



RESEARCH ARTICLE

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CLINICAL ASPECTS OF THE ELDERLY ASSISTED BY FAMILY HEALTH STRATEGY

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ABSTRACT

Objective: To characterize the clinical aspects of elderly people assisted by Family Health Strategy. **Methods:** Descriptive and quantitative research carried out in the period from August to December 2015 in three basic health units with sample of 355 elderly people, with Mini Mental State Examination scored above 19 points. Data were collected through a semi-structured instrument and stored in a specific database in Excel Program®. **Results:** Regarding the lifestyle, they are sedentary, not smokers or drinkers. The clinical profile indicated high numbers of Hypertension, Diabetes Mellitus and heart diseases. It was found polypharmacy and the most commonly used medications were antihypertensive drugs and oral hypoglycemic agents. **Conclusion:** The profile found was common in many elderly populations of the poorest Brazilian states, with particularities such as: the elderly entering into the fourth age, use of polypharmacy, with a lifestyle and clinical profile compromised.

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INTRODUCTION

Aging, once considered a phenomenon, is now part of the reality of most societies. The world is aging. It is estimated that by the year 2050 there are about two billion people in their sixties and over the world, most of them living in developing countries (BRASIL, 2006). According to the Brazilian Institute of Geography and Statistics - 12.11% of the Brazilian population is over 60 years old, where 6.76% is equivalent to the number of elderly women, with Maranhão being the second largest number of elderly in the country (IBGE, 2016). According to the World Health and Aging Report - WHO (2015), the number of people over 60 in the country is expected to grow much faster than the international average (OMS, 2015). In view of the accelerated process of population aging that Brazil is experiencing and of the growing demands of care for the elderly population, the Family Health Strategy, as a gateway to SUS, has a great challenge to meet the emerging needs of this population group, promoting practices preventive, curative, welfare and educational (SILVA; SANTOS, 2015)

It is also worth noting the scientific and social relevance of investigating the conditions that interfere in the well-being of senescence and the factors associated with the quality of life of the elderly, such as longevity, socio-health and health aspects that so much affect the autonomy and independence of elderly people, since the collection of these data and their analyzes may produce subsidies for the development of new interventions, as well as the implementation of the health care of the elderly. Thus, the objective of the present study was to characterize clinical aspects of the elderly attended in the Family Health Strategy.

MATERIALS AND METHODS

The study, described as a cross-sectional descriptive study and with a quantitative approach, is part of the research:

Chronic conditions on elderly persons in the family health strategy in são luís-ma: The survey was conducted in the period from August to December of 2015, with 355 elderly people attending three Basic Health Units (UBS) in the city of São Luís-MA, such units are a reference in basic care for the elderly and are located in older and more traditional districts of

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the city and with greater number of elderly residents, these being:

- Liberdade Health Center, located in the Liberdade District, Downtown District, with 2789 services for the elderly and offers outpatient services, dental care and diagnostic and therapy auxiliary services (SADT) with customers flowing by spontaneous demand.
- Genésio Ramos Filho Health Center, located in Cohab - Anil district, Cohab District, with 1171 services for the elderly and offers outpatient services and dental assistance with customers flowing through spontaneous demand.
- João Paulo Health Center, located in the João Paulo neighborhood, Coroadinho District, with 1423 visits to the elderly and offers outpatient care and dental assistance with clients flowing by spontaneous demand.

The population of this study is made up of the elderly served by the Family Health Strategy. For the determination of the sample, the total number of visits to the elderly in the previously mentioned UBS during the year 2015 was considered. A 95% confidence level was adopted with a sampling error of 5%, thus the minimum estimated size was 355 elderly, the random sample being simple with replacement. Regarding the selection of the participants, 118 elderly people were interviewed in the BHU of the Cohab Anil neighborhood, 118 elderly in the Liberdade Health Center and 119 elderly in the UBS of João Paulo, according to selection criteria: elderly people over 60 years of age enrolled in the unit and in the Hiperdia Program, with an MMSE score above 19 points and who agreed to participate in the study. We excluded from the study, elderly patients with chronic constipation, MMSE score less than 19 points and who refused to participate in the study. To better meet the objectives of the study, two instruments were used: a form to analyze the health situation of the elderly and the Mental State Mini Exam to evaluate the cognitive function of the elderly interviewed.

The form addresses the clinical profile and the Mini Mental State Examination (MMSE) from a practical point of view, for a first analysis of the cognitive state, is the most widespread and valid test. The MEEM evaluates several domains such as spatial, temporal, immediate memory and recall, calculation, language-naming, repetition, comprehension, writing and drawing copy, however it is not a diagnostic test but indicates which functions need to be investigated. (FOLSTEIN, 1975). For the study, the score was adopted above 19 points for participation in the research. In this way, the elderly were invited to participate in the research, with the exposition of the research objectives, privacy and confidentiality of information, assuring the right to withdraw participation at any time, and those who signed the Free and Informed Consent Form participated in the This research is performed on the morning shift, individually and during the waiting of the consultation of any specialty in a reserved room. After data collection, blood pressure was measured in the left upper limb and for the classification of the values obtained in the blood pressure measurement, the VI Guidelines for Hypertension was used as a basis and categorized as normal, borderline and altered (SOCIEDADE BRASILEIRA DE CARDIOLOGIA, 2016) Capillary glycemia was also checked and the classification of blood glucose obtained was based on the American Diabetes Association.

