

The increase in the elderly population is a worldwide phenomenon and it has been quickly processing especially in developing countries. This demographic transition has been followed by changes in the epidemiological profile, increasing people with diseases, complications or weaknesses that imply functional limitations, leading to the need for further adjustments in social policies, particularly those related to health, welfare and social assistance.

Brazil has 18 million people above 60 years old, which represents 12% of the Brazilian population. Paraiba has, in relative numbers, 391 thousand elderly, representing 10.8% of this age group in the State.[1] Most of the elderly have at least one chronic disease, since the rhythm of the aging process and the impact on the quality of life depend on economic, genetic, demographic, behavioral and sociocultural factors, however, not all are limited by these diseases and can lead a relatively normal life.

Aging cannot be avoided, but it could be quiet and healthy, since people are aware and prepared to face the changes that will come. To evaluate this process, it is important to note in addition to the integration of biological and physiological aspects, lifestyle throughout its existence, which will reflect on their quality of life. Among the changes, the prevalence of overweight/obesity in this age group has been highlighting, worrying factor in public health, due to susceptibility to occurrence of diseases, reduction functional capacity and mortality, especially in this population.[2]

Obesity is characterized as excessive accumulation of body fat, coming from a chronic imbalance between energy intake and energy expended. This lack of control can be caused by several factors related to lifestyle (diet and exercise), neuroendocrine changes, environment, social, economic, metabolic, endocrine and psychiatric factors.[3] Consequently, the treatment of obesity is complex and must be multidisciplinary and interdisciplinary because more than the mere weight reduction, it must aim at the changes in lifestyle, which must be maintained permanently.[4]

Obesity is considered a chronic disease that affects thousands of people worldwide, so it is necessary to deepen understanding about the role of nutrition in the elderly, as well as the importance of monitoring control in weight, so through this, can promote greater autonomy and maintenance of the independence of the elderly.

It is essential that health professionals can provide strategies and actions to this population, proposing appropriate measures to be adopted new lifestyle, such as healthy eating habits and physical activity practices in order to achieve a better quality of life. With that, this study aims to:

- Identify the risk factors and the impact of obesity in the elderly obese.

METHOD

Descriptive study, with a quantitative approach, held at a Family Health Unit São Lourenço, located in the municipality of Bayeux/PB.

The population was 30 elderly obese registered and assisted in that unit. The sample was 30 elderly people with more than 60 years old and after being taken into consideration the following criteria: elderly in physical and psychological conditions to respond to the questionnaire, be monthly assisted in the Unit, accepting to participate voluntarily in the study and presenting the body mass index (BMI) between 32.1 and 37.0 for women and between 30.1 and 35.0 for men, values based on the BMI for elderly people.[5] A biometric Health Unit balance was used, where height and weight were verified for each elderly.

The data were collected during the months of March and April 2013, through semi-structured instrument and analyzed by frequencial statistic from the presentation in tables.

In this study, ethical aspects recommended by Resolution 466/12 of the National Health Council were considered and the research project has been approved by the Committee of Ethics in Research/CEP, Nova Esperança Nursing School/SURESH, under CAAE 13366613.5.0000.5179.

RESULTS

In this study 30 elderly registered and assisted monthly in the Health Unit have participated, whose socio-demographic profile is described in table 1.

Table 1. Socio-demographic profile of the participants, Bayeux – PB, 2013.

Variable	n	%
Gender		
Male	08	27
Female	22	73
Age Group		
60 to 65 years old	04	13
66 to 70 years old	09	30
71 to 75 years old	04	13
Up to 75 years old	13	44
Marital Status		
Single	02	7
Married	14	46
Divorced	04	14
Widower	10	33
Education		
Did not go to school	03	10
Elementary School	22	73
High School	05	17
Income		
1 minimum wage	22	73
2 minimum wages	07	24
3 or more minimum wages	01	3,3

In accordance to the objective proposed in this study, the risk behaviors that can promote obesity have been investigated together with the elderly. Such data can be seen in table 2.

