Objective: to reflect on the insertion of the elderly care family bearer of Diabetes Mellitus. Method: this reflection emerged from the experiences in extension project "theoretical and Operational Strategies for the empowerment of older persons' with emphasis on Diabetes Mellitus, conducted in the first half of 2012. Two reflective categories developed one. Family care Management the elderly Diabetes Mellitus and carrier. 2. Health education in preventing Diabetes Mellitus in the elderly. Results: the nurse as care practices Manager can promote moments for the family if insert in practice of care when elderly diabetic, with educational practices along the elderly with chronic disease. Final remarks: nursing should be attentive to the care management coupled to participation of family in the care process, considering that the same is the Foundation for the accession and continuity of treatment. Descriptors: Family; Nursing; Management; Elderly.

RESUMO


RESUMEN

Objetivo: reflexionar sobre la inserción del portador familiar del cuidado de los ancianos de la Diabetes Mellitus. Método: esta reflexión surgió de las experiencias en el proyecto de extensión “teóricas y operacionales estrategias para el empoderamiento de las personas mayores” con énfasis en la Diabetes Mellitus, llevó a cabo en el primer semestre de 2012. Se desarrollaron dos categorías reflexivas: 1. gestión de cuidado familiar la edad avanzada Diabetes Mellitus y el portador, 2. Educación en salud en la prevención de Diabetes Mellitus en el anciano. Resultados: el enfermero como gerente de prácticas de cuidado puede promover momentos para que la familia se inseriría en la práctica de cuidado al diabético, con prácticas educativas junto a los idosos con enfermedad crónica. Consideraciones finales: el enfermero debe estar atento para el gerenciamiento del cuidado atrelado a la participación de la familia en el proceso de cuidar, tomando en cuenta que esta misma es el alicerce para la adhesión y continuidad del tratamiento. Descriptores: Familia; Enfermagem; Gerência; Idoso.
INTRODUCTION

The elderly population in Brazil has been increasing in recent years. In the year 1991, the elderly accounted for 4.8% of the population; in 2000, 5.8%; in 2010, 7.4% of the total 190,755,799 Brazilians. In our country about 14.081.48, people are 65 years of age or more.

The numbers show that there was an increase in life expectancy of Brazilians and epidemiological projects indicate that in 2025 the Brazil will pass the sixteenth country in numbers of seniors to the sixth. The State of Rio Grande do Sul (RS), has the largest proportion of elderly in Brazil, 14% of its population, i.e. 1.5 million people are elderly.

Among the health problems that affect the elderly, the chronic diseases with a strong affect family structure and society. The aging process not related only to diseases and disabilities; however, these often are present in the daily lives of the elderly. This population usually has some kind of chronic illness. Non-communicable chronic Diseases has generated a large number of premature deaths, loss of quality of life with a high degree of limitation in work and leisure activities and economic impacts for families the increase of these diseases is directly related to greater functional incapacity.

Among the chronic diseases, Diabetes Mellitus (DM) stands out as one of the leading causes of morbidity and mortality among the elderly. The disease characterized as a public health problem, considering the exponential increase in particular of type II, reaching epidemic levels significantly.

The quantitative increase of people with diabetes related to life habits, prevalence of obesity and physical inactivity. The intervention of health care of the elderly with diabetes advocates maintain glucose levels in the normal range, with intent to prevent complications such as damage to micro and macro vascular complications, as well as control of cardiovascular risk factors, screening and treatment of geriatric syndromes.

Living with Diabetes Mellitus assumes psychological, physical and social adaptation. The treatment requires daily care, requiring changes in the way of life. In this context, we highlight the importance of nurses and the role of the family in front of the elderly care management with Diabetes Mellitus.

On the necessary changes, the family unit needs to be prepared to provide adequate attention to elderly diabetic. The impairment of functional capacity of the elderly has important implications for family, community, health system against the vulnerabilities that the patient is exposed, negatively influencing on quality of life.

Manage care requires organization in actions in response to the needs of the person’s care, the family or the community. The concept of managing nursing care covers actions related among the administer and take care in nursing of dialectic way, integrating the aspects relating to know-how of the care for and manage.

