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ORIGINAL ARTICLE

CONTEXTUALIZATION OF HEALTHY AGEING IN THE BRAZILIAN SCIENTIFIC PRODUCTION

CONTEXTUALIZAÇÃO DO ENVELHECIMENTO SAUDÁVEL NA PRODUÇÃO CIENTÍFICA BRASILEIRA

CONTEXTUALIZACIÓN DEL ENVEJECIMIENTO SALUDABLE EN LA PRODUCCIÓN CIENTÍFICA BRASILEÑA

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ABSTRACT

Objective: to analyze the contextualization of healthy aging in the Brazilian scientific production. **Method:** integrative review conducted with studies published in LILACS, MEDLINE, and BDNF databases, and SciELO virtual library from 2008 to 2013, guided by the question: How is healthy aging being contextualized in Brazil? After the analysis performed using a systematic instrument, inferences and conclusions were built on the basis of the studies. **Results:** a total of 22 articles that met the criteria for inclusion were assessed, from which the following characteristics were highlighted: origin of the journal; methodological classification; and thematic context related to healthy aging. It was observed that there was a diversity of conceptualizations that managed the construction of knowledge in view of the conditions that determined it as a current paradigm in the Brazilian society. **Conclusion:** there is concern over the dynamics to attain the referred healthy ageing, taking into account various factors that facilitate attaining it. **Descriptors:** Aging; Health; Gerontology.

RESUMO

Objetivo: analisar a contextualização do envelhecimento saudável na ótica das produções científicas brasileiras. **Método:** revisão integrativa realizada nas bases de dados LILACS, MEDLINE, BDNF e biblioteca virtual SciELO nos estudos publicados no período de 2008 a 2013, norteada pela questão: Como está sendo contextualizado o termo envelhecimento saudável no Brasil? Após análise com uso de instrumento sistemático, foram construídas inferências e conclusões com base nos estudos. **Resultados:** foram analisados 22 artigos que atenderam aos critérios de inclusão, dos quais foram destacadas as seguintes características: origem do periódico; classificação metodológica; e contexto temático em relação ao envelhecimento saudável. Observou-se que havia uma diversidade de conceituações que gerenciavam a construção do conhecimento frente às condições que o determinavam como paradigma atual na sociedade brasileira. **Conclusão:** há a preocupação com a dinâmica de alcançar o tão referido envelhecimento saudável, levando em consideração vários fatores que facilitam seu alcance. **Descritores:** Envelhecimento; Saúde; Gerontologia.

RESUMEN

Objetivo: analizar la contextualización del envejecimiento saludable desde la perspectiva de la producción científica brasileña. **Método:** revisión integradora llevada a cabo en estudios publicados en las bases de datos LILACS, MEDLINE y BDNF y en la biblioteca virtual SciELO en el período del 2008 al 2013, guiada por la pregunta: ¿Cómo está siendo contextualizado el término envejecimiento saludable en Brasil? Posteriormente al análisis llevado a cabo con un instrumento sistemático, inferencias y conclusiones fueron construidas sobre la base de los estudios. **Resultados:** se analizaron 22 artículos que cumplieron los criterios de inclusión, de los que se destacaron las siguientes características: origen de la revista científica; clasificación metodológica; y contexto temático relacionado con el envejecimiento saludable. Se observó que había una diversidad de conceptualizaciones que construían el conocimiento frente a las condiciones que lo determinaban como actual paradigma en la sociedad brasileña. **Conclusión:** hay preocupación con la dinámica para lograr el tan discutido envejecimiento saludable, teniendo en cuenta varios factores que facilitan su alcance. **Descriptores:** Envejecimiento; Salud; Gerontología.

