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ORIGINAL ARTICLE

SOCIODEMOGRAPHIC AND HEALTH PROFILE OF ELDERLY RESIDENTS IN A LONG-TERM CARE FACILITY

PERFIL SOCIODEMOGRÁFICO E DE SAÚDE DE IDOSOS RESIDENTES EM UMA INSTITUIÇÃO DE LONGA PERMANÊNCIA

PERFIL SOCIODEMOGRÁFICO Y LA SALUD DE ANCIANOS RESIDENTES EN UNA INSTITUCIÓN DE LARGA PERMANENCIA

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ABSTRACT

Objective: to analyze the sociodemographic and health profile of elderly residents in a long-term care facility. ***Methodology:*** descriptive study with cross-sectional design, conducted in the city of Três Lagoas/MS. Data collection was conducted with 17 elderly through a questionnaire. For the analysis. It was used descriptive analysis from the presentation in tables. The research project was approved by the Research Ethics Committee, Protocol No. 501808/2013. ***Results:*** the population was predominantly male, aged from 60 to 79 years, with no companions, Catholic, level of schooling was under 4 years, income was up to one minimum wage, and hypertensive. Most considered themselves healthy, did not practice physical activity and used medication. ***Conclusion:*** it was evidenced the fragility that institutionalized elderly have, which confirms the need for actions in local and regional public policies that address the reality of this population. ***Descriptors:*** Elderly; Long-Term Care Facilities for the Aged; Health; Public Health.

RESUMO

Objetivo: analisar o perfil sociodemográfico e de saúde dos idosos residentes em uma instituição de longa permanência. ***Metodologia:*** estudo descritivo, com desenho transversal, realizado no município de Três Lagoas/MS. A coleta de dados foi realizada com 17 idosos por meio de um questionário. A análise desses ocorreu de forma descritiva a partir da apresentação em tabelas de contingência. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo n. 501.808/2013. ***Resultados:*** população predominantemente masculina, com idade entre 60 a 79 anos, não tinha companheiro, católica, grau de escolaridade inferior a quatro anos, renda de até um salário mínimo, hipertensa. A maioria considerava-se saudável, não praticava atividade física e fazia uso de medicação. ***Conclusão:*** há confirmação da fragilidade que o idoso institucionalizado apresenta, confirmando a necessidade de atitudes em políticas públicas locais e regionais que atendam a realidade desta população. ***Descritores:*** Idoso; Instituição de Longa Permanência para Idosos; Saúde; Saúde Pública.

RESUMEN

Objetivo: analizar el perfil sociodemográfico y de salud de los ancianos residentes en una institución de larga permanencia. ***Metodología:*** estudio descriptivo, con diseño transversal, realizado en la ciudad de Três Lagoas/MS. La recolección de datos fue realizada con 17 ancianos por medio de un cuestionario. Su análisis de fue de forma descriptiva a partir de la presentación en tablas de contingencia. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, Protocolo n. 501.808/2013. ***Resultados:*** población predominantemente masculina, con edad entre 60 a 79 años, no tenía compañero, católica, grado de escolaridad inferior a cuatro años, renta de hasta un salario mínimo, hipertensa. La mayoría se consideraba sana, no practicaba actividad física y hacía uso de medicación. ***Conclusión:*** hay confirmación de la fragilidad que el anciano institucionalizado presenta, confirmando la necesidad de actitudes en políticas públicas locales y regionales que atiendan la realidad de esta población. ***Descriptores:*** Anciano; Institución de Larga Permanencia para Ancianos; Salud; Salud Pública.

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INTRODUCTION

Population aging is an irrefutable reality that has changed the demographic landscape in much of the globe, and more increasingly in developing countries.[1] In Brazil, this worldwide phenomenon has been characterized by a reduction in population birth rate, increased life expectancy and reduced infant mortality rates, triggering profound changes in the composition of age structure. The significant increase in the number of elderly people generates changes in the epidemiological indicators of morbidity and mortality in the country.[2] According to data projected by the United Nations, in 2050, the country will become one of the five nations of the world with over 50 million seniors, representing about 23.6% of the population.[3]

The aging process has many aspects, which involve economic, cultural, political and social issues that, with advancing age and, consequently, the progressive loss of physical, mental and social resources, leads the elderly to a higher state of vulnerability and the increased risk of functional decline, raising the risk of falls, hospitalization and death.[4-5]

