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CASE REPORT ARTICLE

EDUCATIONAL SESSIONS ON CARDIOVASCULAR HEALTH WITH ELDERLY: CASE REPORT

SESSÕES EDUCATIVAS SOBRE SAÚDE CARDIOVASCULAR COM IDOSOS: RELATO DE EXPERIÊNCIA

SESIONES EDUCATIVAS SOBRE SALUD CARDIOVASCULAR CON ANCIANOS: RELATO DE EXPERIENCIA

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ABSTRACT

Objective: to report the development of educational sessions on cardiovascular health directed to elderly people. ***Method:*** a descriptive study, experience report type, conducted in Social Assistance Reference Centers of Baturité, Ceará/CE. The cities covered and respective number of participants was: Aratuba (20), Baturité (76), Itapiúna (28) Ocara (25) Pacoti (33) and Redenção (42). Themes addressed were: healthy diet, salt intake, obesity, physical activity, smoking, alcohol consumption and dyslipidemia. ***Results:*** the sessions were held in a clear and objective way, with active participation of the elderly, allowing them to share their expectations, everyday experiences and receiving responses to their questions, besides distribution of brochures that represented an aid as reference material. ***Conclusion:*** it was observed that the elderly are interested in changing their lifestyle and are willing to adopt healthy habits. Sessions like this are important in nursing practice in the search for quality of life. ***Descriptors:*** Nursing; Health of Elderly; Health Education.

RESUMO

Objetivo: relatar sobre o desenvolvimento de sessões educativas acerca da saúde cardiovascular para idosos. ***Método:*** estudo descritivo, tipo relato de experiência, realizado nos Centros de Referência da Assistência Social do Maciço de Baturité, Ceará/CE. As cidades contempladas e número de participantes foram: Aratuba (20), Baturité (76), Itapiúna (28), Ocara (25) Pacoti (33) e Redenção (42). Temáticas abordadas foram: alimentação saudável, consumo de sal, obesidade, atividade física, tabagismo, etilismo e dislipidemias. ***Resultados:*** as sessões foram realizadas de forma clara e objetiva, com participação ativa dos idosos, permitindo-os compartilhar suas expectativas, vivências do cotidiano e respondendo aos questionamentos. A distribuição de *folders* auxiliou como material de consulta. ***Conclusão:*** observou-se que os idosos mostraram-se interessados em mudar seu estilo de vida e dispostos a adotar hábitos saudáveis, sessões como estas são importantes na prática de enfermagem na busca de qualidade de vida. ***Descritores:*** Enfermagem; Saúde do Idoso; Educação em Saúde.

RESUMEN

Objetivo: relatar sobre el desarrollo de sesiones educativas acerca de la salud cardiovascular para ancianos. ***Método:*** estudio descriptivo, tipo relato de experiencia, realizado en los Centros de Referencia de la Asistencia Social del Maciço de Baturité, Ceará/CE. Las ciudades contempladas y número de participantes fueron: Aratuba (20), Baturité (76), Itapiúna (28), Ocara (25) Pacoti (33) y Redenção (42). Temáticas abordadas fueron: alimentación sana, consumo de sal, obesidad, actividad física, tabaquismo, etilismo y dislipidemias. ***Resultados:*** las sesiones fueron realizadas de forma clara y objetiva, con participación activa de los ancianos, permitiéndoles compartir sus expectativas, vivencias del cotidiano y respondiendo a los cuestionamientos. La distribución de *folders* auxilió como material de consulta. ***Conclusión:*** se observó que los ancianos se mostraron interesados en mudar su estilo de vida y dispuestos a adoptar hábitos saludables, sesiones como estas son importantes en la práctica de enfermería en la búsqueda de Calidad de vida. ***Descriptores:*** Enfermería; Salud del Anciano; Educación en Salud.

