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RESEARCH

Pessoa idosa: capacidade funcional para as atividades básicas e instrumentais da vida diária

Aged: functional capacity for basic and instrumental activities of daily living

Anciano: la capacidad funcional para actividades básicas e instrumentales de la vida diaria

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ABSTRACT

Objective: Evaluate the functional capacity of older people living in two long-stay institutions of a municipality in the area of campaign/RS. **Method:** With exploratory-descriptive approach, applied the Katz Scale and Lawton to 44 elderly people, analyzed qualitatively. **Results:** The basic activities of daily living, Katz Scale, showed a higher degree of independence from the instrumental Lawton Scale. The dependencies of the elderly that were highlighted are limited to the service needs psychobiologic hygienic and deletions to perform basic activities of daily living. In addition, in the psychosocial needs of communication and gregarious to perform the instrumental activities of daily living. **Conclusion:** The functional capacity of older people in research determines the planning and organization of nursing work. Determining the quality of services by indicating the amount necessary to meet the requirements and the training continues. **Descriptors:** Aged, Institutionalization, Geriatric nursing.

RESUMO

Objetivo: Avaliar a capacidade funcional de pessoas idosas residentes em instituições de longa permanência de um município da região da campanha/RS. **Método:** Com abordagem exploratório-descritiva, aplicou-se a Escala de Katz e a de Lawton a 44 pessoas idosas, analisadas qualitativamente. **Resultados:** As atividades básicas da vida diária, Escala de Katz, apresentaram maior grau de independência em relação às instrumentais, Escala de Lawton. As dependências das pessoas idosas que foram ressaltadas circunscrevem-se no atendimento as necessidades psicológicas de higiene corporal e eliminações para a realização das atividades básicas da vida diária. E nas necessidades psicossociais de comunicação e gregária para a realização das atividades instrumentais da vida diária. **Conclusão:** A capacidade funcional das pessoas idosas em investigação determina o planejamento e a organização do trabalho da Enfermagem. Determinando a qualidade dos serviços por indicar o quantitativo necessário para atender as exigências e a capacitação contínua. **Descritores:** Pessoa idosa, Institucionalização, Enfermagem geriátrica.

RESUMEN

Objetivo: Evaluar La capacidad funcional de las personas mayores que viven en dos instituciones de larga estadía de un municipio en la área de la campaña/RS. **Método:** Con el enfoque exploratorio y descriptivo, se aplico la Escala de Katz y Lawton a 44 personas de edad avanzada, analizadas cualitativamente. **Resultados:** Las actividades básicas de la vida diaria, Escala de Katz, mostro um mayor grado de independencia del instrumento, Escala de Lawton. Las dependências de las personas mayores que se destacaron se limitan a las necesidades psicobiológicas de servicios higiénicos y las eliminaciones para realizar actividades básicas de la vida diaria. Y em las necesidades psicossociales de la comunicación y sociable para realizar las actividades instrumentales de la vida diaria. **Conclusión:** La capacidad funcional de las personas mayores em la investigación determina la planificación y organización del trabajo de enfermería. La determinación de la calidad de los servicios, indicando la cantidad necesaria para cumplir con los requisitos y continúa la formación. **Descritores:** Anciano, Institucionalización, Enfermería geriátrica.

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INTRODUCTION

Brazil lives a sharp transition in its age structure. Currently, the elderly are the population group that presents a striking growth in the country. This phenomenon was unleashed due to demographic and epidemiological transition that occurred in recent years. The population aging is the result of the contrast between the high fertility and mortality rates that existed in the past and its current downfall.

According to data from the Brazilian Institute of geography and statistics, currently, there are about 21 millions of older people in our country. The estimate for the year 2020 is more than 31.8 million elderly people. The Brazil will be the sixth country in the world in number of elders. It believed that in 2050 the average life expectancy of the Brazilian population would be 81 years old.¹

This increase of the elderly population requires improvement in several aspects of society. Changes in the patterns of morbidity and mortality, i.e. the reduction of infector parasitizes diseases and the increase in chronic non-communicable diseases, in contemporary times, indicate the need for adequacy of health practices.²⁻³ Soon, the population aging presents itself as one of the challenges for our country, since the multitude of diagnoses in the elderly care production encompasses physical, mental and social aspects are interconnected.

The aging, in addition to cause such changes also causes biological changes in the body, causing the decrease or loss of function of the cardiovascular system, respiratory, nervous, endocrine, immune and sense organs.⁴ the set of all such losses with its consequences lead to elderly person into a State of fragility, which may cause difficulties for their stay active in society. Thus, the decline and even loss of their functional capacity to perform everyday activities constitutes a possible reality.