Table 2. Risk factors associated to obesity, Bayeux – PB, 2013.

Variables	n	%
Use of alcohol		
Yes	15	50
No	15	50
Physical Activity practice		
Yes	11	37
No	19	63
Fat diet		
Yes	21	70
No	09	30

Obesity can cause many harmful effects in people's lives, especially in the elderly population. Such consequences of obesity have been investigated by the participants and are described in table 3.

Table 3. Consequences of obesity, Bayeux – PB, 2013.

Variable	n	%
Difficulties arising from obesity		
Walking	9	30
Breathing	8	26,67
Daily life activities	8	26,67
Sleep	5	16,66
Prevalent diseases		
Hipertenssion	9	30
Osteoporosis	7	23,33
Diabetes	6	20
Cardiovascular Deseases	6	20
Cancer	2	6,67

DISCUSSION

The data of this research reflect the trend of ageing of the Brazilian population, where people with more than 60 years old add up to 23.5 million of Brazilians, more than double of the registered in 1991, when the age group was 10.7 million people.[1]

The emergence of better socioeconomic, cultural and technological conditions experienced in our country in recent decades, has helped to improve the living conditions and health of the population, cooperating to increase life expectancy.[6]

The highest life expectancy among women is universal. In Brazil, this group at birth expect living 7.6 years longer than men, although mortality rates are highest among them, presenting higher prevalence of chronic diseases in comparison to men. These differences between the genders are due to a combination of biological, environmental and behavioral factors.[7]

As regards marital status, there was high rate of marriage. Marriage is of every society the basis of the family and a traditional and solemn act that happens in humanity. The presence of a companion favours the exchange of care, experiences sharing and can improve the self-esteem of the elderly.[8]

In the period of 1999 to 2009 the relative weight of the elderly in the illiteracy has grown up, from 34.4% to 42.6%. The lack of education is considered one of the biggest social problems in Brazil, because in the midst of so many investments and programs that are created for the reduction of illiterates, there is not a considerable decrease, mainly in the North and Northeast regions,[1.9-10]

The prevalence of obesity in old age is worrying, causes increased risk for chronic diseases, for the emergence of functional incapacity, worsen the quality of life, and consequently, the risk of death. The health risks arise with advancing age, and added to alcohol use, physical inactivity and low income contribute to the prevalence of non-communicable chronic diseases. Low income from retirement or lack of it, implies the state of health of the elderly, once the economic situation influences the diversity and quality of the foods used in the purchase of medicines, clothing, housing, influencing the level of health, and may compromise the physical function of the elderly, therefore, increase the demand on health services.

Alcohol is the most consumed drug in the world and according to data from the World Health Organization, approximately 2 billion people are dependent on or use alcoholic beverages too. Their misuse is one of the main factors that contribute to the reduction of world health, being 3.2% of all deaths and 4% of all lost years of useful life. When these indexes are analyzed in relation to Latin America, alcohol has even a greater importance. About 16% of years of life lost in this continent are related to improper use of that substance, index four times higher than the world average.[11]

This product is connected to the effects in the central nervous system and is also appointed as appetite stimulator. It has an energy value that depending on the amount, frequency and mode of consumption ingested, have the ability to increase daily caloric needs of an individual, leading to overweight.[12]

Sedentary presents personal risk of illness, severely attenuates the decline in bodily functions, and reflects the emergence of diseases such as: cardiovascular diseases, hypertension, diabetes and obesity melittus. It is necessary that when ageing, the elderly become aware that the regular practice of activity abducts the risk factors common to the elderly, promoting successful ageing.[13]

Avoiding sedentary decreases 40% in the risk of death from cardiovascular diseases,

thus physical exercise associated to a proper diet, it is able to reduce 58% the risk of progression of type II diabetes, demonstrating that a small change in behavior can lead to great improvement in health and quality of life.[14]

It is understandable that the regular practice of physical activity provides improvement in mobility, intervening in the muscle weakness process, contributing to the strengthening of bones, preventing events like the falls, but mainly, it stimulates the individual to perform their activities of daily life, extending its functional independence. In addition, it intervenes in the functioning of the immune system, increases self-esteem, relieves stress, and stimulates the social conviviality, delivering well-being. Therefore, to promote this practice, it is a priority action in the promotion of healthy habits.

