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ORIGINAL ARTICLE

SOCIODEMOGRAPHIC AND CLINICAL PROFILE OF ELDERLY USERS OF FAMILY HEALTH STRATEGIES

PERFIL SOCIODEMOGRÁFICO E CLÍNICO DE IDOSOS USUÁRIOS DAS ESTRATÉGIAS DE SAÚDE DA FAMÍLIA

PERFIL SOCIODEMOGRÁFICO Y CLÍNICO DE ANCIANOS USUARIOS DE LAS ESTRATEGIAS DE SALUD DE LA FAMILIA

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ABSTRACT

Objective: to describe the sociodemographic and clinical profile of elderly users of the Family Health Strategies. ***Method:*** descriptive study, conducted with 148 elderly individuals, aged 65 years or older. Data collection was performed through an individual interview and data analysis was descriptive, using absolute and relative frequencies and 95% confidence intervals. ***Results:*** it was verified that 72.3% are white women, married. The median age was of 73 years (P25: 69-P75: 7). The highest prevalence of chronic diseases was hypertension (71.6%) and cardiovascular diseases (36.5%). 37.8% of the elderly are obese. ***Conclusion:*** professionals should plan actions aimed at improving the quality of life and health of the elderly. Nutrition education, regular physical activity, and lifestyle monitoring are needed. ***Descriptors:*** Health Profile; Aged; Family Health Strategy.

RESUMO

Objetivo: descrever o perfil sociodemográfico e clínico de idosos usuários das Estratégias de Saúde da Família. ***Método:*** estudo descritivo, realizado com 148 idosos de 65 ou mais anos. A coleta de dados foi realizada por meio de entrevista individual e a análise dos dados foi descritiva, utilizando as frequências absolutas e relativas e intervalos de confiança de 95%. ***Resultados:*** verificou-se que 72,3% são mulheres, brancas, casadas. A idade mediana foi de 73 anos (P_{25}: 69–P_{75}:7). A maior prevalência de doenças crônicas foi de hipertensão (71,6%) e doenças cardiovasculares (36,5%). São obesos 37,8% dos idosos. ***Conclusão:*** os profissionais devem planejar ações que visem a melhorar a qualidade de vida e saúde dos idosos. Educação nutricional, atividade física regular e monitoramento do estilo de vida são necessários. ***Descritores:*** Perfil de Saúde; Idoso; Estratégia Saúde da Família.

RESUMEN

Objetivo: describir el perfil sociodemográfico y clínico de ancianos usuarios de las Estrategias de Salud de la Familia. ***Método:*** estudio descriptivo, realizado con 148 ancianos, de 65 años o más. La recolección de datos fue realizada por medio de una entrevista individual y el análisis de los datos fue descriptivo, utilizando las frecuencias absolutas y relativas y los intervalos de confianza de 95%. ***Resultados:*** se verificó que el 72.3% son mujeres, blancas, casadas. La edad mediana fue de 73 años (P_{25}: 69-P_{75}: 7). La mayor prevalencia de enfermedades crónicas fue hipertensión (71.6%) y enfermedades cardiovasculares (36.5%). Son obesos 37.8% de los ancianos. ***Conclusión:*** los profesionales deben planificar acciones para mejorar la calidad de vida y la salud de los ancianos. La educación nutricional, la actividad física regular y el seguimiento del estilo de vida son necesarios. ***Descriptores:*** Perfil de Salud; Ancianos; Estrategia de Salud Familiar.

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INTRODUCTION

Population aging has become a reality in the last decades in most countries, [1] made possible by changes in population living conditions and advances in medicine, which reduced early mortality rates and led to an increase in life expectancy.[2]

In recent years, demographic data have shown significant changes relative to the increase in the elderly population, worldwide. In Brazil, there was an increase in the number of elderly people from 8.6% to 10.7% of the population, between 2000 and 2010.[3] Of these, 55.5% are women.[4] As for Rio Grande do Sul, In 2010, the elderly population was 1,469,597. However, in spite of the increase in longevity, the healthy life expectancy, that is, free of disability, was 59.8 years, approximately 12 years less than The total life expectancy.[5]

It is important to highlight that, in addition to the age factor, social determinants, such as housing and work conditions, availability and access to food and health and education services, predispose to the development of numerous diseases, among them NCDs.[6] Simultaneously, the growth of the elderly population, also increased the prevalence of CNCD, being diseases of the circulatory system, neoplasias and diseases of the respiratory system the three most frequent causes of death among the Brazilian elderly.[7]

