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FALLS IN THE ELDERLY PATIENT: THE ROLE OF THE MULTIPROFESSIONAL TEAM IN PREVENTION

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ABSTRACT

Population aging is a phenomenon that has occurred on a global scale, especially in developing countries. According to the World Health Organization (WHO), elderly are all individuals aged 60 years or older. Worldwide, one in 9 people is 60 years of age or older, and is estimated to rise to 1 in 5 by 2050. This is a systematic literature review, which is a review that aims to synthesize the results of primary studies that meet the eligibility criteria to answer a research question. Evidence was gathered about and nursing interventions applied as actions to prevent the risk of falls in the elderly. The study question was elaborated P about research and search for the test strategy, it is not qualified: population: elderly; intervention: strategies used by the multidisciplinary team; comparison: multidisciplinary team; "results": prevention of falls. Therefore, the following guiding question was elaborated: What is the role of the multidisciplinary team in preventing the risk of falls in the elderly population? The bibliographic survey was carried out from January to May 2022. However, a multidimensional evaluation through professionals such as nurses, pharmacists, nutritionists and physical therapists with the purpose of all control of their health as a multidimensional care of professionals fundamental in the practice of medical care regarding the prevention of falls, identifying the types of health that can cause the fall, as well as presenting the consumption of medicines that will identify for this event. In the care of the elderly, a multidisciplinary team should be required to carry out a shared action plan, with the objective of increasing the number of health promotion and disease prevention actions. Thus, each professional with their knowledge will specifically define the strategy of care and orientation to the patient, forming a network of attention and care to the health of the elderly.

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INTRODUCTION

Population aging is a phenomenon that has occurred on a global scale, especially in developing countries (ALBINO, 2018). According to the World Health Organization (WHO), elderly are all individuals aged 60 years or older (ABREU, 2015). World, one in 9 people is 60 years of age or older and, it is estimated a growth to 1 in 5 by 2050, of the elderly, regarding the occurrence of falls (ALENCAR, 2017). Falls among the elderly are considered one of the main public health problems due to their high difficulty, complications and high assistance (Barker, 2019). In addition to the clinical problems, the social, economic and enormous cost falls, increasing dependence and institutionalization (BUKSMAN, 2013). Estimate that in each of us there is a fall at the age of 65 and that one in twenty that - a fall plus a fall has to suffer a fall (CUNHA, 1989). In Brazil, those are the third leading cause of mortality among people over 65 years of age, and 70% of these occur at home (CARMO, 2020). According to the World Health Organization (WHO), a fall is defined as an involuntary displacement that brings the body to the body or to another surface, without correction in time on the ground, determined by multifactorial circumstances that compromise the stability of the individual (CARMO, 2020). For Cunha and Guimarães (1989), maintenance is considered a consequence of the total loss of balance, and may be related to the change in posture of the neural and osteoarticular mechanisms involved in the posture, making its prevention difficult (CRUZ, 2022).

In the process of chronic aging, some intrinsic and extrinsic factors, such as loss of muscle mass, increased balance and impairment of non-communicable diseases, polypharmacy, falls and cognitive impairment, compromise health, increasing the risk of falling⁹. The increase in the study in the Brazilian population, such as adverse repercussions arising from falls of occurrences of falls, repercussions necessary for investigations of investigations that are necessary for investigation in the elderly population (JACOBI, 2018). Most of the elderly population cannot support part of a fragile group and does not accept the danger that domestic risks cause (Ministry of Health, 2022). Nor does it recognize the impact that these accidents can cause and the solutions that may occur, thus harming their well-being¹. In order to prevent these events, it is of great importance that the population in general develop help regarding these events, and their determinants of risk, as well as the organization to experience the aging process (ABREU, 2015 and ALENCAR, 2017). Hence the need for teamwork at all levels of health care for the elderly, for a comprehensive approach to the phenomena that interfere with health (SILVA, 2021). This multiprofessional action meets the realization of a personal care plan by several health professionals (TEIXEIRA, 2019). The multiprofessional approach is to identify the important risk factors for the elderly and, form, a proportional strategy of prevention, environmental reorganization and functional rehabilitation, with the aim of decreasing falls, avoiding dependence and decreasing morbidity and the risk of mortality of the elderly. Therefore, studying the risk of falls in the home population becomes necessary and at the same time challenging, as it is expected that the study will be able to contribute to the planning of more specific health actions, which include preventive aspects regarding falls. The aim of this study was to evaluate the role of the multidisciplinary team in preventing the risk of falls in the elderly population.