The decline in functional ability implies the need to aid the elderly person in the performance of both the basic daily activities as instrumental activities. Include, but are not limited to, respectively, personal care, and feeding and locomotion, the assistance as telephone use, transportation, food preparation, housekeeping achievement, medicines and money management. The elderly person to become dependent on aid and continuous care regarded as functional dependent.

The assessment of functional status can performed by multidimensional instruments. They consist by questionnaires and rapid tests for the observation of performance in carrying out activities. Can applied in any outpatient environment and by any qualified health professional. Presents extensive utility for professionals working in hospitals or in institutions that House the elderly.⁵⁻⁶

Aging and the subsequent emergence of crippling diseases, restrictions, physical and cognitive deficits promotes the institutionalization of elderly person as an appropriate choice for the family of this person. In addition, this choice can driven by economic factors

or by family caregiver overload. Due to the increasing population of elderly people and events, mentioned long-stay institutions (ILP) to elderly people have shown a steady increase. The care of elderly person resident in these institutions needs to carry out by qualified professionals who will compose the multiprofessional team and will have a common goal watch all affected needs, aiming at promoting the quality of life of this people.⁷

It is necessary to explore more the thematic institutionalization of the elderly person with the purpose of building better alternatives for your attendance and care. The elderly person must live with dignity, and to this end, the State, the family and society must contribute to the quality of their lives.

Functional capacity evaluation can viewed as an essential instrument for the nurse in providing care for the elderly. It represents a strategy to assist in the preparation of plans of care to those who already have some commitment or as a measure of protection to prevent the onset of disability.⁸ in this sense, the present study was aimed to evaluate built functional capacity of the elderly residents of two institutions of long permanence of a municipality of the region of the campaign/RS.

METHOD

This is a descriptive-exploratory research conducted in two institutions of long permanence of a municipality of the region of campaign/RS, in the second half of 2011. Participated in the study, 17 of 44 elderly ILP and 27 of the ILP-B, which met the following inclusion criteria: conditions to interact with the researchers; clarity and guidance to answer the questions and agreement to participate in the study after the explanation of the objectives of the survey, subscribing or registering the impression of his prints in the informed consent. Two instruments used to collect data, scale of Katz and scale of Lawton, in order to assess the functional capacity of the elderly.

The Katz Scale evaluates the performance for six basic activities of daily living are distributed as follows: capacity in bathing, dressing, using the toilet, transferring, existence of Continence and ability to feed themselves, and the scale of Lawton, evaluates performance for seven instrumental activities of daily living are distributed as follows: telephone use, use of transportation, ability to make purchases, cooking, housekeeping achievement, use of medications and ability to manage money.⁹ for each activity, both scales, are assigned to the following alternatives: (I) independent, (A) need for some type of aid, and (D) dependent. The issues concerning the ability to shop, prepare food, conduct housekeeping and manage money were removed from the data collection process does not suit the working process of the ILP investigated.

The results were analyzed qualitatively, reporting the frequency distribution of the responses people elderly as to its degree of independence according to the number of answers I, A or D, only to substantiate the information.¹⁰

The application of instruments of data collection carried out following the guidelines of the resolution 196/96, the National Health Council, which relates to research with human beings, ensuring anonymity and autonomy of the participants. After approval by the Committee of ethics in research, opinion No. 21/2011.¹¹

RESULTS AND DISCUSSION

Documents analyzed, prepared by CDC⁶ brought no specific recommendation for the elderly, but it is understood that this subject was considered in some general recommendations, for example, those related to hand hygiene, which are applied to the care regardless of the population (adult, child, newborn, elderly).

Had the information about the functional capacity of older people to carry out their basic activities of daily living scale, Katz, to carry out the activities of daily living, instrumental scale of Lawton. It should be noted that the frequency distribution outlined only to substantiate the results of qualitative research in institutions of long Permanence (ILP).

Basic activities of daily living of the elderly

In the set of 44 (100%) elderly investigated can be inferred that the majority, 25 (56.81%), offers independence to carry out the activities of daily living. By specifying this set on the particularities of the 17 (100%) elders of the ILP, has approximately 12 (70.58%) people with independence and, in the ILP-B, of 27 (100%), 23 (85.18%) are independent.

For the ability to meet the nutritional needs of the 17 (100%) elderly residents on ILP-A are independent and 26 (96.3%) of 27 elderly of ILP-B also are. The restriction on movement for the realization of the basic activities of daily living is absent, to 13 (76.47%) and 23 (85.20%) elderly people of their ILP, A and B.

To meet the needs of personal hygiene products like bathing and dressing if obtained on ILP-A 11 (64.70%) elderly independent for both actions and, in the ILP-B, 23 (85.20%) and 24 (88.88%). The control and use of sanitary toilet activities are referred to as independent action for 12 (70.58%) elders of the ILP and to 24 (88.88%) of ILP-B. The partial and total dependency data for these activities expressed in Figure 1.