It is difficult to determine quantitatively the relative importance of a single risk factor for obesity because many are interconnected, but it is known, for example, that the weight loss and subsequent fat reduction, in general, in addition to normal levels of cholesterol and triglycerides, exert a beneficial effect on blood pressure. The reduction of 5 to 10% of body weight causes a significant improvement in metabolic control, reduces the number of apneas and hyponymy during sleep and also supresses the mortality related to diabetes mellitus.[15]

Difficulties to carry out the activities of daily living (ADL) were also mentioned by the elderly. In this sense, it should be noted that the studies conducted in Brazil also show that almost half of the elderly need some help for performing at least one of these tasks and a significant minority has proved to be highly dependent on them.[16-17] Then, the impact of obesity on quality of life of the elderly is irreparable, limited, not only in their ADL, but also in their emotional state, their social life and especially, in their physical health.

It is known that the functional capability is one of the most significant issues in the elderly by determining the level of quality of life, becoming one of the main components in the evaluation of the welfare of individuals in this age group. In this way, it can be seen that health is no longer measured by the presence or absence of disease, but by the degree of preservation of functional capacity.[18]

Hypertension, Melittus Diabetes, cancer and cardiovascular diseases are the most common disorders diagnosed in elderly, which may increase mortality among people with overweight and obesity, in addition to being considered as part of the group of non-communicable chronic diseases, responsible for generating a large number of premature deaths, decreasing quality of life, associated with an increase in health care costs.[19]

Cases of type 2 diabetes and hypertension are closely related to obesity and overweight, which can increase in the duration of these conditions, since the increase of body weight, favors the emergence and aggravation of chronic complications.[3] It is therefore possible to consider obesity as the second largest preventable risk factor for cancer, evident in the colon, breast, kidney and digestive system, after only to smoking.[21]

It is observed that cardiovascular diseases remain as a leading cause of death and disability in the elderly.[6] Pubic health policies in Brazil have focused strategies to combat this problem through intersectoral actions preventive and health promotion. Among these actions are the monitoring of risk factors and health care centered on healthy diets, physical activity practice, reduction of smoking and alcoholism.

With aging, various physiological changes occur, many arising from chronic diseases such as osteoporosis, leading to greater vulnerability and increased prevalence of morbid frames. This pathology can result in the loss of physical mobility, factor that can generate dependency of the elderly and the chronic conditions associated with this process, negatively affect the individual to walk, drive, shop, exercise, limiting them many times, in performing their daily activities, contributing to the decrease in well-being and quality of life.

The elderly with overweight or obesity, presenting related diseases needs guidelines of risk factors, of the pathology, treatment and its impact combined with the other risks. Thus, it is essential that health professionals provide a care education, embodied in educative actions, monitoring of blood pressure, weight, dietary supervision, providing an interactive interface, which offer conditions to achieve goals of well living.[22]

Elderly assistance must maintain the quality of life, considering the processes of the own losses of aging and the possibilities of prevention, rehabilitation and maintenance of their state of health, in this perspective of overcoming the dilemmas and challenges, health professionals need to put into practice the guidelines of existing public policies, in search of techno-assistance model transformation in health, in the reorganization of health services and on the appropriateness of the education of these professionals.

CONCLUSION

The main risk factors for obesity in the elderly are alcohol consumption, the lack of physical exercise and a high-fat diet. Obesity causes damage to health of the elderly, such as hypertension, diabetes, osteoporosis, cardiovascular diseases and cancer.

It is good to consider the issue of permanent education, in particular for professionals of Family Health Units, with a view to planning and proposal of effective actions aligned to the consolidation of the single Health System, building a basic care efficient and decisive for this age segment.

