



THEORETICAL APPROACH TO THE CONCEPT AND DETERMINANTS OF QUALITY OF LIFE OF THE ELDERLY

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ABSTRACT

The term quality of life belongs to an ideological universe, which is based on a system of values. What better means quality of life of the elderly is the quality of the experience that each individual experiences in their environment. The concept of quality of life takes into account a number of determinants both physical, psychological, social and environmental factors, therefore the quality of life is studied as a complex social phenomenon, being a process of personal perception of welfare level reached through the combination of living conditions (objective variables that can be measured independently of feelings) and the degree of satisfaction with life (subjective variables) -dependent feelings (Cardona Doris *et al.*, 2006).

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INTRODUCTION

The OMS¹ (2005) defined quality of life as the individual perception of one's position in life within the context of cultural and value system in which they live and in relation to their goals, expectations, standards and concerns. ⁽²⁾ The concept refers to different levels of both biological, economic, social and psychological demands of the individual who can be approached from an individual perspective as a collective, being then a multifactorial concept is studied from objective perspectives (measurable factors in people), as subjective (factors associated with self-perception or feelings). This is of great importance in the field of geriatrics and public health given the demographic phenomenon of population aging is planned in the immediate future, the older population is one of the groups most demand for health care presented by the prevalence of different causes of morbidity and mortality occur in this age group.

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Aging

To talk about quality of life of the elderly, it is important to first address the concept of aging, taking into account the different perspectives involving both biological, psychological and social sphere of the individual. We then aging is part of a natural, gradual, continuous and irreversible process through proper time of all living beings. These changes are observed at different levels and are determined by history, culture and socio-economic conditions of groups and individuals. Therefore, how to grow old each person is different.^(2,3) And being such a complex process, each area of knowledge provides a theory that seeks to explain this phenomenon; these can be grouped into 3 categories:

- Biological theories. In aging involves two key to explaining the degree of intensity of this vital process factors:
 - Genetically determined factors, classified within the primary or normal aging.

¹ WHO World Health Organization

- Factors caused by diseases and suffered during the time encompassed in the secondary injury or pathological aging.
- Psychological theories. They study the ability to adjust to changes and ways to mitigate them. Three aspects are addressed:
 - Cognitive faculties.
 - Personality traits.
 - Coping with the problems of aging.
- Social theories that focus on the study of 3 elements:
 - The ratio of older people to society.
 - The role and status of the elderly.
 - The type of society to which it belongs ⁽⁴⁾

From another perspective, aging is a process that can be observed both individually and collectively. According to Alonso Galban (2007) in the human species two types of aging are recognized:

- Individual aging is irreversible process of evolution experienced by each person in the course of his life.
- The aging population is increasing the number of elderly relative to the whole population to which they belong. ⁽⁵⁾

Focusing on population aging, it remains relevant to public health, according to WHO is a demographic phenomenon that has resulted in changes in social, economic and cultural structures. In the decade of the 90s of XX century the number of people in the world who exceeded the age of 60 years, was 700 million and it is estimated that by 2025 there will be about 1 200 million elderly over 60 years. Also has increased the group of adults over 80 years old (large longevos) in the next 30 years constitute 30% of older adults in developed countries and 12% in so-called developing. ⁽⁶⁾ According to CONAPO²In Mexico from the 1970s to 2010 the volume of over 65 sector increased from 1.8 to 7.0 million. Projections estimate that by 2050 this population will be almost 28.7 million. According to CONAPO the increase in (EV)³It is significant; in 1970 65 women had a life expectancy of 14.8 years, which rises to 18.3 in 2010 and is projected to be 19.6 in 2050. For men the figures are lower. These gender differences are more noticeable at age 65 and will be smaller as ages are older. ⁽⁷⁾

Quality of life

Definition: WHO has defined quality of life as individual perception of one's position in life within the context of cultural and value system in which they live and in relation to their goals, expectations, standards and concerns. The concept was constructed including physical, psychological, social and environmental aspects, therefore, the quality of life is a complex social phenomenon and a process of self-perceived level of well-being achieved through the combination of living conditions (variables objective that can be measured independently of feelings) and the degree of life satisfaction (subjective variables that depend on feelings and can only look through stakeholders). ⁽⁸⁾ According to Garcia Sanchez, citing Quintero and Gonzalez (2014), the term quality of life is identified with three different meanings:

1. Description: Because the word quality comes from the Latin "Qualitas" which means that which identifies a person as such, ie it apart from other beings I individualize, is related to rationality.
2. Evaluative or normative: it can be assessed whether a greater or lesser degree of quality there.
3. Prescriptive or moral. The term quality of life has a rigorous and prescriptive ethics to differentiate good and bad, what to do what not, so it becomes a moral principle. ⁽⁸⁾

According to Garcia Sanchez (2014), there are other expressions that are commonly used and interrelate and complement the concept of quality of life:

- Standard of living: quantitative measure resulting from the sum of the capacity of private consumption and access to public services.
- Way of life: collective way of being and life be determined by common patterns of cultural order.
- Lifestyle: individual choice of life development, conditioned by the level and way of life.
- Human Development: enjoy a long and healthy life, to acquire knowledge and access to the resources needed for a decent standard of living: a process in which the opportunities of human beings, as extended. ^(8,9)

Therefore, the quality of life is defined as a complex concept, where it is accepted that there is a subjective the objective sense, the objective is related to aspects of physical and mental social functioning and subjective refers to the concept of welfare or satisfaction with the life; and the interaction between them, determines the degree of quality of life of the person. ⁽⁹⁾ Celis Gonzalez *et al.* (2002), believes that the comprehensive study of the concept of quality of life, should cover 3 dimensions:

- 1) What the person is capable of doing (functional status)
- 2) Access to resources and opportunities
- 3) The feeling of wellbeing.

