



PROFILE OF ELDERLY WITH FAMILY CAREGIVERS ASCRIBED TO THE FAMILY HEALTH STRATEGY

PERFIL DE IDOSOS COM CUIDADORES FAMILIARES ADSCRITOS À ESTRATÉGIA DE SAÚDE DA FAMÍLIA

EL PERFIL DE ANCIANOS CON CUIDADORES FAMILIARES AÑADIDOS EN LA ESTRATEGIA DE SALUD DE LA FAMÍLIA

Geraldo Eduardo Guedes de Brito¹, Adriana do Carmo da Silva², Fabiana Maria Rodrigues Lopes de Oliveira³, Keylla Talitha Fernandes Barbosa⁴, Laisa Ribeiro Sá⁵

ABSTRACT

Objective: to characterize the sociodemographic profile, morbidities, and functional capability of elderly ascribed to the "Estratégia de Saúde da Família" (ESF) in the city of João Pessoa/PB, Brazil, who reported having a family caregiver. **Method:** this is a quantitative cross-held study, among elderly enrolled in the Information System of Primary Care (ISPC), comprising 401 subjects over 60 years, enrolled in Family Health Units (USF) randomized, with scores higher than 13 (illiterate) and 17 (literate) in the Mini-Mental State Examination (MMSE). Data collection was conducted through household interviews and the data analyzed in Epi-Info 3.5. The research was approved as standards by the Ethics Committee of Hospital Universitário Lauro Wanderley, UFPB receiving assent to the Protocol 356/10. **Results:** within 401 respondents, 77 (19.2%) claimed to have caregiver. Among these, female sex (76.6%) focusing on the age of 80 years old or older (46.5%). The marital status more declared was married (44.2%), followed by widow (41.6%). Most saw their own health as fair (50.6%) or poor / very poor (39.0%) and claimed to have four or more clinical diagnoses (70.1%). Regarding the activities of daily life (ADLs), it was found that 63.6% performed them independently; however, taking bath (13.0%), dressing (11.7%) and using the bathroom (5.2%) showed the most commitment. **Conclusion:** we concluded that there is need for special attention to health and functionality of the elderly who depend on family caregivers. It is necessary to detect and monitor early disability already installed, as well as prevent or slow the rapid development of new ones. **Descreptors:** aged, caregivers, family health.

RESUMO

Objetivo: caracterizar o perfil sociodemográfico, morbidades e capacidade funcional dos idosos adscritos à estratégia "Saúde da Família" (ESF), que possuem cuidador familiar. **Método:** estudo quantitativo, transversal, realizado entre idosos cadastrados no Sistema de Informação da Atenção Básica (SIAB), compondo 401 sujeitos acima dos 60 anos, cadastrados em Unidades de Saúde da Família (USF) sorteadas, com escores superiores a 13 (analfabetos) e a 17 (alfabetizados) no Mini- Exame do Estado Mental (MEEM). A coleta de dados foi realizada por meio de entrevista domiciliar e os dados analisados no software Epi-Info 3.5. O projeto de pesquisa foi aprovado pelo Comitê de Ética do Hospital Universitário Lauro Wanderley da UFPB com o Protocolo nº 356/10. **Resultados:** dos 401 entrevistados, 77 (19,2%) declararam possuir cuidador domiciliar. Entre estes, predominou o sexo feminino (76,6%) concentrando-se na faixa etária de 80 anos ou mais (46,5%). O estado civil mais declarado foi o casado (44,2%), seguido de viúvo (41,6%). A maioria percebeu o próprio estado de saúde como regular (50,6%) ou ruim/muito ruim (39,0%) e declararam possuir quatro ou mais diagnósticos clínicos (70,1%). Com relação às atividades de vida diária (AVDs), verificou-se que 63,6% as realizavam de forma independente, no entanto, o banho (13,0%), vestir-se (11,7%) e o uso do banheiro (5,2%) foram as que apresentaram maior comprometimento. **Conclusão:** concluiu-se que há necessidade de atenção especial à saúde e funcionalidade do idoso que depende de cuidador familiar. Torna-se necessário detectar e acompanhar precocemente as incapacidades já instaladas, bem como prevenir ou retardar o rápido desenvolvimento de novas. **Descritores:** idoso; cuidadores; saúde da família.

RESUMEN

Objetivo: caracterizar el perfil sociodemográfica, la morbilidad y la capacidad funcional de los ancianos registrados en la estrategia: "Salud de la familia", que he informado tener un cuidador familiar. **Método:** se trata de un estudio cuantitativo, transversal realizado entre los ancianos inscritos en el Sistema de Información de Atención Básica (SIAB), integrado por 401 sujetos mayores de 60 años, registrado en las Unidades de Salud de la Familia (USF) al azar, con puntuaciones superiores a 13 (analfabetos) y 17 (leer y escribir) en el Mini Examen del Estado Mental (MEEM). La recogida de los datos fué realizada por medio de entrevistas en sus casas y los datos analizados en Epi-Info 3.5. La búsqueda científica fué aprobada de acuerdo con las normas del Comité de Ética del Hospital Universitario Lauro Wanderley-UFPB recibiendo la aprobación del Protocolo 356/10. **Resultados:** De los 401 entrevistados, 77 (19,2%) afirmaron tener cuidador(a). Entre ellos, su mayoría es del sexo femenino (76,6%), por mayor parte en la edad de 80 años o más (46,5%). La situación conyugal que más se ha encontrado fué casado (a) (44,2%), seguido por la viudez (41,6%). La mayoría he visto a su propia salud como regular (50,6%) o mala / muy mala (39,0%) y afirmaron tener cuatro o más diagnósticos clínicos (70,1%). En relativo a las actividades de la vida diaria (AVD), se comprobó que 63,6% de ellos las realizan de manera independiente, sin embargo, el baño (13,0%), vestirse (11,7%) y usar el baño (5,2%) fueron las más comprometidas. **Conclusión:** a partir de estos resultados, evidentemente que hay una necesidad de atención especial a la salud y la funcionalidad de los ancianos que depende del cuidador familiar. Es necesario detectar y monitorear tempranamente las discapacidades ya instaladas, así como prevenir o retrasar el rápido desarrollo de nuevas. **Descriptores:** ancianos, cuidadores, salud de la familia.