METHODOLOGY

This is a systematic literature review, which is a review that aims to synthesize the results of primary studies that meet the eligibility criteria to answer a research question. Evidence was gathered about and nursing interventions applied as actions to prevent the risk of falls in the elderly. The study question was elaborated P about research and search for the test strategy, it is not qualified: population: elderly; intervention: strategies used by the multidisciplinary team; comparison: multidisciplinary team; "results": fall prevention. Therefore, the following guiding question was elaborated: What is the

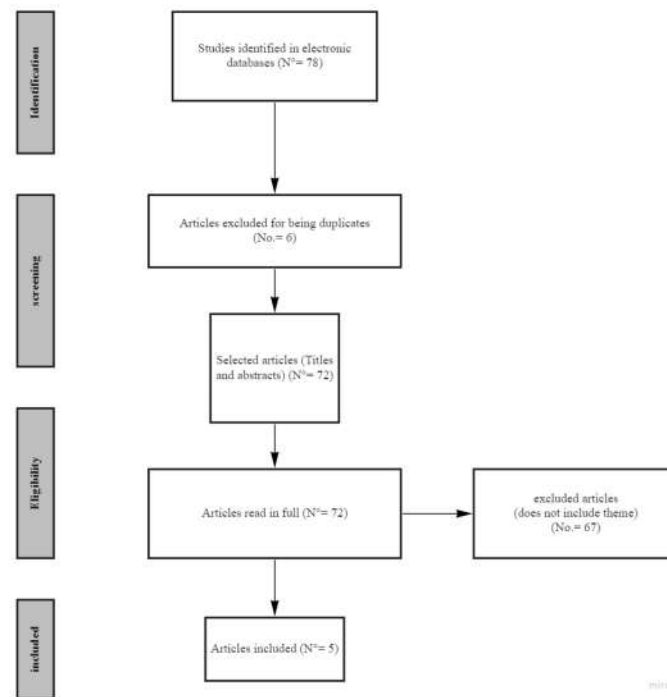
role of the multidisciplinary team in preventing the risk of falls in the elderly population?

The bibliographic survey was carried out from January to May 2020 through a search of articles published and indexed in the electronic database of the VHL (Virtual Health Library), PEDro (Physiotherapy Evidence Database) and SciELO (Scientific Electronic Library Online). Articles common to research databases were considered only once. For the databases, use the descriptors contained in the Descriptors in Health Science (DeCS) of the VHL and MeSH (Medical Subject Headings), without data obtained from the beginning of the collection and the objective language, since the maximum number of articles was retrieved possible, using the keywords: "Elderly"; "Prevention"; "Risk factors"; "multiprofessional team" and the combined Boolean operators AND and OR, looking for themselves as search strategies. The following inclusion criteria were used: articles published in Portuguese and reference to the four years, in full, that covered the theme, not review articles, dissertation or thesis. Critically and independently searched publications by three authors AL, LR and WT were analyzed. References to the selection of articles were prepared in plenary with a fourth researcher, participation until agreement. The selection process of articles that follows the PRISMA protocol (Preferred Communicating Items for Systematic Assessments and Meta-Analyses), for the process of identification, selection, eligibility and inclusion of studies. After elaborating the search strategy, the articles were selected on the Rayyan platform to remove duplication and read the studies. To classify the level of articles, the Agency for Health Care Research and Quality categorization was used, where level one is considered the one with the greatest strength of evidence, not which are included as meta-samples from multiple controllers. Individual projects with an experimental design, such as randomized clinical trials, are considered level two. Coordination, case-control and quasi-experimental studies, such as non-randomized studies, are classified as level three. Studies with a non-experimental design, such as cross-sectional studies, receive evidence level four. Study reports are considered five tiers, and opinions of authorities deemed competent or opinion of case studies of experiences and information are not in surveys at the tier.