Aging with quality of life and health requires investments and provision of services that meet people's needs, since the elderly who have favorable socioeconomic and health conditions do not provide concerns for the family or society.[6] Thus, the growth of the elderly population in this country deserves, increasingly, the interest of public agencies, of social policies and of society in general, taking into account mainly the demographic, social and health characteristics of the country.[4]

As age advances, there is increased concern of family members in relation to old age issues, because they understand that the elderly person is no longer able to develop basic daily activities, requiring assistance and accompaniment to simple activities such as eating, bathing and dressing up. This context ultimately enhance the search for families for long-term care facilities for the elderly (LTCF).[7]

From the perspective of promoting an alignment of terminology, the terms asylum, care home or rest home have been replaced by long-term care facilities for the elderly.[8] According to the RDC 283/2005[9], LTCF is defined as "governmental and non-governmental institutions, with residential character, aimed at collective household of people aged over 60 years old, with or without family support [...]". The LTCFs aim at attending, in a full time confinement regimen, the elderly unable to take care of themselves, in order to supply their needs for social interaction, housing, nutrition and health.[10]

The LTCFs receive, mostly, individuals at high functional dependence conditions, with different comorbidities, and aim at ensuring the basic care needed.[11] Many families, especially those with low economic power (monthly income less than two minimum wages), when the possibilities of providing care to the elderly are extinguished, end up deciding the admission of the old family member, entrusting that LTCF will offer a service with better quality.[12]

However, other families seek institutionalization as a transference of responsibilities, exempting themselves from any bond with the elderly.[7] On the other hand, there are the elderly who seek LTCFs because they lack family and end up seeing the institutionalization as a socializing opportunity.[13] This scenario calls attention because with decreased fertility rates the number of elderly who do not have children will become increasingly frequent, raising the chances of a possible institutionalization.

The rapid increase in the elderly population combined with the growth of long-term care facilities highlight the need to know the living conditions of institutionalized elderly with a view to implementing programs and training activities for professionals.[14] Information on sociodemographic and health issues of institutionalized elderly are important for understanding the context and the determining aspects in which this population live, awakening the insertion of them in the social context and enabling political decision-making.[15]

Given the above, the objective of this study is:

- To analyze the sociodemographic and health profile of elderly residents in a long-term care facility.

METHODOLOGY

Descriptive study with cross-sectional design and primary data collection, carried out in the urban area of the municipality of Três Lagoas, Mato Grosso do Sul-MS, that has a land area of 10,206.37 km^2, belongs to the biome of the Cerrado and Atlantic Forest and is located at the eastern end of Mato Grosso do Sul, located 340 km from the capital of the Mato Grosso do Sul state, situated in the Central West region of Brazil.[14]

According to 2010 Census data[14], the total population of Três Lagoas municipality was 101,791 inhabitants, and there were 9,960

inhabitants aged 60 years old and older (corresponding to 9.8% of the population). It is noteworthy that the city suffered an accelerated industrial expansion process, which triggered the arrival of workers (floating population) to the city in search of employment, a factor that increased the range of the working population in the municipality.

The inclusion criteria used in this study were: being elderly men and women, aged 60 years old or older, being able to respond to the instruments used in research, being resident of LTCF and accepting to participate in the study (n = 17). The exclusion criteria were: having psychic and neurological alterations that made it impossible to participate in the interview (n = 4).

Data collection was conducted from January to April 2014, by applying a questionnaire covering demographic (gender, age group and place of birth) and socioeconomic variables (marital status, level of education, employment status and religious practice) and self-referred aspects related to health (perceived health and physical activity), and the systematic use of medication.

The EPIINFO program, version 6.04[15], was used, and it was made double entry to ensure data consistency. Descriptive analyzes of the data were performed both in absolute and percentage terms.

The project was approved by the Research Ethics Committee of the Federal University of Mato Grosso do Sul (Protocol 501.808/2013). All participants signed an Informed Consent Form.

RESULTS AND DISCUSSION

Table 1. Social and demographic characteristics of the elderly by gender. Três Lagoas-MS, 2014.

