



CAREGIVER'S KNOWLEDGE ABOUT PREVENTION OF FALLS IN ELDERLY CONHECIMENTO DO CUIDADOR SOBRE PREVENÇÃO DE QUEDAS EM IDOSOS

CONOCIMIENTO DEL CUIDADOR ACERCA DE LA PREVENCIÓN DE CAÍDAS EN PERSONAS MAYORES

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ABSTRACT

Objective: analyzing the caregiver's knowledge about the prevention of falls in the elderly. **Method:** a descriptive and exploratory study of a qualitative approach held at the Family Health Strategy in the north of Teresina-PI with 20 caregivers of elderly. Data collection took place between September and October 2013, through semi-structured interview. For data analysis, there was used the Content Analysis in the Thematic mode. **Results:** by the participants show three categories: Knowledge caregiver about the consequences of falls in the elderly; Skills developed by caregivers to prevent the risk of falls; Lack of health education for caregivers about the risks of falls will elder. **Conclusion:** caregivers hold some preventive attitudes and know possible complications after the fall, but this is superficial because they have not received adequate guidance prevention. **Descriptors:** Accidental Falls; Family Caregivers; Aging; Elderly.

RESUMO

Objetivo: analisar o conhecimento do cuidador sobre a prevenção de quedas em idosos. **Método:** estudo descritivo e exploratório, com abordagem qualitativa, realizado na Estratégia Saúde da Família na zona norte de em Teresina-PI com 20 cuidadores de idosos. A coleta de dados foi realizada no período de setembro a outubro de 2013, por meio de entrevista semiestruturada. Para a análise dos dados, utilizou-se a Análise de Conteúdo na modalidade Temática. **Resultados:** as falas dos participantes mostram três categorias: O conhecimento do cuidador sobre as consequências de quedas em idosos; Habilidades desenvolvidas pelos cuidadores para prevenir os riscos de quedas; Ausência de educação em saúde para os cuidadores sobre os riscos de quedas à pessoa idosa. **Conclusão:** os cuidadores detêm algumas atitudes preventivas e conhecem possíveis complicações após a queda, porém este é superficial por não terem recebidos orientações adequadas de prevenção. **Descritores:** Acidentes por Quedas; Cuidadores Familiares; Envelhecimento; Idoso.

RESUMEN

Objetivo: analizar el conocimiento del médico acerca de la prevención de caídas en los ancianos. **Métodos:** un estudio descriptivo y exploratorio con enfoque cualitativo realizado en la Estrategia Salud de la Familia en el norte de Teresina-PI con 20 cuidadores de ancianos. La recolección de datos se realizó entre septiembre hasta octubre de 2013 a través de entrevista semi-estructurada. Para el análisis de los datos se utilizó el Análisis de Contenido en la Modalidad Temática. **Resultados:** de los participantes muestran tres categorías: cuidador El conocimiento acerca de las consecuencias de las caídas en los ancianos; Habilidades desarrolladas por los cuidadores para evitar el riesgo de caídas; La falta de educación para la salud a los cuidadores acerca los riesgos de caídas a los mayores. **Conclusión:** los médicos tienen algunas actitudes preventivas y conocen las posibles complicaciones después de la caída, pero esto es superficial porque no han recibido la prevención de una orientación adecuada. **Descriptor:** Accidental Falls; Los Cuidadores Familiares; Envejecimiento; Ancianos.

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INTRODUCTION

The population group goes through an accelerated aging process, and in Brazil it is manifested since the 60s. Statistics show that this increase is attributed to improved living conditions, economic and social aspects, the increase in life expectancy, infection control, scientific advancement and growth of technology in assisting health, enabling more and more people being able to achieve a longer life span with better health.¹

This change in the population pyramid is causing concerns, since the increase in life expectancy is associated with high rate of comorbidities, given the emergence of chronic degenerative diseases that most affects the elderly population and with these it comes to geriatric syndromes, leading postural instability and consequently falls.²

The decline in the elderly is a public health problem, the greater the age, the greater the chance of falls, and its incidence produce damage by 30% to 50% of cases, while 6% to 44% of these patients suffer injuries such as fractures, subdural hematomas, bleeding among others, of a serious nature that can lead to death. The impact of this event on the social life of the elderly is of great relevance due to affect their mobility, which causes anxiety, depression and fear putting them at risk of a new event.³⁻⁵

Anyone is at risk of falling; however, for the elder, the impact is more significant because of its consequences, and it increases with the interaction between risk factors. The fall in turn, influences the decline of functions and causes effects on the physical, functional, psychosocial and economic aspect, and the evolution of his recovery occurs slowly.

