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Socio-sanitary profile of the elderly in the family health strategy: a descriptive study

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SUMMARY

Objective: To evaluate the living and health conditions of the elderly attended by Family Health Strategy teams of a municipality in the Amazon region. **Method**: a descriptive cross-sectional study conducted with 441 elderly selected by non-probabilistic sample in the city of Benevides, Brazil. The Elderly Handbook was applied to assign the profile of the elderly users. **Results:** predominantly young elderly (46%), with low education (86%), sedentary (84%), with chronic conditions (82%), with a normal self-reported health status (55%), who only seek health clinics to purchase medicines (58%) were found in the profile. **Discussion**: The data showed the need to adopt actions to promote healthy aging based on comprehensive care. **Conclusion:** the inference of the results obtained for the elderly population of the studied municipality promotes the realization of the reception of elderly users based on the real needs of this population, with focus on nursing in Primary Health Care in similar, needier contexts, of the Amazon region.

Keywords: Elderly population; Health conditions; Family Health Strategy; Primary care; Nursing.

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INTRODUCTION

Studies worldwide have highlighted the phenomenon of demographic transition, which leads to a change in the age pattern of the population. The population profile of Brazil demonstrates an increase in the elderly age group (60 years and over), especially in the prolongation of life, with the population living until 80 and over [1].

In developed countries, population aging occurred gradually in the nineteenth century, while in developing countries, such as Brazil, this process was accelerated, with statistical projections forecasting that, by 2020, Brazil will occupy the sixth place in the world to have over 30 million elderly people [1]. This process is accompanied by an epidemiological transition with chronic conditions, progressive fragility and dysfunctionalities, which burden public coffers with expenditure on social and health care. Maintaining autonomous and independent elderly or minimizing dependence for basic activities of daily living is challenging to the health sector and its correlates for the elderly population for active and healthy aging [2].

Given the conjuncture of the aging process of the population and the increase in people's longevity [1], it is imperative that intersectoral efforts provide basic attention that privileges the general educational character of protection of life and health in societal daily life, focused on welfare and quality of life of the elderly[3]. In the Amazonian municipality in question, primary health care is provided by the Primary Health Unit and Family Health Strategy (FHS) teams, where most of the population live in poverty and marginalization. It represents one of the few resources in the health care of populations aimed at the elderly population.

In this context it is important to know the socio-sanitary health profile of the elderly users of the municipality, including those living in rural areas, considering the precariousness of health care resources and the general demands of the population, observed in local reality contexts, contributing to the implementation of public policies aimed at this specific population. Thus, the objective was to evaluate the living and health conditions of the elderly attended by the FHS teams of Benevides-PA.

METHOD

An Inferential descriptive cross-sectional study with elderly participant users of both sexes, registered in the 16 units (06 urban and 10 rural) of the FHS in Benevides, Pará. The sample consisted of 441 elderly, selected by non-probabilistic sample, and adopted a sampling error of 4.51%.

The sample size (n) was calculated based on $n = \frac{N \times n_0}{N + n_0}$ where and the sampling and N is the total number of elderly registered and attended (4,250 elderly) [4].

Contextualization of the study site: The municipality is located 25 km from the capital city of Belém, has a geographical area of 177,769 km^2 and a population of 51,663 inhabitants. The urban area has 56% of the population, and the rural area has 44%. In 2014, Primary Care had units with 16 FHS teams, with six in the rural area and ten in the urban area, representing a coverage of 82% of the total population of the municipality [5].

In order to meet the proposed objective, it was chosen to collect the data from the Mi-

nistry of Health's Elderly Booklet [6], as it is a useful clinical instrument already adopted in health units in the country. This booklet registers living and health conditions of the elderly, identifying risk factors in order to prioritize health care actions by including sociodemographic data; unhealthy habits such as smoking, alcohol use, physical inactivity; support network, identifying who would take care of the elderly when necessary and with whom they live. The item on health itself covers: self-perception of health status; health problems (complaints); use of medicines (polypharmacy); falls and hospitalizations suffered in recent years, which is a set of variables that can identify important risk indicators of diseases and frailty [6,7].

