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ELDERLY HEALTH CONDITIONS IN CORESIDENCE

[1,] *Ilana da Silva Soares, [2]Talita Santos Oliveira Sampaio, [3]Milena Silveira Barbosa, [4]Fred Ferreira da Silva, [5]Ingrid Santos Torres, [6]Jaínne Silva dos Santos, [7]Flávia Duca Araújo, [8]Lucas Silveira Sampaio

[1, 3, 4, 5, 6]Graduando em Fisioterapia pela Faculdade Independente do Nordeste-Fainor, Brasil
[2, 8]Mestre em Ciências da Saúde pela Universidade Estadual do Sudoeste da Bahia, Brasil
[7]Graduando em Fisioterapia pela Faculdade Independente do Nordeste-Fainor, Brasil

ABSTRACT

Objective: This study sought to evaluate the health conditions of elderly people in a status of coresidence.

Methods: This is a descriptive study, with a cross-sectional design and quantitative approach. It was performed in a Family Health Unit in the city of Vitória da Conquista - Bahia. The data were produced through the application of questionnaires containing questions about the elderly sociodemographic characteristics, life habits and health status.

Results: A total of 125 elderly people living in coresidence status participated in the study. The majority were female (77.6%) and lived with their children (60.8%) and / or grandchildren (63.2%). Investigating the habits of life, it was noticed that most of these elderly people neither smoked (61.9%) nor used alcoholic drinks (97.1%). Regarding health status, a large number of elderly individuals presented chronic diseases, with hypertension being the most frequent (81.7%), with a considerable frequency of falls (34.8%) and episodes of urinary incontinence (23.5%).

Conclusion: Through this study it was possible to trace a health conditions' scenario of the corresponding elderly people, allowing defined and effective health measures of promotion and prevention to be based on a more scientific basis on these elderly health status.

INTRODUCTION

In a worldwide scope the elderly population has shown a relevant rise on the last decades due to the increase of their life expectancy. This last one occurred initially in developed countries, however it is in developing countries that the population aging has occurred more significantly (Camarano, 2010). Aging is a natural and unavoidable process among the human beings. It is part of the life cycle taking the individual to a continuous and irreversible process caused by a set of morph functional changes. It is characterized by a stage marked by physical, psychological and social changes that lead elderly people to a moment of reflection in which they notice

that they achieved many goals, but also suffered numerous losses. At this point it is noticeable that health is highlighted as one of the most affected aspects by the aging process (ASSIS, Guimarães, 2014). In this perspective, it is observed that the aging process leads the elderly to a higher exposure to chronic-degenerative diseases conducting them for example to changes such as loss of the functional capacity. It is characterized by the loss of the physical and mental abilities necessary to perform their daily life basic and instrumental activities and this way causing a rise on the dependence and decrease of their autonomy, with it there is an increase in the probability of their family environment dependence (Pinto Junior *et al.,* 2016; Camarano, 2010). Therefore, understanding the health term as the good functioning of the organism, not the presence of comorbidities and biopsychosocial well-being (Araújo and Xavier, 2014), the individual when getting old faces several difficulties due to aging. This aging process has been labeled

*Corresponding author: **Ilana da Silva Soares,**
Graduando em Fisioterapia pela Faculdade Independente do Nordeste-Fainor, Brasil.

as a space of time in which the elderly loses their capacity to understand situations and their autonomy by the emergence of aging diseases (Menezes *et al.,* 2016). As such, the health condition is directly influenced by the senescence process, since it can affect the autonomy of the elderly at home and in the society making them dependent of care (Reis *et al.,* 2013). It is also registered that the health status and consequently the ability to perform activities and the quantity of chronic diseases are important factors to determinate the home settings, which represent ways of organization through the change in the families composition.

