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PROFILE AND PREVALENCE OF FALLS IN ELDERLY

PERFIL E PREVALÊNCIA DE QUEDAS EM IDOSOS

PERFIL Y PREVALENCIA DE CAIDAS EN IDOSOS

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ABSTRACT

Objective: to verify the prevalence, frequency and factors associated with falls among the elderly. **Method:** quantitative, population-based, cross-sectional study, whose target population consists of elderly people living in urban areas. Data were collected through interviews conducted at home in the area covered by four Basic Health Units. 420 questionnaires containing up to 95 items were applied. The Excel Program was used to tabulate data. Next, they were presented in table, after simple statistical analysis. **Results:** a predominance of the female sex, married women and literate despite low schooling. The main comorbidities were decreased visual acuity and hypertension. Only 24.3% fell last year, but most said they were afraid of falling. **Conclusion:** fall is a common event, with little consequence among young people. It is a major problem among the elderly, not only because of the frequency, but also because of the physical and psychological. **Descriptors:** Aged; Accidental falls; Aging; Epidemiology; Health of the Elderly; Health Services for the Aged.

RESUMO

Objetivo: verificar a prevalência, a frequência e os fatores associados às quedas entre os idosos. **Método:** estudo quantitativo, populacional, de delineamento transversal, cuja população-alvo constitui-se de idosos residentes em área urbana. Os dados foram coletados por meio de entrevistas realizadas no domicílio na área de abrangência de quatro Unidades Básicas de Saúde. Foram aplicados 420 questionários contendo até 95 itens. Utilizou-se, para a tabulação dos dados, o Programa Excel. Em seguida, eles foram apresentados em tabela, após a análise estatística simples. **Resultados:** observou-se o predomínio do sexo feminino, com mulheres casadas e alfabetizadas, apesar da baixa escolaridade. As principais comorbidades encontradas foram a diminuição da acuidade visual e a hipertensão. Apenas 24,3% sofreram queda no último ano, mas a maioria afirmou ter medo de cair. **Conclusão:** a queda é um evento comum, tendo pouca consequência entre jovens. É um problema importante entre os idosos não só pela frequência, mas pelos danos físicos e psicológicos que causam. **Descritores:** Idoso; Acidentes por Quedas; Envelhecimento; Epidemiologia; Saúde do Idoso; Serviços De Saúde Para Idosos.

RESUMEN

Objetivo: verificar la prevalencia, la frecuencia y los factores asociados a las caídas entre los ancianos. **Método:** estudio cuantitativo, poblacional, de delineamiento transversal, cuya población-alvo se constituye de ancianos, residentes en área urbana. Los datos fueron recolectados por medio de entrevistas realizadas en el domicilio en el área de cobertura de cuatro Unidades Básicas de Salud. Se aplicaron 420 cuestionarios que contenían hasta 95 ítems. Utilizó para la tabulación de los datos, el programa Excel. En seguida se presentaron en la tabla, después de un análisis estadístico simple. **Resultados:** se observó un predominio del sexo femenino, con mujeres casadas y alfabetizadas, a pesar de la baja escolaridad. Las principales comorbidades encontradas fueron la disminución de la agudeza visual y la hipertensión. Sólo el 24,3% sufrieron una caída en el último año, pero la mayoría afirmó tener miedo de caer. **Conclusión:** la caída es un evento común, teniendo poca consecuencia entre jóvenes. Es un problema importante entre los ancianos, no sólo por la frecuencia, sino por los daños físicos y psicológicos que causan. **Descritores:** Anciano; Accidentes por Caídas; Envejecimiento; Epidemiología; Salud del Anciano, Servicios de Salud para Ancianos.

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INTRODUCTION

Brazil, as well as other Latin American countries, is undergoing a demographic transition, that is, there is a rapid change in mortality and fertility levels, moving from a demographic regime, of high birth and death rates to low mortality rate and consequently low fertility rate, leading to an aging population. The big problem in Brazil, as in underdeveloped countries, is that the population ages in means to fragile economies, social and economic inequality.¹

Female aging, in number, is greater than the masculine due to several factors, such as biological differences by hormone, differences in alcohol and tobacco consumption, and differences in attitudes toward the disease. Therefore, as a consequence of greater longevity, women are more exposed to domestic violence, discrimination in access to education and low income.¹

Associated with the demographic transition, there are changes in health and disease patterns that interact with social determinants, characterizing the epidemiological transition.

