

Brazilian Institutionalized Elderly: Profile, Self-Reported Health and Vaccination

Idosos Brasileiros Institucionalizados: Perfil, Autopercepção de Saúde e Vacinação

Ancianos Brasileños Institucionalizada: Perfil, Autopercepción de Salud y Vacunación

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Abstract

Objective: this study presents an analysis of the health profile, influenza immunization, and self-rated health in elderly residents in Long-Term Care Facilities (LTCF) in a city in the interior of São Paulo, Brazil. **Methods:** this is a descriptive cross-sectional study design. A total of 77 institutionalized elderly were interviewed dependence level I and II assessed using the Katz Scale. Data were analyzed descriptively. **Results:** indicate that the majority of elderly hypertension, diabetes mellitus and post-stroke sequelae and use of diaper, but without physical disabilities, with intake of more than four medications per day, institutional medical care and no previous report of fall. There was growing adherence of immunization to influenza vaccination in five years. **Conclusions:** to ensure a comprehensive and humane care is necessary to know the profile of the assisted population, which enables the development of strategies.

Descriptors: Nursing; Vaccination; Institutionalization; Health Services for the Aged; Geriatrics

Resumo

Objetivo: análise do perfil de saúde, a vacinação contra influenza, e autopercepção de saúde em idosos residentes em Instituições de Longa Permanência (ILP) em uma cidade no interior de São Paulo, Brasil. **Métodos:** estudo descritivo transversal. Um total de 77 idosos institucionalizados foi entrevistado, com o grau de dependência I e II avaliadas pela escala Katz. Os dados foram analisados de forma descritiva. **Resultados:** indicam que a maioria dos idosos eram portadores de hipertensão, diabetes mellitus e pós-sequelas de AVC e uso de fralda, mas sem deficiências físicas, com a ingestão de mais de quatro medicamentos por dia, assistência médica institucional e nenhum relatório anterior de queda. Houve crescente adesão à vacinação de imunização em cinco anos. **Conclusões:** para assegurar um cuidado integral e humanizado se faz necessário conhecer o perfil da população assistida, o que possibilita a elaboração de estratégias.

Descritores: Enfermagem; Vacinação; Institucionalização; Serviços de Saúde para Idosos; Geriatria

Resumen

Objetivos: análisis del perfil de salud, vacunación antigripal, y autopercepción de la salud en los ancianos residentes en instalaciones de cuidado a largo plazo (LTCF) en una ciudad del interior de São Paulo, Brasil.

Métodos: estudio descriptivo transversal, El total de 77 ancianos institucionalizados se entrevistó a nivel de dependencia I y II Opinión utilizando la Escala de Katz. Los datos fueron analizados descriptivamente.

Resultados: la Mayoría de la hipertensión edad avanzada, la diabetes mellitus y la post-secuelas de ictus y el uso del pañal, pero sin discapacidades físicas, con una ingesta de más de cuatro medicamentos por día, la atención médica institucional y ningún informe anterior de caída. Hay una creciente adhesión a la vacunación antigripal de la inmunización en cinco años. **Conclusiones:** para garantizar una atención integral y humana es necesario conocer el perfil de la población asistida, que permite el desarrollo de estrategias.

Descriptores: Enfermería; Vacunación; Institucionalización; Servicios de Salud para Ancianos; Geriátría.

Introduction

The society has been marked by aging with a significant increase in the number of elderly, it is estimated that by the year 2050 the population will increase by about 2 million people living in developed countries. In Brazil there are around 17.6 million elderly and it is estimated that over the next 20 years this number will double.¹

Old age brings its own characteristics that may modify everyday activities, these being the social, cultural and health environment, allowing the coexistence and exchange of knowledge between individuals of the same age being important in this context.²

Long-Term Care Facilities (LTCF) for the elderly are specialized in serving this age group, elderly who have no family choose to live in institutions, because they not want to bother your family, friends, children, and thus prefer to be independent and reside in institutions. Thus, the look at the institutionalized elderly is changing, over time the institution of long permanence do not is seen as "deposit elderly", but understood and respected as an option in the context of life of each individual.³

The aging process can bring dependency, so nurses and multidisciplinary team have a crucial role to help the elderly, is a period in which the underlying disease are more pronounced. Therefore it is important that health professionals and family members are aware of the changes and can contribute to the treatment and prevention of diseases.⁴

This study aimed to investigate the health profile of the institutionalized elderly, vaccination and health perceived by them. Influenza is a disease that affects a large rate of elderly people, as well, the federal government established a flu shot, being a right and obligation of elderly households and institutions that harbor them.