¹Master in Health Family from Universidade Estácio de Sá. Rio de Janeiro/RJ, Brazil. Professor of Physiotherapy Course of the Federal University of Paraíba/UFPB. João Pessoa/PB, Brazil. E-mail: dudugif@yahoo.com.br; ²Physiotherapist Degree from the Federal University of Paraíba/UFPB. João Pessoa/PB, Brazil. E-mail: adrianacarmosilva@yahoo.com.br; ³Graduation and Major Academic in Nursing from the Federal University of Paraíba/UFPB. Scholarship by PIBIC. João Pessoa/PB, Brazil. Email: fabianarodriguesenf@yahoo.com.br; ⁴Graduation and Major Academic in Nursing from the Federal University of Paraíba/UFPB. Scholarship by PIBIC. João Pessoa (PB), Brasil. E-mail: keyllafernandes@gmail.com; ⁵Graduation and Major Academic in Nursing from the Federal University of Paraíba/UFPB. Scholarship by PIBIC. E-mail: isa8910@hotmail.com

INTRODUCTION

Healthy aging is one of the main goals of modern society and has as main result the increase in life expectancy and a large elderly population.¹ The number of Brazilians aged over 60 years reaches, currently, higher values than those of any other time in its history, making it possible for Brazil to experience a period of demographic transition characterized by enlargement of the apex of the national age group pyramid. According to the National Household Sample Survey - *Pesquisa Nacional por Amostra de Domicílios* PNAD², in 2009 the country (Brazil) had a population of approximately 21.7 million of old people, which equals 11.3% of the national population. According to the results of the demographic census of 2010, in the Northeast the proportion of elderly was approximately 12.3%, while in Paraíba it was about 11.4% and in the capital - João Pessoa it was 10.3%.³

This change in age structure also causes important changes in the epidemiological profile of the population, with significant changes in indicators of mortality. It is undeniable that the prolongation of life is a positive factor, since a greater number of people survive due to improvements in the health and quality level of contemporary living.

However, the specialized literature shows that aging is directly related to the accumulation of illnesses, especially chronic-degenerative diseases.⁴⁻⁵ In this context, a considerable proportion of elderly people develop impaired functional capacity, resulting from the accumulation of these problems that can often lead to situations of dependency. This relationship can also compromise the independence of older people, requiring permanent care to meet their functional limitations.⁶⁻⁷

Thus, aging population makes the health care of the elderly an important focus of attention. In this sense, it must be considered that the rapid increase in life expectancy is an important indicator of health, but also brings the prospect of affections that come with advancing age, such as decreased functional abilities that lead to require constant care, continuous use of medications, as well as periodic examinations, and therefore high demand for care and health services.⁸⁻⁹

The term functional capacity is related to the degree of the individual's ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The ADL refers to activities involving self care such as eating, moving around, bathing,

dressing, among others, while IADLs relate to more complex activities that allow, for example, shopping, cooking, and dealing with finance and so on.

The deficit in functional abilities is reflected therefore in functional¹⁰ dependence, which can be understood as the need for help in performing activities of their day to day.¹¹ The presence of a caregiver to assist the elderly in their activities of daily living (ADLs), it is essential in this context. The caregiver is defined as any adult and capable member of the family or community, whose main function is to care for someone who by age or physical condition and mental state is unable or fitted with temporary or permanent functional limitations.⁹⁻⁵

Faced this scenario, there was the awakening of the government in the last two decades, being an essential part of the Brazilian National Health Policy and the deployment of Integral Attention to the Elderly Population and the one in the aging process, in accordance with what determines the Brazilian Organic Law of Health nº 8.080/90 and the Law nº 8.842/94, regulated by Decree nº 1948 of July 3rd, 1996, to define the role of government, indicating the specific actions of the involved areas, and seeks to create conditions for the promotion of autonomy integration and participation of the elderly people in the society, and thus considered like this people aged 60 years or more.¹² However, it is still very limited supply of services and interventions, as well as public health programs. The State assumes reduced responsibilities, giving the family of the dependent elderly a greater responsibility, with no support services.¹³

The family caregiver is the family member who responds to the role of caring for elderly people who may require different levels of dependence associated with functional disabilities and diseases. Even, it involves that they (caregivers) respond by elderly before its family and society, including legal implications. For the care to be implemented efficiently, requirements that are beyond the abilities are needed, as will, intentionality, and involvement, which is an essential ingredient to enhance the quality of personal interactions and, consequently, they get better results in refers to the health recovery.¹⁴

The studies about health profile and social impacts resulting from this process are of great importance. Know the elderly who have family caregivers may contribute to the

Brito GEG de, Silva AC da, Oliveira FMRL de et al.

discussion on this theme, since the lack of such studies in the Northeast. Moreover, the results of profile studies can aid the planning of public policies and the organization of health services that are able to attend the needs of the elderly and their caregivers.

