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IDENTIFICATION OF HEALTH DISORDERS THAT LEAD THE ELDERLY TO THE EMERGENCY SERVICE

IDENTIFICAÇÃO DOS AGRAVOS DE SAÚDE QUE LEVAM OS IDOSOS AO SERVIÇO DE EMERGÊNCIA

IDENTIFICACIÓN DE TRASTORNOS DE SALUD QUE LLEVAN LOS ANCIANOS AL SERVICIO DE EMERGENCIAS

Danielle Moura Tenório¹, Alessandra Conceição Leite Funchal Camacho²

ABSTRACT

Objective: identifying the main health problems of the elderly in emergency department. **Method:** a documentary research study, observational of cross-sectional type with a quantitative approach in the Emergency sector of two public hospitals in the state of Rio de Janeiro/RJ. The subjects were elderly who were admitted to emergency departments. The research project was approved by the Research Ethics Committee, protocol 04805612.8.0000.5243. **Results:** participated in the study 40 patients with cancer, hypertension, heart disease, diabetes and others. Of these patients 65% entering the emergency department was related to their underlying disease; and 35% were admitted to the service for reasons unrelated to underlying disease. **Conclusion:** according to the findings of this research, it can plan measures for diseases prevention, making nursing care relevant. **Descriptors:** Emergency Nursing; Elderly Care; Accident Prevention.

RESUMO

Objetivo: identificar os principais agravos à saúde do idoso no serviço de emergência. **Método:** estudo de pesquisa documental, observacional do tipo transversal, com abordagem quantitativa no setor de Emergência de dois hospitais públicos do estado do Rio de Janeiro/RJ. Os sujeitos foram idosos que deram entrada nos serviços de emergência. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, protocolo n.º 04805612.8.0000.5243. **Resultados:** participaram 40 pacientes com câncer, hipertensão arterial, cardiopatias, diabetes entre outras. Destes pacientes 65% a entrada no serviço de emergência tinha relação com sua doença de base; e 35% deram entrada no serviço por motivo sem relação com doença de base. **Conclusão:** a partir dos achados dessa pesquisa, é possível planejar medidas de prevenção dos agravos encontrados, tornando-se relevante os cuidados de enfermagem. **Descritores:** Enfermagem em Emergência; Saúde do Idoso; Prevenção de Acidentes.

RESUMEN

Objetivo: identificar los principales problemas de salud de los ancianos en el servicio de urgencias. **Método:** es un estudio de investigación documental, observacional del tipo transversal con un enfoque cuantitativo en el sector de urgencias de dos hospitales públicos en el estado de Río de Janeiro/RJ. Los sujetos eran ancianos que fueron admitidos en los servicios de urgencias. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, protocolo 04805612.8.0000.5243. **Resultados:** participaron 40 pacientes con cáncer, hipertensión, enfermedades del corazón, diabetes y otras. De estos pacientes 65% en el departamento de emergencia estaba relacionado con la enfermedad de base; y el 35% ingresó en el servicio por razones ajenas a la enfermedad subyacente. **Conclusión:** de acuerdo con los resultados de esta investigación, se puede planificar las medidas de prevención de enfermedades que se encuentran, por lo que es el cuidado de enfermería pertinente. **Descriptores:** Enfermería en Emergencia; Cuidado a Ancianos; Prevención de Accidentes.

¹Egress Nurse, Nursing School Aurora de Afonso Costa, Fluminense Federal University/EEAAC/UFF. Niterói (RJ), Brazil. Email: danielletenorio.act@gmail.com; ²Nurse, Professor of Nursing, Nursing School Aurora de Afonso Costa, Fluminense Federal University/EEAAC/UFF. Niterói (RJ), Brazil. Email: cicacamacho@uol.com.br

INTRODUCTION

Aging is a universal, progressive, gradual process involving a sum of factors with emphasis on the social, psychological, environmental and biological factors, which are closely related; and can speed up or slow down this process.¹ In Brazil, demographic data show that the population is in a quick process of aging and as a result, every year, there is a significant increase in the number of elderly people in our society.²