The family emerges as a hosting option for these elderly people, being considered a complex and essential unit for the experience process of every human being (Costa, 2012; Almeida, 2013). Among the family settings we have the status of coresidence that can be defined as a social arrangement of cohabitation, in which two or more people live in the same physical space building social interactions of any nature and characterized by a coexistence between various generations (Meira, 2013). It is highlighted, in this context however that the family coexistence is not always positive, being common the presence of conflicts. Among these it is the difference of ideas between the members, a higher demand for family care to the elderly when they are dependent, or the higher dependence of the family with the elderly for financial reasons, as for the need of help at home, as an example taking care of the grandchildren which can affect their tranquility and privacy. It can also be noted that the elderly may suffer some kind of violence, due to conflicts of power relations between the generations, which has been scattered as one of the main problems for society (Sampaio *et al.,* 2017). All these aspects arising from this type of family setting can impact on the elderly health, so this study has as goal to evaluate the elderly health conditions on a status of coresidence.

MATERIALS AND METHODS

This is a cross-sectional and descriptive study of population base with a quantitative approach. It is a subproject of the project entitled "Family setting of elderly that are residents in the community: social representations and repercussions on health conditions", which is an extension of the project "Family setting of elderly people living in municipalities in the Northeast and Southeast of Brazil ". The research was performed in the city of Vitória da Conquista, located in the southwest region of Bahia, occupying a territorial area of 3204,257 Km2, with an estimated population of 306,866 habitants. In this city according to National Registry of Health Establishments data 43 USF are implanted. The study was conducted in a Family Health Unit (FHU) in the city of Vitória da Conquista - BA, the FHU of Patagonia, which was selected through a simple raffle. There were included in the study individuals aged 60 years or older living in the urban area of the city, who currently live in a situation of coresidence, and who presented cognitive conditions that could answer questions, being the cognition evaluated by the Mini Mental State Examination - MMSE.

In this study, we consider the elderly in a state of coresidence as those who live with their family in the same family unit, and may live together one or more generations, as children and / or grandchildren and / or great-grandchildren (Camarano *et al.,* 2004). There were elimated from the study individuals that refused to receive the researcher or weren't found in the

residence after three attempts in alternated days and hours and those elderly who refused to participate on the research. This way, after the adoption of these criteria of inclusion and exclusion, the final total population was 125 elderly. The variables considered on this study were sociodemographic, economical and elderly's family arrange: sex, schooling, marital status and familiar setting composition; Life's habit data and the elderly health state. The main study was approved previously by the Research Ethics Committee of the State University of the Southwest of Bahia (CEPUESB), whose opinion number.102,641 was drafted in compliance with Resolution 196/96 of the National Health Council (NHC) number 196/96 current at the time. Therefore, a request for inclusion of this study to the main project was sent to the CEP-UESB in accordance with Resolution 466, of December 12, 2012. The data production was done after the favorable opinion of CEP-FAINOR was issued to include this field of study, and the authorization of Municipal Health Office from Vitória da Conquista - BA to carry out the research at FHU. For the data collection, a meeting was conducted with the health professionals who work in the local Unit to explain the objectives, risks and benefits of this research. Afterwards, the number of elderly people enrolled in the FHU was identified by consulting the records of family registration, surveying the elderly living alone and those who are coresidents with the relatives.

The elderly participated in the study in a voluntary way, and acceptance was formalized through the signing of the Free and Informed Consent Term (FICT), which was signed in two copies, one of which is owned by the participant and the other by the researcher responsible for the study. Subsequently, it was applied to the selected elderly the following instruments: The interview, through a questionnaire containing participants' identification data, such as age, sex and composition of the family setting, the adapted Brazil old age Schedule (BOAS) questionnaire and the questionnaire of Health State. The team was composed of 6 students from the Physical Therapy course of Northeast Independent College - FAINOR, and data the collection happened 5 times a week. The Brazil Old Age Schedule questionnaire - BOAS is a research instrument that investigates multidimensional aging factors where it was based on other instruments with acceptable validity and reliability models.