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INTRODUCTION

Population aging is a reality in Brazil given to the change in the morbidity and mortality profile and has resulted in an increase in the number of older people.[1,2] Data produced by the Brazilian Institute of Geography and Statistics (IBGE) in the census of 2010 confirm that there was an increase in the number of older people and the population up to 25 years of age had lower representation in the Brazilian population.[3]

In this scenario, elderly are the population segment that is most affected by chronic diseases. In the context of public health, the goal is to reduce the impact of these diseases in general by promoting health, preventing and reducing complications.[4] According to the World Health Organization (WHO), the most prevalent non-communicable chronic diseases are cardiovascular and respiratory diseases, diabetes and cancer, and cardiovascular disease account for 30% of all deaths in world.[5]

These abovementioned conditions increase with age. Apparently, this increase is due to the interaction between predisposing genetic factors, physiological changes of aging and modifiable risk factors such as smoking, excessive alcohol consumption, physical inactivity, consumption of unhealthy food and obesity.[6]

As a strategy in the pursuit of better quality of life of this population, simple and inexpensive actions should be deployed aiming at health education, and nursing is responsible for one of the main axis of action, namely, educational activities, that work as a fundamental key for the articulation of care.[7]

Educational activities with groups have shown to cause better interaction of participants, in which the elderly feel comfortable to share doubts, experiences and knowledge. Such activities have the purpose of personal and social development of participants seeking self-awareness and reflection of the health-illness level of the individual and collective level.[8] Groups are considered important tools for the promotion of health and education in health.[9,10]

The educational practice has always had a prominent role in the work of nursing. Notwithstanding, it tends to be seen as an additional component to the actions developed on daily basis.[7]

Therefore, it is important to conduct educational sessions for seniors and this is justified by the fact that nursing has a significant role in this population. Nursing may act on health education by addressing important issues related to cardiovascular health. Thus, it is the objective of the present study to report the development of educational sessions on cardiovascular health directed to elderly people.

METHODOLOGY

Descriptive study, experience report type, experienced by nursing students awarded with extension scholarships, members of the Cardiovascular Health Project at the University of International Integration of African-Brazilian Lusophony - UNILAB on educational sessions for elderly. Activities were developed from August 2011 through August 2013.

The study was done in Social Assistance Reference Centers - CRAS the Maciço de Baturité, Ceará. The CRAS are reference units that incorporate social care services and develop various citizen-support programs, with participation of a wide age range of customers. The elderly stand out among these; they participate in various activities such as groups of “forró”, embroidery and physical activities.

Selection of CRAS was based on criteria such as: approval of inclusion of the institution in the study by its coordinator and existence of as large active group of seniors.

The contemplated cities and their respective numbers of participants were: Aratuba (20), Baturité (76), Itapiúna (28) Ocara (25) Pacoti (33) Redenção (42). A verbal invitation was made to elderly to participate in educational sessions on cardiovascular health in their respective municipalities. Dates of sessions were marked after invitations in accordance with those responsible for the CRAS and the elderly. The sample consisted of elderly men and women, aged at 60 years and older, present on the day set for the completion of activities and who demonstrated verbal and spontaneous interest.

The following topics related to cardiovascular health were discussed: eating habits, including salt intake and obesity; physical activity; smoking; alcoholism; dyslipidemia. Each theme was presented in a clear and objective manner, focusing on the harm caused to health by adhering to bad habits and benefits of adopting healthy lifestyles related to each subject.

Thematic educational sessions took place in the following municipalities: Healthy eating (Aratuba and Redenção); Physical activity (Ocara, Pacoti and Redenção); Dyslipidemia

(Baturité, Ocara and Pacoti); Salt (Aratuba, Pacoti and Redenção); Obesity (Baturité and Itapiúna); Alcohol consumption (Baturité, Itapiúna and Redenção); and Smoking (Itapiúna and Redenção).

The elderly were welcomed and then placed in chairs arranged in a circle in order to facilitate communication between participants and nursing students. Sessions were held in a relaxed, dynamic, demonstrative and explicative way, where high comfort was promoted among spectators. A short conversation was held before starting the session to observe the knowledge elderly had on the topic that would be discussed.

