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Functional ability of elderly living in urban area

Capacidade funcional de idosos residentes em zona urbana

Capacidad fucional de ancianos residentes en zona urbana

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Abstract: Objective: to analyze the functional ability of elderly living in urban areas. **Method:** cross-sectional study, conducted in the city of Cuiabá-Mato Grosso. The sample was 573 elderly. Data were analyzed using descriptive statistics. **Results:** There was a predominance of elderly aged 60 to 69 years (45.9%) living with other people (89.5%). Most men were married or had a partner (72.8) and women were widows (43.6%). Elderly men were more independent to perform their daily activities (72.4%), while women were more dependent (41.7%). **Conclusion:** it is considered relevant to incorporate the Functional ability assessment in the nursing consultation to the elderly, in order to prevent and minimize the damage of functional dependence.

Descriptors: Elderly; Health of the Elderly; Urban Area

Resumo: Objetivo: analisar a capacidade funcional dos idosos residentes em zona urbana. **Método:** estudo transversal, desenvolvido no município de Cuiabá- Mato Grosso. A amostra foi de 573 idosos. Os dados foram analisados por meio de estatística descritiva. **Resultados:** Houve predomínio de idosos na faixa etária de 60 a 69 anos (45,9%) e que residiam com outras pessoas (89,5%). A maioria dos homens era casada ou tinha companheira (72,8) e as mulheres eram viúvas (43,6%). Os homens idosos eram mais independentes para realizar suas atividades diárias (72,4%),

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enquanto as mulheres eram mais dependentes (41,7%). **Conclusão:** considera-se relevante incorporar a avaliação da Capacidade Funcional na consulta de enfermagem ao idoso, com a finalidade de prevenir e minimizar os prejuízos da dependência funcional.

Descritores: Idoso; Saúde do idoso; Área urbana

Resumen: **Objetivo:** analizar la capacidad funcional de los ancianos residentes en zona urbana. **Método:** estudio transversal, desarrollado en el municipio de Cuiabá - Mato Grosso. La muestra fue constituida por 573 ancianos. Los datos fueron analizados por medio de estadística descriptiva. **Resultados:** Hubo predominio de ancianos en el grupo de edad de 60 a 69 años (45,9%), que residían con otras personas (89,5%). La mayoría de los hombres estaban casados o tenían compañera (72,8) y las mujeres eran viudas (43,6%). Los hombres mayores eran más independientes para realizar sus actividades diarias (72,4%), mientras que las mujeres eran más dependientes (41,7%). **Conclusión:** se considera relevante incorporar la evaluación de la Capacidad Funcional en la consulta de enfermería al anciano, con la finalidad de prevenir y minimizar los problemas de dependencia funcional.

Descriptores: Ancianos; Salud del anciano; Área urbana

Introduction

Population aging for some years has been a reality in developing countries. The last census conducted in Brazil in 2010 showed that there are more than 20 million elderly people, representing 14.3% of the general population.[1]

This aging is followed by the increased prevalence of Noncommunicable Chronic Diseases (NCDs), especially cardiovascular, respiratory, neoplasms, diabetes mellitus and the gastrointestinal tract.[2] Such diseases may interfere with the functional capacity (FA) of the elderly, compromising autonomy and independence, leading to disabilities and, consequently, functional dependency.[3-4]

FA is an interaction between physical and mental ability of an elderly in order to perform activities considered important for them and their survival, such as daily living (ADL) and

Instrumental Activities of Daily Living (IADL).[2] ADL are basic activities such as eating, walking, and dressing, and IADL are the most complex activities that indicates freedom in taking medications, managing money, get on transportation, preparing meals.[5-6]

Functional disability is the difficulty that the elderly has in performing their daily activities due to some physical or mental limitation, which may imply the dependency on care from their families, community and long-term care facilities for elderly (LTCFs)[7].

The decline in FA is one of the main problems that can affect the elderly.[3,5] International and national studies on this theme have explored some aspects, especially factors that lead the elderly to become disabled.[8-9] National ones have focused on the loss of FA, and have found that the main factors associated with functional ability are advanced age, being a female, low income, low education and NCD.[7-8,10] International studies have found that the main factors associated with loss of Fa are advanced age, use of five or more medications and depression.[11-12]

Research conducted in the metropolitan region of Belo Horizonte with 1,624 elderly people found that 19.6% were dependent to perform some IADL and 16.2% had some difficulty in performing one or more ADLs.[8] In Porto Alegre, research conducted with 671 elderly people identified that 15.5% needed help for ADLs and 26.1% needed help to perform at least one IADL.[3]

The FA is pointed out in the literature as one of the main health components of the elderly, configuring a new health paradigm for the aging population. Thus, the most important health indicator becomes the person's degree of FA and no longer morbidities[13] because, even in the presence of these,[9] the elderly can perform their daily activities.[14]

Considering the importance of promoting the health of the elderly, the Ministry of Health (MH) assumed that the main problem that can affect it is the lack of ability to perform their daily activities. In this sense, the National Health Policy for the Elderly (PNSPI) was created in 2010 aiming at prioritizing the promotion, maintenance and rehabilitation of the FA.[2] Thus, to

sustain the actions provided for in this policy, as well as to elect priorities by managers, allocate resources and plan assistance to the elderly, keeping them active in society, it is central to know their health needs, as well as their ability to perform daily activities.[14] Given the above, the question is: how is the functional ability of elderly living in urban areas? To answer this question, the objective was to analyze the Functional Ability of elderly living in urban areas.