Systematic quality assessment was performed using the Downs & Black score (1998). This instrument aims to assess methodological quality by analyzing the risk of bias in these scoring studies, which allows for internal validation, external validity and being able to study in the studies studied. 'Yes' answers are worth one point, while the others do not score, and only question five has a maximum score of two. The higher the number of "yes" answers, the higher the quality of the study in question. The statements presented in items one to six are references to the disclosure variable. Items seven and eight relate to external validity. Other items relate to internal validity. The scale is available in an indexed publication (BMJ Journals). Differences and doubts between the estimates were resolved by consensus and media by an independent third-party researcher (DF). For the article data of the articles, a table was prepared containing the information: year of publication, author, title of, continent, study objectives, following results/conclusion. The one of the studies found was done in a descriptive way and following the PRISMA criteria (Figure 1) and finally, the classification at the test level was made. After the selection of articles that were included in the following variables were collected: authors, year of publication, study design, country, size, instrument and sessions, main results, level of study data of the study.

RESULTS AND DISCUSSION

In the results of the present study, the care provided to housewives with regard to the risk of falls stands out. The studies of this research show the relevant studies and the results that can be selected the most, being selected the data of the studies of the studies, which show the relevant titles, the authors/year, methods and the duration of the studies that were selected for the stage, being possible to verify that the presentation has for synthesizer purpose as main methodological and conclusive properties of these studies.



Source: adapted by Page. et al. (2021).

Figure 1. Research flowchart: selection, eligibility, inclusion of scientific articles, according to PRISMA

Study titles	Authors/years	Methods	Conclusion
Prevention of falls and postural instability in the elderly. Memorials .	FONSECA; SAINTS; BOËRY, (2014)	This is a bibliographical, non-systematic, reflective study carried out by searching the following databases: LILACS (Latin American and Caribbean Literature on Health Sciences), SciELO (Scientific Electronic Library on-line) and Google Scholar	It is concluded, for the most part, as causally those that are more efficient in common factors in the hicc stage.
Educational Intervention on Risk Factors for Immobility in Elderly People at UBS Parque São Bernardo	OBREGON (2015)	Cross-sectional descriptive study	The family knows how to avoid people and their complications.
Nursing care for the elderly in family health units	BELT; FREIRES; LUCENA (2015)	Exploratory and descriptive research with a qualitative approach.	It is concluded, through the results, that the care for the elderly is below what is expected at this level of care, so there is a need for profound changes in the care of Family Health Units, seeking the satisfaction of this group.
Recurrent falls and risk factors in institutionalized elderly	FERREIRA, LMB M et al., 2019	This is a longitudinal concurrent cohort study.	It is concluded that recurrent falls are common in Long Stay Institutions for the Elderly and fatigue represents a risk factor, and a nursing team should be developed attentive to these issues.
Fall in the Elderly and Associated Risk Factors.	SOUZA, RHL et al., 2022.	This is an exploratory descriptive cross-sectional study.	Risk factors for falls should never be addressed by health professionals, especially the nursing team, during visits to the elderly person's home or even in routine care at the health unit.

In view of the development of the research, the chronological distribution of the articles chosen for the study can be exemplified, they were considered from 2024 to 2022. In this bibliography, all articles were published in Brazilian Portuguese, articles in Brazil were observed, more some found translated into English and Portuguese. As locomotion advances, the locomotion system of bodies through a natural process, which makes locomotion, the performance of movement, vulnerable. Thus, Bertold et al. (2015) address that these losses in independence and incapacity reflect in the elderly, triggering vulnerability to the risk of falls, interfering with autonomy, isolation, loss of identity, which may result in a decline in these decisions in hospitalization and/or a long stay in institutionalization. In the studies by Fonseca et al. (2014) ensure that an elderly person who presents postural instability will have difficulties, muscle weakness, intolerances, and sometimes risks to perform activities.