The BOAS was created from 8 major categories containing general information, physical health, use of medical and dental services, activities of daily living, social resources, economic resources, mental health, needs and problems that affect the respondent (Weiss, 2013). The State Health Questionnaire consists of 19 domains with multiple choice objective questions, which are turned to the self-assessment of health status, presence or absence of pathologies such as: SAH (Systemic Arterial Hypertension), diabetes, cancer, chronic pulmonary diseases, heart, vascular and rheumatic diseases, osteoporosis, as well as the use of medication for their control. In addition to issues related to diet, lifestyle (alcoholism and smoking), presence of urinary and fecal dysfunction, psychiatric or psychological problems (depression) and oral health issues. For the analysis of the data obtained through the Brazil old age Schedule (BOAS) questionnaire and the State Health Questionnaire, it was used the Statistical Package for Social Sciences for Windows version 21.0, where the average frequencies and measures of dispersion of the variables were tabulated and calculated.

RESULTS

From the analysis of the inclusion and exclusion criteria, it was concluded that the final population of the study was 125 elderly people. When analyzing this population data, it was identified that the mean age found was 71.42 ± 7.19 years, and the minimum age found in this study was 60 years and the maximum was 91 years. There was a higher frequency of female (77.6%), married (40.7%), with incomplete primary schooling (48.7%) and 63.2% of family settings were composed of grandchildren, according to data presented in Table 1. Regarding the elderly lifestyle habits, 97.1% reported no weekly consumption of alcoholic drinks and regarding smoking 61.9% of the population never smoked, but it was noted that 30.5% although not currently smoking, had already smoked (Table 2). Regarding health status, hypertension appeared in a large part of this elderly population (81.7%) followed by arthritis, rheumatism, arthrosis (32.5%) and diabetes (28.9%). It is also worth noting that 34.8% of the elderly suffered falls during the last 12 months and, in relation to urinary incontinence, 23.5% of the elderly had episodes of loss of urine control, as described in Table 3.

Table 1. Sociodemographic, economic characteristics and elderly family setting. Vitória da Conquista, 2018.

Variables	% answer	N	%
Sex	100		
Male		28	22,4
Female		97	77,6
Schooling	95,2		
Illiterate		36	30,3
Incomplete Primary school		58	48,7
Complete Primary school		15	12,6
Complete elementary school		4	3,4
Complete high school		5	4,2
Complete college degree		1	0,8
Marital Status	98,4		
Never married		2	1,6
Married/living together		50	40,7
Widow(er)		49	39,8
Divorced/ separated		22	17,9
Family setting composition	100		
Husband or wife/partner		45	36,0
Parents		3	2,4
Sons		76	60,8
Daughters		58	46,4
Brothers/Sisters		2	1,6
Grandchildren		79	63,2
Other relatives		5	4,0
Other people		4	3,2

Source: Research data.

Table 2. Data referring to the characterization of the elderly life habits. Vitória da Conquista, 2018

Variables	% answer	N	%
Average of days per week consuming alcoholic drinks	84		
None		102	97,1
Less than 1 day per week		1	1,0
1 day per week		-	-
2-3 days per week		-	-
4-6 days per week		-	-
Everyday		2	1,9
Smoking Habit	84		
Smokes Currently		8	7,6
Smoked, but doesn't smoke anymore		32	30,5
Never smoked		65	61,9

Source: Research data.

Table 3. Characterization of the elderly health status. Vitória da Conquista, 2018

Variables	% answer	N	%
Hypertension*	97,6		
Yes		100	81,7
No		22	18,3
Diabetes*	96,8		
Yes		35	28,9
No		86	71,1
Cancer or malignant tumor*	86,4		
Yes		8	7,4
No		100	92,6
Asthma, bronchitis ou enphysema*	85,6		
Yes		7	6,5
No		100	93,5
Heart attack, coronary disease, angina, congestive disease or other heart problems*	91,2		
Yes		16	14,0
No		98	86,0
Embolism, stroke, ischemia or cerebral thrombosis*	88,8		
Yes		10	9,0
No		101	91,0
Arthritis, rheumatism, arthrosis*	93,6		
Yes		38	32,5
No		79	67,5
Osteoporosis*	83,2		
Yes		18	17,3
No		86	82,7
Nervous or Psychiatric problem *	95,2		
Yes		14	11,8
No		105	88,2
Nutricional status, Well-nourished**	88,8		
Yes		103	92,8
No		8	7,2
Falls (during the last year)	92,0		
Yes		40	34,8
No		75	65,2
Urinary Incontinence	95,2		
Yes		28	23,5
No		91	76,5
Fecal Incontinence	72,8		
Yes		9	9,9
No		82	90,1

* In this variable, the diagnosis was self-reported.
** In this variable, the nutritional status was self-reported.
Source: Research data.