Thus, this present study has like objective to characterize the sociodemographic profile, self-perceived health and functional capacity of elderly ascribed to the ESF, in the city of João Pessoa/PB - Brazil, who have a family caregiver.

METHOD

A quantitative study, transverse, performed among elders of the community assisted by USF. Part of the research project "Multidimensional Assessment of Elderly ascribed to the ESF in the city of João Pessoa - PB", developed by members of the *Programa de Educação Pelo Trabalho* - PET- Family Health in 2010.

The sample was the basis for calculating the 59,763 subjects aged 60 or over, registered with the Information System of Primary Care - Sistema de Informação da Atenção Básica (SIAB) in 180 USFs of João Pessoa/PB, Brazil. The sample size was defined from the formula: $n = Z^2 PQ/d^2$, n = minimum sample size, Z = reduced variable, P = probability of finding the studied phenomenon, $Q = 1-P$ d = desired precision. We adopted $p = 50\%$, because it is a multidimensional assessment, and a margin of error of 5%. According to these criteria, provided the minimum sample of 380 subjects was calculated. The study sample consisted of 401 subjects aged over 60 years.

It were randomly selected five of the six districts of the city that had USFs deployed in May 2010. After this, 18 USFs were selected and for each of them, two microareas of coverage. For each microarea, were selected randomly, the medical records of 20 households with elderly users.

The data collection was performed by previously scheduled home visits by Community Health Agents. The study included subjects aged 60 years or more, ascribed to drawn USF, with scores higher than 13 (illiterate) and 17 (literate) in the Mini - Mental State Examination - MMSE¹⁵, without compromising to speech and / or hearing that prevented them from answering the interview. All participants signed an Informed Consent Form and after the data collection instrument was applied by the interviewers.

For sociodemographic data like: age, sex,

Profile of elderly with family caregivers ascribed...

marital status, educational level, race and income data on perception and health conditions, we used the questionnaire "Brazil Old Age Schedule - BOAS"¹⁶ and the National Survey by Sample Household - Pesquisa Nacional por Amostra de Domicílios 2003 - PNAD 2003.¹⁷

The data about the functional capacity evaluation were obtained from the Index of Katz¹⁸⁻¹⁹, instrument proposed by the Brazilian Ministry of Health in Primary Care Handbook. The "Katz Index" was elaborated by Katz and cooperators and adapted for the Brazilian population by Lino.²⁰ The instrument assesses functional performance of the elderly in performing of six activities that are considered basic (ADL) (bathing, dressing, toileting, transferring, have continence and to feed). The score ranges from zero to six points and marked the higher the score, the greater the independence of the elderly. Classifies them into independent (six points), with moderate dependence (five to three points) and severe dependence (zero to two points). For the statistical association, the subjects were classified into two groups: no dependence (six scores) and with some degree of dependence (score of zero to five).

To investigate the presence of caregiver, the instrument had the following dichotomous question: "Mr (a). Have a caregiver? It means a person who will help you accomplish your daily tasks? ". For the definition of family caregivers, we used the following dichotomous question: "Is this the person who helps you a relative of Mr (a)?"

All interviewers were previously trained, considering the theoretical and practical aspects of the study. The calibration procedure was designed to simulate the conditions that interviewers find. The training and calibration of examiners were performed in a USF of João Pessoa/PB, Brazil.

The research was authorized by the Municipal Secretary of Health of the city of João Pessoa, and approved by the Ethics Committee of *Hospital Universitário Lauro Wanderley* - UFPB (Protocol 365/10).

The data entry and quality control were performed using the Program Epi InfoTM. To characterize the elderly with family caregivers, we calculated the frequencies of the variables: gender, age, know reading and writing, cohabitation, marital status, self-reported health, total of self-referred diagnoses, self referred diagnoses: number of hospitalizations in the six months preceding the interview, number of falls in the 12

months preceding the interview, performance of ADLs, and their respective confidence intervals at 95%.

RESULTS

The data presented in Table 1 integrate relevant information about the sample, a total of 77 study subjects in whose are observed

characteristics on certain sociodemographic variables. Patients were predominantly female (76.6%), concentrating at the age of 80 years or more (46.5%). More than half of elderly (57.1%) could not read and write and mostly lived with three to five people. The marital status more declared was the married (44.2%), followed by widowed (41.6%).

Table 1. General characteristics of elderly with caregivers (n=77) - João Pessoa, 2011.

