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SOCIODEMOGRAPHIC CHARACTERISTICS AND HEALTH CONDITIONS OF ELDERLY PATIENTS IN PRIMARY HEALTH CARE

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ABSTRACT

Objective: To describe the sociodemographic characteristics and health conditions of elderly patients in Primary Health Care. **Method:** Exploratory, descriptive, cross-sectional study, with quantitative character, developed with 50 elderly patients enrolled in Basic Health Units of five health districts of the municipality of Campina Grande-PB. **Resulted:** There was a predominance of women (76%), marital status married (48%), low educational level, age range from 60 to 69 years (56%), low monthly income and *pardo* color (48%). Regarding health condition, diseases of the circulatory system (98%), especially systemic arterial hypertension, were the most self-reported health problems, followed by diseases of the musculoskeletal system and connective tissue (86%) and eye diseases (64%). **Conclusion:** The study may contribute to the planning of actions of prevention and health promotion directed at specificities of the elderly population, especially for the nurse, who meets closely the needs of this population.

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INTRODUCTION

Aging is a natural process experienced by humans throughout their lives. This process gained prominence throughout years due to the occurrence of the inversion of the age pyramid. According to the World Health Organization (WHO), the population aging resulted from considerable changes in the living conditions of the population and is considered an accelerated process, whose vertiginous occurrence makes, in a certain way, the time scarce for health reorganization for the emerging demands (CASTRO *et al.*, 2013). With the change in the population profile, health professionals need to observe more sharply, due to the emergence of a greater concern with the appearance of chronic-degenerative diseases that are very common in this age range.

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The diseases are justified by multiple changes that occur in the third age, psychological, social and biological changes, in addition to the pathologies, which leads to an exaggerated use of medications, which may result in the triggering of more health problems, increasing the frailty of this age group (FERNANDES *et al.*, 2016). Health care of the elderly person becomes a challenge that needs to be overcome, once, due to their various peculiarities, they require a global, multidisciplinary and inter-dimensional approach, with a more intimate look at this population so that there may emerge solutions capable of remedying the relevant demands for a better quality of life and a holistic care. Due to several health problems faced by elderly people, their quality of life ends up being quite affected. From this scenario, the Primary Health Care (PHC) and the health professionals inserted therein stand out to change the situation, assuming the commitment to the prevention and control of diseases linked to the aging process (FERTONANI *et al.*, 2015). PHC is responsible for organizing the health care network and coordinating the care (OPAS,

2010), assumes leadership in the integral care for elderly people and the fulfillment of their demands, because it is the first contact, knowing more closely the specificities of the population covered. The idea of the need for a health care team with knowledge about the aging process is crucial for a skillfully developed assistance, traced in obtaining recovery of the pathological condition, prevention and promotion of autonomy (PILGER *et al.*, 2013). Thus, for the most effective and specific health care to the elderly person in the PHC, there is need to know the profile of the elderly community met by the Family Health Strategy (FHS), so that interventions can be planned to prevent diseases and disorders on the health of this population, by means of educational practices with actions in the community. Health services and professionals, especially nurses, must be trained to meet cared needs of the elderly person considering the conditions of the aging process, whether natural or pathological. Their effectiveness can contribute to the specific care by providing subsidies for the planning and implementation of effective nursing care based on scientific evidence with a view to prevention, maintenance and promotion of health. Thus, the objective of this study was to describe the sociodemographic characteristics and health conditions of elderly patients in Primary Health Care.

MATERIAL AND METHODS

This is an exploratory, descriptive, cross-sectional study, with quantitative approach, conducted in the municipality of Campina Grande-PB. For the development of this study, the elderly people registered in the Family Health Basic Units (FHBUs) and met by these teams were invited to participate in the study. The study sample was composed of 50 elderly people, being 10 subjects from each Sanitary District (I, II, III, IV, V). The inclusion criteria were: age greater than or equal to 60 years, residing in one of the sanitary districts, being registered in the Family Health Strategy, attending the FHBUs, being conscious and able to verbalize. The exclusion criteria were: no cognitive capacity, hearing or vision impairment that strongly hindered the communication. Data collection occurred in the period from January to March 2018 and the participants were invited while scheduling or waiting for consultation at the FHBUs. A semi-structured instrument was used, contemplating questions regarding the identification of sociodemographic characteristics and health conditions reported by the elderly people. The data obtained were processed on the Epi Info program, version 7.2.2, and organized according to the percentage, with presentation in tables. The development of the research followed Resolution 466/12 of the National Health Council. The primary project obtained the approval of the Research Ethics Committee of the University Hospital Alcides Carneiro (HUAC), under opinion 2.380.077 and CAAE 79598117.3.0000.5182.

