

The elderly with dementia in a specialized attention center in the city of Fortaleza – Ceará*

O idoso demenciado em centro de atenção especializado no município de Fortaleza – Ceará

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ABSTRACT

Introduction: to prolong a healthy and free of disability life becomes of relevance to the current science. **Objective:** to analyze the health profile of the elderly with dementia in specialized services, with a view to outlining actions for the quality of interdisciplinary assistance in health care for the elderly in the city of Fortaleza, Ceará, Brazil. **Method:** this was an exploratory, descriptive, quantitative, and cross-sectional study developed in Center for the Attention to Elderly Health at the Walter Cantídio University Hospital of the Federal University of Ceará, Brazil. A total of 330 elderly were randomly selected and investigated. Data collection occurred between January and May of 2009 through a semi-structured questionnaire. The data were analyzed and categorized in the Epi-Info program, version 6.0. Graphs and tables were used with a descriptive analysis and discussion based on existing research. **Results:** most patients were women (70.61%) between 80 and 89 years old (52.7%), possessing an informal caregiver (87%). The assistance in the center were provided by doctors, nurses, physiotherapists, occupational therapists, nutritionists, speech therapists, social workers, and psychologists. The most prevalent diseases were: Alzheimer's disease (64.5%), vascular dementia (21.8%), mixed dementia (10%), and Parkinson's disease (7.6%). The most frequent associated diseases were: hypertension (36.7%) and diabetes mellitus (17.3%). **Conclusions:** it is concluded that there is satisfaction about the assistance among professional staff and families, showing the need for interdisciplinary and contextualized actions in the region.

Key words: Geriatrics; Aged; Dementia; Old Age Assistance.

RESUMO

Introdução: prolongar a vida saudável e livre de incapacidades torna-se de relevância para a ciência atual. **Objetivo:** analisar o perfil de saúde do idoso demenciado em serviço especializado, com vistas a delinear ações para a qualidade da assistência interdisciplinar na atenção à saúde do idoso no município de Fortaleza, Ceará, Brasil. **Método:** trata-se de pesquisa exploratória, descritiva, de natureza quantitativa e transversal, desenvolvida em Centro de Atenção à Saúde do Idoso do Hospital Universitário Walter Cantídio da Universidade Federal do Ceará, Brasil. Foram investigados 330 idosos, selecionados de forma aleatória. A coleta de dados ocorreu no período de janeiro a maio de 2009 por meio de questionário semiestruturado. Os dados foram analisados e categorizados no programa Epi-Info, versão 6.0. Utilizaram-se gráficos e tabelas, com análise descritiva e discussão respaldada em pesquisas existentes. **Resultados:** a maioria dos pacientes eram mulheres (70,61%), entre 80 e 89 anos de idade (52,7%), possuindo cuidador informal (87%). A assistência no centro constituiu-se de médicos, enfermeiros, fisioterapeutas, terapeutas ocupacionais, nutricionistas, fonoaudiólogos, assistentes sociais e psicólogas. As doenças mais prevalentes foram: doença de Alzheimer (64,5%); demência vascular (21,8%); demência mista (10%); e doença de Parkinson

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(7,6%). As doenças associadas mais frequentes, foram: hipertensão arterial sistêmica (36,7%), e diabetes mellitus (17,3%). Conclusões: concluiu-se que há satisfação no atendimento entre equipe de profissionais e família, evidenciando-se a necessidade de ações interdisciplinares e contextualizada a região.

Palavras-chave: Geriatria; Idoso; Demência; Assistência a Idosos.

INTRODUCTION

The process of population aging is observed worldwide nowadays. The Brazilian population is aging quickly since the beginning of the 60s when fertility rates fell and began to alter its age structure, progressively narrowing the base of the population pyramid. After 50 years, the society is faced with a demand for health and social services for the elderly, once restricted to developed countries.

In Western countries, in addition to Alzheimer's disease (AD), other diseases such as Lewy corpuscle-dementia (LCD) and vascular dementia (VD) occur; however, other less common causes can also occur, such as frontotemporal dementia, normal pressure hydrocephalus, dementia associated with Parkinson's disease, neuroleues, alcohol-induced dementia, and progressive supranuclear palsy among others. In Brazil, with the increase of the elderly population, the common disorder, with an incidence found in this segment of around 7%, relates to the ability to think and remember represented in dementias, with a predominance of AD.