At the beginning of each session, a dynamic presentation took place in order that students had the chance to know better the elderly. The content taught throughout the session by students was related to the central theme of the day, according to what had been scheduled in advance with the coordinators of the centers. The themes addressed issues about cardiovascular health and relevant topics that could help participants in the prevention and control of diseases related to cardiovascular problems.

At the end of each session, “the cabbage dynamics” would be held, a very creative manner to check how much had been learned on the developed subject. The elderly who could not read received help from the students to read the questions. The questions referring to the theme of the day were simple and easy to understand. The dynamic consists of a ball formed by several rolled sheets, which a question on each sheet, as the ball passed between participants and the student coordinating would say the command to stop and the elderly who had the ball in hands would have to answer the question.

Explanatory posters presenting illustrative prints of fruits and vegetables were used in educational sessions on healthy eating. The food pyramid was draw and complemented with collages of pictures of food. Memory games about food were held. These aimed at making combinations between healthy and unhealthy kinds of food. Brochures presented the matter set forth in the session and were intended to serve as reference to participants.

Some features were used to carry out the physical activity sessions. These included explanatory posters with pictures of some types of exercise, the benefits of practicing activities and the importance of hydrate and go to the doctor before starting to practice any type of physical exercise; pet bottles, chairs and brooms were used for demonstration of physical activities; educational brochures with all session content was used as reference material.

In the sessions regarding salt consumption, tips on kinds of food that contribute to reduce salt intake were presented with the use of a projector. Such foods included fruits, vegetables, whole grains, baked goods, grilled or baked food. Harmful food such as fried foods, processed foods and food seasoning prepared in brine, were also exposed.

Regarding the sessions on dyslipidemia, images were displayed with the aid of a projector explaining how fat accumulates in the blood vessels. Brochures were distributed at the end of the session, with all the educational material. Posters were displayed containing the BMI classification and the food pyramid and a memory game with engravings representing good and poor diet was held to help in the sessions on obesity.

In the sessions on smoking and drinking, projections of pictures of the human body were used, showing the damage that smoking and alcoholism cause on health, as well as the risks of the intake of alcohol while driving.

RESULTS

♦ Describing the educational sessions

♦ Healthy eating

In the educational session about healthy eating, participants were welcomed and invited to sit in a circle of chairs. The session was in the form of a circle of conversation.

During the session, each elderly person would give his/her opinion on the matter in succinct and simple way. Throughout the session, questions and curiosities of spectators came up, which were answered in a clear and objective manner.

Elderly were asked on what would be a proper diet and which are its benefits. They said that good nutrition is linked to better quality of life. Soon after, the importance and the benefits of healthy eating for prevention and control of diseases were explained, as well as the risks and harms of a poor diet.

The importance of at least three meals (breakfast, lunch and dinner) and two healthy snacks a day, avoiding to skip meals and eating every three hours, was discussed with participants. Incentive was given in the following aspects: to pay attention to food labels and choose those with lower amounts of fats, sugars and sodium; decrease the amount of salt in the food and leave the salt shaker out of the table; avoid consumption of processed foods rich in salt (sodium) as hamburger, beef jerky, sausage, ham, chips,

canned vegetables, canned soups, canned sauces, industrial spices high in salt and sugar; give preference to natural seasonings; drink at least 2 liters (6 to 8 cups) of water per day. The importance of social status, because the income of the elderly is directly associated with the type of food, was discussed.

Brochures were distributed with every issue that was discussed in the educational session. This was a strategy to help in fixing everything that was said, but also worked as a form of material for consultation.

♦ Physical activity

In the educational session with the theme of physical activity, elderly were welcomed and invited to sit in chairs organized in a semicircle. At first, elderly were invited to stretch, in order to prepare them for the session, leaving them more awake and alert. Soon after, they were asked about their knowledge of the practice of physical activities. They reported the importance of exercise to maintain a healthy lifestyle, associated with good food, for a better quality of life.