Characteristics	Total		Male		Female	
	n	%	n	%	N	%
Age Group						
60 ⊦ 69,9 years old	4	23.5	3	30.0	1	14.3
70 ⊦ 79,9 years old	8	47.1	6	60.0	2	28.6
80 years old or older	5	29.4	1	10.0	4	57.1
Total	17	100.0	10	100.0	7	100.0
Place of birth (Region)						
Midwest	6	35.3	2	20.0	4	57.1
Northeast	3	17.6	2	20.0	1	14.3
North	0	0	0	0	0	0
Southeast	7	41.2	5	50.0	2	28.6
South	1	5.9	1	10.0	0	0
Total	17	100.0	10	100.0	7	100.0
Marital status						
With partner	1	5.9	0	0	1	14.3
Without partner	16	94.1	10	100.0	6	85.7
Total	17	100.0	10	100.0	7	100.0
Education						
Illiterate	7	41.2	4	40.0	3	42.9
Up to 4 years of schooling	7	41.2	4	40.0	3	42.9
4 years or more	0	0	0	0	0	0
Do not know/do not remember/did not answered	3	17.6	2	20.0	1	14.2
Total	17	100.0	10	100.0	7	100.0
Occupational status						
Receives retirement pension	16	94.1	10	100.0	6	85.7
Does not receive retirement pension	1	5.9	0	0	1	14.3
Total	17	100.0	10	100.0	7	100.0

Of the 17 elderly of the survey, most were male (58.8%). Study in a LTCF in Ribeirao Preto/SP [16] found the predominance of men (61.7%), however, these findings differ from other studies related to institutionalized elderly, in which it was verified a higher prevalence of women.[6,18-21]

Despite the aging is not homogeneous for all human beings [22], the predominance of male elderly in the only LTCF of the municipality can be explained due to the rapid industrialization of the city in recent years. This scenario is different from the scenario of feminization of aging often occurred in the country.

Regarding the age group, 70.6% were in the age group of 60 to 79 years old. There was a predominance of men aged from 70 to 79

years old (60.0%), whereas it was found more women aged 80 and over (57.1%). The data in this study were different from other national studies [6,23] that found the prevalence of elderly people, of both sexes, aged from 60 to 79 years old. It was also noted that amongst institutionalized elderly in the Federal District - DF, there was a predominance of men (90.6%) in the age group of 60 to 79 years old.[23]

One possible answer to scientific findings with prevalence of women in the age group of 80 years old or older may be due to several factors, including: differences in exposure to occupational hazards, as, formerly, men's role was to work in the labor market, while women performed household activities; and greater exposure of men to the high consumption of alcoholic drinks and smoking, which led the female to increased life expectancy and to experiencing widowhood.[24-25]

With regard to place of birth, it was found 41.2% of seniors born in the Southeast region of the country, followed by the Midwest region (35.3%). In a study conducted in the Federal District/DF, which explored the demographic and health aspects of institutionalized elderly[23], 49.2% of the elderly were born in the Northeast, 34.6% in the Southeast, 10.1% in the Midwest, 3.4% in the South, 1.7% in the North region and 1.1% abroad.

The higher prevalence of elderly in the Southeast region can be explained by the proximity of this region with that city, which led to the intense migration of individuals due to the accelerated process of industrialization in the 2000s.[26]

Most of the elderly (94.1%) studied reported having no partner. It was observed more men than women living without a partner. In the study conducted in two LTCFs located in the city of João Pessoa-PB, 46% of participants stated that they were single, 2.5% married, 36% widowed and 6.2% divorced.[27]

Regarding the educational level, 41.2% of respondents were illiterate, whereas 41.2% of them reported having up to 4 years of schooling. It was also noted larger proportions of women (42.9%) than of men in the category up to 4 years of schooling. Another study with institutionalized elderly in Northeastern Brazil[27] showed that 25% were illiterate, 13.5% had completed elementary school, 7.4% completed secondary education and 8.7% completed higher education.

Most (94.1%) of the elderly was retired, and 100% of men received retirement pension. Corroborating our findings, it was found in a study[27] that 93% of institutionalized elderly received retirement pension or assistance by welfare system, which ranged from 1 to 3 minimum wages.

Of the population studied, 82.3% were practitioners of the Catholic religion, followed by the Evangelical (11.8%) and the Spiritualist (5.9%). It was observed that, in females, 100% of women were Catholic.

As for the health-related aspects (Table 2), most of the elderly (64.7%) of both sexes considered themselves healthy. Studies[23,28] revealed that 41.2% and 54.8% of the institutionalized elderly, respectively, reported having a good health condition. The perceived health of the elderly, understood as subjective and particular aspect of individuals in relation to other aspects of daily life, deserves to be taken into account by health professionals and caregivers and investigated more deeply in order to assist in the implementation of individual actions aimed at improving their health status.[28]

Of the population studied, 76.5% reported not practicing any physical activity. Of the 23.5% of seniors who reported practicing physical activity, those performed in their own homes (walk) were cited most frequently.