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INTRODUCTION

The increase in the older adult population is topic of debate among researchers, social managers, and politicians from various countries of the world. The current demographic transition encourages the continuous search to set goals and public policies aimed at the aging process with health maintenance, guarantee of the quality of life, and absence of disabilities. Nowadays, the term healthy ageing is regarded as a paradigm to be contextualized by many researchers in gerontology and other fields of knowledge that seek to manage means to attain it.^{1,2}

The predictions of change in the Brazilian age pyramids over a period of 50 years show that in 2050 the number of older adults in advanced age (≥ 80 years) will overcome the number of children aged < 4 years. From 2006 to 2007, the number of individuals aged > 40 years grew up 4.2%, and aged > 60 years grew 10.5%.³

Faced with the older adults' demographic increase expected in recent years, longevity can only be considered a real achievement of society insofar quality is added to the additional years of life. Any policy for older adults should take into consideration the functional capacity and the need for autonomy, participation, care, and satisfaction. In addition, they should consider the role of older adults in different social contexts and the elaboration of new meanings for the advanced life in order to encourage healthy aging.⁴

It is worth noting that there are many theories that attempt to explain the aging process and, in some ways, try to find means to attain it within the perspective of health and quality of life. The production of knowledge occurs among biological, physiological, psychological, and social theories that are accepted, reformulated, or rejected within a process of continuous construction that supports this complex phase of the life cycle.⁵

Healthy aging has generated modifications that direct researchers around the world to adopt a multidimensional approach between aging and health in their biological, psychological, and social aspects. The term healthy or successful aging is defined through a series of criteria (life satisfaction and willingness), but also by means of health indicators (morbidity and

mortality) that describe it as the ability to maintain the longevity through three basic characteristics: low risk of diseases and related deficiencies; great mental and physical activity; and active involvement in everyday life.⁶ Still, it is understood by the absence of extrinsic factors that intensify the effects of aging or, when present, reflect little importance in the increase of senescence.⁷

From the point of view of public health, particularly in the case of Brazil, healthy ageing also emerges as a new paradigm for health, adapting itself in order to instrumentalize and operationalize the public policies for healthcare provided to older adults in Brazil. Among the guidelines of the National Health Policy for Older Adults are: promotion of healthy ageing; maintenance of functional capacity; meeting older adults' health needs; rehabilitation of impaired functional capacity; training of specialized human resources; support for the development of informal care; and support for studies and research.^{2,8}

Aging has triggered—especially in the scientific production—the search for quality of life associated with longevity. It can be observed that the issue has been further explored in healthcare due to the demographic explosion in the world, particularly in developing countries such as Brazil that ages within the context of social inequalities.⁹⁻¹⁰

The goal of the present study is to assess the contextualization of the healthy aging paradigm from the perspective of the Brazilian scientific production.

METHOD

This is an integrative review defined as a specific review method that summarizes previous literature of empirical or theoretical basis for greater understanding of a phenomenon. The study comprised the following steps: drafting the guiding question; establishment of inclusion/exclusion criteria; search for articles pertinent to the purpose of the study; assessment of these articles; and interpretation and presentation of the results.¹¹

The following question was drafted to guide the integrative review: How is healthy aging being contextualized in Brazil? The articles were selected in the following

databases: Literature in the Health Sciences in Latin American and the Caribbean (LILACS); Medical Literature Analysis and Retrieval System Online (MEDLINE); Nursing Database (BDENF); and the Scientific Electronic Library Online (SciELO). The keyword used was "Healthy Aging" in Portuguese (*Envelhecimento Saudável*), English, and Spanish (*Envejecimiento Saludable*). The data were collected from December 2012 to December 2013.

The criteria for the inclusion of studies were: articles published in Portuguese, English, or Spanish; national and international journals published in Brazil; full articles addressing the subject—in the context of Brazilian research; and articles published and indexed in the databases above mentioned, from 2008 to 2013. Exclusion criteria were: texts not available in full; texts that were duplicated in the databases; and texts published in other

languages than Portuguese, English, or Spanish.