This event can lead the elderly to lose their independence and autonomy, requiring often they go through institutionalization, which leads to increased social and welfare costs.⁶ As a result, the elderly can come to depend on care and just need the presence of a caregiver; therefore, to assist them in these activities, it is essential the presence of a caregiver to help in activities of daily living (ADL) due to its limitations, which makes necessary changes in the form of care and the environment in which it resides.^{7,8}

Upon care, family members present difficulties and the lack of guidance and information, which reveals the lack of preparation in care process.⁹ It is common to see families taking care of elderly, with their own knowledge and creativity without help from a professional. The literature states that

these families have a body of knowledge based on the beliefs, practices based in popular culture; they are not always compatible with the culture of care of the health team, which probably interferes in a positive way or not in the actions of care for the elderly.¹⁰⁻¹¹

However, provide health care is an activity that requires knowledge, competence and skills, and it is in this context that the family caregiver needs to adapt and live with the changes in their daily routines and needs to empower.¹² Health professionals, especially nurses of the Family Health Strategy (FHS), are included in this aspect of promoting educational practices to develop the potential of these caregivers, so as to be able to guide the elderly as the risk of falls and how to prevent them.

Considering that the incidence of falls prevalent in the elderly population is of great magnitude because of its consequences, it takes a redoubled attention and care because of the risks mainly falls.

In addition, little is said in public policy on the role of caregiver and the Family Health Strategy, to be the core that is closer to the families, end up with the responsibility to exercise actions for the orientation and training of these caregivers.

Given the above study has the general objective to analyze the caregiver's knowledge about the prevention of falls in the elderly, and specific objectives: describe the caregiver's knowledge about the prevention of falls in the elderly; analyze preventive actions of the caregiver in relation to falls in seniors and identify the care provided by the caregiver to prevent falls in the elderly.

METHOD

Article compiled from graduation monograph << Caregiver knowledge about preventing falls in the elderly >> presented to the Nursing Course at the University Center UNINOVAFAP/PI, Brazil, in 2013.

It is a descriptive and exploratory field research of a qualitative approach, conducted from September to October 2013. The study was conducted in a Basic Health Unit (BHU) located in the north of Teresina City -PI.

It was performed with 20 caregivers of elderly. These informal caregivers assisted elderly at home regardless of sex and race discrimination. Study participants were nominated by precious stones, for trying to caregivers of people who need a deeper understanding, which requires much zeal,

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dedication and patience, in order to maintain the confidentiality of their identity.

The inclusion criteria used in the survey were: caregivers of elderly enrolled in the Family Health Strategy of both sexes, older than 18, regardless of marital status, occupation and who care for elderly people over 65 years old.

The instrument used to make the data it was a semi-structured interview with open and closed questions. After authorization of the participants, the interviews were recorded and transcribed for analysis.

It is noteworthy that the interview took place through home visits to the caregivers of the elderly, and these were previously arranged with the help of community health workers. At the time of recording of the speeches, it was guaranteed anonymity thereof.

The process of data analysis was based on Minayo content analysis which constitutes the following steps: ordering the data, classification of data and analysis thereof. For analysis we used the data ordering, transcription, organization of reports, standings, with exhaustive reading of all the material, and after identification of the most relevant aspects that met the interests of research, the categories for the final analysis were named and discussion following the theoretical references on the subject to meet the research objectives.

The study followed the guidelines of the National Health Council Resolution 466/2012 (CNS), as ethical terms, ensuring privacy and confidentiality of the data collected. Participants involved had access to and signed the Consent and Informed Agreement ensuring its risks and benefits, faithfully respecting their cultural and social values. It is noteworthy that the research had authorization of the institution and was approved by the Research Ethics Committee of the University Center of UNINOVAFAPI, with the CAAE: 18395813.6.0000.5210.