DISCUSSION

With the exposed results, it was seen that there were a large number of elderly individuals presenting chronic diseases such as hypertension and diabetes, with a considerable frequency of injuries such as falls and / or loss of urine. Regarding the sociodemographic characteristics, a female prevalence was noticed with this result being consistent with the phenomenon of feminization of aging in Brazil, which is related to the higher demand for women's health services, demonstrating that they realize more easily the risk of health damage than men. According to the Brazilian Institute of Geography and Statistics (2011), women represent 55.5% of the elderly population in Brazil, 61% of them over 80 years , highlighting the higher life expectancy of women living on average 8 years older than men (Kuchemann, 2012). Regarding schooling, it was observed that almost 50% of the elderly interviewed had incomplete primary education level and 30.3% were illiterate, evidencing the low level of schooling among the studied population. It is important mentioning that this level of poor schooling observed in the present study resembles some other studies, such as Prado *et al.,* (2018), where it was observed that only 47.3% of the elderly reported as having incomplete elementary school, another study by Duque *et al.,* (2012) found that 26.15% were illiterate. The low level of schooling

may be associated with the fact that this research was performed in a neighborhood where the local economic reality is considered of low income. Studies have demonstrated that income can influence the individual to have a lower educational level as seen in the study by Amaral *et al.,* (2015), which showed that schooling is directly related to financial conditions, the lower the level of schooling, the lower the financial condition of the elderly. Regarding the composition of the family setting, it was noticed that there was a higher percentage of residence with grandchildren, followed by children. Amaral *et al.,* (2015) affirms that 61% of the Brazilian elderly population cohabit with their families, for the children financial reasons or as a form of support in relation to the maintenance of their own homes. Besides that, other authors still argue that this type of housing is more related to the needs of the adult children than those of elderly parents (Rabelo and Neri, 2015). In relation to the elderly life habits, it was verified that 30.5% of this population was already a smoker. According to Vieira *et al.,* (2016), among the factors that have a higher influence on the elderly health are the smoking and the abuse of alcohol that are determinants for the development of chronic diseases, such as those prevalent in this study. It is important to emphasize, however the current low tobacco consumption among the elderly participants of this study (61.9%), which corroborates with other studies such as Luz *et al.,* (2014) indicating that 85.6% of the elderly denied smoking, and that of Carvalho, Gomes and Loureiro (2010), that identified a prevalence of 77% of nonsmoking elderly people. As for the consumption of alcoholic drinks, it was observed a low consumption of this substance, being identified that 97.1% of the elderly reported no weekly consumption. This result may also be observed in the study of Oliveira *et al.,* (2017), in which 95% of the elderly did not consume alcoholic drink. This is shaped as a positive factor, since this is the drug of greatest consumption among the elderly population, representing a complex and multifactorial problem, which brings serious consequences to the health of those who consume it (Dias *et al.,* 2017). Among the pathologies described, arterial hypertension was the most frequent, with a percentage of 81.7%. Several habits of life can lead to hypertension, among them sedentarism, smoking, inadequate feeding and overweight (Medeiros Filho *et al.,* 2018). Furthermore, it is important to emphasize that this disease may increase the risk of developing comorbidities. It is also recorded that these data found in the current study, corroborate with a study by Poubel *et al.,* (2017) that identified hypertension as the more frequent chronic disease (74.8%).