Caption: ABVD*-basic activities of daily living.

ABVD *	ILP-A/n = 17		ILP-B/n = 27		Total n = 44
	Partial	Total	Partial	Total	
Feed	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (3.70%)	1 (2.27%)
Moving	4 (23.52%)	0 (0.00%)	0 (0.00%)	4 (14.81%)	8 (18.18%)
Bathe	6 (35.29%)	0 (0.00%)	1 (3.70%)	3 (11.11%)	10 (22.72%)
Dress up	6 (35.29%)	0 (0.00%)	3 (11.11%)	0 (0.00%)	9 (20.45%)

Toilet control	0 (0.00%)	5 (29.41%)	0 (0.00%)	3 (11.11%)	8 (18.18%)
Sanitary usage	3 (17.64%)	2 (11.76%)	0 (0.00%)	3 (11.11%)	8 (18.18%)

Figure 1-dependency for the basic activities of daily living.

Older people identified as partially independent to the basic activities of daily living require assistance of people to feed themselves, to move the bed to the Chair and vice-versa, to sanitize any part of the body and wear part of clothing. Those who use a cane, a Walker and wheelchair or using bedpan or Parrot night and perform the activities themselves considered independent. The dependents are those that require the assistance of another person for all or any of these activities.

Instrumental activities of daily living of the elderly

The independence of elderly people to perform instrumental activities of daily living reduced in relation to Basic. The set of 17 (100%) residents in the ILP, 11 (64.70%) are independent to use the phone as a means of communication, the ILP-B of 27 (100%), 17 (62.96%) are independent.

The use of private car, taxi, or collective, buses, consists of independent activity to 08 (47.05%) of 17 (100%) elders of the ILP and to 17 (62.96%) of 27 (100%) of the ILP-B.

Control of drug therapy not presented as independent activity for the elderly of the ILP. The ILP-B 17 (62.96%) of 27 (110%) the elders perform independently. Partial and total dependence for these activities expressed in Figure 2.

Caption: AIVD*-Instrumental Activities of daily living.

AIVD	ILP-A/n = 17		ILP-B/n = 27		Total n = 44
	Partial	Total	Partial	Total	
Call	2 (11.76%)	4 (23.52%)	7 (25.92%)	3 (11.11%)	16 (36.36%)
Use transport	6 (35.29%)	3 (17.64%)	5 (18.51%)	5 (18.51%)	19 (43.18%)
Drug control	17 (100%)	0 (0.00%)	10 (37.03%)	0 (0.00%)	27 (61.36%)

Figure 2-Dependence for Instrumental activities of daily living.

Older people identified as partially independent instrumental activities of daily living require someone else's aid only to view the numbers and dial them, to contact the transport or to remember the timetables and the correct dose of medications. The dependents are those that require the assistance of another person to engage in dialogue, access transportation and repair the medications.

The investigation of the functional capacity of older people residing in ILP indicates in the present study a degree of independence in the process of human aging. In this sense, the work of nursing is not restricted only to the care with the purpose of preventing illness or even the loss of vital functions. The planning of the work of Nursing must contain a set of harmonically organized professionals for more than take care of older people with

dependencies, but able to stimulate them to seek new means of adaptation for turning everyday life.

The process of human aging investigated at ILP is revealing, as well as the present study, the ability of older persons to perform independently the ABVD. Fact that directs the Nursing work and even the planning of management to produce different modes of care. Soon, considering that more than one-third of elderly residents in ILP are independent for realization of ABVD, it is necessary that these institutions encourage and facilitate conditions for maintenance of this capabilities.¹²

The interwoven capabilities in ABVD can be translated for servicing basic human needs of food, personal hygiene products, locomotion and eliminations classified as psicobiológicas.¹³ These represent the main element to identify the causal relationship of nursing diagnoses in the development of the nursing process.

The nursing process is configured in a systematic and organized of the professionals which encompasses the investigation of anatomofisiológicas conditions of people facing the possibility of a involvement or as in this study approach to the evaluation of functional capacity.¹⁴, follows the way of doing from the management level to the practice assistance with promoting the quality of services offered.¹⁵

The quality of services often determines the existence or not of dependence among the elderly residents in ILP. It can observed that the partial dependency presents prevalence for both ABVD as for the AIVD.¹⁶

One of the AIVD investigated in the present study, the highest degree of partial dependency checking is in control of drug therapy. Partiality on the ability to identify the time and the required dose for consumption.