RESULTS AND DISCUSSION

Of the 20 caregivers of elderly respondents, two were male and 18 female. Ages ranged from 18 to 58 years old, whichever the age group 30-40 years old. The level of education presented ranged from the 5th grade to 3rd year of high school, the most prevalent being with high school.

Based on the data analyzed there was prepared three thematic categories, which are: Knowledge caregiver about the consequences of falls in the elderly; Skills

developed by caregivers to prevent the risk of falls; Lack of health education for caregivers about the risks of falls will elder.

♦ Caregiver's knowledge about the consequences of falls in the elderly

The fall can cause numerous consequences on the physical, psychological and social area, affecting the quality of life and may lead to functional impairment, hospitalization, institutionalization, fear, trauma, and even death.

Death is the most serious consequence caused by a fall, and some factors such as the site of injury, severity, vulnerability due to chronic diseases that can this correlated.² Accidents are the fifth leading cause of death in elderly patients the falls are two thirds of accidental deaths and associated with that cause pain and disability, reducing their mobility which prevents the elderly to carry out some activities of daily living (ADL).¹³⁻⁴

On the other hand, fear can also act positively, to the extent that the aged adopt preventive behavior depending on it. In the words that follow may be noticeable consequences on the fracture, trauma, not only physical and social, fear can be identified by the participants:

[...] she is afraid to be alone; she cannot become more just not to go to the bathroom [...] (Opal)

Trauma [...] (silence) [...] death [...] very old it takes fall dies, have seen it, just [...] trauma and death. (Topaz)

[...] it is also dangerous because it can lead to death, this fall as with our aunt, she died a fall even [...] (Sodalite)

[...] At her age 72 years old, will be very difficult to return to normal it may even run out [...] If she falls and reach break a bone, the leg or pelvis, it can be very difficult for her to walk.

The decrease of autonomy and independence could be another consequence of falls in the elderly, and this is due to impaired functional capacity. The higher the dependence is the risk of a fall.⁶ Note that respondents caregivers have in mind the consequences of the falls while they can carry out preventive actions to prevent further injury, as it is said in the speech below :

[...] Thus have to be careful when he falls, because the work is greater, right? (Malachite)

[...] It almost did not let her do a lot not to avoid it falling right? But she's stubborn. (Agate)

The independence and lack of autonomy generate discomfort not only the elderly but also the caregiver because of a greater intensity in their care in activities of daily

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living (ADLs) of the elderly as walking, lifting, bathing. The caregiver should mobilize around special care, adapting his whole routine for recovery or adaptation of the elderly after the fall.

With the restriction of certain activities or need help, may cause immobility subsequently leading to possible muscle atrophy facilitating the fall. The decrease in activities of daily living (ADL) may be noticeable after a fall in the elderly, and this is due to the fear of a further fall by these elderly, as a protective attitude of their families / caregivers, causing a situation of dependency and possibly institutionalization, favoring the low self-esteem or even depression.^{13,15}

[...] It's not that we're preventing even is he who keeps getting up, walking, no longer has that courage. (Crystal)

It is noteworthy that a fall can cause a number of health complications in a grievance leads to another, as a cascading effect. The best way to prevent these risks from falls is prevention; therefore one should be aware of the risk factors. Moreover, it is also important to the rehabilitation and adaptation after the fall in order to improve the quality of life of the elderly, minimizing the occurrence of such repercussions.

◆ Skills developed by caregivers to prevent the risk of falls

The falls are inevitable and high in the elderly population, and elderly caregivers need to take actions that provide a secure environment in the home. Thus it is necessary, environmental change where they live, such as accessibility, so that it can have autonomy and independence.

The falls are considered a multifactorial event, and so that there is this event it is necessary to carry out preventive measures in order to prevent their occurrence and reduce their consequences, and the elderly alone will not do it.¹⁵ For this, the caregiver will need to perform interventions focusing on prevention, keeping it to a safe environment, be aware of the habits and attitudes of the elderly that might pose a risk.