Characteristics	n	%	IC 95%
Gender			
Female	59	76,6	65,6-85,5
Male	18	23,4	14,5-34,4
Group Age*			
60-69 years old	26	12,0	7,7-16,8
70-79 years old	24	18,7	11,7-25,7
80 years or more	27	46,5	32,4-59,3
Know reading and writing			
Yes	33	42,9	31,6-54,6
No	44	57,1	45,4-68,4
Cohabitation			
From 0 to 2 people	17	22,1	13,4-33,0
From 3 to 5 people	43	55,8	44,1-67,2
6 or over people	17	22,1	13,4-33,0
Marital status			
Married	34	44,2	32,8-55,9
Widow	32	41,6	30,4-53,4
Divorced	6	7,8	2,9-16,2
Single	5	6,5	2,1-14,5

*Age group: prevalence proportional to the total number of elderly (n = 401) respondents by age group : 60-69 years (n=215), 70-79 years (n=128) e 80 years or more (n=57).

According to Table 2, it can be verified that the majority of elderly with caregivers perceived their own health state as regular (50.6%) or bad / very bad (39.0%) and claimed to have four or more clinical diagnoses (70.1%). The most prevalent self-referred diagnoses were hypertension (74.0%), bad circulation (57.1%), rheumatic diseases

(54.5%), depression (40.3%), osteoporosis (36,4%) and diabetes mellitus (35.1%), respectively. Among them - 18,2% claimed they had been hospitalized in the six months preceding the interview, while 58.4% reported at least one fall in the year preceding the interview.

Table 2. Physical health characteristics of elderly with caregivers (n=77). João Pessoa, 2011.

Characteristics	n	%	IC 95%
Self-reported of health			
Very good or god	8	10,4	4,6-19,4
Regular	39	50,6	39,0-62,2
Bad or very bad	30	39,0	28,0-50,8
Total of self-referred diagnoses			
None diagnoses	3	3,9	0,8-11,0
From 1 to 3 diagnoses	20	26,0	16,6-37,2
From or more diagnoses	54	70,1	58,6-80,0
Main diagnoses self-referred *			
Arterial Hypertension	57	74,0	62,8-83,4
Bad circulation	44	57,1	45,4-68,4
Rheumatic Diseases	42	54,5	42,8-65,9
Depression	31	40,3	29,2-52,1
Osteoporosis	28	36,4	25,7-48,1
Diabetes Mellitus	27	35,1	24,5-46,8
He/she was admitted in the last 6 months			
Yes	14	18,2	10,3-28,6
No	63	81,8	71,4-89,7
And in the last 12 months			
Yes	45	58,4	46,6-69,6
No	32	41,6	30,4-53,4

*The elderly could answer more than one option of self-referred diagnoses.

With regard to functional capacity to perform six activities of daily living (ADLs) investigated by Katz, it was found that 63.6% of the elderly with caregivers performed completely independently and in return, some

ADLs had a higher prevalence of severe commitment, such as bathing (13.0%), dressing (11.7%) and using the toilet (5.2%), shown in the table 3.

Table 3. Characteristics to perform activities of daily living by elderly with caregivers. João Pessoa, 2011.

Characteristics	n	%	IC 95%
Bath			
Do not receive assistance	62	80,5	69,9-88,7
Receive assistance during the bath only for Just one part of the body	5	6,5	2,1-14,5
Receive assistance during the bath for more than one part of the body	10	13,0	6,4-22,6
Dress			
Take the clothes and dress it up without assistance	58	75,3	64,2-84,4
Take the clothes and dress it up without assistance, but cannot tie the shoelaces.	10	13,0	6,4-22,6
Receive assistance for taking the clothes or to dress up, or stand out partially or totally naked	9	11,7	5,5-21,0
Bathroom			
Go to the bathroom, clean itself without help and dress up after the elimination without any caregiver assistance	68	88,3	79,0-94,5
Receive some assistance to go to the bathroom, for cleaning the body or for dressing after the elimination. Use urinal or splot pot at night	5	6,5	2,1-14,5
Do not go to the bathroom for urinating or evacuating	4	5,2	1,4-12,8
Transfers			
He/she lies down and gets up from bed or chair without assistance	69	89,6	80,6-95,4
He/she lies down and gets up from bed or chair with assistance	5	6,5	2,1-14,5
Do not get up from the bed	3	3,9	0,8-11,0
Continence			
Control the urinating and evacuating functions	65	84,4	74,4-91,7
Suffer occasional accidents for leaking urine or feces	10	13,0	6,4-22,6
Have supervision to control the feces and urine. Use catheterism or it is incontinent.	2	2,6	0,3-9,1
Feed			
Feed itself without any assistance	69	89,6	80,6-95,4
Feed itself without any assistance, but do not cut flesh or put butter on bread.	5	6,5	2,1-14,5
Receive assistance for feed itself or it is feedeed partially or totally by probe tube.	3	3,9	0,8-11,0

DISCUSSION

With aging there is increased loss of physical, social, and the onset of physical dependence, causing a threat to the autonomy and health of the elderly, and also to safety provided by the welcoming environment and ensuring to the well-being of the elderly.²¹

Thus, qualified assistance to the elderly is steadily linked to the presence of a caregiver, making assistance for basic and instrumental activities of daily living of elderly people with deficits in functional capacity.

The data from this study showed prevalence of 19.2% among elderly with caregivers among this sample. Corroborating with this information, research that drew the profile of 275 selected elderly subjects that was ascribed in the ESF in the city of Belo Horizonte/MG, Brazil - had resulted in a total of 24.9% of people who had caregivers.²²

The prevalence of home caregiver was lower compared with findings of other studies, for example, the transverse population-based study with 598 elderly residents in Pelotas/RS, Brazil - which showed a prevalence of 49.5% of family caregivers.²³ However, it should considered specific issues, noting that in this present study were excluded from the sample subjects with

suspected cognitive impairment detected by MMSE.