There are in Brazil approximately 20 million people aged over 60, representing at least 10% of the population. According to statistical projections of the World Health Organization, in the 1950-2025 period, the group of elderly in the country should be increased by fifteen times, while the total population in five. Thus, Brazil will occupy the sixth place as the number of elderly people, reaching, in 2025, about 32 million people aged 60 or older.²

Importantly, there is a difference in the aging process when comparing developed and developing countries, like Brazil. Thus we have that in developed countries the aging process occurred gradually and jointly the general conditions of life improvements, as in developing countries this process happened quickly, not allowing occurred a social and health reorganization to meet this demand.

It is considered a function of public policies contributing to an increased number of people reach older ages and with best possible health status, aiming to active and healthy aging. Thus Brazil walks at an accelerated rate for a demographic profile increasingly aged, which implies the need to adapt social policies, particularly those geared to meet the growing demands in the areas of health, welfare and social assistance.²

In Brazil there is a reorganization and adaptation to better serve and due form to this population, and for it policies, laws and statutes were created. Law 10.741/03 from 1st October, 2003, which deals with the status of the elderly and other provisions in Art. 9, which is the state's obligation to guarantee the elderly the protection of life and health by execution of public social policies that allow for healthy aging and in conditions of dignity.³

We need health services and professionals working in this area to understand this change and to be able to work. According to Chapter IV, of the right to health of Law 10.741/03, from 1st October, 2003, that deals with the status of the elderly and other provisions in

Art. 18, health institutions must meet criteria minimum to meet the needs of the elderly, promoting training and professional training and guidance to family caregivers and self-help groups.³

When talking about change in the health-disease process, we understand that what makes the elderly to seek health services, are typical cases, specific to aging. In the case of health problems the health service being sought is the Emergency Service. In this context we have, the emergency care is given, even today, predominantly in services that work exclusively for this purpose - the traditional emergency rooms, and these are properly structured and equipped or not.⁴

Open 24 hours a day, these services end up functioning as "port-of-entry" of the health system, accepting emergency patients themselves, patients with frames perceived as emergencies stray patients from primary and specialized care and social needs. Such demands blending into the emergency units overloading them and compromising the quality of care provided to the population.

Given the quick and growing number of seniors who are part of the reality of the country, care for the elderly will increasingly becoming a fact for Brazilian families. In professional practice attention is focused only on the ill, with prevention as the focus of government. In this sense, know the factors causing injuries that occur in emergency with elderly becomes extremely relevant and deeply essential, even more so for nursing which has a holistic look.

This activity has a huge impact on the health, well-being and quality of life of those who provide care, so both deserve attention, given the magnitude of the problems they experience.⁵

The caregiver and the care provider has dual responsibility, self-care and care for the dependent individual given the increase in losses and impairments observed in the biological structure of the elderly, they need to be offset, requiring sacrifices beyond physical and emotional limits. Is of the opinion by the same author that these care providers need to recognize and support the work done, and that research and the quality of life of this individual are needed, as well as approach to make in any way the exercise of the least sorry care. Therefore, the identification of health problems of the elderly in the emergency service can bring care of different strategies and prevention for this clientele.⁶

The elderly need care strategies, and for this using the public health policies available. The relevance of nursing care development for elderly quality of life on the family caregiver brings reflections on the importance of knowing the welcoming strategies of the elderly and their implications for prevention of emergency grievances. The nursing actions proposed for the guidance and care of their families and caregivers has relevant scientific basis, allowing a constant proximity between patient, family/caregivers.

In addition, we cannot ignore such importance of developing and implementing strategies that are in a process of continuous adaptation of the elderly face this reality of illness in the elderly and thus bring significant changes in their families. In the academic world in Nursing this issue has a significant importance because the scholarly corpus requires a feasible deepening with the Brazilian reality and thus, in this respect its relevance is odd for Research in Nursing.