However, a multidimensional evaluation through professionals such as nurses, pharmacists, nutritionists and physical therapists with the purpose of all control of their health as a multidimensional care of fundamental professionals in the practice of medical care regarding the prevention of falls, identify the types of health that can cause the fall, as well as presenting the consumption of medicines that will identify for this event, according to Leme et al. (2019). Regarding the studies by Mesquita et al., 2019 and Pynoos et al., 2022, possibly that about 70% of all forms that they perform at home. Thus, they emphasize the importance of nurses who, during their home visits, investigate what they can do as observations regarding the factors associated with falls and as local forms of prevention to reorient the family team. According to the elderly health policy, CORREIA et al. (2015) emphasize the importance of physical therapist assistance, education for rehabilitation and joints in joints for health aging for the adult public regarding the pact for health, informing the elderly about

their rights and health, among others. The will of the physical therapist and nutritionist, as well as of the pharmacist, empathy with quality for this age group, and to contribute, are important for the elderly group to look at daily, with health education on the risk of falls in their daily lives. , making the assistance something continued until their absence, even with the difficulty of re-educating the family, due to their beliefs, customs and other things. In this study, it was observed that the female sex, the majority, presented with the age of schooling, low, 80 people of average income, are the most possible of people's income, corroborating with the age of study of people with low and 21 years of study (201) , where people with less education probably have greater difficulty in accessing: information, health services and better living conditions. However, in the studies by Paiva collaborators and (2020) identification that these data can be related to the absence of information that the student obtained throughout school life, concluding that school education will prevent falls through factors that could be predisposed, such as falls. Imply in quality of life and as forms of prevention.

According to Lopez et al. (2011), the longer the study period, the less likely the elderly person is to face difficulties in carrying out daily life and, consequently, to avoid falling. In our study, it was identified after the studies that appear the prevalence of attendance of the emergencies themselves of the own analysis corroborate with a study by Spritzer et al. (2016), which originated from falls from their own height in emergency cases in the elderly. The places of falls with the highest occurrence in our study were the backyard, bathrooms, kitchen and the sidewalks, so we found that one from Teixeira, from 2019, in the state of Bahia, was evaluated for the risk of falls in the elderly in their home and it was problems that 4% of their problems appear in environments presented in our study This index shows the index related in the spaces with the highest number of their irregular features present. (TEIXEIRA, D. et al., 2019). In the studies by Pinho et al. (2012), with 150 elderly people living in the community, 25.4% lived in backyards/patios. Already in 31 individuals of fall of residence of Li and collaborators (2020), as coming from their community of study, 31 individuals of fall of 31% of the research were obtained, as their local allegiance, giving to the present study. According to Rodrigues et al., 2020, the greater the number, which, consequently, the greater the extension of this elderly person's life, partly going from the fear of falling, increasing or causing sequelae, which can cause functional capacity and falling activities of the daily life, as well as hospitalizations, trauma, depression, among other consequences.

FINAL CONSIDERATIONS

In this sense, the fall considered as multifactorial causes to the senescence process such as the increase in muscle strength, evident as vision difficulties, loss of environmental power, antidepressants, antidepressants, among other medications, a lack of use of floors, stairs, rugs, lighting as accessibility barriers and in general. Given this offer, changes are possible both in the structure of the environment where the elderly live, and in the guidance of nursing professionals to avoid both fear and the prevention of further falls, which nursing is evident in contact with the elderly and undertake care actions on a daily basis, not only intervening, but identifying through the nursing diagnosis the elderly who are more prone to falls, through preventive diagnosis, and thus taking preventive measures. In cases where the reference episode has already occurred, it is necessary to be aware of the complications that may occur, in this situation, which may also occur in the reference cases, which is necessary for multidisciplinary equipment, when necessary for evaluation, or a psychologist in cases where depression and/or fear of walking prevail and consequently reduce this episode, which is considered a public health problem. It is necessary for the team to know how to identify individuals prone to falls and the risks at risk, but for this, a comprehensive assessment of the health of the elderly is necessary, with a holistic view of the individual.

In the care of the elderly, a multidisciplinary team should be required to carry out a shared action plan, with the objective of increasing the number of health promotion and disease prevention actions. Thus, each professional with their knowledge will specifically define the strategy of care and orientation to the patient, forming a network of attention and care to the health of the elderly. The problems of downgrading health and the ability to downplay health and downplaying health and downgrading public health. Through the intervention of the health professional, with emphasis on nursing, while others are the responsibility of health authorities and public authorities. However, one of the limiting factors identified in this study included a small number of studies (n of the research), making it impossible for more information to be revealed. Exercise in this domain, it is a topic of extreme importance in the health of nursing professionals in the prevention of the risk of falls.

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