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39 – Quality of Life of the Elderly: Determining Factors

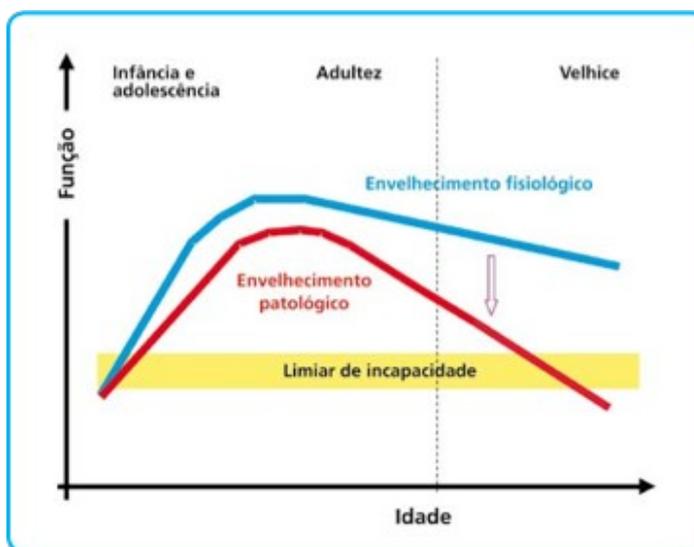
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In the scenario of health problems in Brazil, one of the issues that stands out is the ageing population. In principle this information is positive. It reveals that life expectancy has increased despite all the problems of economic and social order, of the regional disparities and the access to basic social facilities, such as transport, housing, education and health. The change, however, offers new challenges for the health sector, because there are a number of common problems of the elderly, such as chronic degenerative diseases, including cancer, requiring adaptation of health programs (1).

Faced with the reality of demographic change, it is clear that there is an increasingly ageing population, highlighting the importance of ensuring the elderly not only longer survival but also an increasingly better quality of life. Quality of life goes beyond being healthy, involves self-esteem, emotional state, social interaction, cultural values, functional capacity, socio-economic, social and religious status, as well as autonomy in daily activities and the family environment of the elderly.

This study aimed to analyse the quality of life in old age. Two questionnaires were used, the first was to register the families in the community to have access to some data and to know the profile of the population to be researched; and the second was to report the perceptions that each course was involved in community needs, focusing on the work in these areas.

Figure 1 - Global functionality vs age



Source: Moraes (2008).

Figure 1 shows the relationship between the overall functionality of the body and life cycles. The human being reaches the maximum of his bodily functions around 30 to 40 years. Between 40 and 50 years old there is a stabilization and, from there, a progressive functional decline, an overall functional loss of 1% per year. Therefore, the higher the functional reserve, the lower the impact of the considered physiological decline (physiological ageing) (2).

Biological ageing may be physiological (senescence) or pathological (senility). The physiological ageing can be subdivided into two types: successful and usual. In successful ageing, the body maintains all physiological functions robustly, similar to adulthood. In the usual ageing, there is a slow progressive functional loss, which does not cause disability but it brings some limitation to the person (2).

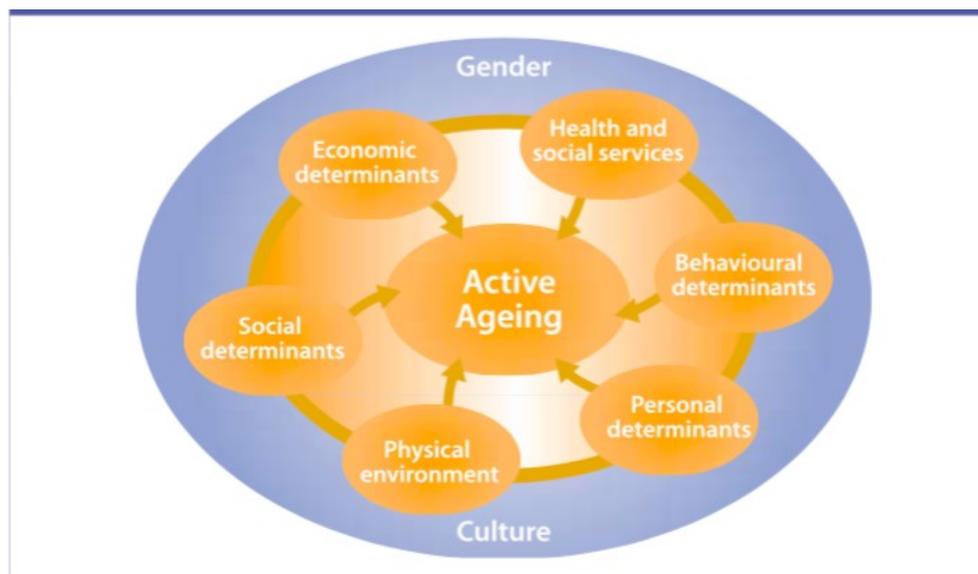
Knowing the profile of hospital morbidity from the perspective of the main causes that led to hospitalization, becomes a fundamental source of information for health planning, since the demands of the elderly for health care are significant and for your service a growing increase in public spending on hospital admissions is required. In

