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CASE REPORT ARTICLE

EDUCATIONAL ACTIVITIES ON CARDIOVASCULAR HEALTH FOR THE ELDERLY PEOPLE AT HOME

ATIVIDADES EDUCATIVAS SOBRE SAÚDE CARDIOVASCULAR PARA IDOSOS EM DOMICÍLIO

ACTIVIDADES EDUCATIVAS SOBRE SALUD CARDIOVASCULAR PARA ANCIANOS EN DOMICILIO

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ABSTRACT

Objective: to report the experience about the development of educational activities related to cardiovascular health with elderly people at home. ***Method***: this is a qualitative and descriptive study, type of experience report, performed with 10 elderly people invited to CRAS. Six home visits were made to each elderly person. The support materials used were posters, folders, songs and explanatory videos, pet bottles, brooms and interactive games. ***Results***: in the first visit, information from the participants was collected, in which the objective was to know the environment where the elderly person lives. The other visits included physical activity, healthy eating, dyslipidemia, obesity, and overweight, hypertension and diabetes mellitus. ***Conclusion***: it was possible to verify that the home visits to the elderly people act as an effective strategy in the health education of the target population. It provided bonding and trust relationship with the elderly. It was observed that the activities carried out favored a better understanding and clarification of the participants' and family doubts. It is expected that this research will stimulate health professionals, especially nurses, to develop health promotion actions at home, considering the individuality of each elderly person and the environment in which they are inserted. ***Descriptors***: Nursing; Aging Health; Cardiovascular Diseases; Health Education; Health Promotion; Housing.

RESUMO

Objetivo: relatar a experiência sobre o desenvolvimento de atividades educativas referentes à saúde cardiovascular com idosos em seu domicílio. ***Método:*** estudo qualitativo, descritivo, tipo relato de experiência, realizado com dez idosos convidados no CRAS. Foram realizadas seis visitas ao domicílio de cada idoso. Os materiais de apoio utilizados foram: cartazes, *folders*, músicas e vídeos explicativos, garrafas pet, vassouras e jogos interativos. ***Resultados:*** na primeira visita foram coletadas informações dos participantes, tendo como objetivo conhecer o ambiente onde o idoso reside. A realização das demais visitas tiveram como temas: atividade física, alimentação saudável, dislipidemias, obesidade e sobrepeso, hipertensão arterial e diabetes mellitus. ***Conclusão:*** foi possível verificar que as visitas domiciliares aos idosos atuam como estratégia eficaz na educação em saúde da população-alvo, proporcionando estabelecimento de vínculo e relação de confiança com os idosos. Observou-se que as atividades, assim realizadas, favoreceram para uma melhor compreensão e esclarecimento de dúvidas dos participantes e familiares. Espera-se que esta pesquisa propicie estímulo para os profissionais de saúde, sobretudo os enfermeiros, desenvolverem ações de promoção da saúde no âmbito domiciliar, considerando a individualidade de cada idoso e o ambiente no qual está inserido. ***Descritores***: Enfermagem; Saúde do Idoso; Doenças Cardiovasculares; Educação em Saúde; Promoção da Saúde; Habitação.

RESUMEN

Objetivo: relatar la experiencia sobre el desarrollo de actividades educativas referentes a la salud cardiovascular con ancianos en su domicilio. ***Método:*** estudio cualitativo, descriptivo, tipo relato de experiencia, realizado con diez ancianos convidados en el CRAS. Fueron realizadas seis visitas al domicilio de cada anciano. Los materiales de apoyo utilizados fueron: carteles, folders, músicas y vídeos explicativos, botellas pet, escobas y juegos interactivos. ***Resultados:*** en la primera visita fueron recogidas informaciones de los participantes, en la cual el objetivo era conocer el ambiente donde el anciano reside. La realización de las demás visitas tuvieron como temas: actividad física, alimentación saludable, dislipidemias, obesidad y sobrepeso, hipertensión arterial y diabetes mellitus. ***Conclusión:*** fue posible verificar que las visitas domiciliares a los ancianos, actúan como estrategia eficaz en la educación en salud de la población objetivo. Proporcionó establecimiento de vínculo y relación de confianza con los ancianos. Se observó que las actividades, así realizadas, favorecieron para una mejor comprensión y aclaración de dudas de los participantes y familiares. Se espera que esta investigación propicie estímulo para los profesionales de salud, sobretodo los enfermeros, desarrollaren acciones de promoción de la salud en el ámbito domiciliario considerando la individualidad de cada anciano y el ambiente en el cual está inserido. ***Descriptores***: Enfermería; Envejecimiento de la Salud; Enfermedades Cardiovasculares; Educación para la Salud; Promoción de la Salud; Vivienda.