In the population, one in three individuals has chronic diseases. While among the elderly, eight out of ten have at least one disease.[5] This increase in the proportion of the elderly and their years of life, plus frequent use of health services will result in a substantial increase in health sector expenditures in Brazil, tending to emerge as one of the greatest fiscal challenges in the coming decades.[8]

It is proposed a model of health care for the elderly population, in which all would be winners (the elderly, with better health conditions, the family, which would have an active and participative body and the State, which would avoid costs with repeated hospitalizations And high cost). For this model to be efficient, it would be necessary to have a well-designed flow of educational actions, health promotion, disease prevention and postponement, early care and rehabilitation of diseases. Health services need reformulation, with a preventive and integral approach and their actions should be better planned.[8]

Given this scenario, we can see that the change in the epidemiological and demographic profile of the Brazilian population shows the need for better preparedness of health professionals to provide care for the elderly. From this perspective, the characterization of the elderly, that seek health services can be used as a facilitator to plan effective care actions for this population. In this sense, the objective of this study was to describe the sociodemographic and clinical profile of elderly users of the Family Health Strategies.

METHOD

A descriptive study, a cross - sectional study, with elderly residents in the area of Family Health Strategies in the municipality of Marau / RS, located in the Middle Plateau of the state of Rio Grande do Sul.

The municipality has an area of 649.3 m^2 and 39,182 inhabitants, resulting in a population density of 56.00 inhab / km^2. The elderly population in the municipality corresponds to 3,964 elderly people, representing 10.9% of the total population.[9]

The study population consisted of elderly people aged 65 and over, of both sexes, who were cared for in the Family Health Strategy, living in the urban area of the municipality and registered in the electronic medical records of the municipality.

Data collection took place in the household of the elderly belonging to eleven Family Health Strategies (ESFs) in the urban area, based on a questionnaire, followed by community health agents. Non-institutionalized elderly were included, in the study, who were able to respond to the instrument of data collection and to perform gait speed test.

Exclusion criteria, elderly people with severe cognitive deficits suggestive of dementia (with diagnosis obtained in the registry of each one) were excluded from the study; in wheelchair use, provisionally or definitively; with severe sequelae of stroke, with localized loss of strength, with severe or unstable Parkinson's disease, hearing loss or severe vision deficit, making communication difficult.

The variables analyzed in this study for socio-demographic characterization were: sex; age (later classified in age groups of 65 to 69, 70 to 74, 75 to 79 and 80 years and over); marital status (married, single / separated / divorced and widowed); color (white and not white - brown or black); have children; own house; schooling (never went to school, primary, gymnasium, scientific - currently high school) and retirement.

For the clinical characterization, chronic diseases and anthropometric measures were used. The diseases analyzed were diabetes, hypertension, cardiovascular diseases, rheumatic diseases, osteoporosis, lung disease, cancer, urinary and / or fecal incontinence and depression. Regarding the anthropometric measures, weight and height of each individual, were collected to perform BMI classification, divided into low weight (<23 kg / m2), eutrophy (> 23kg / m2 and <28kg / m2), overweight (> 28kg / M2 and <30kg / m2) and obesity (> 30kg / m2) [10]. Also, Waist Circumference (WC) was measured, for which the ideal classification was: women less than 80 cm and men below 94 cm.[11]

To analyze the data, a descriptive analysis was performed using the absolute and relative frequencies and 95% confidence intervals.

The study follows the guidelines of CNS Resolution No. 466/12, of the National Health Council, involving the participation of people in research. All the participants signed the Informed Consent Term (TCLE). It also addresses the ethical aspects of authorization of the Municipal Health Department of the Municipality, the confidentiality, anonymity and respect for the subjects' values. The project was approved by the Research Ethics Committee of the University of Passo Fundo (CAAE: 43817115.5.0000.5342) under Opinion no. 1,041,028.

RESULTS

The data presented in table 1 integrate information about sociodemographic variables. A total of 148 elderly people participated in the study. With a median age of 73 years (P25% 69 years - P75% 77 years), with a minimum age of 65 years and a maximum of 89 years, of which 72.3% were women and 31.1% 70 to 74 years. Most of the elderly were retired, white, married and, residing in their own homes. Almost all (98.0%) had children, 23.6% lived alone and 22.3% said they had never attended school.