Another frequent disease present in the elderly in this study was diabetes. In 2014, the prevalence of diabetes in the elderly in Brazil was almost 25% (Surveillance of Risk Factors and Protection for Chronic Diseases by Telephone Survey, 2014), and studies show the prevalence of diabetes for elderly and female subjects (Amorim *et al.,* 2017; Surveillance of Risk Factors and Protection for Chronic Diseases by Telephone Survey, 2014), which resembles the results seen in this study in which 77.6% of the participants were female. It is worth noticing that according to the study by Mello *et al.,* (2016) a large proportion of the elderly with diabetes and overweight reported hypertension. With it we can observe that a high prevalence of hypertension in this study may be associated with a large amount of elderly people with diabetes. It is also seen that in a study conducted by Ferreira and Rosado (2012), with elderly participants of a Municipal Program of the Third Age, 71.9% of the elderly were holders of Arterial

Hypertension followed by Diabetes Mellitus (21.9%), and chronic diseases of the joint such as arthritis and arthrosis (21.9%), resembling the results of the present study. It was also found as frequent pathologies in this study arthritis, rheumatism and / or arthrosis, present in 32.5% of the studied population. It is worth highlighting that in a study performed with elderly people in Rio Grande do Sul, Brazil, 27.2% of the elderly participants presented rheumatism, arthritis or arthrosis (NUNES *et al.,* 2017). In another study by Melo *et al.,* (2017) it was found that osteoporosis (24.6%) and arthrosis (2.9%) were the most common among musculoskeletal diseases, with a higher prevalence for women (49.6%) and for the range elderly age. This significant prevalence of rheumatologic diseases can be explained because of the advancing age, bone fragility increases, elasticity of ligaments is reduced, cartilage structures are damaged, fatty tissue infiltrated are lost, as well as considerable endocrine changes. Regarding fall, it was observed that 65.2% of the elderly reported that they did not have episodes of falls in the last year, this may be related to the higher care and support that the elderly in the state of residence has. Cavalcante *et al.,* (2015), for example, found that the elderly who suffered more falls were subjects who lived alone. It is important to highlight that the incidence of falls is related to several factors, among them those with who the elderly live, the presence of one or more chronic diseases such as hypertension, diabetes, rheumatic diseases and visual deficit (Smith *et al.,* 2017).

In the present study it was verified that 23.5% of the elderly had episodes of urinary incontinence, which corroborate with the study by Marques *et al.,* (2015), where the prevalence of urinary incontinence was 29.4%. Although urinary incontinence occurs in elderly men and women, women appear to be more susceptible, mainly in the present study, 77.6% were female. This increased frequency in women is due to several factors, such as differences in the anatomy of the female and male pelvic floor, such as urethral length, hormonal changes, gestations and births (Silva *et al.,* 2016). It is also relevant to highlight when examining the data found in this study that the low level of schooling found among the participants can influence the higher risk to health status, due to the fact that a lower educational condition can often interfere in the understanding by the elderly on how to take care of health and / or, in the case of those with some type of chronic illness, to deal with the use of medicines for their treatment , as well as a proper personal nutrition (Almeida *et al.,* 2018). Facing all this context, one can conjecture that the presence of these morbidities in the population may explain the fact that these elderly people have walked in the direction of the need to live in a coresidence, but also that the coresidence may be a protective factor for aggravation of these morbidities or for the emergence of others, being needed studies that verify these associations and predictions. It is indicated as limitations of the present study the difficulty of finding the elderly in their residence and refusals regarding the participation of the research, as well as the little collaboration by some health agents in the referral of the researchers to the elderly people homes.

Conclusion

The study concluded that the elderly had at least one chronic disease, the most prevalent were hypertension, rheumatic diseases and diabetes. The incidence of these can be related to several factors, such as sedentary lifestyle, excess of weight

and factors caused by aging itself. It is possible to conjecture that the presence of chronic diseases, as well as the significant incidence of falls can be factors that lead these elderly people to live with their relatives, in search for a possible better care regarding their health. Through the understanding of the elderly health conditions , it becomes necessary investments to be made in strategies to promote and prevent harms to the health of the elderly through awareness actions regarding the risk factors that result in the emergence or aggravation of chronic diseases, as well as the importance of changing eating habits and practice of physical activity, and their benefits to health. Furthermore, it is essential to improve the support of professionals who provide services in the homes, the improvement of the caregivers and relatives knowledge about the care provided, as well as promoting the facilitation of elderly people's access to health services. It is also necessary to perform studies that check associations between the elderly family setting and health conditions, in order to observe which arrangements may be protective factors for morbidities.

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