AD is actually the fourth cause of death in people older than 75 years, which should earn special attention on the part of public health policies because it is a serious illness, incurable, and incapacitating, which causes a great impact on the life of not only the elderly but also family members and caregivers, in addition to a financial impact on the actions of needed health.

In the context of important regional and social inequalities in the country in which public policies face real challenges in the implementation of programs of health care, the elderly do not find appropriate protection in the public health and pension system; they accumulate sequels, develop disabilities, and lose autonomy and quality of life. However, the "third age population explosion" in Brazil has not yet been characterized by an increase in the number of elders who are "too old". It is estimated that the proportion of people over 80 years old among elders varies from 9 to 11.3% between 1995 and 2020, although the proportion of those over 70 years old is increasing pro-

gressively and, among women, it already represents 39.6% of the total population.¹

A social movement for attention to the elderly has been developed in relation to the significant increase in the number of elders, which is a perceived reality that elders increasingly occupy all social spaces. Investments in the health and education sectors of the current young population and the compression of morbidity are alternatives capable of minimizing the impact on the quality of life of the aging population.²

In the last two decades, the National Health Policy developed the Comprehensive Care Program for the Elderly Population, and in the aging process, in accordance with the Health Organic Law - nº 8 080/90 – and Law 8 842/94, which ensures the rights of this population segment. In the set of principles, the "preservation of autonomy of people in defense of their physical and moral integrity" stands out.³

In the State of Ceará, since 2000, the State Health Secretary (SESA) develops actions towards attention to needy elders. The programs of the Actions of the Primary Care Core (NUAP) has been developing with the Technical Group (TG) actions such as: seminars about the implementation of health care for the elderly about: dementia, osteoporosis, home care, ill-treatments, launch of the elderly booklet, educational campaigns, specialization course in Geriatrics and Gerontology, protocol production, folders, t-shirts, evaluation and supervision seminar in the Regional Health Departments (CRES), totaling 21, which control the 184 municipalities in the State of Ceará.

In 2002, the Ministry of Health implemented a new document⁴ about Health Care for the Elderly, which regulated the implementation, organization of state networks of health care for the elderly, registration for reference centers, assistance for dementia in Alzheimer's and other dementias including the delivery of medicines for those diseases.⁴

Thus, SESA, in partnership with the Federal University of Ceará (UFC), implemented the first health care service for the elderly in Ceará in February 2003. Subsequently, extension outpatient services from the César Cals General Hospital and Fortaleza General Hospital were implemented.

The present study had, as a general objective, to analyze the health profile of elders with dementia in the specialized service, aiming to outline actions for the quality of assistance in health care for the elderly in the city of Fortaleza, Ceará, Brazil. Specific objectives: to survey the demographic profile of the elderly with de-

mentia; identify the diagnosed dementias and related diseases; describe the assistance received in the Center for Attention to the Elderly; and present actions of intervention in the quality of assistance to the elderly.

METHOD

This was an exploratory and descriptive study, with a quantitative and cross-sectional cohort nature, in 330 elders assisted in the Center for Health Care for the Elderly at the Walter Cantídio University Hospital (HUWC), UFC, located in Fortaleza, Ceará, Brazil, which includes the only Reference Center for the Health of the Elderly in the State of Ceará.

Currently, the center serves approximately 1,800 elders with regular frequency. The inclusion criteria followed a random selection and included elders with attendance regularity for one year and medical diagnosis of dementia. Elders with irregular treatment due to lack of attendance, with other diseases and without dementia, and with attendance for less than one year were excluded because the center considers this timeframe to be insufficient for the therapeutic evaluation of elders with dementia, in various aspects of health.

The data collection was between January and May of 2009, through the application of two structured questionnaires. Questionnaire 1 contained questions related to demographic data, life habits (addictions and physical activity), assistance at home, associated diseases, and treatment. As a complement, medical charts were used for information regarding neuropsychological and cognitive assessments for the implementation of the Mini-Mental State (MMSE), verbal fluency test, Watch test, Barthel index scale, and scale of Pfeffer. Questionnaire 2 contained questions about the referral to the reference center and satisfaction with the assistance received.

The data were analyzed and categorized in the Epi-Info version 6.0 statistical program with discussions based on relevant literature.

The study followed the ethical and legal principles of Resolution 196/96 governing research with human beings. The project was submitted to the Ethics and Research Committee from the Cesar Cals Hospital and obtained a favorable opinion of its performance in the health care center for the elderly. All elders' guardians voluntarily signed a Voluntary Informed Consent Form and were informed about the purpose of the study and their legal rights to participate.