Materials and Methods

This is a quantitative and cross-sectional study with a descriptive design. The study was conducted in na LTCF for elderly individuals in a city in the interior of Sao Paulo, Brazil. The participants were individuals 60 years old or older and living in an LTCF. Inclusion criteria were: being 60 years old or older, living in an LTCF, having no severe impairment of language or comprehension, degree of dependence I and II and signing a free and informed consent form.

The degree of dependence was obtained by means of the Katz scale that assesses Independence in Activities of Daily Living and Instrumental Activities of Daily Living (IADL). The study was approved under protocol number 153/12 in accordance with the requirements of Resolution 196/96 preconized for research with humans.⁵⁻⁶

2.1 Participants

Were analyzed 77 subjects who did meet the inclusion, Table 1 presents the participants characteristics, Most (50%) of the 77 institutionalized individuals were women, aged 71 to 80 years (47,50%), single (67,50%), without children (60%) with incomplete primary education (57,50), who receive a pension as a source of income (100%), who had previous occupation as being caretakers of the house (52,50).

Table 1: Profile of Institutionalized Elderly Individuals (N=77), Taubaté, 2012

Characteristics	Female		Male	
	N	%	N	%
Gender	40	51,95	37	48,05
Age (years)				
45 I-- 59	-	-	3	8,11
60 I- 70	7	17,50	11	29,73
71 I- 80	19	47,50	18	48,65
More or equal to 81	14	35,00	5	13,51
Marital status				
Married	0	0	3	8,11
Widowed	13	32,50	5	13,51
Single	27	67,50	24	64,86
Separated or divorced	0	0	5	13,51
Have a Children	16	40,00	15	40,54
Education				
Illiterate	14	35,00	7	18,92
Incomplete primary school	23	57,50	22	59,46
Complete primary school	3	7,50	4	10,81
Incomplete secondary school	0	0	1	2,70
Complete secondary school	0	0	3	8,11
Complete college	0	0	0	0
Source of income				
Retirement	40	100	37	100
Other (allowance / assistance)	-	-	-	-
Previous occupation to Institutionalization				
Caretakers of the house	21	52,50	-	-
Worked	13	32,50	27	72,97
Do not Know	6	15,00	10	27,03

2.2 Data Collection Procedures

Data were collected August 2012 through individual interviews with elderly individuals on the LTCF premises, Interviews were held only after the participants approved and signed the "Statement of free and informed consent", An instrument addressing each individuals' name, gender, date of birth, have a children, date when admitted into the institution, source of income marital status, educational level, and previous occupation to Institutionalization, was used to characterize the elderly individuals, The "Mini Mental State Examination" (MMSE) was used to screen for cognitive impairment, Its score varies according to the educational level of individuals and, depending on the score, may indicate the presence of cognitive impairment, to assess the degree of dependence was used the Katz scale, which assesses Independence in Activities of Daily Living and Instrumental Activities of Daily Living (IADL), Were characterized by Grade I, independent seniors who are able to perform their activities of daily living without assistance from another person, even with the use of equipment; Grade II, dependent elderly, are able to perform daily activities such as performing self-care such as eating, walking alone, making hygiene and without any change or cognitive impairment; Grade III, the elderly who are dependent and need care in all activities of daily living and who have cognitive deficits or not.

2.3 Data Analysis Procedure

Data were analyzed using analyzing the charts of institutionalized elderly and quantified in absolute numbers and percentages, analyzed quantitatively and descriptively.

Results

Regarding the length of institutionalization most have less than three years, his going to the institution gave up due to living alone or not having someone to care, according to information in Table 2, information regarding the clinical data are shown in Table 3, which shows as co-morbidates the hypertension, diabetes and neurological disorders, diaper use, without physical alteration, daily use more than four different types of medication, with medical monitoring and judge his health as good.

Table 2: Information about the Institutionalization (N = 77). Taubaté, 2012

Data	Female		Male	
	N	%	N	%
Time in Institution (years)				
< 3	22	55,00	16	43,24
3 I- 6	7	17,50	5	13,51
6 I- 9	1	2,50	5	13,51
More than 9	10	25,00	11	29,73
Reason for admission given by the Institution				
Lived Alone	10	25,00	10	27,03
He had no one to provide care	14	35,00	16	43,24
Health problems	9	22,50	7	18,92
House without condition	0	0	4	10,81
Transfer - another institution	7	17,50	0	0

Table 3 - Distribution of Clinical data of the Institutionalized Elderly (N = 77). Taubaté, 2012