Note that the main old-related problems are unique and the relevance of these before the family caregiver illness should be studied, understood and worked as a necessary challenge for Nursing, in regard to welcoming strategies to this clientele, aimed their quality of life that certainly demonstrates the social relevance of this study.

This study has as **object of study**: the main health problems that lead the elderly to seek emergency service.

The question << ***What are the health problems of the elderly, which makes seeking care in the emergency department?*** >> guided this study. To answer this question the goals were developed:

- Identifying the major health problems of the elderly in the emergency department;
- Analyzing the frequency of health problems in elderly and their causes in the emergency room, justifying the relevance of nursing care.

METHOD

A documentary research of observational and cross-sectional type with a quantitative approach performed with seniors who entered the Emergency sector of two hospitals in the city of Niteroi and in the city of Rio de Janeiro. The choice of these fields took to be reporting units and with considerable quantity of elderly clients assisted in these units.

As inclusion criteria participated in the survey people aged ≥ 60 years old received at the emergency services covered, regardless the gender. Exclusion criteria were the people

who did not appear in the chart data needed for research; people who were not able to supplement the data not obtained by the record.

Survey participants were selected through spontaneous demand, with no sample size calculation, and the non-probability sampling.

The data collection instrument was a structured form to fill in information contained in the records of patients who were selected for the sample. This instrument has provided advantages such as the possibility of achieving a large number of people; lower expenses for personnel, as it requires no training people; saving of time; anonymity of responses; lower risk of distortion by not influence the researcher in the responses; more time to respond and more favorable time. The data collection period was from 24th October 2012 to 30th November 2012.

Data were processed and analyzed in order to meeting the research objectives through simple descriptive statistics.

Nevertheless, this research offered no risk or harm to the subjects involved. The research will benefit oriented strategies in nursing care in emergency services, contributing to the health of the elderly and better development of nursing care. The results will be returned to the place of research in order to contribute to the improvement of the service as a whole through educational prevention activities.

Simple Statistical Analysis was performed by analyzing the results according to the evaluation carried out for adequacy of the information content at the expense of clients assisted in the search scenarios. Later, the data were entered in Microsoft Office Program - Excel/Windows, and presented in tables, charts and tables, organized by group of variables according to the study objectives.

It is worth mentioning that the research project was approved by the Committee of Ethics and Research of the University Hospital Antonio Pedro, Fluminense Federal University, in accordance with Resolution 466, from December 12nd, 2012, of the National Health Council, with protocol 04805612.8.0000.5243, and record 128 911, from 23rd October, 2012.

RESULTS

• Niteroi Unit - Rio de Janeiro

There were fulfilled 20 forms, representing 100%. Of these, 13 patients (65%) were female, and seven (35%) male. We can see that females sought more for emergency service. We can relate this data with data from the National Sample by Household Survey

(PNAD), published by the Brazilian Geography and Statistics Institute which meant that Brazil has nearly 6 million women more than men.²

Regarding age, data were analyzed and grouped into groups of 10 years, in order to facilitate the description and understanding. Thus, we found seven patients (35%) in the group of 60-69 years old; seven (35%) in the group of 70-79; four patients (20%) in the group of 80-89; and two patients (10%) in the group of 90-99.

Regarding age, we have that ages 60-79 years old seek more for emergency services. We correlate this information with the fact that many of these patients age groups are learning to deal with chronic diseases who are carriers. At this point begin to appear the signs and symptoms and often diagnoses; and its complications due to late diagnosis, or non-compliance of the regimen. This fact is relevant because it shows an important role of nursing on the prevention of chronic disease complications.

Watching marital status, we have seven patients (35%) widowed; seven (35%) single; and 06 patients (30%) were married.

Answering the question form about housing, there was obtained that six patients (30%) live alone; six patients (30%) live with their spouse; and eight patients (40%) with children.