The initial universe for analysis was composed of 108 publications. After identifying the articles and reading the abstracts following the inclusion criteria, there was an empirical basis of 22 articles for analysis. An instrument was elaborated for the analysis covering the following items: journal; classification of articles with respect to methodological quality (according to the levels of evidence: level 1 - metanalysis; level 2 - individual study with experimental design; level 3 - quasi-experimental study; level 4 - study with non-experimental design; level 5 - case report or data obtained systematically; level 6 - opinions of authorities, committees of experts); and thematic context with respect to outcomes related to healthy aging (Figure 1).

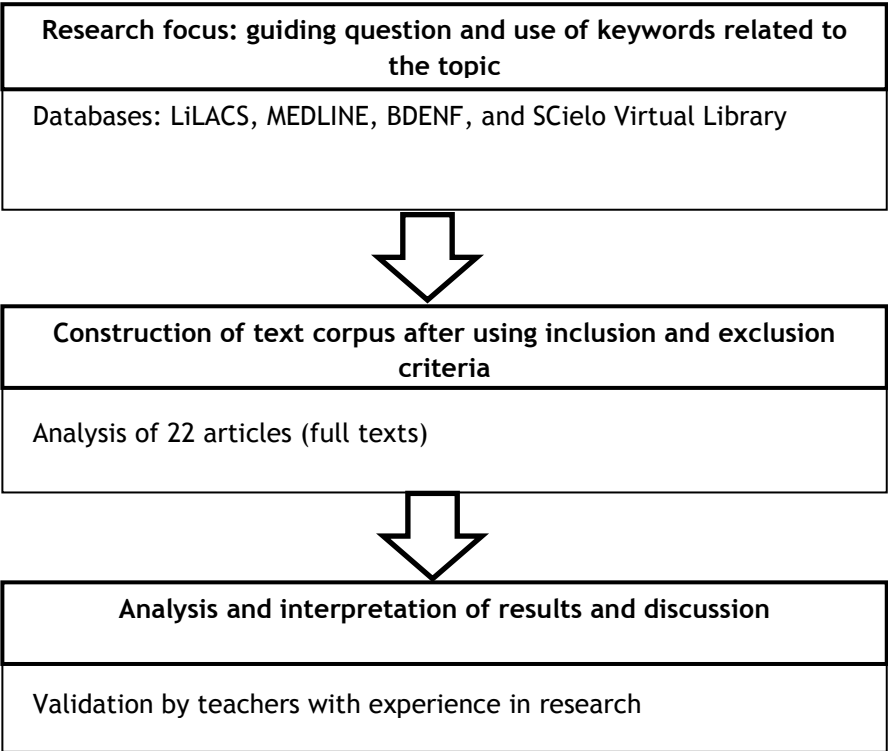


Figure 1. Methodological description of the study, João Pessoa, 2013.

RESULTS

Figure 2 covers the following aspects of the 22 articles assessed: journal; methodological classification; and thematic context related to healthy aging. After compiling the data, it was found that regarding the origin of the journals, 41% belonged to the field of psychology, 32% to collective health, 9% to nursing, and 4.4% to physiotherapy, dentistry, nutrition and medicine. With respect to the classification by methodological quality, there was no article based on experimental studies, the

vast majority (59%) was related to level 4 (equivalent to descriptive and non-experimental studies with qualitative, quantitative, or mixed approach), 36.3% belonged to level 5 (including case reports or reflective analysis using systematic method), and only 4.4% belonged to quasi-experimental studies.

With respect to the thematic context, it was observed that all articles referred strategies to attain healthy ageing, whether within a theoretical and reflective construct using systematic reviews, or health

education experiences and attainment of data related to descriptive and cross-sectional studies. Healthy ageing was

presented within a multidimensional perspective.