It should note that the management of care developed by family caregivers could intensified by means of educational activities conducted by nursing staff. It believed that nursing has a predominant role, by actually instrumenting the family caregivers of the elderly patients with diabetes. This way, it is possible to instigate the elderly to self-care, to know the aging process, identify the basic needs and functional capacity to perform daily activities.

Front of the exposed, this study aimed to reflect about the insertion of the family in the elderly care management with Diabetes Mellitus. To this end, organized two topics: managing family care to the elderly with Diabetes Mellitus and health education in the promotion of Diabetes Mellitus.

Insertion of family in the elderly care management...

Managing family care to elderly diabetes mellitus carrier

The World Health Organization (who) considers as chronic conditions of the health problems that require ongoing care for a long period. These diseases characterized by the chronicity and the need for uninterrupted care.

The management of nursing services incorporated in the practice of nursing, legally as private action of the nurse. Among the activities of the nurse manager is the careful management, which requires the Organization actions in response to the needs of the person’s care, the family or the community. To implement the nursing care with quality nurse must have skills, in addition to the organizational and technical, cognitive, interpersonal relationship, constructive empathy, concern of subjectivity, of communication, in particular, the exercise of listening, and of appreciation of life.

The management of chronic health conditions requires change in lifestyle and behavior journal, with reinforcement to the central role of actions, which should centered on the patient and the family. Chronic
problems more prevalent as diabetes require regular and extensive contact during treatment, with involvement and active participation of the family.\textsuperscript{10}

However, when considering the diabetes mellitus a chronic health condition, membership of the elderly to their treatment will only be possible if he participate effectively, by obtaining information and appropriate training to health professionals.\textsuperscript{11} The treatment will depend on a lot of personal motivation, acceptance of the illness and family support. The family of the elderly with diabetes mellitus can understood as strong professionally, because the way these people care receives influences of conceptions of life, beliefs, values and knowledge, which are members of the family culture variables.\textsuperscript{10}

The family is the Foundation to assist the elderly in the treatment and acceptance of new habits of life. The treatment of Diabetes Mellitus can cause frustration in the life of the elderly for being a continuous treatment and no cure. It is essential that the family meet treatment goals, understand the changes related to pathology, with the intention of stimulating the elderly in the conduct of the proposed actions and motivate you to have actions of self-care. Nursing professionals can help in treating the elderly family and instructing on proper nutrition, effects of drugs, exercise and consequences of the treatment ineffective.

To relate to chronic disease and the family, one must consider the long duration of treatment and the consequent limitations and associated changes to the lifestyle of the elderly and their families\textsuperscript{11}. For the elderly diabetic, family support is crucial, because it is an ally to the acquisition of appropriate health guidelines in the process of coping with the disease. The family can help the elderly on accession of diet, in the practice of physical exercises, as well as on glycemic control and drug treatment.

Chronic diseases are simultaneous and multiple mode insidious and subclinical makes the diagnosis and adherence to treatment\textsuperscript{12}. The monitoring of the elderly requires self-knowledge of maladies, complications and therapeutic indications, as the motivation and continuing education and shared between community, health professionals and family\textsuperscript{13}.

For diabetes, it is essential to control blood glucose levels, which can determine the occurrence or not of the complications arising from this disease. The nurse, when approaching the elderly and empower you to personalized care for your condition, you may promote disease control and health this group\textsuperscript{14}.

\textbf{Health education in preventing diabetes mellitus in the elderly}

The Diabetes Mellitus requires special care, thus, nursing should encourage the elderly to self-care and adherence to treatment. The elderly should instructed to avoid acute fluctuations of glucose, and stimulate awareness of new styles of life suited to their condition, in an attempt to avoid complications.\textsuperscript{9}

Being the third disease that most affects the elderly, the DM is highly limiting and may cause damage to functional capacity, autonomy and quality of life of the elderly. Not known what causes the changes in carbohydrate metabolism related to age. The possibilities include poor diet, sedentariness, decreased lean body mass and obesity\textsuperscript{8}. In relation to the predisposing factors, weight gain and body mass index have been singled out as the most important risk factors for diabetes that, in addition to predispose to hypertension, is often the first sign of future occurrence of this pathology.\textsuperscript{8}

The prevention and early treatment of obesity with encouragement to exercise and blood pressure control, which would contribute to the prevention of 50% of the cases of DM and its complications as: stroke, amputations, chronic kidney disease and coronary artery disease.\textsuperscript{9} it is believed that groups of health education to the community contribute in preventing and reducing the harms caused by untreated diabetes.