The glycemic levels were subsequently categorized into controlled or altered (American Diabetes Association, 2012) The collected data was stored in a specific database created in the Microsoft EXCEL® program. Quantitative variables are presented in tables with percentages and standard deviation. This study complies with the determinations contained in Resolution No. 466/12 of the National Health Council / MS and obtained approval from the Research Ethics Committee of UFMA under opinion 941.100 / 2015 and there is no conflict of interest.

RESULTS

The sample consisted of 355 elderly people assisted in the Family Health Strategy in the three UBS selected (Liberdade, Cohab-Anil and João Paulo) in the municipality of São Luís-MA from August to December 2015.

Table 1. Distribution of the clinical data of the elderly attended at the selected PHUs. São Luís - MA, 2015

| Variables (n=355) | n | % |
|---------------------------------|-----|-------|
| Smoking | | |
| Absent | 206 | 58,02 |
| Presence | 149 | 41,98 |
| Drinking | | |
| Absent | 316 | 89,01 |
| Presence | 39 | 10,99 |
| Physicalactivitypractice | | |
| No | 309 | 87,04 |
| Yes | 46 | 12,96 |
| Diabetes | | |
| Yes | 302 | 85,07 |
| No | 53 | 14,93 |
| GlycemicLevels | | |
| Controlled | 163 | 45,92 |
| Altered | 192 | 54,08 |
| Arterial hypertension | | |
| Yes | 314 | 88,45 |
| No | 41 | 11,55 |
| PressureLevels | | |
| Normal | 107 | 30,14 |
| Limitrophe | 93 | 26,19 |
| Altered | 155 | 43,67 |
| Otherpathologies | | |
| Cardiacdiseases | 191 | 53,80 |
| Osteoporosis | 152 | 42,81 |
| Arthritis | 148 | 41,69 |
| Glaucoma | 141 | 39,71 |
| Dementia | 89 | 25,97 |
| Stroke | 27 | 7,60 |
| Use ofMedications | | |
| Yes | 323 | 90,99 |
| No | 32 | 9,01 |
| Polifarmacy | | |
| Yes | 305 | 86,00 |
| No | 50 | 14,00 |
| Most Common Medications | | |
| Captopril | 159 | 44,78 |
| Losartan | 155 | 43,66 |
| Metformin | 154 | 43,38 |
| Glibencamide | 148 | 41,69 |
| AAS | 142 | 40,00 |
| Calcium Carbonate and Vitamin D | 139 | 39,15 |
| AnalgesicsandNSAIDs | 121 | 34,08 |
| TOTAL | 355 | 100 |

Regarding the Table 1, it can be observed that the elderly did not present smoking habits (58.02%) or alcoholics (86.01%). Regarding the level of physical activity, the majority were sedentary (87.04%). In the clinical data, systemic arterial hypertension was reported in 88.45% of the interviewees, with

changes in pressure levels still present in 43.67%, while 26.19% had borderline blood pressure levels. Diabetes was the second most frequent pathology (85.07%), and glycemic levels were altered (54.08%). Osteoporosis (42.81%), Arthritis / Arthrosis (41.69%), Glaucoma (39.71%), Dementia (25.97%) and Stroke (7.60%) were the pathologies most frequently mentioned by the elderly interviewed. Polypharmacy was found in 91% of the elderly, with the most frequent drugs being captopril (44.78%), losartan (43.66%), metformin (43.38%), glibenclamide (41.69%), ASA %, calcium carbonate and vitamin D (39.15%), analgesics and nonsteroidal anti-inflammatory drugs (34.08%).

DISCUSSION

Lifestyle: Regarding lifestyle, among the interviewees, the vast majority reported not using alcoholic beverages (89.01%) coinciding with study (MACHADO; RIBEIRO; COTTA ;LEAL; 2011) in which 89% of the elderly did not drink and 81% never drank during their lifetime. Authors (RIGO, RIGO, FARIA, STEI, SANTOS; 2005) report that alcohol use is common among elderly individuals. Although poorly diagnosed and not adequately evaluated, the problem deserves more attention because of the growing increase in this age group (FREIRE, CASTRO, SILVA; 2008) Actions in Public Health have directed the identification of alcoholism primarily among young adults, however the physical, social, psychological and cognitive consequences of alcohol also cover the elderly. Regarding smoking, although 58.02% were non-smokers, attention is drawn to the fact that 41.98% are, being a relatively high number compared to what was found. Studies (WITTMANN, GLOCK; 2013) coincide with the presented one, because it was verified that in the use of tobacco, 16.4% of the elderly responds to be smokers, which corresponds to a total of 97 individuals. Another point observed was related to income, where it was found a higher prevalence of elderly smokers among the less well-off. In one study (FREITAS, RIBEIRO, OLIVEIRA, RISSAS, DOMINGUES; 2010), smoking and low socioeconomic status had an intense relationship, which may be explained by the fact that many low-income people start smoking very new, thus promoting high nicotine dependence and difficulty to quit the habit, due to the lack of resources.

