



RESEARCH ARTICLE

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FUNCTIONAL ASSESSMENT OF ELDERLY PATIENTS WITH STROKE SEQUELS IN THE FAMILY HEALTH STRATEGY

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ABSTRACT

Stroke stands out as one of the major health concerns not only because it is a major cause of death but also the sequelae left, especially in the elderly population. This article aims to evaluate the functionality of elderly people with stroke in the Family Health Strategy (FHS). This is a descriptive quantitative research, conducted in 14 FHS units in the urban area of Cajazeiras, State of Paraíba. The sample consisted of 65 elderly with stroke sequelae in that municipality and the research was conducted from February to April 2014. It was observed that elderly stroke sequelae have greater deficiency in bathing, going to the toilet, climbing stairs, getting dressed, getting around through the wheelchair and moving from chair to bed. Thus, it is necessary to discuss about the functional capacity of the elderly with stroke sequelae that often compromise the development of their daily activities and, therefore, deserve differentiated attention in Primary Health Care, so that can culminate in increased quality of life of this population.

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INTRODUCTION

Encephalic ischemic stroke, formerly called cerebral ischemic stroke, is defined as a sudden change in neurological function caused by a deprivation of blood flow in the brain area, preventing the use of oxygen (O₂) and glucose to the tissue causing damage to it (Vieira, 2011).

Stroke is among the three leading causes of death and is considered a neurological emergency (Pedrolo, 2011) although a large part of the population is still unaware of a 4.5-hour therapeutic window for treating affected patients, as well as warning signs indicating the disease (Panicio, 2014). They are classified as hemorrhagic or ischemic, the last cited is the most

frequent, representing 85% of cases. Atherosclerosis of small and large cerebral arteries is responsible for most strokes, whether hemorrhagic or ischemic. About 20% are due to cardiac symbols, most common associated with atrial fibrillation intermittence. However, about 30% remain idiopathic after extensive etiological investigation (http://portal.saude.gov.br/portal/arquivos/pdf/linha_cuidado_a_vc_rede_urg_emer.pdf). Treatment for clearing the arteries consists of administering a type of thrombolytic drug that dissolves or coagulates and normalizes blood flow to the brain. This treatment should be applied within 4 hours and 30 minutes of symptom onset, as well as the chances of recovery and minimizing sequences and mortality rates. The drug may also be injected directly into the clot to destroy the thrombus by brain catheterization. The procedure, performed in a hemodynamic room, should be done within 6 hours of symptom onset (Bueno, 2012). Thus, in the specific case of the elderly after stroke, hospitalization and care after discharge are longer. The needs of the elderly differ in each situation. Families have different contexts and relationship. Continuity and integrality are impaired by discontinuity of care (Rodrigues, 2013).

Stroke degrades functional capacity, making the individual progressively be unable to perform Activities of Daily Living (ADLs), becoming dependent on a caregiver. Although aging is not a disease, changes in body structures and functions that occur in the body due to the physiological process of aging diminish the functional capacity of individuals to perform their ADLs. Thus, the senescence process contributes to accentuate the loss of functional capacity resulting from stroke, reinforcing the need for continuous care (Pereira, 2013). According to the World Health Organization (WHO) (Rodrigues, 2013), stroke is responsible for nearly 5.5 million annual deaths worldwide. In Brazil, from 2008 to 2011, there were 424,859 hospitalizations of elderly people, 60 years of age and older, for stroke, with a mortality rate of 18.32. It affects more elderly Brazilians, with little education and residents in urban areas (Bensenor, 2013). Statistics show that approximately two million people who have survived stroke remain disabled; Of these, 40% require assistance in ADLs due to the physical and cognitive-behavioral sequelae that may be present and compromise functional capacity, independence and autonomy, as well as the social and economic consequences that invade all aspects of life. Another 30% of patients die within one month and 30% of the patients survive with some neurological deficits, but live independently (Pereira, 2013). One of the strategies to respond to the challenges related to this population is to know the care process and the importance of a care plan. Thus demanding joint action in the work of the Primary Care team to recognize the needs of the elderly and family care practices, within the cultural context with their beliefs and values, which were socially constructed, both aging and a disease that produces disabilities. In this sense, the present study aimed to evaluate the functionality of elderly people with stroke sequels in the Family Health Strategy, through the Modified Barthel Index.

