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ORIGINAL ARTICLE

HOSPITALIZED ELDERLY: CLINICAL PROFILE AND CHARACTERISTICS OF THE PHYSIOTHERAPY SERVICE

IDOSOS HOSPITALIZADOS: PERFIL CLÍNICO E CARACTERIZAÇÃO DO SERVIÇO DE FISIOTERAPIA

ANCIANOS HOSPITALIZADOS: EL PERFIL CLÍNICO Y LA CARACTERIZACIÓN DEL SERVICIO DE FISIOTERAPIA

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ABSTRACT

Objective: analyzing the clinical profile and the characterization of the physiotherapy service for hospitalized elderly. **Method:** a descriptive study with quantitative approach, data collection through medical records of patients hospitalized in the wards and apartments in a charity hospital, from July 2012 to 2013. The study had its project approved by the Research Ethics Committee, CAAE 15083513.0.0000.5012. **Results:** the sample was formed by 552 medical records. The age of patients was equal or over 60 years old. The causes of hospitalization found were of 44,13% Cardiovascular System; 24,72% cancer; 5,86% Digestive System; 5,12% Respiratory System; and 79,89% of the elderly had associated comorbidities. Funding of admissions was 66,85%, of the Unified Health System. It was also verified that 34.05% of the elderly had physical therapy assistance. **Conclusion:** the data indicate the predominance of cardiovascular diseases as causes of hospital admissions mostly funded by the SUS and with lag in coverage of physiotherapy assistance in the survey. **Descriptors:** Elderly; Hospital Physiotherapy Service; Hospitalization; Integral Assistance to Health.

RESUMO

Objetivo: analisar o perfil clínico e caracterização do serviço de fisioterapia de idosos hospitalizados. **Método:** estudo descritivo, com abordagem quantitativa, com coleta de dados por meio de prontuário de pacientes hospitalizados nas enfermarias e apartamentos de um hospital beneficente, no período de julho de 2012 a 2013. O estudo teve o projeto aprovado pelo Comitê de Ética em Pesquisa, CAAE 15083513.0.0000.5012. **Resultados:** a amostra foi de 552 prontuários. A idade dos pacientes foi igual ou superior a 60 anos. As causas de internação encontradas foram 44,13% Sistema Cardiovascular; 24,72% Câncer; 5,86% Sistema Digestório; 5,12% Sistema Respiratório; e que 79,89% dos idosos apresentaram comorbidades associadas. O financiamento das internações foi em 66,85%, do Sistema Único de Saúde. Verificou-se, ainda, que 34,05% desses idosos tiveram assistência fisioterápica. **Conclusão:** os dados indicam a predominância de doenças cardiovasculares como causadoras de internações hospitalares sendo em sua maioria financiada pelo SUS e com defasagem na cobertura de assistência fisioterapêutica na pesquisa realizada. **Descritores:** Idoso; Serviço Hospitalar de Fisioterapia; Hospitalização; Assistência Integral a Saúde.

RESUMEN

Objetivo: analizar el perfil clínico y la caracterización del servicio de fisioterapia a los ancianos hospitalizados. **Método:** es un estudio descriptivo, con enfoque cuantitativo, con la recopilación de datos a través de las cartas de los pacientes hospitalizados en las enfermerías y las salas de un hospital de caridad, desde julio de 2012 hasta 2013. El estudio tuvo el proyecto aprobado por el Comité de Ética de la Investigación, CAAE 15083513.0.0000.5012. **Resultados:** la muestra fue de 552 fichas médicas. La edad de los pacientes fue igual o superior a 60 años. Las causas de hospitalización encontradas fueron 44,13% Sistema Cardiovascular; Cáncer 24,72%; 5,86% Aparato Digestivo; 5,12% Sistema Respiratorio; y 79,89% de los ancianos presentaban comorbilidades asociadas. La financiación de las hospitalizaciones fue en 66,85%, del Sistema Único de Salud. Se encontró, todavía, que 34,05% de estos ancianos tuvieron asistencia fisioterápica. **Conclusión:** los datos indican que la prevalencia de las enfermedades cardiovasculares como causas de ingresos hospitalarios son financiados en su mayoría por el SUS y con una desfasaje en la cobertura de atención de fisioterapia en la encuesta realizada. **Descriptores:** Ancianos; Servicio Hospitalario de Fisioterapia; La Hospitalización; Asistencia Integral a la Salud.