RESULTS

Table 1 shows the predominance of women (76%). Of the 50 elderly people in the sample, 38 (76%) were female and 12 (24%), male. Most were married (48%), followed widows (30%), with predominance of widowers and married men. There was a predominance of low schooling among the elderly patients, 14 participants (28%) had no schooling and 13 (26%) had from one to three years of study. There was prevalence of elderly people aged from 60 to 69 years (56%), with average of 70.34 (± 7.91) years and monthly income of one minimum

wage (86%), mostly coming from retirement, which, according to them, is the only source of income. The *pardo* color prevailed (48%) among the elderly people, and the majority was born in the rural area, represented by 30 individuals, i.e., 60% of the sample. Regarding religion, 33 (66%) were Catholics and 17 (34%) evangelicals, with no other religion reported by the interviewees.

Table 1. Numerical characterization of the elderly patients met in the PHC according to sociodemographic variables. Campina Grande, PB, Brazil. 2018

Variables	N	%	Mean	Standard Deviation
Sex				
Male	12	24		
Female	38	76		
Age				
60-69	28	56		
70-79	17	34	70.34	± 7.91
80 or more	5	10		
Marital status				
Single/Unmarried	6	12		
Married	24	48		
Divorced	5	10		
Widow(er)	15	30		
Education				
None	14	28		
1 - 3 years	13	26		
4 - 7 years	12	24	3.92	± 4.11
8 - 10 years	6	12		
11 - 14 years	4	8		
15 years or more	1	2		

Source: Research, 2018

Table 2. Data on the life style of elderly people met in the PHC. Campina Grande, PB, Brazil. 2018

Variables	N	%
Smoker		
Yes	6	12
No	44	88
Physical activity		
Yes	9	18
No	41	82

Source: Research, 2018

Table 2 presents the life style of the interviewees, showing that 44 of the interviewees (88%) were not smokers, whereas six (12%) were. Concerning the practice of physical activities, 41 participants (82%) did not practice any modality of physical exercise, declaring a sedentary lifestyle, whereas nine (18%) practiced some modality, mainly hiking. Table 3 shows the health perception of the elderly participants in the research. The majority considers their health situation as regular, totaling 26 (52%) of the interviewees, whereas 11 (22%) considers their health bad. Most participants who had reported bad health condition were women, widowers and aged between 70-79 years.

Table 3. Health self-perception of the elderly people met in the PHC. Campina Grande, PB, Brazil. 2018

Variables	N	%
Health self-perception		
Excellent	2	4
Good	11	22
Regular	26	52
Bad	11	22
Compared to one year ago?		
Better	3	6
Same	33	66
Worse	14	28

Source: Research, 2018

Table 4. Morbidities self-reported by elderly people met in the PHC.Campina Grande, PB, Brazil. 2018

Variables	Sex				Total value	
	Male		Female		N	%
	N	%	N	%		
Morbidities (groups of causes: ICD-10)						
Circulatorysystem diseases	11	22	38	76	49	98
Diseases of the musculoskeletal system and connective tissue	10	20	33	66	43	86
Digestive system diseases	5	10	23	46	28	56
Respiratory system diseases	3	6	1	2	4	8
Eyediseases	8	16	24	48	32	64
Nervous system diseases	3		5		8	16
Ear and mastoid apophysis diseases	3	6	6	12	9	18
Nutritionalandmetabolicdiseases	1	2	20	40	21	42
Urinarytractdiseases	2	4	5	10	7	14
Sleepdisorders	6	12	19	38	25	50
Neoplasms	1	2	1	2	2	4

Source: Research, 2018

The survey showed that, of the 50 interviewees, 49 (98%) reported the presence of comorbidities, whereas only one (2%) reported not being affected by any disease. Table 4 shows the morbidities self-reported by elderly people allocated in groups of causes defined by the 10th revision of the International Classification of Diseases (ICD-10). There is a predominance of circulatory diseases (98%), followed by diseases of the musculoskeletal system and connective tissue (86%) and eye diseases (64%). The research showed the prevalence of certain morbidities in sanitary districts in the city of Campina Grande, with Systemic Arterial Hypertension (SAH) as the most self-reported health problem among the elderly people. In District I, the SAH reaches 80% of the sample, followed by spinal problems (70%) and 50% of the interviewees are afflicted by insomnia. The prevalence of the three morbidities is female.