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INTRODUCTION

Aging is a worldwide phenomenon and it can result in the gradual reduction of functional capacity, progressively increasing with age, and it can lead to several pathological conditions if not identified early.[1]

As a consequence of aging coupled with poor living habits, the onset of chronic non-communicable diseases (NCDs) is mostly unavoidable. Among the NCDs, cardiovascular diseases, such as hypertension, stroke and diabetes mellitus, associated with each other and together with other factors are indicated as agents that influence the quality of life. Gender, age, marital status, smoking, excessive consumption of alcoholic beverages, unsafe sex, physical inactivity, overweight, inadequate food, social stress, and poverty are listed among these factors.[2]

In this sense, the elderly person deserve special attention of the health programs, concerning the identification of the presence of risk factors to guide and promote educational and preventive actions for the adherence of healthier lifestyles, considering that the prevention can avoid different comorbidities inherent in the senescence process, contribute to the longevity and quality of life of the population, as well as reduce public expenditures.[3]

Educational strategies in health should be considered as communication while practices of relationships between health professionals and people, with the goal of promoting positive changes in knowledge, so they are reflected in the health behaviors of individuals, groups and communities.[4]

Educational actions are important tools for promoting the self-care of the elderly population, as they encourage the expansion of autonomy and favor their independence. In this sense, the preparation of all professionals to assist, welcome and care for the elderly is essential to create an environment of trust and bonding, ensuring the promotion of health.[5]

Nurses play a fundamental role in the elderly and their families, especially in the promotion of educational actions to live with the disease, providing support and guidance. This study shows that health education can influence positive behaviors of the elderly, to control complications and adherence to treatment, with the aim of promoting a healthy life, even in chronic conditions.[6]

Thus, it is understood that work through home visits becomes essential to give continuity of care, also responsible for presenting a diversity of specific actions and complexity that require professional experience and search for qualification to perform at home.[5]

It is worth noting that the nurse acts as a member of the Family Health Strategy team when conducting the home visit, promoting therapeutic assistance and follow-up to health promotion, resulting in the prevention of complications in health.[7]

Given this, it is important to carry out the study with the elderly person and it is justified by the fact that nursing has a significant role in health education in addressing important issues related to cardiovascular health.

OBJECTIVE

- To report on the development of educational activities related to cardiovascular health with the elderly at home.

METHOD

This is a descriptive study, type of experience, lived by extension scholars and members of the Cardiovascular Health Project of the Nursing Course of the University of International Integration of Afro-Brazilian Lusophony - UNILAB, about educational activities performed for the elderly in the home. The activities were developed from July 2014 to June 2015.

The study was carried out in the home of the elderly enrolled in the Centers of Reference of Social Assistance - CRAS of the cities of Aracoiaba and Acarape, Ceará. Five elderly of each CRAS were chosen, totaling ten participants of the study. The selection of the elderly was based on the following criteria: to be registered in the institution, of both genders, to be at least 60 years old and to show interest in voluntarily participating in educational activities at home.

For the participation in the study, a verbal invitation was given to the elderly for the execution of educational activities on cardiovascular health in their home and after the invitation, the dates of the activities were marked in agreement with the elderly. The days and times scheduled for the visits were according to the availability of the elderly and/or their family.

There were six visits given to each elderly person for a period of eight months and each participant received one visit per month. At each home visit, subjects related to cardiovascular health were discussed, such as eating habits, including salt consumption and

obesity; physical activity; dyslipidemias; smoking and alcoholism.

To carry out the activities, materials such as explanatory posters, engravings, folders, pet bottles for a demonstration of exercises and interactive games to evaluate knowledge about healthy eating were used.

Regarding ethical considerations, the study respected ethical aspects and no associated research was conducted. Thus, there was no need to submit the project to a Research Ethics Committee with Human beings.

RESULTS AND DISCUSSION

♦ Experience report

The first visits to the elderly people were to know the participant and the environment where they live to adapt the educational activities according to each elderly person. During the visit, an interview was conducted in which relevant personal information about the elderly's health status was collected.