Often the proper elderly, for some reason, cannot alone carry out preventive measures to avoid risks that lead falls, and as a result, the caregiver needs are aware of accidents as use of visible stair steps and colored borders, delimited at the end and beginning; adequate lighting; dry floors, matte, free of ripples, and non-slip; security grills, toilets or firm in strategic locations; wheelchairs and beds with brakes in the household guidance.¹⁶ Attitudes to the very elderly of how to prevent them can be done, but the caregiver can prevent

such an event taking care of elderly environment.

Through an analysis of the environmental conditions that favor falls in the elderly, it is clear that participants demonstrate in their speeches on knowledge of the elements that serve as barriers to prevent such accidents.

[...] I always walk with her, I walk holding her arm so she would not fall [...] things here at home gives her usual walk without bump into anything you know. I'm afraid it fall flat [...] (Opal)

[...] Also avoid toys here in the middle of the house that kind of thing (laughs) [...] so prevents thus avoiding right, avoiding this tile, wet conditions, that sort of thing. (Ruby)

It's a question weird right? No [...] what we do is steer, not walking in a flat place that has water, be careful when passing a slippery place, to hold things in order to not fall [...] (Topaz)

The consequences of falls in their daily routines are not only changes in their physical condition, but also in their personal life. They need care and assistance of others. Despite the zeal of caregivers, prevailing fear that the elderly may fall and as a result, they perform preventive actions that prevent these perform simple day to day activities.

[...] we bought a wheelchair for her to be walking inside the house [...] but it's still more is difficult, we even let her in the wheelchair [...] (Lolite)

[...] when he wants to go somewhere I take [...] every time, who bathes my father is my husband. (Emerald)

These actions led to dependence on others and hinder the autonomy of the elderly making it submissive and preventing it from enjoying the pleasures of life as a simple walk inside the house and the bath alone.

Studies indicate that muscle strength declines with age and especially in older age, and the encouragement of regular physical activity that is associated with better health status of elderly people and lower incidence of falls.^{13,17} However some skills, such as placing the elderly in wheelchairs should be held, if they are really necessary, because if nothing prevents them from walking, it needs to carry out their activities of daily life. But the same caregivers with little knowledge end up generalizing in certain attitudes.

[...] we, trying on maximum leave so she sat, do not let her leave the house, go to the bathroom, we have the caregiver to take it [...] (Sodalite)

When she wants to go to the bathroom at night, we tell her not to go right? [...] Not to fall because elderly are stubborn animal,

talking and he stubborn, more had to talk right? (Chalcedony)

In turn these end up becoming abusive attitudes and widespread and can be consequences of the lack of information about preventive measures for falls, which ends up invalidating the daily movement of this elderly, as well as the emergence of new diseases due to the impossibility to perform even their own physiological needs.

Another factor that can trigger falls in the elderly is associated to intrinsic factors. The "slipper fingers" is a habit developed well throughout life. Therefore, this is a risk recognized by caregivers, whether they use in order to prevent the use of slipper, most do not have enough knowledge base of suitable footwear.

Have to be sidewalk in a Japanese [...] Yeah totally new under you? When she begins almost gone under I do not let her wear. The Japanese it must're always normal which is to avoid slipping. (Onyx)

[...] I look so whenever he goes to bathe, I try to put the sandals on his feet, right?

[...] so it does not slip, the more stubborn he is when he goes in the bathroom already without the sandal" (Turquoise)

Depending on the disease associated with, for example, diabetes, which takes skin sensitivity, the ideal is that the sole is non-slip and rigid, preferably with a thick rubber sole. It is also necessary that this shoe has mooring or Velcro; if the elderly cannot tie shoelaces. The jump must have cutouts on the bottom (beveled) and the base should be large; the narrower the shoes, the lower the stability of the feet. The prevention of risk factors can greatly reduce the number of falls.

Note that caregivers can exert preventive actions related to environmental physical elements, such as extrinsic factors, according to their own knowledge and experiences daily. However, these caregivers need to know about effective care in preventing falls.

In this case the nurse, to work together with the community and meet the real needs of the population, is the professional most qualified to provide information to these caregivers. This in turn will provide guidance about the real need to change the residence of the elderly in order to provide that necessary security and minimize the risk of falls and possible undesirable consequences. It should also work to promote health, preventive actions, and adoption of measures that can help to caregivers to learn more about preventive care so as to provide a safe environment for them.