Method

This article uses data extracted from the study entitled "Self-reported health conditions of the elderly population of Cuiabá", which analyzed the health conditions of this population.[15] According to the last census, the municipality of Cuiabá has 551,098 inhabitants, of which 44,817 are elderly[16]

This is a cross-sectional study, conducted with people aged 60 and over who live in the urban area. Those residing in LTCFs, hospitals, prisons, hostels and support homes were excluded.

The sample was defined by statistical calculation for finite populations. A confidence coefficient of 95%, a sampling error of 5% and a proportion value of 0.5 (p=0.5) were considered. Thus, from cluster sampling, the final sample was 573 elderly.

Data were collected at the elderly's home, from December 2011 to March 2012 through the BOAS questionnaire (Brazil Old Age Schedule) .[17] This is a multidimensional tool that has been used in research with the elderly population. The questionnaire is divided into nine sections, totaling 75 questions.

To analyze the FA of the elderly, sections I (general information of the elderly) and IV (ADL) were used. To assess FA and establish the degree of dependency, the ability of the elderly person to perform 12 ADLs (leaving home with transport, going short distances, eating their meals, taking medicine, dressing and undressing, combing their hair, walking flat ground, going

up/down stairs, lying down and getting up, taking a shower, cutting toenails, going to the bathroom on time). These ADLs ranged from the simplest to the most complex activities.

The variables under studied were as follows:

• Sociodemographic: gender (male/female), age (60-69 years, 70-79 years, 80 years and over), ability to read and write (yes/no), levels of schooling (none, elementary, high school or middle school), marital status (married/have a partner, widower, divorced/separated, never married), number of people living in the household (live alone/live with other people).

• Degree of dependency: independent (elderly people who have no disability or difficulty in performing ADL), mild dependency (elderly people who have disability or difficulty in performing one to three ADL) or moderate/severe dependency (elderly who have disability or difficulty in performing four or more AVDs).[17] Someone to help with daily tasks (yes, no), person who most helps with daily tasks (spouse/partner, son, daughter, another family member, an employee, other).

Data were processed using SPSS 15.0 (Statistical Package for Social Sciences) software and were analyzed descriptively, with absolute and relative frequencies. This research was approved by the Research Ethics Committee of the Júlio Müller University Hospital, under protocol no. 132/CEP /HUJM/11 and all the ethical precepts of Resolution 466/12 of the National Health Council were followed.

Results

The study included 573 elderly (254 men and 319 women), aged between 60 and 69 years (45.9%). Men were married or had a partner (72.8%) and women were widowed (43.6%). Regarding education, 73.5% of the elderly could read and write, and the highest education was primary education (44.4%). Elderly people living with other people accounted for 89.5%.

Table 1- Distribution of the elderly according to demographic and socioeconomic characteristics, by gender. Cuiabá-MT. 2012.

Variable	n	Men n=254 %	n	Women n=319 %	n	Total n=573 %
Age						
60 to 69 years	118	46.5	145	45.5	263	45.9
70 to 79 years	82	32.3	120	37.9	202	35.4
80 years or more	53	20.5	52	16.3	105	18.2
UK/NA**	03	00.8	02	00.3	03	00.5
Marital status						
Married/ Have a partner	185	72.8	124	38.9	309	53.9
Widowed	37	14.6	139	43.6	176	30.7
Divorced/ Separated	23	09.1	35	11.0	58	10.1
Never been married	09	03.5	21	06.6	30	05.2
Could read and write						
Yes	188	74.0	233	73.0	421	73.5
No	66	26.0	86	27.0	152	26.5
Schooling						
None	29	15.4	40	17.2	69	16.4
Elementary	82	43.6	105	45.1	187	44.4
Middle school	24	12.8	31	13.3	55	13.1
High school	24	12.8	33	14.2	57	13.5
Higher education	26	13.8	22	09.4	48	11.4
UK/NA **	03	01.6	02	00.9	05	01.2
Live with						
Alone	26	10.2	34	10.7	60	10.5
Other people	228	89.8	91	89.3	513	89.5

*Source: Self-reported health conditions of the elderly population of the municipality of Cuiabá research. Cardoso, 2013.
**UK/NA –Unknown/No answer

Regarding the FA of the elderly, 64.5% were independent, among them 72.4% were men and 58.3% were women. The frequency of dependency (mild, moderate/severe) among men was 27.6% and for women 41.7% (Table 2).