During the epidemiological transition, there was a time when infectious disease pandemics were replaced by degenerative diseases, leading to changes in mortality and morbidity patterns. Omran (1971) divided this moment into three stages:

¹st - Age of Pestilence and Hunger: Characterized by a stagnation of death rates at extremely high levels over a long period. The main causes of death were influenza, pneumonia, diarrhea, smallpox, tuberculosis and reached more young people, generating a life expectancy that oscillated between 20 and 40 years. ²nd - Age of Pandemic Regression: during this period, peaks and depressions in mortality were associated with the implementation of basic sanitation and medical measures favoring, in this way, better social and health conditions. Chronic diseases and noncommunicable diseases reached adults and old, so life expectancy has increased to about 50 years.

³rd - Age of degenerative diseases and diseases caused by man: at that time, the main causes of death were cardiac, cerebrovascular and neoplastic diseases, which tend to kill at ages close to the biological limit. Life expectancy has increased to 70.¹

In addition, both the demographic, and epidemiological transition end up impacting on the public health system, since this system is not prepared for the high demand of the elderly, since it must divide the resources

with the attention given to the young people, who are still a significant part of the population Brazilian This repercussion also extends to the social security system, as the increase in life expectancy ends up generating unemployment for the elderly, leading to an increase in the social security budget.²

The World Health Organization (WHO) lays the foundation for healthy aging, highlighting equity in access to health care and the continued development of health promotion and disease prevention actions.

Aging corresponds to gradual, unavoidable and individual changes related to age, but that does not prevent the individual from enjoying good health and a dynamic and healthy lifestyle within their limitations. Some concepts become important to understand the physiological process of aging. Thus the need arises to know how to differentiate what is natural from age and what is not part of this aging process. In this context, senescence is the period in which physical and mental declines are slow and gradual and there is a decrease in functional reserve. It is a normal phase of the life of a healthy individual, it is not a sickly manifestation. While senility is the phase of aging in which physical decline is more pronounced and there is mental disorganization, development of a pathological condition that manifests a progressive incapacity for active life.³

The term fall is defined as an unintentional event in which the body moves from its initial position to a lower level, with incapacity for immediate correction, destabilizing the individual. The fall, as well as its resulting lesions, is now, considered, a public health problem, promoting social impact on countries with advanced population aging.⁴

Study revealed that the incidence of falls by age group is from 28% to 35% in the elderly over 65 years old, being greater in the elderly over 75 years, 32% to 42%. In addition, the occurrence of falls is higher in women, due to low production of hormone, osteoporosis, in the 70-80 age group, with low schooling and with consumption of more than one medication. Some studies have found that 30% to 60% of the population over 65 years falls annually and half have more than two falls, and those who have fallen are at a higher risk of falling again.⁴ Often, these episodes of falls lead to some type of minor or major injury and fractures. Of these, the most common are the vertebral, femur, humerus, distal radius and ribs.

Falls in the elderly population are frequent and cause complications that negatively affect the quality of life of these people. The

consequences of falls, during aging, may be decreased autonomy, difficulty in performing activities of daily living, occurrence of fractures, fear or "post-fall syndrome", social isolation or depression, increased costs with health services and until death. The occurrence of falls can be avoided with adequate preventive measures, identifying, mainly, the causes and developing strategies that reduce these occurrences, as encouraging the practice of physical exercise, balanced diet, guiding patients and their caregivers, corrections of environmental factors, Tai Chi Chuan, visual corrections and geriatric assessment.⁵

OBJECTIVE

- To verify the prevalence, frequency and factors associated with falls among the elderly.

METHOD

A quantitative, population-based, cross-sectional study whose target population consisted of subjects aged 60 years or over residing in the urban area of Lagarto (SE), Brazil.

In this study, the data were collected through interviews conducted at the household of 420 elderly people living in the area covered by four Basic Health Units (BHU) in the urban area of the city of. Where the individuals were divided equally between the micro areas of UBS. A total of 420 semistructured questionnaires were used, containing up to 95 items, involving sociodemographic aspects, general health, UHS use, fall occurrence, as well as characteristics related to fall. The Microsoft Excel program was used, as instrument, to

tabulate data. Data analysis was performed in a descriptive way.

The research project was approved by the Ethics Committee under opinion nº 1,357,830 (CAAE 49245815.8.0000.5546).

RESULTS

When analyzing the applied questionnaires, it can be concluded that, regarding the socio-demographic characteristics, the majority of the interviewees were female, white, who live in Lizard at a mean of 45.6 years. Of this sample, 64% can read, although the level of schooling is low, since the majority only studied until the primary. The highest percentage of respondents were married, there is an average of 36.4 years. The average number of children interviewed was 5.09, with an average of 2.68 people, living in the households.