RESULTS

Demographic data

Out of the 330 study participants, 233 (70.6%) were women, and 97 were men (29.4%). The average age was 80.1 years, and the median was 81.66 years. The age group with the highest proportion was 80 to 89 years (52.7%), followed by 70 to 79 (36.1%), 60 to 69 years (6.4%), and 90 years and older (5.6%). There were female prevalence in the age groups of 80 to 89 years (53.2%) and 90 years and older (5.6%); and males between 60 and 69 years (7.2%) and 70 to 79 years (39.2%).

The distribution of elders according to marital status was 45.2, 43.6, 6.7, and 4.5% as married, widowed, single, and divorced, respectively.

The education level was 72 (21.8%) illiterate; 151 (45.8%) with incomplete primary education; 64 (19.4%) with elementary school (3.6%); 12 with middle school; 18 (5.5%) with high school; and 13 (3.9%) with higher education. A predominance of incomplete primary education was observed, followed by illiterate, with the majority (n = 273) of elders with a low level of education.

Most of the elders were retired (96.4%), with the predominant professions in domestic occupation and agriculture (Figure 1).

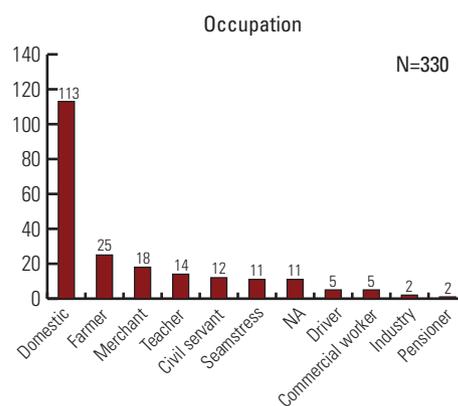


Figure 1 - Profession and occupation of the elderly, Fortaleza, CE – Brazil. 2009.

Out of the 330 elders, 41.2% financially provided for their families with their retirement, and 43.9% were dependent on their families.

Approximately 22.1% participated in groups that develop social activities in the neighborhoods of Fortaleza, Ceará such as: Coexistence Groups from the

Regional for Health in the Municipality, University Without Borders, Religious Pastoral Groups for the Elder, and Firefighter Groups; those with mild to moderate dementia attended these groups.

This study sought to investigate the determining factors for health-disease: physical activity, smoking habits, and use of alcoholic beverages. Around 289 (87.6%) of the elders reported not practicing physical activities at least three times a week. Smoking was not observed in 207 elders (62.7%) and 88 (26.7%), had a smoking habit, and 35 (10.6%) were former smokers. The consumption of alcoholic beverages was reported by 35 (10.6%) and denied by 295 (89.4%).

Diagnosis of diseases

It was possible to combine the most prevalent dementia diseases and associated diseases according to the following tables.

Table 1 presents the frequency of diagnoses of dementia in a descending order such as Alzheimer's disease in 213 (64.5%); vascular dementia in 72 (21.8%); mixed dementia in 33 (10%), Parkinson's disease in 25 (7.6%); Lewy corpuscle-dementia in 12 (3.6%); hydrocephalus in 9 (2.7%); and frontotemporal dementia in 7 (2.1%) elders.

Table 1 - Dementias diagnosed in the elderly assisted in the Center for Attention to the Elderly at the Hospital

Dementias	N	Percentage
Alzheimer's disease	213	64.5%
Vascular Dementia	72	21.8%
Mixed Dementia	33	10.0%
Parkinson's disease	25	7.6%
Lewy corpuscle-dementia	12	3.6%
Hydrocephalus	9	2.7%
Frontotemporal Dementia	7	2.1%

Source: Walter Cantídio University Hospital – HUWC-UFC, Fortaleza, CE – Brazil. 2009.

The neuropsychological and cognitive assessment was performed by the tests: Mini-Mental State Exam (MMSE), Pfeffer Scale, Barthel's Index Scale, Verbal fluency test, and Watch test (Figure 2).

Among all the tests, the largest number of elders was observed in the range of 80 to 89 years old, followed by the group in the 70 to 79 years old range.

The following were identified among associated diseases: systemic arterial hypertension (SAH) as the

most prevalent in 121 (36.7%), diabetes mellitus in 57 (17.3%); osteoporosis in 49 (14.8%); depression in 46 (13.9%); dyslipidemia in 33 (10.0%); hypothyroidism in 23 (7%); gastritis in 15 (4.5%); osteoarthritis in 5 (1.5%); morbid obesity in 2 (0.6%); and bronchitis in 1 (0.3%).