Table 1. Sociodemographic characteristics of the elderly population attending the FHS. Marau (RS), Brazil, 2015.

Variables	n	%	$IC_{95\%}$
Age Group			
65-69	39	26.4	20.9-34.0
70-74	46	31.1	23.0-38.0
75-79	39	26.4	19.4-33.3
80 years and over	24	16.2	10.8-20.4
Sex			
Male	41	27.7	20.3-35.1
Female	107	72.3	64.9-79.7
marital status			
Married	89	60.1	50.7-69.6
Single / Separate	13	8.8	4.6-13.7
Widower	46	31.1	23.0-39.9
Color			
White	122	82.4	77.0-88.5
Not white	26	17.6	11.5-23.0
Children			
No	3	2.0	0.0-4.7
Yes	145	98.0	95.3-100.0
Own home			
Yes	127	85.8	80.4-91.2
No	21	14.2	8.8-19.6
Lives alone			
Yes	35	23.6	16.7-31.8
No	113	76.4	68.2-83.3
Education			
none	33	22.3	14.2-29.2
Primary	86	58.1	49.8-66.9
Gymnasium	25	16.9	9.8-23.8
Scientific	4	2.7	0.5-5.4
Retired			
Yes	142	95.9	92.6-98.8
No	6	4.1	1.2-7.4

Regarding chronic diseases, the highest prevalence found was hypertension (71.6%), followed by cardiovascular diseases (36.5%) and urinary and / or fecal incontinence (35.1%) (Table 2). The behavioral factor of smoking was present in 34.5% of the interviewees.

Table 2. Prevalence of chronic diseases of the elderly population attending the FHTs. Marau (RS), Brazil, 2015.

Variáveis	n	%	$IC_{95\%}$
Diabetes			
Yes	41	27.7	19.3-34.0
No	107	72.3	66.0-80.7
Hypertension			
Yes	106	71.6	64.2-78.5
No	42	28.4	21.5-35.8
Cardiovascular diseases			
Yes	54	36.5	30.2-44.4
No	94	63.5	55.6-69.8
Rheumatic Diseases			
Yes	31	20.9	15.5-27.2
No	117	79.1	72.8-84.5
Osteoporosis			
Yes	37	25.0	17.4-32.4
No	111	75.0	67.6-82.6
Pulmonary Disease			
Yes	26	17.6	12.0-24.5
No	122	82.4	75.5-88.0
Cancer			
Yes	17	11.5	6.1-16.9
No	131	88.5	83.1-93.9
Urinary and / or Fecal incontinence			
Yes	52	35.1	28.2-43.6
No	96	64.9	56.4-71.8
Depression			
Yes	39	26.4	18.1-34.5
No	109	73.6	65.5-81.9

Regarding BMI, it is highlighted that the majority are overweight, with 37.8% are classified as obese and 14.2% are overweight. Among women, the value of obesity was even higher (38.3%). Regarding waist circumference, the minimum value found was 63 cm and the maximum was 135 cm, but, in both genders, waist circumference values above the ideal represent more than 80% of the elderly (Table 3).

Table 3. Anthropometric measures of the elderly population attending the FHS. Marau (RS), Brazil, 2015.

Variables	Women		Men	
	n(%)	$IC_{95\%}$	n(%)	$IC_{95\%}$
BMI				
Low weight	14(13.1)	6.1-19.4	2(4.9)	0.0-13.4
Eutrophy	35(32.7)	24.1-41.6	20(48.8)	34.2-61.5
Overweight	17(15.9)	9.0-24.4	4(9.8)	0.0-19.7
Obesity	41(38.3)	28.9-49.2	15(36.6)	22.5-52.0
Waist Circumference				
Even the ideal *	11(10.3)	4.7-16.0	7(17.1)	6.9-30.5
Above the ideal **	96(89.7)	84.0-95.3	34(82.9)	69.5-93.1

* Women: <80 and Men: <94
** Women: ≥ 80 and Men: ≥ 94

DISCUSSION

The study made it possible to trace the sociodemographic and clinical profile of the elderly attended in the Family Health Strategies of a small municipality of RS. Diseases such as systemic arterial hypertension and cardiovascular hypertension were the most prevalent.