Regarding the satisfaction factor in relation to life, 84.3% of those interviewed say they are satisfied with their lives. The unsatisfied share, pointed out as the main factor for health problems dissatisfaction, with the personal relationship conflicts, ranking second.

When asked about their health status, 47.4% evaluated their health as regular, although 88.3% of those interviewed had not stopped performing their routine activities in the last 15 days before the interview, and 98.8% did not bedridden in the same time period.

Regarding the use of medications, 65.9% makes continuous use of some medication, an average of 2.27 tablets per day.

Table 1. Characterization of the sample regarding the most common health problems. Lizard (SE), Brazil, 2017.

Variables	n	%
Use of glasses	267	63.6
Memory Problems	92	21.9
Depression	33	7.8
Arthrosis	101	24.0
Rheumatism	40	9.5
Heart disease	42	10.0
High pressure	213	50.7
Diabetes	81	19.3
Total	896	30.3

Regarding the use of health services, 15.2% of the interviewees reported having a medical or dental health plan, while 84.8% did not. In terms of use of the Unified Health System 91.2% enjoyed services while 8.8% did not use it and 82.6% even used the services, of the Basic Health Unit (BHU). Of those interviewed, 57.8% used to go to the Basic

Health Unit (BHU) when they were ill; 24.5%, of private clinics and 17.5% used to look for other types of services.

In the last 12 months, 81.7% of the interviewees consulted with a doctor, obtaining an average of 3.44% of consultations during the year. When asked if they became hospitalized during the year, 91% did not

report hospitalization, but, 9% who were hospitalized, the mean was 1.78% per year, with a duration of 6.64 days.

When questioned if they received a visit from a health professional in their home, 80% said that they reported the Community Health Agent (CHA) as the professional that most visited the residences.

Regarding the falls in the last year, 75.7% did not suffer, but, of the 24.3% who fell, they had an average fall, of 1.69% in the year. Of the 81.9% who reported being afraid of falling, 43.5% reported not ceasing to do their activities. Of those who fell, 54.4% reported their residence in the morning (67.3%), the external area (23.6%), fourth (20%) and bathroom (18.2%) the main rooms of the house as specific places of the fall. The majority (54.5%) did not stumble on something; 50.5% did not need help to get up after the fall and 90.1% did not lose consciousness when they fell; 68.3% said that, when the body fell went forward, unable to support themselves to avoid the fall. They reported that they did not wear glasses when they fell (33.7%) and did not feel dizzy (81.2%). Most falls, caused pain (26.7%) followed by bruising (23.7%); 75.3% did not seek any health care after the falls, but, of those who did, 48.5% resorted to hospital services. Of the falls that generated hospitalization (6.4%), the average was 8.66 days. 76.3% of respondents will not receive guidelines for falls.

DISCUSSION

Regardless of age, everyone falls. Fall is a common event in people's lives, and many falls, especially in children and young adults, have little consequence and have no functional impact.⁶

According to data from DATASUS, the elderly population of Lagarto, in 2012, is 10,476 elderly. The portion of the sample that suffered a fall was 102 elderly. From this data, one can calculate that the incidence of falls in the city of Lagarto revolves around 9.73 / 1000 inhabitants.

Falls are a major problem among older people, not only because of their frequency, but mainly because of their consequences. It is common for people to be concerned only with physical injuries, neglecting the psychological consequences and social damages caused by the event. One of the main psychological consequences is the fear that the elderly develop after a fall, making them less active and more dependent on family members and caregivers⁷. In the results, we can perceive this topic very clearly, since a large majority said they were

afraid of falling again, and even those who did not fall, are afraid of falling one day.

With aging, the prevalence of neurodegenerative diseases, cardiovascular and metabolic diseases has also increased, influencing the number of drugs consumed by the elderly. It then, associates that the elderly, with risk of falls, are those who enjoy many medications and these can cause some changes in the body, such as drowsiness and loss of balance⁸. This relationship can also be found in the data collected, where the majority of the elderly who fell do use continuous medication and suffer from some diseases common to the community.

CONCLUSION

This study reiterates the impact of the fall phenomenon, as a public health issue, in the municipality of Lagarto (SE), Brazil. Likewise, it highlights the need for investments in awareness and information campaigns for elderly, family and caregivers to contribute to reducing the number of falls in the elderly in the coming years. Underreporting is another relevant aspect, which tends to underestimate the occurrence of the event, disfavoring the planning of prevention measures.

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