Benefits of physical activity were explained using posters for better visualization and understanding. Such benefits include prevention and control of certain diseases, especially cardiovascular diseases; increased physical capacity, flexibility and balance; decreased risk of falls; improvement in immunity, which can decrease the incidence of infection; strengthened muscles and body weight maintenance.

A second poster contained figures of some types of exercise and activities such as: stretching, swimming, water aerobics, walking, dancing, weight training and cycling.

Stretching and exercise have been demonstrated using materials easily accessible, such as PET bottles, chairs and brooms. This increases physical exercise especially in old age. Participants were reminded that before starting any kind of activity, it is essential to make an appointment with the doctor and drink plenty of water before, during and after activities.

♦ Dyslipidemia

During the educational session on dyslipidemia, a high deficit of knowledge of elderly regarding this subject was noticed, evidenced by the fact that all participants did not know its meaning, despite carrying routine screening for possible detection of high levels. It was noted also that, although not knowing exactly the meaning of this pathology, participants had heard about it and knew that high levels represent something bad to health. A very simple language and easy to understand was used for elderly grasp as most as possible of the subject explained. We attempted to make a very basic approach to the subject, using visuals representations of how the human body in order to provide a general understanding of the topic.

The meaning of each condition (cholesterol and triglyceride) was explained; risks and consequences of rise of fat rate in blood reference values; foods that contribute to the development of the disease and foods that help in control it; importance of regular examinations for diagnosis of these pathologies; benefits of physical activity for control and prevention.

Notably, during exposure of the subject, elderly began to interact with each other, sharing experiences related to their food preferences as well as cases of health complications arising from poor living habits. At the end of the session, after a conversation with the elderly, it was noticed that all reported to have satisfactory knowledge on dyslipidemia.

♦ Salt consumption

Regarding the educational workshop on salt intake, it was observed that in general, the elderly were well educated on the subject. Initially, the question if salt consumption would be healthy to people with diagnosis of hypertension and without diagnosis of hypertension was raised. Participants resist to eliminate salt or even to slow it down in their food, even knowing the damage that salt causes health.

The session demonstrated the risks of excessive use of salt, especially to people diagnosed with high blood pressure, and offered warns in favor of measures to prevent the onset of cardiovascular diseases related to salt intake.

Tips of kinds of food were exposed with the aid of a projector, to help reduce salt intake, such as fruits, vegetables, whole grains. The audience was encouraged to give preference to baked, grilled or boiled foods. It was also explained that fried foods, processed foods and food seasoning prepared in brine tend to be harmful.

Barriers to adopt a healthy diet, according to reports of participants, include: Family complaint against the taste of food; presence of visits for meals at home; lower association with a new flavor of the food; the most commonly reported obstacle was eating out at restaurants or with relatives, and food made by someone else.

Through these reports, tips have been drawn to face the replacement of salt in foods: use of natural seasonings, thus replacing salt or industrialized spices, and prepare family meals separately from the rest of the family and made a request to relatives and visits. A sharing of culinary knowledge to improve the taste of the food happened at the end of the session, as well as a sharing of the difficulties in maintaining a diet with low salt content.

♦ Smoking

Risks and consequences on the practice of smoking were exposed at the session. A minority of participants practiced this habit. It was observed that the number of former smokers present was higher than active smokers. These elderly report to feel better after having got rid of smoking and do not think about going back to this addiction.

The consequences of smoking for human beings were discussed through free images found on the internet. Images of nonsmokers' lungs and lungs of smokers were displayed. It was observed that the elderly had shortages of understanding the dangers of smoking and the possible complications that this may cause to the body.

The substances present in cigarette smoke were presented to elderly, the possible consequences to passive smoking and also to active smokers and some diseases resulting from smoking were highlighted.