Among subjects who reported having family caregivers, we observed the predominance of older women 76.6%, confirming the trend of the feminization of the elderly; we can cite similar study conducted with 598 elderly, where it was found a prevalence of 62.9 % of women among the elderly who had caregiver.⁶ In accordance, a study conducted in Teresina/PI, Brazil with 50 elderly people assisted by the ESF, it was verified the prevalence of 70% of old women dependent on caregivers.²⁴

According to the aforementioned studies, it is clear the growing process of feminization of the elderly population in Brazil can be explained in part by longer life expectancy of women, associated with factors such as lower consumption of alcohol and tobacco and differences in attitude to the pathologies. Moreover, these women are holders of knowledge and health practices experienced in their everyday experiences of care and identify very early signs and symptoms of various diseases, which causes the female group is the largest demand for health services in all areas.²⁵

With regard to age group, the study found a significant percentage of prevalence over the sample and 46.5% of elderly aged 80 years

Brito GEG de, Silva AC da, Oliveira FMRL de et al.

or over with caregivers. This high prevalence is confirmed by the study that was prevalent in older than 80 years (76.3%), followed by the range of 70-79 years (53%) and finally located the 60-69 years (39.3 %) among the elderly who had caregiver.²⁶

Such evidence suggests a predominance of household cares in elderly with advanced age, since the weakness is a condition expected at this age. Because to the correlation between age and greater probability of dependence on caregiver daily.

The high prevalence of elderly with family caregivers who could not read and write (57.1%) was also observed in another similar study,²⁷ where the needs of caregivers was associated with lower education, predominantly in the sample zero to four years of study. This fact is also observed among elderly Brazilians in general, because according to the IBGE², 30.7% of them had less than a year of schooling in 2009.

These indexes demonstrate the large number of illiterates existing in the Brazilian population, especially when it comes to the elderly who lived his childhood in a time when education was not a priority and the woman was marginalized from mainstream education, work and politics.²⁸

It has been found between the samples of this study that 44.2% of individuals under care at home are married, followed by 41.6% who are widowed, 7.8% and 6.5% are divorced and single, respectively. Population-based study conducted with 598 elderly people that received home care report that 80.2% of respondents possessed a companion, indicating that individuals with a partner showed probability 1.5 times bigger to have home care than those living without a partner.²⁶

These data demonstrate that the caregiver of the elderly are composed mostly of close family members, noting that in family life, there is a hierarchy of commitment to care: first comes the wife and then his daughter single or that living alone.²⁹

When, we asked about the perception of their state of health, the elderly reported as being "regular" (50.6%) and "bad / very bad" (39.0%). A similar result was shown by previous studies⁶⁻²³ where 42.2% and 59.6%, respectively, reported their health as "regular". One factor that may be strongly related to self-reported health is the profile of greater vulnerability and the high degree of dependence in the ADLs presented by these elderly.³⁻²²

Profile of elderly with family caregivers ascribed...

About the self-referred diagnoses, 70.1% of elderly reported having four or more clinical diagnoses, the most prevalent hypertension (74.0%), bad circulation (57.1%), rheumatic diseases (54, 5%), depression (40.3%), osteoporosis (36.4%) and diabetes mellitus (35.1%), respectively.

The Arterial Hypertension was also the most prevalent finding in other performed studies, whose aimed to identify the care needs self-referred by an elderly ascribed in a ESF, which prevailed in the circulatory system diseases (50.6%), followed by musculoskeletal system and connective tissue, endocrine, nutritional and metabolic diseases.

In the midst of chronic diseases, hypertension is the most outstanding in all subgroups of the elderly. It is one of the health problems most prevalent today, affecting about 20% of young adult population and 50% of the elderly population.³⁻³⁰ It is also a determinant factor of morbidity and mortality, but, when properly controlled, significantly reduces functional limitations and disability in elderly.³¹ This suggests the importance of establishing strategies for early detection of these diseases in order to delay their manifestations in the ADLs of the elderly people.

When, we asked about hospitalization - 18.2% of the elderly told they were hospitalized in the last six months preceding the interview. Some previous studies²⁷⁻²⁹ obtained 41.8% and 33.0% of elderly who reported hospitalization in the last year. The rate of hospitalizations and hospital costs in Brazil is high in individuals older than 60 years.³² The fact of having caregivers may be associated with a picture of poor health, with the largest number of queries and needs hospitalization.