The percentage of seniors who were using medication daily was 94.1%. Descriptive study with elderly residents in a LTCF in Rio Grande do Sul-RS [21] showed that of the 39 seniors with drugs prescribed in medical records, 35.0% used medicines for the cardiovascular system, especially: anti-hypertensives (16.8%), diuretics (9.1%), 2 antianginal (4,9%) drugs; 10.5% used medications that act on the digestive system and metabolism; 9.1% used antiplatelet for the hematopoietic system; and 5.6% used herbal medicines. Awareness of health professionals, especially in nursing, is essential in order to promote the rational and careful use of medicines for the elderly, as this population has high vulnerability to adverse events related to drug use.[21]

Table 2. Aspects related to the health of the elderly, by gender. Três Lagoas, MS, 2014.

Health aspects	Total		Male		Female	
	n	%	n	%	n	%
Health Perception						
Healthy	11	64.7	7	70.0	4	57.1
Sick	6	35.3	3	30.0	3	42.9
Total	17	100.00	10	100.0	7	100.0
Physical activity						
Yes	4	23.5	3	30.0	1	14.3
No	13	76.5	7	70.0	6	85.7
Total	17	100.0	10	100.0	7	100.0
Medication						
Yes	16	94.1	9	90.0	7	100.0
No	1	5.9	1	10.0	0	0
Total	17	100.0	10	100.0	7	100.0

Among the chronic diseases, it was observed the prevalence of hypertension with 47.0%, followed by diabetes mellitus (DM), with 35.3% of the institutionalized elderly (Table 3). In addition to the hypertension and diabetes mellitus, the main diseases were embolism/stroke (23.5%), respiratory diseases (17.6%), heart problems (17.6%), arthritis/arthrosis/rheumatism (11.8%) gastrointestinal diseases (11.8%), malignancies (5.9%) and osteoporosis (5.9%). Regarding morbidity, other studies[18,19,28,29] showed the prevalence of hypertension among institutionalized and non-institutionalized elderly, which is a determinant of morbidity and mortality. Despite its high prevalence among the elderly, affecting about 50% to 70% of people in this age group, the hypertension should not be considered a normal consequence of the aging process.[22]

Table 3. Morbidities distribution. Três Lagoas, MS, 2014.

Tipos de morbidades	Total (n=17)		Male (n=10)		Female (n=7)	
	n	%	n	%	n	%
Arterial hypertension (BP > 140/90 mmHg)	8	47.0	6	60.0	2	28.6
Diabetes Mellitus	6	35.3	3	30.0	3	42.8
Embolism/Stroke	4	23.5	2	20.0	2	28.6
Respiratory disease (Asthma, Bronchitis, Emphysema,etc.)	3	17.6	2	20.0	1	14.3
Cardiac problems	3	17.6	3	30.0	0	0
Arthritis/Osteoarthritis/Rheumatism	2	11.8	2	20.0	0	0
Gastrointestinal disease (Constipation, gastritis)	2	11.8	1	10.0	1	14.3
Malignant disease (cancer)	1	5.9	1	10.0	0	0
Osteoporosis	1	5.9	1	10.0	0	0

The prevalence of chronic non-communicable diseases (NCDs) can affect the functionality of the elderly, causing limitations in activities of daily life, which may explain their internment in a LTCF[27]; however, when they are appropriately controlled, this significantly reduces the functional limitations and disability in the elderly.[22]

These factors show the need for society and government to go beyond policies for the treatment of chronic degenerative diseases as the increasing elderly population in the country is worrisome and there is need to ensure comprehensive care to this population through multidisciplinary and interdisciplinary programs in the healthcare.

CONCLUSION

The results of this study should be interpreted by taking into account the characteristics of the population, which is restricted to a clientele of older people living in the only long-term care facility of the municipality. It should be emphasized that these results cannot be applied to all the elderly in the city of Três Lagoas, Mato Grosso do Sul, for the physiological characteristics of these differ from others who participate in groups of seniors or who use health services.

Considering these aspects, institutional assistance should contribute to the promotion of health of individuals and not only supervise therapeutic strategies for damages already installed. Thus, health professionals, especially nurses, who know the peculiarities of the aging process, can develop intervention

measures that will contribute to a better quality of life for this population.

Studies like this show the reality of institutionalized elderly and guide nursing in its actions of promotion, prevention and assistance to the institutionalized elderly, as well as contribute to the construction of the nursing process and strategies that will assist in the implementation of policy actions, based on health care that prioritizes principles of integrity, fairness and universality.

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