MATERIALS E METHODS

This is a descriptive quantitative field research, which analyzed elderly with stroke sequels and their functionality in Primary Care Units. It was carried out in the city of Cajazeiras, State of Paraíba, in the urban area where it counted 14 health units. The population consisted of 65 elderly people with

stroke sequelae in the referred municipality. The research was conducted from February to April 2014. Eligibility criteria were: participants should be aged 60 to 80 years, both sexes, with exclusive stroke sequelae to assess functionality. The Informed Consent Form (ICF) was signed by the elderly and/or the caregiver who agreed to participate in the study. It was excluded from the study those elderly who for some reason did not accept to participate. The instrument used to guide the study was the validated Barthel index. Structured questionnaire which contains questions that characterize the most affected disability data in the elderly. The Barthel Index is an instrument that assesses the subject's level of independence to perform ten basic life activities: feeding, bathing, grooming, dressing, bowels, bladder, toilet use, transfer, mobility, and stairs. In the original version the scale score ranges from 0 to 100 (with 5-point intervals) (Ricardo, 2012). The research was carried out after approval of the project by the Research Ethics Committee (CEP) of Santa Maria College under number: 652.833. The visits to the Health Units were carried out with support of community health agents, where the elderly with stroke sequelae were surveyed and the degree of impaired functionality was performed, applying the Barthel index. The application of the index was at the elderly's own residence, where they were informed about the objectives of the study and presented to the Free and Informed Consent Form. The quantitative data were analyzed using descriptive statistics, then discussed and analyzed in the light of the relevant literature, allowing a better explanation of the results. This study took into consideration the ethical aspects contained in Resolution 466/2012 of the National Research Ethics Council (CONEP) (Brasil, 2014), which regulates research in human beings, formalizing their science through the Informed Consent Form. Therefore, privacy and withdrawal will be guaranteed at any stage of the research. All participating subjects were informed about the character of scientific research, and it was up to them to decide whether or not to participate.

RESULTS

The following data were obtained from the application of the Barthel index:

Regarding the personal hygiene of the elderly, 28% of them were unable to perform personal hygiene, being dependent on all aspects of a family member or their caregiver, while 8% of the patients needed assistance at all steps. The second concept investigated was feeding in which 32% of the elderly could eat on a plate or tray when someone put food within reach. Even with the need of some support equipment, they could cut meat, use seasoning and butter. 6% could handle the equipment to eat, use a spoon, but use constant assistance during a meal. In the aspects related to bathing, 34% of the elderly reported having total dependence on bathing, while only 20% were able to perform all stages of bathing. The fourth investigated item was toilet use in which 28% was totally dependent on toilet use and 5% required for assistance with getting undressed or dressed and to transfer from the toilet or to wash hands. In the climbing stairs category, 57% of patients were unable to perform this activity and 11% were not needed for assistance, but at times they needed safety supervision. Regarding clothing, 37% of the elderly were dependent on all aspects of clothing and unable to participate in daily activities. 9% minimum assistance required to button, zipper or zipper, zipper closure, tied shoes etc. Regarding sphincter control,

42% of participants had urinary control, but 6% were needed to help assume a proper position, 39% had daytime and nighttime control of intestinal sphincters and / or were considered for bowel emptying and 3% had fecal incontinence. About one ambulation, 35% of the patients were independent but needed to assist 50 meters or supervise dangerous situations, and 26% were totally dependent on ambulation. There is already a dependence on driving a chair when it reaches 63%, or shows a need for greater attention. Only 11% of the elderly managed to drive a chair. Finally, when performing transference and mobility activities, most (25%) have complete or moderate independence, but a portion of the elderly already needed to help in some of these activities, reaching 17%. A minority has moderate / maximum dependence and complete dependence to perform these tasks, with a percentage of 13%.