We can identify that most patients live with their children. This already indicates indicative of dependence associated with the underlying disease and its weaknesses due to advancing age at the expense of your family. The family environment is the main source of support for the elderly, requiring the stimulus of strengthening family relations in order to reduce the difficulties and anguish experienced by both.⁶

We observed that the majority of patients carry more than one underlying disease, what is quite common in the elderly, due to the aging process. Below is a table that brings the disease found bases, arranged in descending order according to the number of times of occurrences of chronic underlying diseases.

Table 1. Diseases found/number of patients: municipality of Niteroi / RJ, Brazil.

Diseases found	Number of patients n=20	%
Cancer	09	45
Hypertension	07	35
Heart disease	04	20
Alzheimer	03	15
Chronic obstructive disease - DPOC	03	15
Hypothyroidism	02	10
Diabetes mellitus	02	10
Chronic Renal Failure - IRC	01	5
Myelodysplasia	01	5
Gout	01	5

According to the table, we can see that the most frequent diseases were Cancer and Hypertension, respectively. Aging brings cellular changes that increase its susceptibility to malignant transformation. This added to the fact that the cells of older people have been exposed longer to the risk factors for cancer, partly explains why cancer is more frequent in these individuals.⁷

And Hypertension is a very common chronic disease. And its prevalence is high and increases in older age groups, in the case of elderly.⁸

The types of cancer were: colon (02 patients); Gastric (02 patients); breast cancer

(02 patients); prostate cancer (02 patients) and lung (01 patients).

Understanding that pain is a sign/symptom common to many diseases, it is of paramount importance in order to establish a diagnosis and also should be treated in a timely and effective way to provide comfort to the patient, the table below provides the type of pain and the location of pain are important features for a true diagnosis and effective treatment. And to correlate these characteristics with the underlying disease that the patient has.

Table 2. Characteristics of pain: municipality of Niteroi/RJ, Brazil.

Kind of pain	Location of pain	Underlying disease
Chronic	Thoracic region	Lung cancer
Acute	Thoracic region	Acute myocardial infarction/Hypertension
Acute	Precordial region	Breast cancer/hypertension
Acute	MSE Region	Stair fall
Chronic	Gastric region	Gastric cancer
Acute	Epigastric region	Dilated cardiomyopathy
Chronic	Abdominal region	Colon cancer in hepatic angle
Chronic	The anal area	Rectal prolapse
Acute	Generic region	Alzheimer's / Hypertension / Diabetes mellitus

Of the patients who were admitted to the emergency department, 02 (10%) were admitted for the same reason at another time, happened only 01 time with the two patients; which did not occur with the 18 (90%) remaining patients.

♦ Unit of the Municipality of Rio de Janeiro

There were filled 20 forms, representing 100%. Of these, 10 patients (50%) were female, and 10 (50%) were male.

We can relate this data showing the number of men seeking the emergency service. The National Policy for Integral Attention to Men's Health advises that men seek emergency service because it has not the usual habit of regular treatment in primary care services, and do so because they seek care in urgent and emergency situations.⁹

Since the old data were analyzed and grouped into groups of 10 years, in order to facilitate the description and understanding. Thus, we found six patients (30%) in group 60 -

69 years old; 12 (60%) in the age group of 70-79; and two patients (10%) in the group of 80-89.

As you can see, the age group most sought the emergency service was 70-79 years old, we can associate with this data complications of chronic diseases and advancing age are factors that make this age group seek emergency service .

Noting marital status, there have six patients (30%) widowed; four patients (20%) single; and 10 patients (50%) married.

Answering the question form about housing, there was obtained that three patients (15%) live alone; 10 patients (50%) live with their spouse; and seven patients (35%) live with their children.

Below is a table that brings the diseases encountered bases arranged in descending order according to the number of times appeared. It is said that the same patient may carry more than one disease mentioned below.

Table 3. Diseases found/number of patients: Rio de Janeiro / RJ, Brazil.