Data collection took place from January to February 2014 and met the inclusion criteria for the elderly aged 60 years or older, able to answer the research instruments, resident in the area of the family health units. Those who were not in their homes (for whatever reason) and those who did not completely answer the instruments (withdrawal of the elderly during the application of the instruments) were excluded.

The data were submitted to descriptive statistics analysis considering statistically significant values with a significance level of 5% ($p \leq 0.05$).

The study was authorized by the Benevides Health Department and approved by the Ethics Committee on Research with Human Beings of the *Universidade Federal do Pará* and filed under no. 514,297, CAAE 22819013.2.0000.0018. All the elderly who agreed to participate in the study signed the Informed Consent Form (ICF).

RESULTS

The sociodemographic characterization of the sample is shown in Table 1, in which the weight of the younger 60-70 year-old age group (46%) and the majority of the female gender (52%), married/ or in civil union (61%), retired (49%) and with low education (86%) were observed. As for living situation, the majority lived with their families, and only 10.5% lived alone.

As seen in table 2, in relation to non-communicable chronic diseases, most of the elderly are affected (81%), although 54% reported having normal health and 36% reported having good or excellent health. As for medication, it was found that most use up to two medications (58%) while 41% used three to six. However, they reported that they did not take sleeping medication (93%). They had not suffered falls in the last 12 months either (92%).

Regarding lifestyle, it was observed that only 13% of the elderly are smokers, but sedentary lifestyles (83%) with little physical activity is highlighted.

DISCUSSION

The data of the variables highlighted in the Elderly Booklet are easily understood by the FHS team and allows early interventions to minimize or remove risk factors for the improvement and/or worsening of chronic conditions. Therefore, this information was analyzed because they are essential for the management of comprehensive care, since fragmented care in health services is still

Table 1. Sociodemographic profile of the elderly population users of the Family Health Strategy, municipality of Benevides - PA, 2014.

Variables	n (441)	%
Age group		
60 ├ 70	203	46.0
70 ├ 80	138	31.2
>80	100	22.6
Sex		
Male	208	47.1
Female	233	52.8
Marital status		
Married/Civil union	272	61.6
Widow	92	20.8
Single	66	14.9
Divorced/separated	11	2.4
Living situation		
with partner	270	61.2
with children	103	23.3
Alone	46	10.5
with others*	22	5.0
Occupation		
Retired	219	49.6
Schooling		
≤4 years	382	86.6
5 - 8 years	52	12.0
≥ 9 years	7	1.5
Total	441	100.0

*Carer, siblings

prevalent, i.e., the elderly only attend the health unit when they are sick and/or to purchase medicines, an attitude which is still prevalent in traditional biomedical actions in the regional context under study.

The results showed a predominance of younger elderly in the sample, similar to other studies conducted in the region, such as elderly from the Marajoara archipelago [7] and elderly from Belém [8]. However, this group of young elderly will need support from the social network of continuing care in the near future, as old age progresses over time, and they have low levels education, live in chronic situations, live under the same roof with scarce resources to provide for an entire family. In addition, these same studies revealed a similar rate of around 20% of older elderly aged 80 and over. There are few studies aimed at this age group of the population, but specific demands for continued care are predictable [9,11].

The feminization of old age was also observed in 52%, corroborating well-known IBGE demographic data. Regarding marital status, most of the elderly are married or are in a civil union relationship (61%), a characteristic still observed among the elderly population in many studies in different regions of the country [7,12,13]. Some authors emphasize that

Table 2. Living and health conditions of the elderly population, using the Family Health Strategy, Benevides - PA, Brazil, 2014.

Variables	n (441)	%
Self-reported health status		
Bad	37	8.4
Normal	241	54.7
Good/great	163	36.9
Noncommunicable Chronic Disease		
Yes	361	81.8
No	80	18.1
Medication use		
Up to two medications	259	58.7
3 to 6 medications	182	41.3
Sleeping medication		
Yes	32	7.0
No	409	93.0
Fall in the last year		
Yes	34	7.8
No	407	92.2
Smoking		
Actively smoking	60	13.6
Physical exercise		
Sedentary	371	83.9
Not sedentary	70	16.1

family life can minimize risk factors such as falls, health problems, hospitalization, due to help relationships and self-care in the home--family unit.