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INTRODUCTION

The population over 60 years old has been gradually increasing each year, presenting itself as a phenomenon accompanied worldwide. This process began in developed countries and more recently in developing ones.^{1,2}

By transforming this new context in which Brazil is inserted, it is necessary to determine how progress old age, in our country, and what the best strategies to deal with this new face of the age pyramid.³

The varied conditions of life, to which every individual was subject - the living conditions, health care and sex - are factors that can accentuate or not the aging process⁴. These changes, which will take place naturally during aging, may be aggregated to acute or chronic diseases, making the elderly more susceptible to environmental exposures and their deleterious effects on the various systems of the body, from the same senescence. This inherent weakness to the elderly and their consequent willingness to be stricken with illnesses that increase the chance of using the health care service.^{5,6}

It is estimated that in the country, 80% of seniors have at least some chronic nature of disease, and about 10% have at least five conditions. When making this determination, one should take into account that the diseases and functional disabilities, generate a great impact on the lives of older people, both within the family, as in the public health system.⁷

The health of the elderly depends on the good performance of many functions relevant to their stage of life, in particular, cognition, mood, mobility and communication. The geriatric syndromes are conditions that characterize cognitive impairment, postural instability, immobility, communicative disability and iatrogenic. The latter stems from the lack of knowledge of the health team, on the characteristics of the aging process and may cause injuries to the health of the elderly.⁸

Due to the referenced demographic transition, there were also changes in the epidemiology of chronic diseases that affect the elderly, which are increasingly multiple and costly, and also because they result in increased costs to the public purse, and the constant concern provide a better quality of life, for this specific population.^{1,9}

The Unified Health System (SUS) was established by the Organic Law 8.080/90 and Law 8.142/90 These laws were created to

allow broad access to programs and services provided by the public health system, providing targeted conditions for promotion, protection and recovery of health, the organization and the functioning of corresponding services.^{10,11}

The health conditions of the elderly are of great importance for the Ministry of Health, and became a priority, given the demographic dynamics of the country, and in each region, public policies have to work function so that the elderly reach the best possible health condition, and so, enjoy a more active and healthy aging.¹²

In Brazil, about 70% of seniors depend exclusively on SUS, so the Ministry of Health realizes the importance of investing in health policies for the elderly, given that this population is the one that consumes the services of this system⁹.

Because consider important to identify the kind of people who seek or are referred to these services, notably the SUS, this study aims of this study to analyze the clinical profile and characterization of physiotherapy service of hospitalized elderly with a view contribute to the adequacy of public policies for elderly health, especially in regard to hospitalization at this stage of life.

METHOD

It is a descriptive study with a quantitative approach, which was carried out through the analysis of medical records, made available by the institution that served as a field for research.

The study population was formed by all the available medical records of individuals aged 60 or over, assisted in the wards and rooms of the hospital under study, from July 2012 to 2013.

The hospital where the study was conducted is a nature charity institution, nonprofit, and private administration. This entity is the second hospital in the state capital to hold the largest number of admissions in the city of Maceio, at SUS.

The survey was conducted during September and October, 2013, through medical record review. We also searched for the following variables: age; gender; cause of hospitalization; morbidities associated, inpatient; and financing of hospitalization if there was physical therapy treatment. Descriptive analysis was performed for statistical survey and data analysis, which was performed in Excel 2010 spreadsheets Windows 7.

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The study had the project approved by the Ethics Committee of the Faculty Estacio (FAL) with CAAE 15083513.0.0000.5012, according to Resolution 466/12 of the National Health Council (NHC/ MoH).

RESULTS

This study was conducted through the analysis of 552 medical records of elderly hospitalized in wards and apartments. The sample consisted of elderly - records - aged 60-102 years old, of both genders. The average age was 69,52 ± 7,78 years. Regarding gender, the sample included 291 females (52,71%) and 261 were male (47,29%).

Among the causes of hospitalization there are found diseases or ailments: 44,13% of the Cardiovascular System; 24,72% cancer; 5,86% Digestive System; 3.66 the Genital System, the Urinary System 4,02%; 3,11% of the Neurological System; 5,12% of the Respiratory System; 4,76% of the Musculoskeletal System, 0,73%, Integumentary System; 1,28%, located in the Endocrine System; 0.54% Injury foreign body; 0,73% Injuries face; 0,91%, iatrogenic; 0,39%, hypothermia (see chart 01).

From the surveyed sample, 79,89% (441) of subjects presented comorbidities associated with the disease, which caused their hospitalization. Among the most common are: hypertension, diabetes, and allergies to any medications.

Funding for hospital care of harvested records was: 66,85% (369) made by SUS, and 33,15% (183) for the private network.

The physiotherapy services were provided in 34,05% (188) of the sample. Of these, 60,63% (114) was funded by the SUS, and 39,37% for the private network.

DISCUSSION

There were observed that, in this study, the percentages of the causes of hospital admissions in this care institution corroborated with the data analyzed in DATASUS, where the main morbidities in the public and private hospital care sector of the city of Maceio, from July 2012 to July 2013 were as follows: the Circulatory System with a percentage of 46,09%, Neoplasms (16,55%), Digestive Tract (14,9%), Respiratory System (13,17%).¹³

The illnesses which affect the elderly hospitalized in hospitals are mostly of cardiovascular origin, accounting for about 40% of deaths in the country, followed by lung diseases that are often the cause of hospitalizations¹⁴. Cerebrovascular accident (CVA) is one of the diseases that affects the

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Brazilians, especially the elderly over 65 years old, and so, Brazil is second in the world rankings of mortality from this disease¹⁴. Thus, the present study differs with some of these data, as the second disease that most struck the elderly that institution emergency care was cancer, and respiratory disease that causes the fourth most affected the population studied.