Regarding the practice of physical activity, 87.04% of the elderly are sedentary. These findings can be explained according to the study (VIRTUOSO, MAZO, MENEZES, CARDOSO, DIAS, BALBÉ; 2012) which found that a higher proportion of women than men reported that their health condition makes it difficult to practice physical activity. Thus, the authors say that this greater difficulty on the part of women can be justified due to the high prevalence of osteoarticular diseases. Authors (WITTMANN, GLOCK; 2013) suggest that the results related to physical activity point to the urgent need for information and encouragement regarding their practice, coinciding with studies (Santos, AS *et al.* 2015), when affirming that regarding physical activity, it is important an interinstitutional action (health, education, social assistance and others), considering that facing physical inactivity in the elderly is due to the action of health professionals, and that the great majority of the elderly did not practice physical activity even before they are elderly, which calls for joint interventions of social institutions.

Clinical characterization: Regarding the health conditions, it was verified that systemic arterial hypertension is the most frequent pathology among the elderly followed by Diabetes Mellitus and cardiopathies. A study (ALMEIDA, MAFRA, SILVA, KANSO; 2015) that analyzed the feminization of the elderly in the city of Viçosa- MG showed that the most recurrent health problems found among the elderly were: hypertension (55.3%), diabetes (26.3%), and problem (18.42%), coinciding in parts with the diseases referred to by the elderly in Maranhão. Authors (HERNÁNDEZ-MARTÍNEZ, JORGE-MOLINA; 2012) justify this higher prevalence in women due to the fact that this group presents increased risk factors with a decrease in the production of steroid hormones, leading to an increase in the vascular tone of the peripheral arteries and causing hypertension in postmenopausal women. In the clinical data, the majority of the elderly had blood and blood pressure changes, even without referring to Systemic Arterial Hypertension and Diabetes Mellitus, corroborating with studies (FERRARI R ET AL., 2014) in which 41% reported complaints regarding hypertension symptoms, altered blood pressure levels.

Authors (JARDIM, JARDIM; 2006) understand that patients who do not adhere to lifestyle change recommendations and / or do not follow the prescriptions will hardly have controlled blood pressure levels. Studies (OTONI, 2011) show that many patients fail to adhere to treatment, mainly because of lack of adequate information about the disease, which is critical to successful treatment. Many even begin treatment correctly, however they quit or do it in half, and not according to what is recommended because they do not feel any symptoms and are not aware of the severity of the disease, besides that currently many live alone and some have great difficulty in taking the quantity of medicines in the time and dosage due to forgetfulness and even the limitation of understanding in the reading of medical prescriptions. Regarding medication use, 90.9% of the elderly interviewed use medication, the most common of which are antihypertensive drugs, such as captopril and losartan, as well as oral hypoglycemic agents, the most common of which are metformin and glibenclamide; antiplatelet agents, vitamin and calcium supplements, and analgesics. The findings coincide with a study in Gurupi - Tocantins (GONTIJO, SILVA, LOURENÇO, INOCENTE; 2013), regarding the main drugs used by the elderly, with 60 (27.65%) using captopril, 59 (27.19%) using hydrochlorothiazide and 34 (15, 67%) used acetylsalicylic acid, correlating with the medical situation of the elderly in Maranhão. This fact can be justified by the increase in the prevalence of chronic diseases in this age group, as well as the health model that has the main form of intervention in the medicine (SANTOS *et al.*; 2013).

In addition, 86% reported using 5 more drugs, thus constituting polypharmacy, coinciding with studies (OLIVEIRA, LEMES, NÓBREGA, 2013), where 83% of the subjects consume multiple drugs and only 17% did not present inappropriate drug use. The practice of polypharmacy in the elderly can be explained by the appearance of multiple pathologies and symptoms, increase the demand of these individuals for various medical specialties, which results in duplicity of prescription and treatment of an undiagnosed adverse effect (CARVALHO, 2007). Polypharmacy is a risk for the elderly population, it is important to understand the patterns of drug use by this population to establish ways for

their rational use, improvement of quality of life and maintenance of functional capacity (NEVES *et al.*, 2013).

Limitations of the study: The non-use of validated questionnaires for data collection from the research was listed as a possible limitation of the study.

Conclusion

The study shows that this population presents a lifestyle and unhealthy clinical profile, presenting health risks such as sedentarism, comorbidities (multimorbidity with risk of comorbidities), the high presence of polypharmacy, and therefore, be considered a population that presents He felt sick and with signs of senility. Although the profile found resembled that of the Brazilian elderly population, with the study, some findings become relevant for directives and the creation of inclusive policies and programs aimed at the health of the elderly, valuing the elderly with their family, both for recognition of the reality situation and local health, seeking to ensure quality of life, health and healthy aging.

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