To achieve better results during the assistance, it is essential that during the practice of geriatric care, they can involve the elderly as protagonist, critical, reflective and active agent, under the decision-making that constitute central strategies in all care involving the overweight/obesity and the care of themselves.

It is expected then, that this research will serve as a subsidy for other deeper studies about the issue herein referred to, aiming to become a humane practice, greater social completeness, where everyone can participate in the construction of a society with better living conditions, especially for the elderly, so that they can participate effectively in the decision-making in their environement.

REFERENCES

1. Instituto Brasileiro de Geografia e Estatística [Internet]. Censo demográfico 2010: IBGE [cited 2014 May 13]; 2010. Available from: http://www.ibge.gov.br/home/presidencia.

2. Santos ACO, Machado MMO, Leite EM. Envelhecimento e alterações do estado nutricional. Rev bras geriatr gerontol [Internet]. 2010 [cited 2014 Apr 13];4(3):168-75. Available from: http://www.sbgg.org.br/profissionais/arquivo/revista/volume4-numero3/artigo08.pdf

3. Andrade FB, Junior AFC, Kitoko PM, Batista JEM, Andrade TB. Prevalence of overweight and obesity in elderly people from Vitória-ES, Brazil. Ciênc saúde coletiva [Internet]. 2012 [cited 2014 May 02];17(3):749-56. Available from: http://www.scielo.br/pdf/csc/v17n3/v17n3a22.pdf

4. Bueno JM, Leal FS, Saquy LPL, Santos CB, Ribeiro RPP. Educação alimentar na obesidade: adesão e resultados antropométricos. Rev nutr [Internet]. 2011 [cited 2014 May 20];24(4):575-84. Available from: http://www.scielo.br/pdf/rn/v24n4/v24n4a06.pdf

5. Organização Mundial da Saúde. Relatório Mundial. Cuidados inovadores para condições crônicas: componentes estruturais de ação. Brasília (DF): OMS, 2003.

6. Campolina AG, Adami F, Santos JLF, Lebrão ML. A transição de saúde e as mudanças na expectativa de vida saudável da população idosa: possíveis impactos da prevenção de doenças crônicas. Cad saúde pública [Internet]. 2013 [cited 2014 Apr 24];29(6):1217-29. Available from: http://www.scielosp.org/pdf/csp/v29n6/a18v29n6.pdf

7. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde, Departamento de Análise de Situação de Saúde. Saúde Brasil 2011: uma análise da situação de saúde e a vigilância da saúde da mulher [Internet]. Brasília: Ministério da Saúde. 2012 [cited 2014 Apr 14]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/saude_brasil_2011.pdf

8. Silva BO, Silva RMCRA, Pereira ER, Silva MA. Implicações da viuvez na saúde: uma abordagem fenomenológica em Merleau-Ponty. J Nurs UFPE on line [Internet]. 2009 [cited 2014 Apr 05];3(4):1250-6. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/146/pdf_1001

9. Diniz GM, Machado DQ, Moura HJ. Políticas públicas de combate ao analfabetismo no Brasil: uma investigação sobre a atuação do Programa Brasil Alfabetizado em municípios do Ceará. Rev adm pública [Internet]. 2014 [cited 2014 Apr 12];48(3):641-66. Available from: http://bibliotecadigital.fgv.br/ojs/index.php/rap/article/viewFile/23530/22290

10. Oliveira PB, Tavares DMS. Condições de saúde de idosos residentes em Instituição de Longa Permanência segundo necessidades humanas básicas. Rev bras enferm [Internet]. 2014 [cited 2014 Apr 12];67(2):241-46. Available from: http://www.scielo.br/pdf/reben/v67n2/0034-7167-reben-67-02-0241.pdf

11. World Health Organization. Global Status Report on Alcohol 2004. Geneva: WHO, 2004.

12. Hernández BT, Vásquez C, Silva JRA, Virgen MEJ, LandaTEM, Figueroa OBV et al. Frecuencia y factores de riesgo asociados a sobrepeso y obesidad en universitarios de Colima, México. Rev salud pública [Internet]. 2010 [cited 2014 Apr 09];12(2):197-207.