According to the data obtained in the interview, the presence of one or more non-transmissible chronic diseases was evidenced in the participants, with cardiovascular diseases being more present. In this way, a plan of care can be drawn in educational activities for the elderly in the study.

Chronic non-communicable diseases, such as cardiovascular disease, chronic obstructive pulmonary disease, cancer, arthritis, osteoporosis, depression, vision impairment and/or blindness, are associated with each other and with other factors such as gender, age, marital status , smoking, excessive consumption of alcoholic beverages, unsafe sex, physical inactivity, overweight, inadequate diet, social stress and poverty are pointed out as agents that influence the quality of life.[2]

In the second visit to the home of the elderly population, the topic addressed was the practice of physical activity. Regarding the practice of physical activity, a study revealed that more than half of the sample is sedentary, which constitutes a great risk factor for overweight and obesity.[8] However, the human aging process leads to a decrease in the practice of physical activities and this is also confirmed in older people.[9]

With the aid of explanatory posters containing images of some physical activities such as walking, stretching, swimming, water aerobics, dancing, bodybuilding, and cycling, it was possible to clarify the importance of each activity, giving the elderly the opportunity to choose which activity they would most identify. According to Monteiro, walking constituted the practice of the most prevalent leisure physical activity among the elderly, in which, it presented interference in the symptoms of insomnia.[10]

Through demonstrations of stretching and physical exercises, using objects found easily in the home, such as pet bottles, chairs and brooms, the proposal to perform physical activity anywhere was intensified mainly in the elderly, with the objective of prevention and control of some diseases, but also in reducing the risks of illness and falls. With the use of these materials, the participants understood in a clear and objective way, mainly the participants of the low level of education, assisting them and motivating them in the daily accomplishment of the exercises.

From the tips for applying the possible activities at home, the elderly recognized a greater independence to keep the exercises in their routine, given the existence of reasons that prevent them from accessing public places, such as a leisure pole where there is walking, running and aerobics. According to research conducted in Spain, data indicate that quality of life can be influenced by physical activity, in which there was a direct association between physical development and vitality after the elderly participated in a physical activity program.[11]

The third visit to the home of the elderly had the educational activity, healthy eating as its theme. The contextualization of the theme was based on the reports of the elderly and family about their eating habits. Through the reports, the ingestion of fruits, vegetables, cereals, liquids, meats and the like were mentioned. From this, information was provided on the benefits of a balanced diet and the best way of inserting new sources of nutrients into their routine, according to the reality of each elderly person.

In this study, Jacinto shows that the elderly with low-income limits access to services and consumer goods, especially food and adequate housing. Also worthy of note is the good relations with the majority of the family members, as well as their state of health, but they did not co-opt for physical exercises, medication, financial resources and food.[12]

The use of a poster with the representation of the food pyramid, explaining each food group and emphasizing the importance of consuming the food represented in each group in a correct way avoiding the excess, especially of the groups alerting on the risks of an uncontrolled diet.

At the end of the educational activity, a game was held with the elderly and the family

as a method of evaluation of the learning. The game consisted of a poster and food pictures, the poster had two columns classified as healthy and unhealthy food. The participant should stick the food in the indicated column. The images had foods such as vegetables, cereals, fruits (apple, orange, watermelon, melon, lemon, among others), soft drinks, canned food, instant noodles, ice cream, sandwiches, among others. The participant who scored the most food glued to the indicated column was given a toast.

At the end of the visit, informative folders were distributed, made by the scholarship holders of the project, through the bibliographical material, manuals and guidelines, available on the Internet about healthy food; combating hypertension through diet; combat diabetes mellitus, and also against cholesterol.

Nursing-oriented changes in the food standard, with the purpose of promoting health, show benefits to the population because they are well accepted and valued by the elderly.

The fourth visit addressed the theme “obesity and overweight”. it was highlighted that overweight associated with sedentary lifestyle contributes to the appearance of diseases, especially cardiovascular diseases. Participants were encouraged to follow the guidelines given in the first themes (physical activity and healthy eating), such as maintaining the weight in the standard of normality according to each participant, adherence to healthy diets and regular exercise practices, to be obtained a good result regarding education about obesity, these being the forms of combat.

The participants mentioned the difficulty of adopting diets due to the high costs. As a solution to this problem, it was proposed to replace industrialized products such as soft drinks, canned food and foods with preservatives, natural foods such as fruits, and vegetables.