58.4% of respondents said they had experienced at least one fall in the year preceding the interview. The study with elderly of an ESF, in order to determine the prevalence of falls in this population showed 51.1% of falls in elderly people who had caregivers. For this, the presence of caregiver has behaved as an indicator of falls, since episodes of recurrent falls were more frequent than the fall alone.³³

In a research that aimed to investigate the history of falls in elderly attended for the same reason in a University Hospital, noted that the fall brought as a consequence for the elderly increased dependence for the performance of ADLs, the most disadvantaged lying down / getting up of bed, walking on

Brito GEG de, Silva AC da, Oliveira FMRL de et al.

plain surfaces, bathing, walking outside home, taking care of finances, cut toenails, make purchases, using public transportation and walking up stairs.³⁴

Episodes of falls among the elderly are crucial, in many cases, the need for permanent and continued care. Therefore, they are seen like major health concerns of the elderly, together with the occurrence of chronic diseases. Represent important markers of decreased functional capacity and fragility in old people.⁶⁻³³ It is important clarify tha the falls is the leading causes of disability among the elderly and their risk must be considered in a context that addresses the different responses of the individual to process aging.³⁵

Relating the functional capacity to perform the ADLs, it was found that 63.6% of the elderly with caregivers performed it in a completely independently way and the ADLs with the highest prevalence of severe impairment were: bath (13.0%), dressing up (11.7%) and use the bathroom (5.2%). Corroborating the data, a study that evaluated the functional capacity of 104 elderly in Ruy Virmond Carnascialli, Northern Region of the city of Londrina/PR, Brazil showed higher dependency for activities related to the bath (27.9%), dressing (24.0%), personal care (21.1%) and hygiene (21.1%).³⁶

Using the Katz Index, a study proposed to identify the level of dependency of elderly people and understand the perceptions of caregivers about home care in Porto Alegre/RS, Brazil - found that the activities that indicated higher dependence among the elderly in this study were that require movement and displacement (bathing, dressing, toilet use and transfers).¹³ The progressive loss of ability to perform ADLs reflects the functional decline presented by the elderly, as well as the needs for assistance from a caregiver who assists them in some activities of daily living.¹¹⁻¹³⁻³⁷

CONCLUSIONS

The study included the goal originally proposed, it means, to characterize the sociodemographic profile, self-reported of health and functional capacity of elderly ascribed to the ESF, in the city of João Pessoa/PB, Brazil - who claimed to have a family caregiver.

Among the 77 subjects interviewed, there was a female predominance (76.6%), concentrating at the age group of 80 years or over (46.5%), being married (44.2%) and more

Profile of elderly with family caregivers ascribed...

than half of them could not read and write (57.1%).

Relating the self-reported of health, the most (50.6%) declared to be regular, with four or more clinical self-referred diagnoses, of which the most prevalent were arterial hypertension, bad circulation, rheumatic diseases, depression, osteoporosis and diabetes mellitus.

In the six months preceding the interview, some had to be hospitalized (18.2%) and more than half of them reported at least one fall in the year preceding the interview. With regard to the functional capacity to perform the DLA sinvestigated by Katz, it was found that individuals with the caregivers performed independently (63.6%), and the bath (13.0%), dressing up (11.7%) and use the bathroom (5.2%) were the activities that had a higher prevalence of severe impairment.

The results of this present study should be considered in light of their methodological limitations. The first would be a possible bias of the respondent in relation to their self referred diagnoses. To avoid such bias would be interesting to develop studies beyond the statement of the elderly; could make possible the consulting the medical records.

Another limitation concerns the study design and data analysis strategy used, so it needs be noted that this research did not intend to study risk factors associated with the presence of caregivers for the elderly, but to draw a profile of these population segments.

In return, the study for having presented population base, and it was developed through a well-trained field team and have used data collection instruments previously validated in the Brazilian context are the strengths of the research. Thus, this study has generated information on the main characteristics of elderly people who have a caregiver and live in the community. This can help to facilitate the adequated planning of attention and the actions to cope with situations of functional disabilities by family health teams.

From these results, we recommend attention from health services, especially primary care, for the elderly who depend on a family caregiver. This approach must have in order to detect and monitor early disability installed, as well as prevent or slow the rapid development of new ones damages, thus reducing the risks and costs of specialized assistance, long-term care and hospitalization, among others.

Thus, all health professionals in primary care must take measures of prevention, promotion and rehabilitation of health among the elderly people and their caregivers in order to provide autonomy and quality of life.