◆ Lack of health education for caregivers about the risks of falls of the elder

In this category it was possible to identify all participants to answer what was asked, did not hesitate to say that never received guidance on preventing falls in the elderly.

No, not the health caregiver does not walk over here, or anyone. The family doctor you see a month when another month is no longer is so. (Rock Star)

Nobody ever told me anything not (Acqua Marine)

No, never not (Jasper)

From these lines, there is a concern about the need to inform and sensitize the population and specifically to caregivers about the causes, consequences and prevention of falls. Although it was expressed by the participants some preventive measures, they are not sure if they are being carried out in practice, hence the importance of FHS operations to intervene in this regard.

Fall is hardly discussed in a doctor's appointment, unless it has led to more serious consequences.

[...] mom has osteoarthritis, and the doctor said if it falls, for it can be bad, but I do not know why he said that [...] (Dolomite)

Anything. I only know once the doctor said she has to be careful not to fall for her as it has osteoarthritis problem right? Just for us to be careful it fall and break a bone will be very difficult to get back, that's what he told me [...] (Quartz)

Note that some health professionals emphasize on just falls in their queries when something threatens the life of the elderly, or even when the accident happened and still does not account for factors that may cause these falls. It emphasizes the little approach this theme in the consultations, so there is need of health teams deepen this very relevant content, even as the elderly population will only grow, and one of those measures is to make these caregivers understand how to get the aging process. The health professional must develop specific skills and competencies to be able to differentiate the elderly of other age groups.

Several studies have shown that prevention of risk factors associated with falls prevention programs effective and less costly involve systematic risk assessment and interventions aimed at reducing the risk index falls. Multidisciplinary interventions in the assessment and interventions are ideal approaches to preventing falls in the elderly, as well as having preventive interventions: medication review, changes in the home,

promoting safety at home and promoting safety away from home.¹⁹

In many carers there is still a reluctance to talk about falls, and this is caused due to lack of knowledge associated with low education.

Relevant information can be provided in consultation with the health care team, to approach the intrinsic and extrinsic factors that can lead to falls, such as orthostatic hypotension, falls after tripping or slipping may indicate the presence of an unsafe environment or gait problems, balance and vision.¹⁸

Starting from this conception of the aging process it is noticed the need for heightened attention to the elder, even due to his greater vulnerability in the process of becoming ill. Taking advantage of this, many problems related to falls can be controlled or even prevented if those who provide their care have a greater understanding of how the aging process occurs, as well as what this vulnerability could cause in the elderly.

In many carers there is still a reluctance to talk about falls, and this is caused due to lack of knowledge associated with low education.

Me? I will not say anything; do not know anything [...] (laughs) [...] once in a while she takes falls in the bathroom. I do not know that they can cause. (Sapphire)
I do not know what to tell you about falls, mother falls much nothing ever happened with it not [...] we hardly do anything to avoid. (Agate)

Due to low education and lack of knowledge, some caregivers fail to exercise coherent actions for the safety of the elderly. Therefore, it is believed that one of the most important alternatives that information function is the educational activity, aimed to computerize these caregivers. Thus, there is a need for a fall prevention program, to date not been implemented by public health agencies, where they can work on the issue of education of these caregivers by the family health strategy professionals so as to promote health this population, and prevent complications caused by falls.

The guidelines they would affect risk behaviors to ensure seniors' access in any environment where they are, to come and go without restricting the possibility of working life and establish actions to prevent serious injury are paramount.

The education and guidance in this regard should be priority for caregivers and other family members and even the very elderly, helping them to identify the risk factors in order to work their body as well as the change in the environment in which it resides.

CONCLUSION

Caregivers have better knowledge of the extrinsic risk factors, and because of that, end up holding the preventive actions to minimize just such risks, and this is due to lack of support from health professionals to report on preventive measures more broadly, aiming to reduce these risks, making it necessary comprehensive care by the health team, in order that provides educational support for these caregivers, for the promotion and prevention of falls in the elderly.

This requires greater commitment on the part of these professionals with regard to monitoring, encouragement and support on an ongoing basis to families and caregivers so that we can reduce falls index in older people through health education in the community guidelines in consultations and home visits in order to provide security, independence and a better quality of life to the elderly group.

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