Journal/year		Classification by methodological quality	Thematic context related to healthy aging
Revista de Enfermagem UFPE online - REUOL/2013		Level 5 - Report based on data obtained systematically.	Reflection on healthy ageing for practices to promote health and quality of life.
Construção Psicopedagógica/2012		Level 5 - Reflective report using a systematic method.	Interventions related to optimizing the cognitive potential in the aging process.
Einstein/2011		Level 5 - Reflective report using a systematic method.	Improvement in the quality of life due to the development of psychological, social, and environmental support.
Fisioterapia Movimento/2011	em	Level 3 - Quasi-experimental study with pre-and post-test randomization.	There is a positive relationship between physical exercise and gait performance in healthy older adults.
Paidéia/2011		Level 4 - Study with qualitative non-experimental design.	The physical dimension is essential to attain healthy ageing associated with male older adults.
Escola Anna Nery/2011		Level 4 - Study with qualitative non-experimental design.	Validation of research on healthy aging.
Psicologia: Reflexão Crítica/2011	e	Level 4 - Study with qualitative and quantitative non-experimental design.	Public policies related to the health/education binomial provide the insertion of older adults in society.
Psicologia Sociedade/2010	e	Level 5 - Experience report obtained in a systematic manner.	Group activities consist of a privileged space for the establishment of support networks.
Psicologia: Reflexão Crítica/2010	e	Level 4 - Descriptive and quantitative study with non-experimental design.	Education, age, sex, marital status, and perceived health resulted in significant differences in the performance involving the assessment of multiple cognitive functions in older adults.
Caderno de Saúde Pública/2010		Level 4 - Descriptive and correlational study with non-experimental design between two case studies.	Report of two Brazilian experiences: the restructuring of a shelter for indigent older adults; and primary care for the most complex hospital treatment.
Revista Médica de Minas Gerais/2010		Level 4 - Cross-sectional and quantitative study with non-experimental design.	Assessment of socio-sanitary characteristics of older adults in the context of the Family Health Program.
Saúde e Sociedade/2010		Level 4 - Qualitative study with non-experimental design, participant research.	Importance of Health Promotion Groups' participation and healthy aging.
Interface: comunicação, saúde e educação/2010		Level 5 - Reflective report carried out in a systematic manner, based on the assessment of data from scientific production.	It becomes necessary to know the structural conditions for the social responses to situations of older adults' vulnerability in order to minimize them in order to attain healthy ageing with quality of life.
Revista APS/2010		Level 5 - Reflective report carried out in a systematic manner with assessment of health promotion programs.	Dialogical and meaningful approach to older adults about healthcare from the perspective of health promotion in basic care.
Revista de Odontologia/2009	de	Level 5 - Reflective report carried out in a systematic manner, based on the assessment of data from scientific production.	The quality of aging is the result of the lifestyle chosen by the individual.
Psicologia em estudo/2009		Level 5 - Reflective report carried out in a systematic manner, based on the assessment of data from scientific production.	Sociodemographic factors are associated with different patterns of activities performance.
Psicologia em Estudo/2009		Level 4 - Descriptive and quantitative study with non-experimental design.	The more allowances are provided for the healthy ageing process, the more work could be done for the prevention of dementia.
Psicologia: Teoria Prática/2009	e	Level 4 - Descriptive and quantitative study with non-experimental design.	Significant statistical relationship between activity, education, and cognition.
Psicologia, ciência profissão/2009	e	Level 4 - Descriptive and quantitative study with non-experimental design.	Strategies for coping in a healthy way with the aging process through group intervention at the psychology department of a reference health center for older adults.
Revista Nutrição/2008		Level 4 - Qualitative study with non-experimental design.	Reflection on gerontological education with an emphasis on social and political dimensions of nutrition education.
Psicologia Hospitalar/2008		Level 4 - Descriptive and quantitative study with non-experimental design.	There is a need of encouraging research regarding memory aiming at proper promotion of healthy aging.
Caderno de Saúde Pública/2008		Level 4 - Cross-sectional and quantitative study with non-experimental design.	There is a need for health programs that delay the onset of disabilities in order to promote healthy aging.