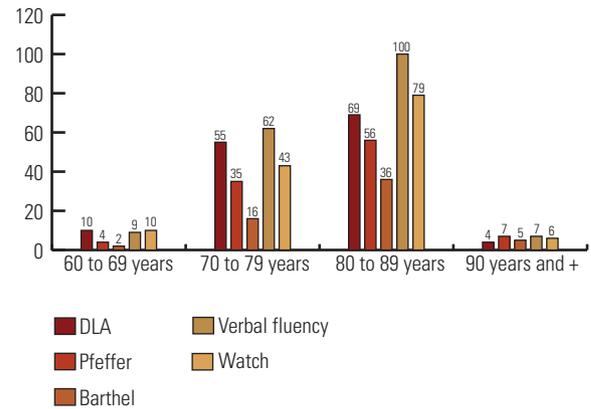


Figure 2 - Distribution of the studied elderly according to tests' performance and age group in elders assisted in the Center for Attention to the Elderly at the Walter Cantídio University Hospital – HUWC-UFC, Fortaleza, CE – Brazil. 2009.

Interdisciplinary assistance

The Center of Attention to the Elderly in which this study was carried out has a multidisciplinary team composed of doctors (six), nurses (113), occupational therapists (35), nutritionists (31), physical therapists (29), speech therapists (12), and psychologists (7) assisting the elders and their families.

The means of how the elders had access to the Center of Attention to the Elder were identified as: through referrals from health units (25%), private doctor's office (20%), social groups (15%), elderly assistance services (14%), public hospital (13%), center for scheduling appointments (10%), and private hospital (3%).

Some procedures are needed for treatment to be properly conducted: clinical history, physical and neurological exam evaluating mental status to assess the degree of the cognitive deficit; and complementary propaedeutics including neuroimaging.

The neuropsychological assessment is performed, in general, in the elderly who require differential diagnosis (from data and formulations that may contribute to the diagnostic findings) because the complaints refer to alterations in cognition, particularly memory.

The nursing consultation, social assessment, occupational therapy, and nutritional and psychological

monitoring include therapeutic and education interventions in health about the aging process, importance of prevention of risks of accidents, and sequelae and disability to establish the appropriate approach.

Most elderly relatives, when investigated about the diagnosis of dementia, reacted well with naturalness and conformity; however, some were surprised, concerned, outraged, and with sorrow. According to the circumstances surrounding family orientation for home care, it was possible to identify that 287 (87%) and 43 (13%) were accompanied by family members and formal caregivers, respectively.

The user and family satisfaction regarding the assistance received in the Center of Attention to the Elderly was demonstrated by the scores of optimal (57%), good (40%), and regular (6%).

DISCUSSION

The results obtained regarding the demographic profiles are in agreement with other studies conducted in Brazil, with the predominance of women. In Ribeirão Preto, in 1,140 elderly and 38 studies published in national and international journals, between 1994 and 2000, 63.4%⁵ and 75%⁶ were women, respectively.⁷

Among the studied elders, most were married or widowed, with a predominance of family settings in their lives. However, reports of elders staying home alone were observed. The social, economic, and health problems of elders are often related to women because they live longer than men; they have difficulties to remarry, are more alone, have low levels of education and income, and higher frequency of health complaints.^{8,9}

There were many reports that the elder was who kept the family financially. The informal support provided by the family seems to be the main base of support potentially offered to the elderly by the tripod family-community-state. Important difficulties are punctuated as the elderly dependency consolidates: lack of social policies to support caregivers in sectors such as food, home assistance, medical assistance, and mentoring services among others; more than half of elders who reside in families in Brazil belong to households whose total income does not exceed three minimum wages.^{10,11}

Another important identified aspect was the low level of education in the investigated elderly, with the majority being illiterate or with incomplete elementary education. This result coincides with that observed

in Minas Gerais with 211 elders in the Family Health Program being 71.11% illiterate or with less than four years of formal education.¹² The education degree is an important factor in the aid of dementia to understand the disease and health education.