The care of the elderly involves offering services whose structure has characteristics which allow the host and access properly, respecting the limitations relevant to seniors.\textsuperscript{2} health care workers need to be trained in terms of knowledge, skills and attitudes to design and operate protocols for specific programmatic actions to the needs of this population group and this will be the most searched health services.\textsuperscript{10}

The Ministry of welfare and Social services, through the national policy for the elderly, suggests how priority actions: conduct studies on epidemiology of the diseases in the elderly and, from this, propose health care services, aiming at the promotion, protection and recovery of health, and the prevention of diseases of the elderly. He also stresses the importance of implementing educational programs for the elderly, favoring the practice of self-care, preventing disability and postponing death.\textsuperscript{11,14}
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Health education services is essential for the improvement of individual and collective health contributing to the quality of life and present in all acts of promotion, protection, and recovery of health care; essential for the effectiveness of basic care to the most complex; and understand the dimensions of the individual, groups and communities.\textsuperscript{15,17} Health education for Diabetes can be understood as a collaboration between the health professional and the elderly with diabetes and visa procedures for construction/reconstruction of knowledge simultaneously on the disease and its consequences.\textsuperscript{18}

It is an educational process, progressive, who values the experience live, the manner and the context of life, transforming the old into a change agent and critic of his own reality, constituting themselves as citizen and protagonist of his life.\textsuperscript{14}

The magnified perception of health combined with the humanization of practices and dialogue in education, those responsible for these industrial activities contributing to the establishment of paradigmatic changes, because if curativista template tradeoff, centered on professional knowledge, for the purpose of trading educator knowing that encourages the participation of self-care and social groups,\textsuperscript{14} the support group aims to spread knowledge and create opportunities to individuals understanding of the nature of their illness and treatment, the identification of problems in their health at an early stage, the adherence to self-care practices and changes in life habits\textsuperscript{16} also contribute in the dissemination of information and guidelines to be transmitted with agility and in conjunction through an Alliance of knowledge among the team, seniors and families.

**FINAL REMARKS**

With the increase in life expectancy of the Brazilian population, the elderly will require even more health services, in this sense it is essential that health services and health professionals, including nurses, be prepared to receive this clientele. The nurses as care managers based on scientific principles must act directly with the families of the elderly chronic. In relation to chronic diseases that affect the elderly underscores the diabetes, since this requires continuing attention including to the maintenance of life.

Include the family in care of the elderly diabetic allows greater adherence to treatment, as well as actions in the context of the patient's life, since the family knows the habits of life of the elderly. The family support is the Foundation for understanding the changes related to pathology, as well as changes in habits necessary for the patient's recovery and improvement of health, being fundamental to achieving the goals of treatment.

Health education practices stand out as pillars that approximate the family professional and the patient, in addition to enabling an Alliance of knowledge between the subjects. Health education to patients with Diabetes can contribute to both improve the metabolic control of the disease and for patients to maintain their quality of life. It should note that the support groups might be training strategy of linkage between health professionals, elderly and family and thus interfere positively in adherence to treatment and preventive measures.

It concluded that the exchange of knowledge could mediated by nursing as this has direct contact with patients and their families. The patient with chronic illness should heard, whereas the disease has a direct impact on personal and social life of the subject. It is the responsibility of the nursing professional to meet the cultural aspects of the patient and his family so that the care plan can be effective, enabling adherence to treatment.

**REFERENCES**

http://www.scielo.br/pdf/reupv/v36n1/v36n1a12.pdf


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Corresponding Address
Andressa da Silveira
Rua Prado Lima, 2280/402
Bairro Nova Esperança
CEP: 97510420 – Uruguaiana (RS), Brasil