Available from: http://www.scielosp.org/pdf/rsap/v12n2/v12n2a03.pdf

13. Neto MG, Castro MF. Estudo comparativo da independência funcional e qualidade de vida entre idosos ativos e sedentários. Rev bras med esporte [Internet]. 2012 [cited 2014 Apr 07];18(4):234-37. Available from: http://www.scielo.br/pdf/rbme/v18n4/v18n4a03.pdf

14. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde, Departamento de Análise de Situação de Saúde. Saúde Brasil 2009: uma análise da situação de saúde e da agenda nacional e internacional de prioridades em saúde [Internet]. Brasília: Ministério da Saúde. 2010 [cited 2014 Apr 24]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/saude_brasil_2009.pdf

15. Barros CR, Cezaretto A, Salvador EP, Santos TC, Catania AS, Ferreira SRG. Implementação de programa estruturado de hábitos de vida saudáveis para redução de risco cardiometabólico. Arq bras endocrinol metab [Internet]. 2013 [cited 2014 Apr 17];57(1):7-18. Available from: http://www.scielo.br/pdf/abem/v57n1/a02v57n1.pdf

16. Ramos LR, Andreoni S, Coelho-Filho JM, Costa MFL, Matos DL, Rebouças M et al. Perguntas mínimas para rastrear dependência em atividades da vida diária em idosos. Rev Saude Publica [Internet]. 2013 [cited 2014 Apr 17];47(3):506-13. Available from: http://www.scielo.br/pdf/rsp/v47n3/0034-8910-rsp-47-03-0506.pdf

17. Duca GFD, Martinez AD, Bastos GAN. Perfil do idoso dependente de cuidado domiciliar em comunidades de baixo nível socioeconômico de Porto Alegre, Rio Grande do Sul. Ciênc saúde coletiva [Internet]. 2012 [cited 2014 Apr 17];17(5):1159-65. Available from: http://www.scielosp.org/pdf/csc/v17n5/a10v17n5.pdf

18. Brito TA, Fernandes MH, Coqueiro RS, Jesus CS. Quedas e capacidade funcional em idosos longevos residentes em comunidade. Text & context nursing [Internet]. 2013 [cited 2014 Apr 05];22(1):43-51. Available from: http://www.scielo.br/pdf/tce/v22n1/pt_06.pdf

19. Santos RR, Bicalho MAC, Mota P, Oliveira DR, Moraes EM. Obesidade em idosos. Rev méd Minas Gerais [Internete]. 2013 [cited 2014 Apr 25];23(1):64-73. Available from: file:///C:/Users/HP/Downloads/595-1745-1-PB.pdf

20. Deborah CM. Doenças Crônicas Não Transmissíveis, um grande desafio da sociedade contemporânea. Ciênc saúde coletiva [Internete]. 2014 [cited 2014 Apr 25];19(1):4. Available from: https://docs.google.com/viewer?url=http://www.redalyc.org/pdf/630/63029655001.pdf&chrome=true

21. Goulart D, Engroff P, Ely LS, Sgnaolin V, Santos EF, Terra NL et al. Tabagismo em idosos. Rev bras geriatr gerontol [Internet] 2010 [cited 2014 Apr 15];13(2):313-20. Available from: http://revista.unati.uerj.br/pdf/rbgg/v13n2/v13n2a15.pdf

22. Bezerra STF, Silva LF, Guedes MVC, Freitas MC. Percepção de pessoas sobre a hipertensão arterial e conceitos de Imogene King. Rev gaúch enferm [Internet] 2010 [cited 2014 Apr 17];31(3):499-507. Available from: http://www.scielo.br/pdf/rgenf/v31n3/v31n3a13.pdf

Submission: 2014/08/07
Accepted: 2014/01/28
Publishing: 2015/01/01

Corresponding Address

Adriana Lira Rufino de Lucena.
Rua Durval Ribeiro de Lima, 100
Bloco D, Ap. 601
Bairro Miramar
CEP 58032-085 – João Pessoa (PB), Brasil