According to the above, the first two dimensions are designated as objective quality of life while the latter is regarded as subjective quality of life. Therefore, the quality of life is conceptualized according to a set of values, or standard views that vary from person to person, from group to group and from place to place; and the quality of life is the sense of wellbeing that can be experienced by people and represents the sum of both measurable and measurable aspects (goals) and personal feelings (subjective). ⁽¹⁰⁾

Determinants of Quality of Life for the Elderly: Greatly the quality of life related to health has been studied as an indicator of the outcome of specific health interventions. Therefore the variables associated with this or its determinants, have been studied in parallel as modifying factors of the effects of interventions. ⁽¹¹⁾ Despite the subjective and the great variability among populations, there are some factors that play an important role in terms of quality of life and remain constant among these are:

- Social support: an element that appears related positively regardless of the type of study or medical intervention in question.

² CONAPO National Population Council

³ EV Life expectancy: an estimate of the average number of years to live subtracts a group of people of the same age, calculated according to the mortality pattern of the reference year.

- Age, sex, health status, residence
- Socioeconomic factors and schooling
- Physical changes and health status (any disease affects quality of life and further mental health problems such as anxiety, depression and emotional problems).⁽¹²⁾

An important aspect to discuss is that during the old age befall a series from physical changes that are considered determinants of biological type what have a direct impact on quality of life:

- Modifications in the functions cognitive.
- Modifications in the affectivity: losses, motivations, personality.

Of these, include cognitive abilities, as during aging exists a slope Y a slowing notably it is affecting biological and social sphere of the individual: (13)

- Indicted from the information. Exists a slowing in general what can cause a slowing as well in the issue from answers.
- Intelligence. HE maintains stable during the stage from the old age although usually Appear a slowing Y a increase of the weather from answer front to a problem. East slowing It has great impact on the individual as manifested fatigue intellectual, waste of interest or difficulty the concentration.
- Memory. The memory immediate and long-term HE maintain relatively all right preserved. Is the memory recent the what starts to show deficit difficulty from the person for remember acts very Recent. These small oversights everyday usually the most characteristic sign of changes in the elderly.
- Language. The capacity from language HE maintains. The syntax is not altered and the communication process remains preserved, but may be slowed.
- Affectivity emotional. The old age this marked by the losses (Family, labor, social, physical, etc). This impacts significantly on the health of the person and depend on your personality, how to face these changes.⁽¹³⁾

According to the INAPAM⁴ (2010), dynamic and healthy aging depends on the interplay of the following aspects involved in the individual:

- **Income (economic capacity):** People living alone without children or relatives, have greater risk of becoming destitute. Older adults living in rural areas suffer more isolation than those living in urban areas.
- **Labour field. When the individual is able to stay active in the labor area and develops a paid job:** It maintains and increases their social contacts and mental well-being.
- **Social protection:** The family remains the main support network of the elderly.
- **Adaptability:** Older adults who adapt well to changes, tend to have self-control and a positive attitude to changes or loss (family, social)

- **Behavioral factors:** A healthy lifestyle in old age may prevent the development of co morbidities and prevent functional decline.
- **Social environment factors:** Social support from family, friends, neighbors or volunteer opportunities for education and learning and protection against both physical, sexual, psychological and economic abuse are essential to maintain health, independence and productivity in old age. Changes to avoid loneliness, social isolation, illiteracy and lack of education reduce the risks of disability and premature death in the elderly.⁽¹⁴⁾

On the other hand, as health professionals, we must consider that in evaluating the quality of a person's life, there are different dimensions to take into account and based on what we want to know, will be the type of evaluation that will take place⁽¹⁵⁾:

- 1) Quality of life in general
- 2) Quality of life related to health
- 3) Specific quality of life for each disease.