Clinical Date	Female		Male	
	N	%	N	%
Co-morbidities				
Hypertension	9	22.50	10	27.03
Stroke sequelae	8	20.00	5	13.51
Neurological changes	7	17.50	7	18.92
Diabetes Mellitus	5	12.50	3	8.11
Renal insufficiency	4	10.00	4	10.81
Senility	4	10.00	6	16.22
Cancer	2	5.00	2	5.41
No apparent disease	1	2.50	-	0
Use Of Diaper	25	62.50	17	45.95
Physical changes				
No change	24	60.00	26	70.27
Paresthesia	6	15.00	4	10.81
Visual impairment / speech / walk	6	15.00	4	10.81
Amputation	4	10.00	3	8.11
Daily medicines (quantity)				
> 4	34	85.00	27	72.97
3 / 4	6	15.00	10	27.03
Medical monitoring				
Clinical	30	75.00	25	67.57
Other Specialties	10	25.00	12	32.43
Falls				
Not fell	29	72.50	29	78.38
There are fewer 10 year	11	27.50	8	21.62
Self-perception of health status				
Excelent	0	0	1	2.70
Good	28	70.00	28	75.68
Bad	10	25.00	2	5.41
Rubbish	2	5	2	5.41
Do not Know	0	0	4	10.81

There was a progressive increase in the vaccination against influenza both among women as among men as shown in Table 4.

Table 4 - Distribution of Influenza Immunization of Institutionalized Elderly. Taubaté, 2012

Gender	2008		2009		2010		2011		2012	
	N	%	N	%	N	%	N	%	N	%
Female	30	75.00	28	70.00	28	70.00	35	87.50	40	100
Male	25	67.57	25	67.57	28	75.68	29	78.38	34	91.89

Discussion

Being in a Long-Term Care Facility (LTCF) for some people no is longer the punishment and even negligence. Today many seniors believe that to be in an institution results in better care, adequate infrastructure and daily activities targeted to your needs.⁷⁻⁸

It is important to remember that despite the divergence of studies and concepts when the LTCF, after a certain period the feeling before negative becomes positive, because of security and satisfaction with social life got in the institution.⁹

The increased life expectancy among women is evident in developing countries like Brazil, due low fertility rates and high male mortality rates, and the women show more attention to health, know more signs and symptoms of diseases and seek more health professionals when compared to men.¹⁰

Along with the aforementioned characteristics, this and other studies show that single elderly women with low education which possibly had no children and whose family is less numerous, is more likely to age in LTCF, because there is lack of potential caregivers.⁸

It is noteworthy in educational terms that illiteracy is a reality in developing countries like Brazil. In this study the elderly lived in a time where education was not a priority, which serves as a warning to professional caregivers in terms of proper communication to the level of education and understanding that the elderly care may have.⁷

The population aging, sedentary lifestyle, inadequate dietary habits, and other social changes and behavior, increase the incidence and prevalence of diabetes and hypertension, and the mortality for disease. The bad habits culminate in stroke debilitating and limit neurologically.¹¹

Thus, because of the senescence the older more becomes dependent on daily medications which require a closer look at for is not be exchanged or given in inappropriate times. The large drug intake in the elderly becomes well assisted in LTCF which have professionals for this type of assistance. However, one must consider that independence and self-care should be encouraged in the institutions so that they do not serve as allies of the decrease of autonomy of activities of daily living of the elderly.¹²

As in this study, the institutionalized elderly has shown a good health perception. It proves able to realize self and evaluate your health which demonstrates lucidity and insight, which can often be overlooked and ignored by professional caregivers. Therefore, one should take into account the self-assessment referred to by the elderly and use it as a tool in health interventions.

The individual who presents changes resulting from aging process has a decline in immune activity, making the elderly vulnerable to disease, and the main circulatory and respiratory system, cancers and certain infectious and parasitic diseases.^{2,13}

The influenza virus is one of the causes of respiratory infections in the elderly, where 75% of infections are caused by it, vaccination is an effective prevention method, which gets good results in this regard. Because it influences the reduction of mortality from influenza, hospitalization, use of drugs and prophylaxis secondary diseases.¹⁴⁻¹⁶

Vaccination in hospital and in the LTCF for elderly were able to reach a large number of elderly people over the years, so reducing the risk of developing severe respiratory diseases that can lead to death.¹⁷⁻²⁰

Conclusions

Studies like this allow to perceive the institutionalized elderly as a possibility within the assistance that must be looked with cautiously. It is worth noting that if the elder has not a good family socializing, this will inevitably contribute to the absence of this interaction in old age.

Even LTCF being places able to assist the elderly with quality, the family environment whenever possible should be encouraged and cozier option at this stage of life.

Conflict of Interest Statement

There are no financial conflicts of interest or of any other nature, on the part of the authors “Brazilian institutionalized elderly: Profile, self-reported health and vaccination”.

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