The session aimed to show that smoking brings no benefit at all and aimed also to encourage current smokers to quit the habit. After the learning session, the "cabbage dynamic" was carried out, containing questions on the subject, and a higher level of learning of participants was observed.

♦ Alcoholism

The session exposed which are the risks and consequences of consumption of alcohol; what is the health damage; possible diseases that could be acquired and the incurred cardiovascular risk. The activity was developed in the form of a circle of conversation, in which participants could relate their experiences.

The brief conversation with participants preceding the session let clear that all participants judged alcohol consumption as a harmful activity. But when they were asked about what would be the consequences of drinking, no answer was offered. It was noted, therefore, that the elderly know that alcohol is harmful to health, but they do not know for sure which are the consequences of excessive consumption of alcohol to the human body.

When asked why they got in contact with the drink, all who consume alcohol, what represent a the minority, said they had been influenced by friends. It was noted that even though the participants have stated to realize negative physiological changes caused by alcohol consumption, few know how to answer what organs were affected by consumption. Most often, elderly report higher injury to the functionality of the liver and made a few references to lung problems.

Despite the lack of knowledge of the participants about health problems that alcohol incurs, the "cabbage dynamic" held in the end of the session showed clearly that information gaps were successfully covered.

♦ Obesity

There was a demonstration of the food pyramid with aid of explanatory posters, with clarification of each food group, highlighting the importance of each group and warning about the benefits and risks of impulsive eating. The use of a memory game with engravings representing good and poor diet helped in better understanding and learning of the subject, but also in the relaxation of the elderly.

It was noticeable that older people know the importance of having good eating habits, but they reported that it is difficult to change eating style, due to the high cost of adherence to diets and because they are accustomed to eat things they think are tasty but unhealthy.

Obesity coupled with a sedentary lifestyle contributes to the onset of diseases, especially cardiovascular diseases. The incentive to adopt healthy habits, such as keeping the weight in the normal range according to each participant, adherence to healthy diets and regular exercise practices are parameters to maintain a healthier life.

Although some elderly showed to be unhappy with their weight, they were willing to avoid foods high in fat, soft drinks and make room for fruits and vegetables, because they are aware that food is essential for promotion, maintenance and/or recovery of health. Thus, the session aimed to show the risks of obesity and encourage the adoption of a healthier lifestyle.

DISCUSSION

Educational sessions of this study had always the concern to use an accessible language and relate the subjects taught with the daily routine. Contact with learning was a new experience.

Knowing the education level of the clientele is highly important, to direct the language and the appropriate level to be used in the guiding discussion and educational activities, thus facilitating understanding. This contribute to greater access to inherent health information, raising awareness and greater adherence to disease prevention and promotion of health.[11]

Health education is the best way to change habits harmful to health, and in the case of prevention, educational activities are essential. "Education is essential to improve the quality of nursing care." [12]

Much effort is necessary in these actions. After all, changing the lifestyle of a population is something that is achieved in the long term, because it is difficult to access and to gain acceptance from the population in general.

The practice of regular physical activity is important for maintaining a healthier life contributing to prevention of diseases, especially cardiovascular ones. One should get used to regular practice [3-5 times a week lasting at least 30 minutes] of aerobic physical activity for maintenance of a healthy life, as well as to lose weight and keep normal blood pressure. [13]

Exercise causes adjustments and cardiovascular adaptations responsible for lowering blood pressure, whose mechanisms interact with each other and seem to depend on factors such as the range of their own blood pressure values, age, ethnicity, genetic load and type of exercise practiced. [14]

When it comes to smoking, studies show that smoking is related to several harms to health, a fact that can boost the incidence of mortality in the elderly. Smoking constitutes an important risk factor for development of cardiovascular disease and other diseases also associated with hypertension.[14]

The treatment for smoking requires a change in the individual's behavior, and that change do not occur with a single professional intervention. It requires the patient to be evaluated, supported, monitored and treated throughout the hospital and requires this to be prepared for discharge. If not all such issues are not considered, smoking will only represent a dataset entry, or a raised diagnosis, without efficient intervention.[15]

Harmful effects of smoking such as increased blood pressure, lung problems, cancer and other diseases, should be informed to population in order to make them aware of the importance of quitting addiction, thus promoting better quality of life.