2010 they recorded 25,822 admissions of elderly (60 and over) by SUS, which corresponds to a hospitalization rate of 9,330 %. Older people already account for 10.7% of the population, and in the North-east are 10.2%. In Alagoas, the elderly are 8.8% of the general population of the state, accounting for 8.36% of hospitalizations for hip fractures. The epidemiological transition brings a new high morbidity profile for chronic diseases, with direct impact on health services (3).

Ageing brings individuals progressive changes, either in the functional aspects, whether the engines, as well as the psychological and social. These changes vary from one individual to another and is influenced, by both the lifestyle as by genetic factors. Among the changes from the ageing, it highlights the reduced functional capacity of the individual, caused, mainly, by the physical and mental disuse. It is also reported that a sedentary lifestyle is closely related to the onset of chronic degenerative disorders in the elderly. Shephard (1991) and Gobbi (1997) allege that the practice of guided physical activity acts as a prevention and rehabilitation of elderly health, strengthening the elements of physical fitness (strength, flexibility, strength, balance and body composition). They believe, also, that this improvement is directly associated with independence and autonomy (1).

Information on the health conditions of the elderly and its determinants, as well as their demands and health care use patterns, are essential to guide health policies to this population (figure 2). Epidemiological population-based studies, ie, those investigating elderly community residents, provide this type of information, but are still rare in Brazil (4).

Figure 2 – The determinants of Active Ageing



Source: OMS (2005).

The health care systems move in a dialectical relationship between contextual factors (such as population ageing, epidemiological transition and scientific and technological developments) and internal factors (such as organizational culture, resources, incentive systems, organizational structure and leadership style and management). The contextual factors that are external to the health care system change at a faster pace than the internal factors that are under the sectoral governance. Herein lies the universal crisis of health care systems that have been designed and developed with a presumption of continuity of a performance directed to the conditions and acute events and disregarding the contemporary epidemic of chronic conditions (5).

The rapid accumulation of knowledge about the determinants of health and the development of complex technology are leading to an increased ability to detect and manage the illness, prevent disease and promote health, even in the face of changes in the demographic and epidemiological profiles. All countries are facing the need to change their health systems to better respond to these challenges without end their economies due to health care expenses (6.7).

It was observed that physical activity stands out significantly in relation to the development of healthy habits in relation to bio-psycho-social health of the elderly, however, the so-called third age and movements that are organized around it indicate changes radical in ageing, which is no longer understood as physical decay, loss of social roles and withdrawal (8). However, our enthusiasm for the elderly and the success of this movement can not prevent the recognition of the precariousness of the mechanisms that Brazilian society has to deal with advanced age, the situations of abandonment and addiction, with the loss of skills cognitive, physical and emotional that accompany advancing age.

Take Home Message

- - Quality of life goes beyond being health, involves self-esteem, emotional state, social interaction, cultural values, functional capacity, socio-economic, social and religious status, as well as autonomy in daily activities and the family environment of the elderly.
- - In successful ageing, the body maintains all physiological functions robustly, similar to adulthood. In the usual ageing, there is a slow progressive functional loss, which does not cause disability but it brings some limitation to the person.
- - Shephard (1991) and Gobbi (1997) allege that the practice of guided physical activity acts as a prevention and rehabilitation of elderly health, strengthening the elements of physical fitness (strength, flexibility, strength, balance and body composition). They believe, also, that this improvement is directly associated with independence and autonomy (1).
- - The rapid accumulation of knowledge about the determinants of health and the development of complex technology are leading to an increased ability to detect and manage the illness, prevent disease and promote health, even in the face of changes in the demographic and epidemiological profiles.
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Original Abstract

<http://www.woncaeurope.org/content/abstract-no-12-poster-quality-life-elderly-determining-factors>

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