Diseases found	Number of patients n=20	%
Hypertension - HAS	08	40
Diabetes mellitus	06	30
Cardiopathy	06	30
Cancer	03	15
Alzheimer's	02	10
Obesity	01	5
Chronic obstructive disease	01	5

Of the patients with underlying disease, 7 (38,9%) had more than one; and 11 (61,1%) patients had only one underlying disease.

In a hospital in Niteroi, the most frequent chronic disease was Hypertension. And here followed by diabetes mellitus, which is configured today as a worldwide epidemic, 9% of all deaths are related to it, and the aging population is one of those responsible for its high prevalence.⁸

The cancers were: larynx, lung and without description (one patient of each type).

We note that the slight majority was admitted to the emergency department for reasons related to the underlying disease that carries. As stated before, this data relate to

the fact that common and recurring features complications of underlying diseases, and the impact of chronic diseases throughout the body tries to compensate for the deficiencies caused by them.

The following table provides which the input motif related to the underlying disease.

Table 4. Reason of entry/underlying disease: municipality of Rio de Janeiro/RJ, Brazil.

Kind of pain	Location of pain	Underlying disease
Acute	Head	Diabetes mellitus
Acute	Head	Hypertension
Acute	Retrosternal region	Acute myocardial infarction / Hypertension
Chronic	Abdominal region	Hypertension

DISCUSSION

By analyzing gender data of both units, it was possible to note the difference of the clientele. In Niteroi municipal unit most were female, which commonly happens not only in emergency services. The whole attention policy to Women's Health reports that women are the main users of the Unified Health System (SUS). Attend health services for their own care but above all watching children and other family members, elderly, disabled, neighbors, friends.¹⁰

Factors such as diet, physical inactivity, smoking, excessive responsibility - considerable increase in the number of female-headed households - competitiveness, moral and sexual harassment in the workplace have highlighted relevance in the changing epidemiological profile of women. What ally changes habits, stress promoted by the modern lifestyle, contribute to the chronic diseases are among the leading causes of death in the female population.¹⁰

And at the hospital in the city of Rio de Janeiro there was balance of genders in the search for the health service. As discussed above the sought females is expected to be most in the population, the modern lifestyle and for being caregivers. The male presence is an important point, because in Care National Policy Integral Health Human male population accesses the health system through specialized care, for rehabilitation of health.¹¹

Comparative studies between men and women witness to the fact that men are more vulnerable to diseases, especially the serious and chronic diseases, and die earlier than women. Even with greater vulnerability and high morbidity and mortality rates, men do not seek, as do women, primary care services, what makes seek for the health system by hospital care of medium and high complexity, what increases the morbidity for the delay in attention and greater cost to the health system.

With it, you can see the need for health actions for education of both genders in order to promote self-care, health and prevent chronic diseases and their complications.

Considering the data obtained in relation to marital status and with whom she lives, there was also difference between the units. In a

unit in Niteroi it brought a reality in which most are divided into single and widowed, and most live with their children. And in the municipal unit of Rio de Janeiro most are married and live with their spouse.

The aging increases susceptibility to chronic diseases and disabilities. And they are especially vulnerable to illness, disability and death, those who meet certain demographic, social and economic criteria such as: single and widows, those living alone, socially isolated, without the children and those who have very low-income.¹²

We may associate this evidence that the family context, the caregiver function tends to be assumed by a single person who takes over and responsibility for the care and represents the link between the elderly, the family and the health team.¹³

The designation of the caregiver is informal, although it appears that the process meets certain rules based on factors such as kinship (mostly spouses), gender (predominantly women), physical proximity (those who live with the elderly) and emotional closeness (established by the marital relationship and the relationship between parents and children).

These facts make us understand how important the recovery and empowerment of elderly family, especially the caregiver. For as stated above, is something that happens informally, but brings with it many responsibilities, requires a lot of dedication and attention. It is necessary to consider not only the elderly, as well as the caregiver needs to be well physically and mentally to accomplish what is necessary.