REFERENCES

1. Davim RMB, Nunes VMA, Araújo MGS, Silva RAR, Alchieri JC. Aspects related to the functional capacity of elderly institutionalized. J Nurs UFPE on line [Internet]. 2011 [cited 2011 Dec 12]; 5(3):692-97. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1504/pdf_481
2. Brasil. Ministério do Planejamento, Orçamento e Gestão. Fundação Instituto Brasileiro de Geografia e Estatística 2009. Pesquisa Nacional por Amostra de Domicílios: Síntese de Indicadores 2009 [Internet]. 2009 [cited 2011 Apr 20]. Available from: <http://www.ibge.gov.br/home/estatistica/populacao/trabalhoerendimento/pnad2009/>
3. Brasil. Ministério do Planejamento, Orçamento e Gestão. Fundação Instituto Brasileiro de Geografia e Estatística. Síntese de Indicadores Sociais: Uma Análise das Condições de Vida da População Brasileira 2010 [Internet]. 2010 [cited em 2011 Apr 23]. Available from: <http://www.ibge.gov.br/home/estatistica/populacao/condicaodevida/indicadoresminimos/sinteseindicais2010/default.shtm>
4. Valentín AG, Romero CG. Características sociodemográficas, de salud y utilización de recursos sanitarios de cuidadores de ancianos atendidos en domicilio. Gerokomos [Internet]. 2009 [cited 2011 Mar 22]; 20(1):15-21. Available from: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1134-928X2009000100003
5. Nascimento LC, Moraes ER, Silva JC, Veloso LC, Vale ARMC. Cuidador de idosos: conhecimento disponível na base de dados LILACS. Rev Bras Enferm [Internet]. 2008 [cited 2011 May 28]; 2008;61(4):514-7. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672008000400019
6. Del Duca GF, Thumé E, Hallal PC. Prevalência e fatores associados ao cuidado domiciliar a idosos. Rev Saude Publica [Internet]. 2010 [cited 2011 May 30]; 2011;45(1):113-20. Available from: <http://www.scielosp.org/pdf/rsp/2010nahead/1913.pdf>
7. López Gil MJ, Sánchez RO, Gómez-Caro S, Oropesa AS, Morena JC, Moreno FJA. El rol de Cuidador de personas dependientes y sus repercusiones sobre su calidad de vida y su Salud. Rev Clin Med Fam [Internet] 2009 [cited 2011 May 12]; 2(7):332-4. Available from: http://scielo.isciii.es/scielo.php?pid=S1699-695X2009000200004&script=sci_arttext
8. Braz E. Entre o visível e o invisível: as representações sociais no cotidiano do senescente cuidador de idosos dependentes (Tese). São Paulo: Universidade de São Paulo; 2008 [cited 2011 June 15]. Available from: <http://www.teses.usp.br/teses/disponiveis/7/7136/tde-15052009-152922/pt-br.php>
9. Amendola F. Qualidade de vida de cuidadores de pacientes com perdas funcionais e dependências atendidos em domicílio pelo programa saúde da família do município de São Paulo (Dissertação). São Paulo: Universidade de São Paulo; 2007. [cited 2011 Sept 15]. Available from: <http://www.teses.usp.br/teses/disponiveis/7/7137/tde-13072007-092505/pt-br.php>
10. Neri AL, organizador. Palavras-chave em gerontologia. 3ª ed. Campinas: Alínea; 2008.
11. Moreira MD, Caldas CP. A importância do cuidador no contexto da saúde do idoso. Anna Nery School j nurs [Internet]. 2007 [cited 2011 Apr 19];11(3):520-5. Available from: http://www.scielo.br/scielo.php?pid=S1414-81452007000300019&script=sci_arttext
12. Brasil, Ministério da Saúde. Política Nacional do Idoso: perspectiva governamental. Brasília, DF: Seminário Internacional Envelhecimento Populacional: uma agenda para o final de século, 1996.
13. Vieira CPB, Fialho AVM, Freitas CHA, Jorge MSB. Práticas do cuidador informal do idoso no domicílio. Rev Bras enferm [Internet]. 2011 [cited 2012 Apr 15]; 64(3): 570-579. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672011000300023&lng=en
14. Prochet TC, Silva MJP, Ferreira DM, Evangelista VC. Afetividade no processo de cuidar do idoso na compreensão da enfermeira. Rev Esc enferm USP [Internet]. 2012 [cited 2012 Apr 16]; 46(1): 96-102. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342012000100013&lng=en
15. Bertolucci PHF, Brucki SMD, Campacci SR, Juliano Y. O Mini-exame do Estado Mental em uma população geral. Impacto da escolaridade. Arq Neuro-psiquiatr [Internet]. 1994 [cited 2011 Apr 12]; 52:1-7. Available

Brito GEG de, Silva AC da, Oliveira FMRL de et al.

Profile of elderly with family caregivers ascribed...

from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0004-282X1994000100001&lng=pt

16. Veras R, Dutra S. Questionário BOAS (Brazil OldAge Schedule) versão 2000. [Internet]. 2000 [cited 2010 de Oct 16]. Available from: http://www.unati.uerj.br/boas/q_boas.html

17. Brasil. Ministério do Planejamento, Orçamento e Gestão. Fundação Instituto Brasileiro de Geografia e Estatística. Pesquisa Nacional por Amostra de Domicílios: Síntese de Indicadores 2003 [Internet]. 2003 [cited 2011 Apr 23]. Available from: http://www.ibge.gov.br/home/estatistica/populacao/condicaodevida/indicadoresminimos/sintese_indicsoais2010/default.shtm

18. Katz S, Ford AB, Moskowitz RW, Jackson BA, Jaffe MW. Studies of illness in the aged. The index of ADL: a standardized measure of biological and psychosocial function. JAMA [Internet]. 1963 [cited 2011 Mar 13] ; 21:185-94. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/14044222>

19. Lino VTS, Pereira SRM, Camacho LAB, Ribeiro Filho ST, Buksman S. Adaptação transcultural da escala de independência em atividades da vida diária (Escala de Katz). Cad Saude Publica [Internet]. 2008 [cited 2011 May 22]; 24:103-12. Available from: <http://www.scielo.br/pdf/csp/v24n1/09.pdf>

20. Aguiar R. The elderly person with a self-care deficit at home and the implications for the relative caregiver. J Nurs UFPE on line [Internet]. 2011 [cited 2012 Apr 16]; 5(10):2545-43. Available from: <http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/2078>

21. Ursine PGS, Cordeiro HÁ, Moraes, CL. Prevalência de idosos restritos ao domicílio em região metropolitana de Belo Horizonte (Minas Gerais, Brasil). Cien saude colet [Internet]. 2011 [cited 2012 Apr 16] ; 16(6): 2953-2962. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232011000600033&lng=en