The use of a digital scale to check the weight and a tape measure for the participants' height and waist circumference (WC) helped to identify the elderly patients who were above the recommended values and who presented some risk of cardiovascular complication due to these values increased. Therefore, the use of these materials was only aimed at identifying and alerting the elderly about the possible risks.

According to Boadicoat et al. (2014), health organizations recommend interventions for weight loss in obese individuals from the use of the calculation of body mass index (BMI) and WC, since they are measures of simple application and high correlation with body fat.[13]

In the fifth visit, the topic of arterial hypertension and diabetes mellitus was addressed, the relevance of this topic is due to the fact that all participants presented at least one of the pathologies. In the educational activity, the risks of pathologies and the consequences of unhealthy habits such as caloric diet, rich in salt, fats and sugars, alcoholic beverages, smoking, sedentary lifestyle, and obesity were addressed, becoming predisposing factors for the appearance or lack of control of these diseases.

As alternatives in the search for measures to prevent and control these diseases, participants were instructed to adopt healthy habits such as regular physical activity, healthy eating free of excess salt, fats and sugars, periodic laboratory tests that identify the values of glycemic in the bloodstream, blood pressure measurement and regularity in drug treatment.

It is worth stressing the importance of health education that has as a possible reflection the greater self-care, since the information worked in the collective, starting from the reality of the group, triggers the process of knowledge construction, enabling the elderly to make decisions about their health[14], in which, primary health care acts as the main strategy in the self-care empowerment of the elderly population. In view of this, health orientations should be offered to patients in a precise and detailed manner, using clear and accessible language to the patient.[15]

The sixth and last visit to the home of the elderly addressed the topic of dyslipidemias. In the accomplishment of this activity, a high knowledge deficit of the participants on the subject was noticed, although they performed routine examinations for diagnosis of the elevated levels. It was also noted that even though they did not know exactly, they had already heard about the disease and knew that high levels were bad for their health.

The approach of the topic was made relevant by the fact that some participants presented some of the pathologies or even the two, in which, they performed the drug treatment after medical prescription.

In the home visits of the elderly people, the meaning of each pathology (cholesterol and triglycerides) the possible risks and consequences of raising the fat rate in the blood and what are the reference values of the tests; with the help of food found at the

participants' homes, it was demonstrated which contributed to the appearance of the diseases and which foods helped control were explained. About dyslipidemias, the literature describes that in recent years the presence of elevated levels of lipids in the blood, such as cholesterol changes, has been common as an independent, linear and continuous risk factor for various diseases.[16]

The participants of the study were mentioned about the importance of conducting exams periodically to diagnose these pathologies, as well as the benefits of physical activity for control and prevention. At the end of the activity, explanatory folders were distributed, made by the scholarship holders of the project, through the bibliographical material, manuals and guidelines, available on the Internet, for the purpose of reference material.

The study points out the importance of increasing the participation of men in health services and activities to prevent and control diseases and improve the quality of life of this population, especially the elderly.[17] In his study Tomaik et al. (2016) states that prevention through changes in the lifestyle and environment of the population proves to be a more effective way of controlling the epidemic of cardiovascular diseases.[18]

Adopting healthy habits, such as maintaining a normal weight, adhering to healthy diets, and regular exercise practices are all parameters for maintaining a healthier life and should be encouraged. Thus, it is necessary to commit to health education. After all, a change in the lifestyle of a population is achieved in the long term because access is difficult, together with the acceptance of the population in general.[19]

CONCLUSION

This study enabled to verify that home visits to the elderly assisted as an effective strategy in the health education of the target population and to favor a better understanding and clarification of the participants 'and family members' doubts. However, it should be emphasized that follow-up should be continuous for the evaluation of the results.

Although educational sessions are of great importance in encouraging the adoption of healthy habits for the prevention and control of cardiovascular diseases, there are difficulties and resistance of the population in changing their habits of life.

Developing this study with the elderly at home, provided a greater interaction and involvement with the participants, allowing to create a relationship of confidence, in which, reflect positive signs, such as greater knowledge of the elderly about the importance of establishing healthy living habits for prevention or control of cardiovascular diseases. Thus, it is important that educational activities are conducted in order to guide and encourage the adoption of healthy habits.

Also, it provided greater learning to those in the group who will reflect on good results in the professional future, with prospects for improvement in the care of the elderly.

In view of the above, it is expected that this research will stimulate health professionals, especially nurses, to develop health promotion actions at home, considering the individuality of each elderly person and the environment in which they are inserted.

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