Regarding living situations, there was a predominance of married elderly (61%), which is consistent with national studies that show that being married is indicative of the elderly being future caregivers of each other, a worrying fact as most of the time, they cannot maintain adequate or quality care [7].

The study showed that most elderly people are affected by chronic diseases (81%), especially hypertension, diabetes mellitus and other metabolic diseases, among which obesity (7%) can be explained by sedentary lifestyle (84%) and possible unhealthy eating habits. Among the clinical characteristics, normal health (54%) predominates, as self--reported by the elderly, corroborated by national studies that show the perception of the elderly regarding the possible consequences of the deterioration of their health condition [7]. Smoking does not predominate among the elderly, unlike other studies conducted especially in the South and Southeast, where older smokers, especially men, prevail. The onset of chronic disease may be a factor in the cessation of this habit, and health professionals should pay attention to action strategies that encourage the reduction or cessation of smoking among the elderly [14,15].

The elderly said they consumed one to six medications. International studies have found that the elderly population consumes an average of 3 to 5 drugs and 41% of these elderly take six or more drugs, thus characterizing polypharmacy as consuming more than five

drugs per capita. Another study showed that polypharmacy can cause health risks and may influence the risk of falls. In Brazil, the free distribution by programs that are part of public health policies is a large factor that contributes to the indiscriminate use of drugs. This free offer can lead to younger people to use and abuse benzodiazepines and its chronic use contributes to dependence in older age groups [16, 17].

In this study, risk factors for health problems due to falls were minimal, perhaps due to the sample of younger elderly, or also due to the underreporting of lower consequence falls, such as those that do not result in fractures. Falling is defined as an accident that places the individual in a lower level position than their initial position. Falls have negative impacts on the quality of life of the elderly, because they have consequences for autonomy, functional capacity and independence, making the elderly dependent on care, consequently restricted to their daily activities, with the aggravation that the fear of falling generally decreases activity. [16]

Based on the results obtained, the demands presented should encourage the Family Health Strategy team professionals to develop integrated, intersectoral actions, with the perspective that, by knowing the specific living and health conditions, a community social support network can be created and made available to meet the needs of the elderly population. This is because, despite the absence of immediate physical or pathological problems, the elderly seek health facilities to meet their general needs, which can be sustained in a more holistic view of the human being and integrated into the local cultural context - the Amazon - and not solely focused on the symptom or underlying pathology. It is also worth noting that professionals, especially nurses, use resources as group activities to stimulate the empowerment of the elderly in coping with life and health issues as a way to promote the practice of active aging [17].

From this perspective, the adoption of comprehensive care is based on the principles of the Unified Health System, becoming a challenge capable of making the access to health services effective, but which still needs to be practiced by the family health team, focusing on the context of the family nucleus and its community [17]. In addition, health promotion care should be part of the work process of nurses; this may contribute to the creation of care protocols linked with health care networks for the elderly [18].

CONCLUSION

It was possible to evaluate the sociodemographic and sanitary profile of the elderly population, users of the FHS of an Amazonian municipality, based on the analysis of data provided by the Elderly Booklet - MS, as it identified the possible risk factors that favor health prioritizing actions in the health context. Half of the sample population represents young elderly between 60 and 70 years, however, a fifth is already octogenarian, the vast majority were affected by chronic diseases and self-reported as having normal health. Harmful health habits such as physical inactivity were also identified. Polypharmacy is present, but reports of falls are low. Regarding social support, most are married and live with family, but those who are widowers, separated or single also live with family or

friends, with only 10% living alone.

The results obtained for the elderly population of the studied city brings challenges to the care of elderly users based on the real needs of this population, with primary focus on nursing in Primary Health Care in similar, more needy, contexts of the Amazon region. This study was limited as it was cross-sectional which did not allow the progression of living and health conditions of this population to be monitored. However, it stimulates new research that can assist in the implementation of public policies for the elderly population.

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