Figure 2. Description of the studies included in the integrative review. João Pessoa, PB, 2013.

DISCUSSION

It was unanimously observed that all articles regarded healthy aging from a multidimensional perspective (including biological, social, psychological, and physical aspects). There was a symbolic generalization of the term when used in the production of knowledge, determining a line of thought that provided the reflection on the aging process related to the maintenance and pursuit of autonomy, improvement of the quality of life (in the broad sense) and health (taking into consideration not only the absence of diseases, but the biopsychosocial well-being included in the conceptualization of the term), within the maximum limit of physical possibilities of human beings.

Figure 2 shows the description of the studies assessed in the present integrative review. It was observed that these articles were within a multidimensional and multifactorial context aiming at building knowledge from the perspective of healthy ageing. On the basis of the articles assessed, it was possible to observe concepts or definitions that guided the thinking within the context in which they were produced.

Most of the studies assessed showed understanding of ageing as a benign and non-pathological process, i.e., a vital process, which would be modifiable to a certain extent. Working with a focus on healthy ageing starts by visualizing and defending older adults within the families and the society, in a constructive and participative manner, involving social inclusion in all aspects. This is one of the important missions of those who dedicate themselves to the proposal of resolute, integral, and humanized basic care. Longevity of human beings cannot be accepted as the only main achievement of contemporary humanity, but also that human beings have a life with quality, happiness, active participation in their midst, and social inclusion guaranteed.¹²⁻¹⁶

There is a risk of using the term "healthy aging" related to the term "health vulnerability". The latter is understood as an appropriate concept to stimulate social responses, and it has no direct application to issues that involve only health in old age, but older adults as citizens bearing rights that enjoy the same right to healthy aging.

The authors suggested that the concepts should be brought together for dealing with the social determinants and solution of social problems suffered by older adults, and then ensure the valorization of older adults in different contexts and also as subjects bearing rights and, within the community, as responsible for the promotion of successful and healthy aging.¹⁷

Well-being in old age—or health—is demonstrated by the participation of older adults in social, economic, spiritual, cultural, and civil activities. The term is regarded as the result of the balance between the various dimensions of older adults' functional capacity, without necessarily related to the absence of problems in all dimensions.⁸ Healthy aging, also known as successful aging, prioritizes low risk of diseases and functional disabilities related to them, mental and physical functioning, and active engagement in life.¹⁸

Wisdom is another important aspect addressed when aging is discussed. As a current paradigm, healthy aging should be further explored in scientific productions, since its multidimensions during the course of life and its impact on various fields of the vital cycle of the individuals are large topics that require deepening from the point of view of health and not diseases.¹⁻⁷

The concept of the World Health Organization for healthy ageing, as the process of optimizing opportunities for health, participation, and security in order to improve older adults' quality of life, is also contextualized in the Brazilian scientific production. Quality of life is understood as the individuals' perception towards life within the context of culture and values system in which they live and also towards their goals, expectations, standards, and concerns.^{3,19}

One of the articles claims that the tasks of maintaining well-being and/or dealing with the diseases are constant in the lives of those facing the process of aging. This way, it is necessary to promote health and encourage behaviors aimed at maintaining autonomy and healthy aging. Thus, the authors affirm that healthy aging is a condition to be attained by anyone who deals with the changes resulting from aging.¹³

Understanding what constitutes good ageing and its concept has become a form

of response to the association between age, losses, damages, and inactivity. The use of health promotion models and theories facilitates the understanding of the determinants of health problems and the guidance on the solutions that meet older adults' needs and interests. At the same time, these models and theories contribute to the promotion of knowledge, reflection, and decision related to caring actions, favoring the scope of health in the aging process.²⁰

Memory is one of the first functions to decline in the aging process. Therefore, the optimization of memory becomes an important item among the concepts of health and aging, since it defines the autonomy and independence of older adults. Research on cognitive and memory training indicate that healthy older adults are able to approximate their current performance to their maximum possible performance, thus revealing cognitive plasticity. The study on cognitive plasticity proves to be a fruitful field for basic research, since it generates essential information about healthy aging.^{21,22}