In District II, SAH also affects 80% of the elderly people, followed by insomnia (70%) and spinal problems, representing 40% of the sample. The prevalence was female for the first two morbidities, whereas for spinal problems, the prevalence was male (75%). District III presented the highest prevalence of SAH, comprising 100% of the interviewees, followed by visual difficulty and spinal problems, which reach 80% of the elderly people of this district. In District IV, 70% presented SAH and visual difficulty, followed by insomnia and spinal problems, with 40% each. The prevalence was female, except for spinal problems, which affected both sexes equally. In District V, as well as in other districts, there highlights the occurrence of SAH (80%), spinal problems (70%), visual difficulty and insomnia, with 50%. The prevalence was female in the self-reported health problems, and 100% of those who reported insomnia problems were female.

DISCUSSION

The sociodemographic profile evidenced in the survey reinforces the findings of other studies that address the elderly population, highlighting a greater percentage of elderly females, demonstrating the feminization of aging, evidenced by the higher longevity of women. This phenomenon may result from the lower exposure to risk factors, such as alcoholism and smoking, and adoption of less aggressive behaviors to which men are more exposed. The existence of public policies geared to women's health may also be related, in addition to women being more attentive to the emergence of health problems and taking care of themselves more than men (SANTOS-ORLANDI *et al.*, 2017; OLIVEIRA *et al.*, 2018). The predominant age in this study was 60 through 69 years. This fact can result from the fact that elderly patients with more advanced age do not attend health institutions so frequently due to their high degree of dependency, preventing

their presence at the Basic Health Unit (FREIRE *et al.*, 2015). Concerning marital status, the majority was married, followed by widows, who were all female, differently from men, who were married. Women's condition of widowhood results from the fact that, when losing their partners, they, most of the times, do not marry again; on the other hand, men in this condition tend to marry again and usually with younger partners (AZEREDO; AFONSO, 2016). Most elderly participants that considered their health condition bad were from 70 to 79 years and widowers. Individuals living with a partner tend to have better health status than other marital status, because unmarried or widowed elderly people feel the need for greater emotional support, which may influence their health condition, threatening the quality of life of the individual (GOMES *et al.*, 2013). In contrast to another study, marital status does not have much influence on quality of life and health condition of elderly people (DAWALIBI *et al.*, 2014). Corroborating other thematic studies, most elderly interviewees had low schooling, which may interfere in their health condition and, consequently, in their quality of life, since elderly people with low education tend to practice less preventive measures against diseases and greatly depend on the family, losing a large part of their autonomy (CAMBOIM *et al.*, 2017; ANDRADE *et al.*, 2014). Most of the elderly participants reported monthly income of one minimum wage, mostly from retirement, with low purchasing power, differing from other studies that show average purchasing power by elderly people. This fact is relevant, since most elderly people are affected by one or more chronic diseases that require medical treatment and better food quality (DRUMMOND, 2013; OLIVEIRA; NOVAES, 2013). In addition to the low schooling and low purchasing power, a large part of the elderly people reported not practicing any physical activity. This can be a huge contributor to the onset of the most frequently reported health problems, which were diseases of the circulatory system, with a predominance of SAH (MELO *et al.*, 2017). All of the aforementioned factors, when added to the decline of the organic functioning, common in the aging process, contribute to the worsening of the health condition of the elderly person, because an inadequate diet caused by low income, along with a sedentary lifestyle, makes him/her more susceptible to cardiovascular diseases (RADOVANOVIC *et al.*, 2014). In addition to SAH, the research participants reported musculoskeletal problems and visual difficulty, similar to another study in which the participants reported reduced visual capacity and musculoskeletal problems, which can affect the quality of life, making them more prone to falls and dependence (OLIVEIRA *et al.*, 2015). Half of the interviewees reported insomnia, corroborating some studies that show an increased occurrence of sleep-related disorders in

adults, with increased percentage with increased age, with elderly people as the most affected age group (BARBOSA *et al.*, 2016; ZANUTO *et al.*, 2015).

Conclusion

The findings of the research describe the sociodemographic characteristics and health conditions of elderly patients in the PHC. The study proved to be relevant to encourage health professionals, especially nurse, and sensitize them to get closer to the reality of the elderly population, empowering to this demand, promoting listening, closely knowing their real needs and health problems that affect them. Tracing the social and illness profile in the elderly population allows for preparing the care for each individual, aiming at him/her holistically. This characterization will serve as the basis for the planning of specific strategies, thereby creating greater possibility of understanding and greater significance of actions that will be taken and will influence directly in the resolution of problems found, improving the quality of life and consequently providing autonomy for healthy aging, supported by preventive actions. The study has methodological limitations for using of data self-reported by participants. This fact hinders the generalization of the data and potential inferences to other scenarios. For this, more studies are necessary, bringing greater deepening on the theme, covering a larger number of participants, in order to create the possibility of working with reliable information to the realities assisted by Primary Health Care, allowing for the development of more effective public policies geared to this growing age group, as well as greater investment in training of professionals in the area of health of elderly people.

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