The general perspective is the assessment that the subject makes of his own life in relation to the satisfaction of the various components that comprise it. Research in this area focus on the search and identification of the most relevant aspects that contribute to a better assessment of the quality of life of individuals.^(14,15) Moreover, the quality of life related to health, has been measured by physical function, psychological status, function and social interactions and physical symptoms. This measurement is carried out through five major domains:

- 1) Mortality
- 2) morbidity
- 3) Inability
- 4) Discomfort
- 5) Dissatisfaction⁽¹⁵⁾

Of these, morbidity and mortality are epidemiological measures. Mortality indicates the number of deaths by location, time interval and cause; while morbidity is the number of people falling ill in a certain population and period.⁽¹⁶⁾ Disability is measured by the ability to perform everyday activities of daily living, as well as the impact that the degree of skill or physical deterioration occurs in performance. Discomfort is characterized by the presence of pain and the presence of fatigue from the individual's perception. Finally dissatisfaction is measured by the degree of progress made in accordance with the expectations proposed by the individual as its role in social functioning, general well-being and life.⁽¹⁶⁾ The quality of life related to health includes aspects that contribute to a person perceives a degree of comfort or discomfort with your life and your health, so measures that reflect what happens to people with specific conditions or scenarios are required individuals.⁽¹⁶⁾ Finally research focused on evaluating the quality of life related to a specific disease, including emotional aspects of patients derived from the same disease process and side effects of treatment to which they are subjected. This research highlights problems arising from adherence, relationships with family, with the medical team, at work and in social life; problems associated with self-image, self-esteem, adaptation to the disease, health recovery, rehabilitation, disability and impairment.^(16,17) For Gómez-Vela *et al.* (2007) the concept of quality of life assessment presents two approaches:

⁴ INAPAM: National Institute of Older Persons

Table 1. Main instruments to measure quality of life

Instrument	Description	Exploring aspects
WHOQOL: World Health Organization Quality of Life Questionnaire	It focuses on the quality of life for the person percibida, providing a profile of the Mismay giving an overall puntuación areas and facets that compose it. It applies in general population.	Subjective: physical health, psychological health, social relationships, environment
SEIQoL-DW Schedule for the Evaluation of Individual Quality of Life-Direct Weight	This within 10 WHO tools to assess quality of life. It is created in the 60s in order to improve communication between patients and doctors. It has been applied in different medical interventions. It measures the perception of the respondent in the different dimensions that compose it.	Subjective: emotional state, spiritual, social, leisure and culture, social relationships, family relationships, social support, residential environment, health, employment status, economic status, environmental quality.
FUMAT	It is used to evaluate objectively the quality of life of users of social services through an objective assessment of the following dimensions: emotional, physical, material well-being, interpersonal relationships, social inclusion, personal development, self-determination and rights. Profile identifies the quality of life of a person for individual support and supervision plans. It is intended for over 50 years and people with disabilities over 18 years.	Objectives: emotional, physical, material well-being, interpersonal relationships, social inclusion, personal development, self-determination rights.
Sharlock and Keith	Based on subjective aspects as targets. It was designed to evaluate the perceived quality of life in people with and without disabilities who develop a work activity. It is administered orally through personal una entrevista	Objective and Subjective: satisfaction, competition-productivity, self-determination-independence, social belonging, community integration.
Euro Qol-5D European Quality of Life-5 Dimensions	It was designed in order to measure the quality of life and use data provided for clinical research and health services. It is a self-administered questionnaire addressed to general population	Objectives: mobility, personal care, daily activities, pain / discomfort, anxiety / depression
SF36	Instrument developed from an extensive battery of questionnaires used in the Study of Medical Outcomes (MOS). It detects both positive and negative health states and explores the physical and mental health	Subjective: physical function, social function, role limitations: emotional problems, mental health, vitality, pain, general health perception.
Source:	Prepared (17)	

- 1) Quantitative approach: whose purpose is to operationalize the quality of life. Having the following indicators:
- Social (external conditions related to the environment such as health, social welfare, friendship, standard of living, education, public safety, recreation, neighborhood and housing)
 - Psychological (measured subjective reactions of the individual to the presence or absence of certain life experiences)
 - Ecological (measure the fit between subject resources and environmental demands)

Qualitative approach: They adopt a posture of listening to people as she recounts her experiences, challenges and problems and how social services can support them effectively.⁽¹⁷⁾

Table 1. The main measuring instruments that exist for evaluating the quality of life and the kind of explores aspects of each, whether objective or subjective are detailed.

Conclusion

Currently a process of socio-demographic transition is observed worldwide and the proportion of elderly is increasing rapidly. While this phenomenon could be considered a breakthrough in health and life expectancy, this situation brings a great challenge since the years of life gained should elapse quality of life in individuals allowing them to remain active and independent, that is, with an active and successful aging. That is why we must study the health of the elderly in a multifactorial context, understanding that old age is not only a purely biological process, but this also are involved social and cultural phenomena of which depend on the person has or not successful aging. It is the task of public health involve families and social groups in policies to promote the care of the elderly and their quality of life, generating proposals to address the demographic transformation process we are experiencing at present. This article was addressed comprehensively own aging changes from their different perspectives, and the factors

that determine the individual enjoyment of an active and dynamic aging. All health professional should be prepared on these issues and know generally the health problems of the elderly and the instruments and tools available for evaluation because it is our duty to influence these determinants so that from our possibilities teach people to take preventive individual and collective measures, we must understand that is not enough to cure diseases, currently the work of the doctor should go further, we must be able to identify those aspects that determine good or poor health and thereby creating proposals that enable individuals enjoy good health and this will positively impact their quality of life.

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