Another aspect clarified by the articles assessed reveals the female issue and aging. A study on women in the climacteric period showed that older women sought to strengthen their self-esteem and their singularities when affirming their role as women. Social interaction and the marital relationship are necessary factors for healthy living of aging women. For women, the pursuit of autonomy and rights has been crucial to strengthen their social role, and this data is needed in the context of pursuing healthy ageing according to gender.²³ Therefore, the following question arises: Do men have prerogatives which are different from those of women, that would also lead to one of the factors that manage healthy ageing with respect to the gender factor?

One of the articles addressed the aging process from the perspective of male older adults. This study highlighted that the physical dimension was predominantly pointed out as essential for attaining healthy ageing; even though the older adults assessed had pointed to heterogeneity and multidimensionality, i.e., aspects involved in this stage of life. The diseases were not regarded as obstacles to guarantee autonomy. It is essential to plan

effective promotion and preventive health strategies and encourage the development of research projects that deepen social and demographic aspects to compare the perception of men of different income and education levels within the scope of the aging process.²⁴

Autonomy, independence, active involvement in life, family, and society—seeking the balance between the individuals' limitations and potential—are relevant aspects for the attainment of healthy aging. Activity, an issue that includes individual and group physical and mental exercises, is one of the legitimate factors in the pursuit of health in the aging process. The World Health Organization states that the regular performance of physical exercises has the power to prevent, minimize and/or reverse many problems that often occur during the aging process.²⁵

The current view of health is associated with feeling well and happy, exchanging experiences with each other. Through the reports of older adult participants in Health Promotion Groups, it is understood that the individuals who build these groups and the health teams in conjunction with the community present a larger view of health, to the extent that they organize and carry out these groups according to the needs of the community.²⁶ Health has to be regarded more broadly considering results of interdisciplinary and multiprofessional work for health promotion and protection.²⁷

The term healthy aging is supported by the assumption that the human aging process can be modifiable to some extent. This fact manages the search carried out by scholars and experts on the subject for an approach that respects health according to its biological and social aspects. Healthy ageing is defined through a series of criteria (such as life satisfaction and willingness) and objective measures (such as morbidity and mortality), and the most prominent definition describes it as the ability to maintain three key features: low risk of disease and related deficiencies; high mental and physical activity; and active involvement in everyday life.^{17,18}

Healthy ageing addressed in the Brazilian scientific production is configured as a current paradigm since all the related concepts point to central and common philosophical elements (life satisfaction, happiness, functional capacity, spirituality,

longevity), in addition to symbolic generalizations of the models in the literature that regard it as successful aging, active aging, and healthy ageing. These sets of terms that guide the topic encourage scholars on the subject to seek practical solutions so that the aging process is experienced with full physical, mental, and spiritual health, in addition to maximum use of vital capacity within human limits.

CONCLUSION

Contextualizing healthy ageing as a paradigm in the Brazilian scientific production means, first of all, trying to seek ways to attain it and promote public policies in favor of health adequacy and quality of life of the entire population. Thus, this concept will overtake the academic boundaries and become a social reality in the panorama of integral healthcare provided to individuals that become older, seeking means of recognition for older adults as citizens bearing rights and obligations socially recognized.

In the scientific production assessed, it was possible to observe the complexity in the development of factors that lead a society to achieve longevity with total well-being and autonomy preserved. However, from this production, healthy ageing is understood as a process resulting from the balance of functional capacity, cognitive function, memory, happiness, autonomy, lifestyle, individual construction, and affective and social dynamics. It is worth noting that studies have been concerned with the dynamics of attaining healthy ageing, taking into account the multidimensionality of factors (social, biological, physical, and psychological) that facilitate attaining healthy ageing by the individuals, families, the community, and the managements involving public policies.

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