Because despite the difficulties, older people have someone by their side to recovering faster, respond better to treatment, finally has a better quality of life than those who do not have as observed from the research there is no certainty that a particular combination support and family structure favors more the health of older.¹⁴

In both units most seniors carries Base diseases, and in many cases more than one, as I discussed this situation is common and expected for this age group. These include Cancer, hypertension, diabetes and heart disease.

To support this statement, one can see that with the highest concentration of elderly in the population there was an increase of chronic degenerative diseases. Approximately 80% of subjects over 65 have at least one chronic health problem and 10% at least five.¹⁵

Regarding the number of times which was received at the emergency room for the same reason, and if the input reason was related to the underlying disease, units showed the same result. Most were received at the service for reasons related to underlying disease, something that commonly happens. And no recurrence in the pursuit of service for the same reason, which can be considered positive if the health problem that made him seeks for emergency service; at another time there was identified, stabilized, treated and resolved and/or controlled. But, it can be negative if the input subject is a complication of a previous injury which was not identified, stabilized, treated and controlled.

Among the main signs/symptoms found as input reasons in the emergency department are pain complaints, nausea and vomiting, dyspnea, muscle weakness. And the related underlying diseases were cancer, heart diseases, Hypertension.

It was observed that in patients who suffered from cancer pain was the most common input reason, may be associated with other signs/symptoms.

Still considering the findings of cancer patients identified that at the hospital in the city of Niteroi the entry of patients with this disease was higher than in hospital in the city of Rio de Janeiro. This is achieved by differences in the units. The hospital in the city of Niteroi has a closed emergency department, serving patients on outpatient treatment in the unit. And the hospital in the city of Rio de Janeiro sees patients who follow a military career and his family, and the characteristics of patients seeking this differentiated sector.

Increase the supply of services to the health problems of the elderly, with actions aimed at monitoring of disease risk factors, education of health professionals and awareness of those responsible for the construction of health policies in Brazil and in the world can give a care especially the most vulnerable elderly and ensure at the same time, universal access, completeness and equality of nursing care in their specificities as well as other areas of knowledge.¹⁶

It will be important to point out that in both units the registration of professionals working in the emergency room is precarious. This finding is a detrimental factor for the

development of nursing activities and other professionals, compromises the quality of care and treatment and recovery of patients.

CONCLUSION

This information identified the main health problems of the elderly that do look for emergency service in two hospitals, one in the city of Niteroi and the other in Rio de Janeiro, with data collection period from 24th October 2012 to 30th November 2012.

Found that the signs/symptoms most commonly found as input reasons in the emergency department are pain complaint, nausea and vomiting, dyspnea, muscle weakness. And the related underlying diseases were cancer, heart diseases, Hypertension.

It was common for health professionals who work in emergency services of these units a partial or total absence of relevant records in the medical record or emergency announcement and this is a limitation of the study.

Another limiting factor was the fact that the elderly who were hospitalized for observation or are unable to speak, were not targeted, and in most cases without assistance.

As a contribution has been the characterization of elderly people seeking emergency services, to develop educational activities for health and diseases prevention strategies, training of professionals who deal with the elderly; the profile of family relationship of the elderly who were admitted to emergency service, which allows to set goals to bring the family health unit, in order to make it a partner in care, treatment of the elderly and of itself. Another issue was the emphasis on high frequency of health hazards caused by chronic diseases, a fact that has already been identified by other studies, aimed at preventing these and its complications.

From the findings of this research, we may trace prevention of resulting damage, which decreases the elderly entry number in the emergency services.

In professional practice attention is focused only on the ill, with prevention as the focus of government. In this sense, know the factors causing injuries that occur in emergency with elderly becomes extremely relevant and deeply essential, even more so for nursing which has a holistic look.

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TenórioDM, Camacho ACLF.

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Corresponding Address

Alessandra Conceição Leite Funchal Camacho
Rua José Vicente, 97 Ap. 801
Bairro Grajaú
CEP 20540-330 — Rio de Janeiro (RJ), Brazil