Table 2- Distribution of functional capacity of the elderly according to gender considering the degree of dependency. Cuiabá-MT, 2012.

Variable	n	Men	n	Women	n	Total

		n=254 %		n=319 %		n=573 %
Degree of dependency						
Independent	18	72.4	186	58.3	370	64.5
Mild dependency	50	19.7	105	32.9	155	27.1
Moderate/severe dependency	20	7.9	28	8.8	48	8.4

* Source: Self-reported health conditions of the elderly population of the municipality of Cuiabá research. Cardoso, 2013.

Most elderly (75.7%) need someone to help them perform their daily tasks, more often among men (83.5%). For men, the person who most assisted in performing daily activities were wives/partners (55.2%) and, for women, daughters (42.2%).

Table 3- Person who most assisted in performing daily tasks, according to gender. Cuiabá-Mato Grosso-2012.

Variable	n	Men=254 %	n	Women n=319 %	n	Total n=573 %
Person to assist in performing daily tasks						
Yes	222	83.5	212	69.6	434	75.7
No	32	16.5	107	30.4	139	24.3
Person who mostly assisted in performing daily tasks						
Spouse/ Partner	117	55.2	31	13.9	148	34.0
Son	09	4.2	17	7.6	26	6.0
Daughter	36	17.0	94	42.2	130	29.9
Another family member	16	7.5	42	18.8	58	13.3
An employee	23	10.8	33	14.8	56	12.9

* Source: Self-reported health conditions of the elderly population of the municipality of Cuiabá research. Cardoso, 2013.

Discussion

The results of this study contribute to the expansion of knowledge about FA and the care needs of the elderly living in urban areas and point out aspects that should be addressed in the

care of this population. The sociodemographic characteristics and the FA of the elderly indicate a majority of young elderly, married men, widowed women, low education, live with someone, are independent, however, need help in performing ADL.

The fact that the elderly in the sample are younger may be explained by the recent aging of the population in Brazil.[8,18-19] The "young elderly" tend to have greater independence in performing ADL when compared to older elderly, because with aging there is a physiological decline that may compromise their autonomy and independency.[20]

The higher proportion of married men or that have a partner and widowed women is a consistent result from other studies.[20-21] This may be because men who divorce or become widowed constitute remarriage, while women when they experience such situation tend to remain widows. In addition, the longer survival of women should be considered, increasing the chance of remaining widows.[21]

Evidence has shown that widowhood can negatively influence the FA of the elderly. A research conducted in the city of Guarapuava, Paraná, with the objective of analyzing the FA of 359 elderly, found an association of widowhood with the degree of dependence of the elderly.[18]

The low education level found in this study may be a consequence of the elderly living in a time when the Brazilian population was concentrated in rural areas, education was prioritized for men and/or people with better socioeconomic conditions.[3,19,21]

FA is directly linked to the educational level of the elderly, as it can influence the performance of their IADL, such as the use of public transportation, taking medicines and managing their finances, that is, the lower the educational level, the higher the level of dependency.[20]

The cohabiting of the elderly occurs due to cultural and economic factors, because with aging there is a greater compromising of their income, with medicines, health and food. They often continue to help with household income or are the main providers.[22]

Regarding the FA, most of the elderly were independent, with greater frequency among men. This result is similar to another study[18] that found more independent men than women.

Functional disability is a phenomenon that differs between genders. Some possible explanations can be given to this difference, such as the fact that women live longer, have higher prevalence of chronic health problems and high levels of dependency, which may compromise their independency and autonomy.[18,20-22] Men and women are influenced not only by the biological factor, but also by the socio-historical-cultural context, which will define their behavior pattern, determining a successful aging or not.[23]

Another important finding is that men require greater help from their wives or partners to perform their daily tasks. Evidence indicates that this may represent greater emotional support, characterizing companionship in health care. In contrast, women, when remaining widowed, turn to their daughter, who plays an important role in the social and affective life of older women to help them with care.[22-21]

Conclusion

The data from this investigation allowed us to verify the FA of the elderly population living in urban areas. The sample of this study was between 60 and 69 years old, men were married or had partners, while women were widows. Most of the elderly lived with other people, could read and write, and had primary education.

Elderly men were found to be more independent in carrying out their daily activities and, when they needed help, the wives or partners performed this role. Women were more dependent, and daughters were the ones who helped with daily activities.

The findings of this study reinforce the need for health professionals, especially those working in the Family Health Strategy, to monitor the CF of the elderly, in view of the damage that functional dependence can bring to the life and health of this population, family members

and the health system. This information is still important for health care planning and it is considered essential to incorporate the FA assessment in the nursing consultation for the elderly, in order to prevent and minimize the damage of functional dependency.

Some limitations may be mentioned, among them that the study was conducted in a capital of the Midwest region of Brazil, which presents socio-cultural and economic differences from other regions of the country; the population under study was limited to elderly residents in the community, therefore, it does not reflect the reality of people living in LTCFs.

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