The problem of control of drug Therapeutics enters into various contexts where the Nursing work is present. In contemporary times, the professional errors related to dilution and administration of medications. Fact that caused the legislative bodies and of professional practice to promote campaigns in the international arena, which led to the production of publications such as "10 steps to patient safety", "good practices: safe calculation", "medication errors: definitions and prevention strategies", among other disclosed by the Regional Council of nursing.¹⁷⁻⁹

The commitment of AIVD in assessing the functional capacity of the elderly revealed the risk to changing the psychosocial needs of communication and gregarious arising from need for aid for the use of the telephone and transport.

To understand that the loss of abilities in the elderly may impair your social life, once you make those individuals most in need of aid. Consecutively, they consume more time working their caretakers based on disability are essential, the use of preventive measures. These must directed towards healthy ageing to the maintenance of functional capacity in order to improve the health of the elderly person and decrease the demand for long-stay care.²⁰

Studies show that older people lose their functions gradually, starting with those more thorough involving coordination and reasoning, as the AIVD to those most basic. Word is that the needs of aid are mainly for use of transportation, carrying out purchases and household chores and money what Administration meets with the findings in this study, since older people showed a higher degree of independence in ABVD the AIVD.²⁰⁻¹

The performance of older people for the realization of AIVD can be used to detect the decline of functional capacity, because as the elderly person presents inability to perform AIVD, the ABVD can also be compromised leading to installation of the dependence of the elderly person, if she is not encouraged in practice self-care activities.¹⁶

Thus, the development of maintenance actions of daily life activities, grounded in promoting the health, education and rehabilitation would make it possible to minimize the dependency on basic activities as instrumental, providing an aging with maximum autonomy and independence and a better quality of life of older persons.²¹

One aspect that drew attention in this study was the evaluation of the activity related to food. The two institutions evaluated only one person is not able to feed itself. The ability for food is the last ability compromised in the elderly, because the dependencies presented in a manner contrary to childhood phase, in which the feed is the first ability acquired by humans.¹¹

Nursing actions to the process of taking care of the elderly person must be substantiated in the institutionalized knowledge of the problems associated with the aging process, and thus maximize their health conditions, facilitate the diagnosis and assist in the treatment of illnesses. Thus, decrease losses and limitations developed by promoting the maintenance of the functional capacity of the elderly person in the performance of its activities, in order to meet their basic needs and achieve their independence and well-being, providing comfort in moments of anguish and fragility and process of death and dying.²²⁻³ the importance of the role of the nurse in the ILP is due to the development of actions related to health promotion, protection, rehabilitation and health education, aiming to promote the autonomy of older persons in a position of dependency, improving their quality of life.¹⁶

All the elders should flow through a multidimensional geriatric evaluation. This defined as process diagnosis of multiple dimensions, interdisciplinary, and intended to detect beyond medical problems and psychosocial, functional problems, and aims to develop a treatment plan and long-term follow-up.^{10,24} the multidimensional assessment relies the use of instruments known as tests for specific evaluation of certain areas. The most commonly used tests are the Mini Mental State, the Clock drawing Test that evaluates neuropsychiatric functions, the geriatric depression scale, the Katz scale that evaluates the ABVD, the scale of Lawton that evaluates the AIVD and Functional independence measurement.¹⁰

Functional capacity evaluation needs to be included in the routine of professionals who work with the elderly care, because it will indicate the degree of independence, as well as the need for preventive or therapeutic interventions. Will also help the maintenance strategies aimed at elderly health care, with the goal of reducing the decline of an elderly person's ability to exercise various mental and physical functions in their day to day²⁵

It is important that the results of the evaluation of the functional capacity of older people to conduct and non-DLIA ABVD used as single source of information for the elaboration of strategies of care. In this work are mentioned a series of tests and evaluations that can be carried out in conjunction with the scales of assessments for ABVD and important data and AIVD should be collected, so that it is performed an evaluation of

multidimensional way of elderly person, making more effective the development of care for the elderly residents in ILP.

CONCLUSION

The knowledge of the functional capacity of older people residing in ILP is of extreme relevance to the performance of nursing. Since this is responsible for the different care in meeting, basic human needs. The investigation of the degree of commitment to basic and/or instrumental activities of daily living helps even for personal sizing.

The quality of work in health runs through by different requirements for collective work and interactions of the subject of careful picking in a do with equity requirement of attention. This expressed as constitutional law of citizens in which to transpose in Nursing care practice directs the job to a greater dedication to those who require a constant support.

Added to this perspective, the condition of the elders investigated are residing in IPL in which family members when present characterized as visitors. Soon, nursing with its professionals represent all elderly people and their families, the main references by observing the clinical conditions and their own aging process of people in this environment. Thus, the degree of dependence of elderly people implies a quantitative and qualitatively skilled Nursing for the achievement of care to prevent dependence and promote the autonomy of older persons residing in ILP for conducting basic and instrumental activities of daily living.

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