In this research there was obtained as the main cause of hospitalization of elderly disease of the cardiovascular system (44,13%). Corroborating with the study in the State of Parana, which found as the main cause of hospitalization of elderly disease the circulatory system (37,91%),¹⁵ evidencing that regardless of region, cardiovascular disease is a leading cause of hospitalization among the elderly. On the other hand already the second leading cause of hospitalization in Parana were diseases of the respiratory tract (31,31%), diverging from this study that the second leading cause of hospitalization was Cancer (24,72%).¹⁵ Perhaps by finding a different climate of our research. According to a study performed in a public hospital in Petrópolis in the State of Rio de Janeiro the leading cause of elderly hospitalizations was the digestive system (23%) and the second cause was the circulatory system (18%) 16 diverging from this research and research in the State of Parana.¹⁵

Studies in hospitals in Rio de Janeiro are the leading causes of hospitalization of elderly people were diseases of the circulatory system (26,6%); diseases of the eyes and adnexa (12,8%); digestive diseases (12,2%). Diverting from the present research on the second because only that it was not mentioned in the current sample.¹⁶

Study of frail elderly in the community at high risk for hospitalization in the city of Rio de Janeiro pointed as the main risk for hospitalization associated with the presence of chronic diseases, such as cancer and chronic obstructive pulmonary disease, medication use, the presence of falls. The findings are associated with this research to refer to chronic diseases the leading causes of hospitalization, but the diseases are not the same.¹⁷

The highest hospitalization rate in a public general hospital in Petropolis was of female gender (60,5%).¹⁸ In this research it was also obtained greater female hospitalization rate (52,71%), these results may be due because women have greater attention to health or because they have greater longevity.

Of the 552 records analyzed, 79,89% of the elderly had comorbidities associated with a

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disease that caused their hospitalization among the most common are: hypertension, diabetes and allergies to any medications. In a University Hospital of Campinas with seniors over the age of 60, whose cause of admission was trauma, which obtained as major comorbidities: hypertension 50%, heart disease 19.4% and 14% diabetes.¹⁹ In the present study heart disease was the leading cause, but hypertension and diabetes were the main comorbidities.

Funding for hospital care of harvested records was: 66,85% of SUS and 33,15% of the private network. This contrasts with data provided by the National Health Agency in June 2013 during which the Agency states that only 13,1% of Alagoas population has health insurance coverage.²⁰ What possibly caused this difference was the older age group have more health plans or part of the consultations have occurred without insurance and is funded by the elderly or their families.

The physiotherapy services were provided in 34,05% (188) of the sample. Being 60,63% (114) funded by the SUS and 39,37% for the private network. Physiotherapy helps to minimize the length of stay through the relief of signs and symptoms that cause physical, mental and social discomfort for the patient.²¹ Physiotherapy avoids some complications, improve the physiological functions, prevents or minimizes sequelae, can provide better comfort for the elderly.²¹ The early treatment with physical therapy helps minimizing some effects of the disease, favoring an elderly independence and justifying their inception shortly after the medical diagnosis.²¹ The survey data point to a deficit in care coverage physiotherapy, for 65,95% of the sample had no access to treatment.

Among the many types of treatment in hospitals described in the literature, resources and techniques of physiotherapy has had a big effect in many diseases that are often developed by the elderly who are subjected to the bed for a long while maintaining or even improving functional conditions of the elderly, providing better rehabilitation as possible.²² It is a functional capacity to be the chained particularly among the elderly, making them more vulnerable and susceptible to a number of physical and psychological affections.²³ Aging process associated with the presence of disease deteriorates the functional capacity and hence increases the probability of older people become more dependent.²⁴

Dependencies and the deterioration of functional capacity affect the elderly hospitalization. Hospital admissions, the longest period in the beds, the demand for

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greater support multidisciplinary teams for a longer time, the increased costs to the public coffers, are some factors that show how it is urgent the rehabilitation measures of the public system, this new epidemiological and demographic reality.²⁵

CONCLUSION

The clinical profile of hospitalization of the elderly to this Hospital during the study was that the main causes of hospitalization were diseases of the cardiovascular system and cancer, providing the conditions that deserve more attention when formulating public policies. Another important data is on the financing of assistance in was held in greater share studied by SUS showing the need to review where are allocating public resources and rethink measures to minimize hospitalizations this most fragile population in this phase of life. The physiotherapy service despite avoiding some complications, the survey pointed to a deficit in care coverage.

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