The high prevalence of overweight is a troubling result because this is associated with chronic diseases. This represent an increase in expenses for public health services and increases the rate of mortality.[16-7] Variables show association with overweight, hypertension and diabetes mellitus. According to Scherer and Vieira, obesity triggers and/or exacerbates the levels of these indicators and diseases such as hypertension and diabetes mellitus. [18]

Regarding the presence of alcoholism among older men may be associated with social and cultural factors, since the drinking habit was not observed among women in this age group. Health professionals must aggregate a comprehensive health care of man to this theme by addressing the relationship of alcohol with cardiovascular disease. In certain situations, where there is more urgency, the nurse should refer the elderly to treatment in specific groups. During the home visit, the approach to the family should be attentive to signs of alcoholism. [19]

Dyslipidemia is a risk factor for developing cardiovascular disease. This are observed in high prevalence among elderly, according to the reports. This result is similar to that found in a small municipality (61.5%) and higher than a large sized municipality (50.6%). [6] The association with other risk factors such as overweight/obesity, physical inactivity, smoking and family history makes it necessary to look again at this population to detect early risk factors, prevent and promote health through practices that encourage the treatment and the acquisition of healthy lifestyles.[20-1]

According to the World Health Organization (WHO), cardiovascular diseases account for 30% of all deaths worldwide. Hypertension is a major risk factor for cardiovascular morbidity and mortality, considered one of the biggest health problems in Brazil.[5]

The improper and excessive intake of salt is a powerful component triggering of cardiovascular diseases, especially hypertension. Taking into account that these are inter-related conditions, the probability of the development of the disease increases considerably.[22]

Considering that cardiovascular diseases are among the leading causes of death in adults, it is necessary to control the appropriate consumption of sodium, which must respect the mark of 5 g of sodium chloride, which is equivalent to 2g of salt. This must be combined with a healthy diet, with adequate potassium intake and

combating inactivity, excessive alcohol consumption and smoking.[23]

Health education emerges as an important strategy because it enables and make subjects self-sufficient to make their decisions, through a reflection/action/reflection, with a view to improve health and well-being.[24] A construction of knowledge in relation to health promotion is a process that needs to be done consistently and continuously, and must have individual and collective participation in the family sphere or in social groups.[25] It is important that the nursing professional have the profile to work with health education, assuming his position as educator and conducting educational activities continuously for disease prevention mechanism and promotion of health of patients, particularly the elderly, in any situation or adversity. [26]

CONCLUSION

The development of this work has allowed us to see that educational sessions are of great importance to the improvement in the lifestyle of elderly, aiming at prevention and control of cardiovascular diseases, even though there are difficulties and resistance from elderly regarding changes in the lifestyle. The purpose of the sessions was to guide them about the risks and consequences of predisposing risk factors for cardiovascular disease.

Educational sessions caused an improvement in the level of knowledge of the elderly about the issues addressed. Gaps of knowledge were observed in each topic at the beginning of sessions, but these gaps went gradually decreasing with the presentation of educational lectures. This was confirmed with the completion of dynamics and conversations at the end of activities.

Another problem found in the sessions was the low attendance of the elderly to the lecture due to personal reasons, such as: trips, medical appointments, examinations. This, in a sense, negatively interfered in acquiring knowledge.

Although few participants attended some of the educational sessions, the subjects showed intention or motivation for improvement and change in their daily habits through new measurements obtained with information workshops. However, resistance was still observed in relation to changes in lifestyle, for example, in reducing the consumption of foods with high salt content, practicing physical exercise and adopting a healthy diet.

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