The study involved a larger number of female participants. The findings of another study[12], conducted in Alto Longá-PI also found the highest proportion of women (58.1%). The majority of the elderly population aged 60 years or older was women (55.7%), and this was due to the effects of differential mortality by sex.[13]

The predominant disease among the elderly was systemic arterial hypertension, presenting

a prevalence similar to that found in a study[14], which, when interviewing 385 elderly users of an ESF in the municipality of Teófilo Otoni / MG, found that 69.9% had arterial hypertension, however, presenting a prevalence Higher than the national survey, carried out between 2006 and 2010 in the five regions of Brazil, where the maximum prevalence found was 65.1% in the Center-West region.[15]

Regarding cardiovascular diseases, which represented the second highest prevalence in this study, this condition that affects quality of life and impairs physical capacity in longevity, and has as one of the risk factors, sedentary lifestyle, inadequate diet and smoking.[16-7] Diabetes mellitus was reported by about 28% of the elderly, which global estimates indicate that the prevalence is increasing, surpassing previous projections.[18]

Depression was reported by more than 25% of the elderly interviewed. Considering the major causes of emotional distress and reduced quality of life, anxiety and depressive disorders are frequent alterations among the elderly.[19] In Brazil, according to the 2008 National Survey of Household Sample (PNAD) 9.2% of those 60 years of age or older reported suffering from depression.[20]

Regarding schooling, the majority of the elderly interviewed had primary education, similar to a study carried out in Passo Fundo RS[21], where predominance of five to eight years of schooling in both sexes.

Regarding the behavioral smoking factor, which is a risk factor for a number of chronic diseases, more than one third of the elderly use tobacco, which is a high value, but lower than that found in another study[22], in which 41.4% of the interviewees reported using tobacco.

The excess weight, evaluated from the BMI, presented prevalence higher than 45% among the elderly. A study[23] which evaluated 402 elderly people enrolled in FHSs, in the city of Viçosa, Minas Gerais, and found that 46.8% of these were overweight, while another study[21] found that 49.6% of the 123 elderly people were overweight. In Viçosa and Passo Fundo, the cutoff points used for BMI classification were different from those used in this study. Moreover, more than 80% of the elderly presented waist circumference above the ideal recommendation. The high value found in this study, for BMI and WC, agrees with the high proportions achieved worldwide, reported by a systematic review.[24] The same study showed that the increase in body fat, mainly located in the abdomen, is associated with several negative outcomes, such as diabetes mellitus, stroke, hypertension, dyslipidemia, sleep apnea and coronary disease.[24] Corroborating, study[22], showed that abdominal fat accumulation is an important risk factor for cardiovascular diseases.

BMI, as an indicator of adiposity in the elderly, has been considered poor because it does not reflect the regional redistribution of fat, but, it is commonly used in epidemiological studies to evaluate nutritional status, since it is a simple, Inexpensive and non-invasive.

Study[23] found that the increase in the consumption of simple carbohydrates was directly associated with an increase in BMI in the elderly. Already in a study carried out with 73 elderly people integrated to the FHS in the municipality of Avaré / SP, the carbohydrate consumption was below the recommendations, however the consumption of milk and dairy products, fruits and vegetables were also inadequate. Both studies show inadequacies in the diet of the Brazilian elderly, alerting us to the need of nutritional education with this population.[23] Still, regarding chronic diseases, the limitation of this study is the exclusion of elderly people with a compromised cognitive level, which Makes it impossible to obtain information about dementias.

CONCLUSION

The study population consisted, mostly, of women. There was a high prevalence of elderly people with chronic non-communicable diseases, with a higher occurrence of hypertension and cardiovascular diseases. Another relevant point of the study was the high prevalence of obese elderly people with increased abdominal circumference in both sexes, but, with a higher proportion among women. Therefore, it is necessary to develop strategies for health care for the elderly, with special attention to overweight, a risk factor for chronic diseases, that already represent a high prevalence in the community.

Therefore, the Basic Health Care professionals should plan actions that aim to improve the quality of life and health of the elderly served, from nutritional education programs, physical activity and frequent lifestyle monitoring. Still, there must be awareness of the consequences that inappropriate habits can cause.

In this sense, the characterization carried out in this study is a facilitator for the adequate realization of basic health care, because through this, interventions and multidisciplinary approaches can be carried

out to avoid aggravation and/or the appearance of other morbidities or comorbidities. The union of all the team, in favor of the quality of life of the elderly, will result in an efficient basic attention and of good resolution.

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