DISCUSSION

Aging itself already brings with it several risks of disability that can be mitigated by the help of competent professionals and the care that the elderly must take with themselves, by their willingness to live. In this regard, the elderly currently live the last years of their lives in situations of dependence, that is, in need of important help for the performance of ADLs (Barbosa, 2014). The elderly assume an attitude of conformism regarding their limitations, which in most of the cases in question are physical and extend to incapacity for functions that are not compromised. On the other hand, caregivers do not encourage older people to perform ADLs more independently, nor to exercise the potentials still present for health professionals (Vieira, 2012). Individuals who have had stroke have very significant changes in various organs and tissues, and eating is very affected, which associated with other common diseases in the elderly further compromises the nutritional status of the elderly. A study shows that in the Barthel Index food category 61% of the elderly, who were not affected by stroke, were independent (Gironi, 2014), while in this research the numbers are much lower (32%), which shows the damage caused by this disease. In the same study, while 11% can feed with supervision, the elderly in this research reach 17% (Gironi, 2014). In research conducted with institutionalized elderly (Smanioto, 2011), the degree of dependence on bathing reaches 59.9%, especially in older, female and bedridden elderly. Another survey conducted with 60 elderly in Porto União - Santa Catarina, in the area covered by a Family Health Strategy, found that in relation to clothing most participants demonstrated independence to dress, especially women and that practiced some physical activity, however none of the elderly had been reported as having stroke (Gomercindo, 2012). In another analysis conducted in the city of Fortaleza-CE, also using the Barthel Index, with 61 stroke patients, most of whom were elderly, it was observed that 73.8% showed dependence to dress, 24, 6% needed help and only 01 individual (1.6%) inferred independence for such ADL (Oliveira, 2013). Thus it can be seen how much the stroke negatively influences the performance of this activity by the elderly and although the data found of dependence in this study are not so high, the number of dependent participants also stood out. In the category of going up and down stairs, the difficulty inside or outside the home impairs their autonomy to come and go. Older people will need help going to health services, supermarkets, shops, religious institutions, homes of relatives and friends, and family will not always be available to accompany them. If this occurs systematically, it may

compromise the socialization of the elderly. Among study participants, the ability to climb and descend stairs was reported by 12.4% of the total elderly in the sample, which represents 30.2% among those with some impairment in ADL (Nakatani, 2009), such data are similar. to those found in this investigation. It was observed in this study that a large portion of the elderly (57%) are unable to climb or descend stairs, this fact may be related to the decrease in visual acuity, naturally found in this population, which further impairs the gait difficulties and puts in risk the elderly to suffer falls. In this regard, a study conducted in Recife-PE with individuals who suffered stroke, of which many were elderly and were afraid of falling, showed that those who had a previous history of falling were very concerned about a new occurrence, making preventive attitudes against falls are necessary in people with stroke (Monteiro, 2013). Dressing the patient or assisting him or her in changing clothes was an activity mentioned by 33 (97.1%) of caregivers in a study similar to this in relation to the clothing category. One of the deficits presented as complications of stroke is motor and / or sensory dysfunction that can be manifested through hemiplegia, hemiparesis or paresthesias. These deficits lead to a decrease or loss of the ability to voluntarily move limbs on the opposite side to brain damage. Activities such as dressing, undressing, zipping, putting on socks, and tying shoelaces require motor coordination, manual dexterity, and both hands to perform (Perlini, 2005).