The practice of physical exercise was almost inexistent among the studied elders in opposition to the understanding that its regular practice has great importance, even if initiated after the age of 65, providing more longevity, general reduction in mortality rates, more physiologic capacity during chronic diseases, reduction in the number of prescription drugs, prevention in cognitive decline, maintenance of function in organs and systems, reduction in the frequency of falls and incidence of fractures; and psychological benefits including self-esteem.¹³

Tobacco and alcohol consumption in elders requires a special consideration. The reduction of the reserve in the various physiological systems, determined by the combined effect of biological aging, chronic conditions, smoking-alcoholism, or disuse (sedentarism) increases susceptibility to disease and disability. On average, a 50% reduction in vital lung capacity and renal blood flow is observed between 30 and 80 years of age.¹⁴

When referred to the Center for Attention to the Elderly, patients, and their families receive a multidisciplinary assistance. The service belongs to the secondary sphere of the SUS, which assists the elderly from the different segments in the municipalities in the State of Ceará and demonstrates existing gaps in network services and health management. It is known that the reference in the elderly assistance is in secondary order and should be conducted in the hosting municipalities of module and site, ensuring comprehensive care through the SUS - with a view to ensuring the continued access to actions and services by a multidisciplinary team for the prevention, recovery, and promotion of health for people in the third age.

The totality of these interventions should be carried out in the vicinity of the place of elderly residence as long as the basic health network is properly structured and trained. It is worth mentioning that preventive and rehabilitation activities in the field of Physical Therapy, conducted in health units, are indispensable to maintain or rescue the autonomy of elders and may have a great impact on the health of this population.¹⁵ Differences between socio-economic and health conditions among elders indicate that it is essential to identify the specific demands of elders living in the

various regions and belonging to different social classes for the adequate planning of actions.⁹

The family, in turn, faces great difficulties, especially in the absence of specialized assistance, either because of difficult to access services or ignorance of their needs.

The diseases associated with dementia were Alzheimer's disease, prevalent in about 60% of all types¹⁶ in addition to vascular dementia and Lewy corpuscle-dementia. The simple vascular dementia was a challenging differential diagnosis of Alzheimer's disease for a long time; Lewy corpuscle-dementia has a characteristic progressive evolution despite that serious and persistent failures of memory are not essential in the early stages when compared to Alzheimer's disease in which the first characteristic is always a deficit of episodic memory.¹⁷

The primary goals of treatment are: to improve the patient's quality of life, maximize functional performance, and promote the highest degree of autonomy possible in each stage of the disease. Chronic diseases and their complications predominate in the elderly, which involves decades of using health services. Limitations caused by heart failure and chronic obstructive pulmonary disease, diabetes mellitus, dependency determined by dementia due to Alzheimer's, and other dementias are examples of sequelae from stroke (vascular dementia) and fractures after falls (osteoporosis).¹⁸ Depression (35%) and significant cognitive deficits (30%) were found to be surprisingly high in low-income elders.¹⁹

The family member who takes care of an elderly with dementia performs an alone and anonymous work.²⁰ The lack of preparation is the greatest generator of stress in the caregiver. With the evolution of the disease, elders become more dependent on their families and caregivers. When they need to move, they have difficulty communicating and become in need of integral supervision for their daily living activities (DLA), even the most basic ones such as feeding, personal hygiene, and dressing among others.

CONCLUSIONS

The health status of 330 elders with dementia, assisted in the Center of Attention to the Elderly, a reference in the State of Ceará, Brazil, was analyzed in this study. Many indicators were confirmed when compared to multi-center studies outlining the situation of the elderly's public health in the country.

The most prevalent indicators are: women aged from 70 to 89 years; with marriage and family ties; low level of education; unfavorable economic conditions; and dependent on the family and the state.

The Alzheimer's disease and associated risk factors important for the illness stand out among aging dementias, which consolidate chronic-degenerative health states denouncing the need for the implementation of health programs existing in the SUS in several cities in the State of Ceará. It is known that, as the number of elders and life expectancy increases, diseases' complications become more frequent.

Without the pretension of exhausting this subject of high complexity, actions in search of stimulating active ageing with autonomy and independence are punctuated: a) sensitization of managers for the qualification of professionals in the Family Health Program in the health of elders; b) expansion of the Centers of Attention to the Elderly to increase coverage in needy regions; c) specialized training of professionals in the assistance to the elderly with dementia; d) training for community-based agents from micro-regions in the early detection of diseases in the elderly and referral to the health service; e) incorporation of health education in the interdisciplinary assistance to the elderly and their families; f) dissemination of strategies for the specialized training in the area of Geriatrics and Gerontology.

The performance of Geriatrics for the successful aging should be through inter-disciplinarity and contextualization in the region, sharing practices and knowledge among managers, professionals, users, and families in search of effective health programs geared to the health of elders.

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