22. Del Duca GF, Martinez AD, Bastos GAN. Perfil do idoso dependente de cuidado domiciliar em comunidades de baixo nível socioeconômico de Porto Alegre, Rio Grande do Sul. Cien Saude Colet [Internet]. 2009 [cited 2011 Aug 20]. Available from: http://www.cienciaesaudecoletiva.com.br/artigos/artigo_int.php?id_artigo=7185

23. Figueiredo MLF, Luz MHBA, Brito CMS, Sousa SNS, Silva DRS. Diagnósticos de enfermagem do idoso acamado no domicílio. Rev bras enferm [Internet]. 2008 [cited 2011 Sept 18]; 61(4):464-9. Available from: http://www.scielo.br/scielo.php?pid=S0034-71672008000400011&script=sci_arttext

24. Carvalho CMRG, Brito CMS, Nery IS, Figueiredo MLF. Prevenção de câncer de mama em mulheres idosas: uma revisão. Rev bras enferm [Internet]. 2009 [cited 2012 Apr 15] ; 62(4): 579-582. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672009000400014&lng=en

25. Del Duca GF, Thumé E, Hallal PC. Prevalência e fatores associados ao cuidado domiciliar a idosos. Rev Saude Publica [Internet]. 2011 [cited 2012 Apr 15] ; 45(1): 113-120. Available from: http://www.scielo.org/scielo.php?script=sci_arttext&pid=S0034-89102011000100013&lng=en

26. Trelha CS, Revaldaves EJ, Yussef SM, Dellaroza MSG, Cabrera MAS, Yamada KN et al. Caracterização de idosos restritos ao domicílio e seus cuidadores. Revista Espaço para a Saúde [Internet]. 2006 [cited 2011 Aug 22]; 8(1):20-7. Available from: http://www.ccs.uel.br/espacoparasaude/v8n1/v8n1_artigo_4.pdf

27. Marin MJS, Angerami ELS. Caracterização de um grupo de idosas hospitalizadas e seus cuidadores visando o cuidado pós alta hospitalar. Rev esc enferm USP [Internet]. 2002 [cited 2012 Apr 17] ; 36(1): 33-41. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342002000100006&lng=en

28. Fernandes MGM, Garcia TR. Determinantes da tensão do cuidador familiar de idosos dependentes. Rev bras enferm [Internet]. 2009 [cited 2011 Nov 14]; 62: 393-399. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672009000100009

29. Martins JJ, Silva RM, Nascimento ERP, Coelho FL, Schweitzer G, Silva RDM, et al. Idosos com necessidades de cuidado domiciliar. Rev Enferm UERJ [Internet]. 2008 [cited 2011 July 15]; 16(3):319-25. Available from: <http://www.facenf.uerj.br/v16n3/v16n3a04.pdf>

30. Giacomini KC. Projeto Bambuí: um estudo de base populacional da prevalência e dos fatores associados à necessidade de cuidador entre idosos. Cad Saude Publica [Internet]. 2005 [cited 2011 May 21]; 21(1):80-91. Available

from:

<http://www.scielo.br/pdf/csp/v21n1/10.pdf>

31. Aires M, Paz AA. Necessidades de cuidados a idosos no domicílio no contexto da Estratégia de Saúde da Família. Rev Gaucha Enferm [Internet]. 2008 [cited 2011 Nov 27]; 29(1):83-9. Available from:

<http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/5284>

32. Brasil, Ministério da Saúde. Caderno da Atenção Básica, n 19: Envelhecimento e saúde da pessoa idosa. Brasília: Ministério da Saúde; 2006.

33. Brito GEG. Prevalência e caracterização das quedas entre idosos vivendo na comunidade na cidade de juiz de fora - Minas Gerais, Brasil (Dissertação). Rio de Janeiro: Universidade Estácio de Sá; 2007.

34. Fabrício SCC, Rodrigues RAP, Junior MLC. Causas e conseqüências de quedas de idosos atendidos em hospital público. Rev Saude Publica [Internet]. 2004 [cited 2011 June 21]; 38(1):93-9. Available from: <http://www.scielo.br/pdf/rsp/v38n1/18457.pdf>

35. Chaves ECL, Cordeiro LAM, Goyatá SLT et al. Identification risk for falls diagnosis in the elderly serviced by the elderly care program. J Nurs UFPE on line [Internet]. 2011 [cited 2011 Oct 20]; 5(10):2507-14. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/2059/pdf_730

36. Trelha CS, Nakaoski T, Franco SS, Dellarosa MSG, Yamada Kn, Cabrera M et al. Capacidade funcional de idosos restritos ao domicílio do Conjunto Ruy Virmond Carnascialli, Londrina/PR. Semina cienc biol saude [Internet]. 2005 [cited 2011 Sept 16]; 26(1):37-46. Available from: <http://www.uel.br/revistas/uel/index.php/seminabio/article/view/3612/2921>

Sources of funding: No
Conflict of interest: No
Date of first submission: 2012/03/16
Last received: 2012/05/11
Accepted: 2012/05/12
Publishing: 2012/07/01

Corresponding Address

Geraldo Eduardo Guedes de Brito
Universidade Federal da Paraíba/UFPB –
Campus I
Centro de Ciências da Saúde/CCS
Departamento de Fisioterapia/Laboratório de
Estudos e Práticas em Saúde Coletiva -LEPASC
CEP: 58059-900 – Cidade Universitária, João
Pessoa (PB), Brazil