Regarding this category, an investigation found that 26.61% of the elderly are dependent and 26.61% need help, but perform at least half of the tasks in a reasonable time; 46.78% of the elderly are independent for this task (Guedes, 2004). A problem frequently reported in the literature is urinary continence, which can lead the elderly to isolation from society, as well as negatively influence self-confidence. Such incontinence is often mistaken for aging and is not always taken into consideration by professionals in the clinical examination, which is quite worrying (Vieira, 2012). One study found that 48 elderly with stroke and urinary incontinence showed no impairment of functionality. Urinary incontinence does not vary by sex in older adults, while women between 50 and 75 years have a higher prevalence than men in this age group (Lourenço, 2012). Constipation is one of the intestinal problems that some elderly people face and is characterized by having less than three bowel movements during the week. It is often related to irregular intake of fiber-containing foods, low fluid intake, side effects of drugs such as heart disease medications, depression, anemia, and laxative abuse (Lourenço, 2012). Study shows that in relation to evacuation, 23% of the elderly are continent, ie, have no incontinence episodes and 62.3% have incontinence or need help with suppository application, such numbers differ greatly from those found in this research, where most had sphincter control^[16]. Although in the present study most patients have bowel sphincter control, the number of elderly people who have no control is still significant. Common in old age is the instability to walk, further aggravated by stroke sequelae, but which can be minimized with the use of support accessories such as walking sticks and walkers, offering greater safety. In a study conducted with the elderly, using the Barthel index, 28% of them needed at least one person to manage walking aids, quite different from that found in this research, which reached only 13%, even the previous study did not. having approached elderly people sequelae by stroke (Gironi, 2014). With regard to family help, scholars have shown^[22] that the help provided

by families to the elderly who have difficulty performing one or more activities of daily living is around 50% of the demand, that is, about half of the needs of the elderly are not met even if they are needed. This shows that, despite the efforts of most families to care for their needy family members, this help is not enough, thus requiring a review of the care policies adopted so far. Difficulty in bed / chair / wheelchair transfers, toilet transfer, shower / bath transfer, walking or wheelchair walking, and walking up or down stairs may be due to the aggravation of some chronic diseases such as stroke sequelae, arthritis and arthrosis, complications of diabetes mellitus, pulmonary diseases, among others that make the elderly debilitated to perform these tasks (Lourenço, 2012). A study whose objective was to describe the home arrangement and social network of the elderly in Ribeirão Preto (Pedrazzi, 2008) found a proportion of elderly with complete / modified independence and a portion of elderly with minimum dependence with values similar to those found in the present study work in the dimensions of transfers, locomotion and divergent values in the other dimensions. The dependence presented by the elderly to perform ADLs as a result of stroke demonstrates the need for differentiated attention by caregivers and health professionals, given the inability to perform the previously performed activities alone independently (Vieira, 2012). Thus, help should be offered jointly, as professionals have the knowledge of the right way to care and family members will be in direct contact with these patients, and the articulation between them will provide a better quality of life for them.

Conclusion

Functional capacity is today one of the main indicators in the health assessment of the elderly for health professionals. The health of the elderly cannot be assessed solely by the presence or absence of disease, but its functionality in daily activities should be considered. The study revealed that the majority of the elderly can perform their personal hygiene such as washing their hands and face, cleaning their teeth and shaving, in the bath are totally dependent on bathing, in terms of food, most can eat, but in climbing stairs. The vast majority of the elderly cannot rise. In terms of clothing, the elderly are dependent on all aspects of dressing and unable to participate in the activity. In the sphincter control of the bowel and bladder the elderly have sphincter control during the day and night. In ambulation, the elderly are independent to walk, but need help to walk 50 meters. Those who are wheelchair users, most are dependent on all aspects of wheelchair driving and in the chair / bed transfer category most are unable to participate in the transfer. Knowledge is an affection that we actually know the need of the other. For this, it is urgent to develop dimensions in the care and to undertake in this line, considering some aspects during the research that the population ages, but it is not assisted within the standards of the public health policies which are crucial in the questions of quality of life, since the elderly sequelae of stroke need a different look. In addition, it was possible to realize the need for further studies in this field, using validated indexes to evaluate these sequelae elderly, enabling improvement in the practice of care for this type of patient. In this study, the elderly are cared for by their families with lack of guidance and information regarding relevant and specific care. The need for the implementation of Public Policies such as the National Health Policy for the Elderly and the Elderly Statute with action developments is necessary to build a consolidated framework for these policies.

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