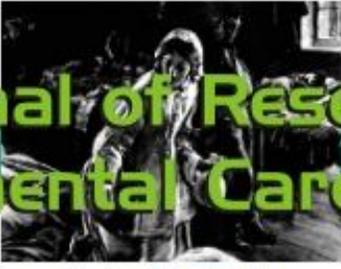


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SYSTEMATIC REVIEW OF LITERATURE

Assistência psicológica e de enfermagem ao idoso na atenção primária

Psychological and nursing assistance to the elderly in primary care

Asistencia psicológica y de enfermería a los ancianos en la atención primaria

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ABSTRACT

Objective: Describing the process of nursing care to the elderly and also psychological in Primary Care. **Method:** a descriptive study of bibliographical character. 22 articles published between the years 1998 to 2010 were analyzed. **Results:** The Family Health Strategy has set as one of the most important benchmarks of the organization of the Brazilian Primary Care. Nursing care is a practical action that, according to customer demand, can also be recognized not only by a biological dimension. Activities involving clinical psychology are being offered to the Primary Health Care offering free psychotherapy to people that demand, thus providing opportunities for construction and direct interventions in communities. **Conclusion:** it is concluded that the care to be provided to an elderly person should aim to maintain its health, functional independence and autonomy with the family and the multidisciplinary team. **Descriptors:** Nursing care, Psychological adaptation, Primary health care, Humanization of care, Health of the elderly.

RESUMO

Objetivo: Descrever o processo de assistência de enfermagem e também psicológica ao idoso na Atenção Primária. **Método:** pesquisa descritiva de caráter bibliográfico. Foram analisados 22 artigos publicados entre os anos de 1998 a 2010. **Resultados:** a Estratégia Saúde da Família tem se configurado como um dos mais importantes referenciais da organização da Atenção Primária brasileira. A assistência de enfermagem é uma ação prática que, de acordo com a demanda da clientela, pode também ser reconhecida por uma dimensão não apenas biológica. As atividades que envolvem a Psicologia clínica vêm sendo ofertadas à Atenção Primária à Saúde oferecendo atendimento psicoterápico gratuito à população que a procura, fornecendo assim possibilidades de construção e intervenções diretas nas comunidades. **Conclusão:** conclui-se que os cuidados a serem prestados a uma pessoa idosa devem visar à manutenção de seu estado de saúde, independência funcional e autonomia junto à família e à equipe multiprofissional. **Descritores:** Cuidados de enfermagem, Adaptação psicológica, Atenção primária à saúde, Humanização da assistência, Saúde do idoso.

RESUMEN

Objetivo: Describir el proceso de atención de enfermería a los ancianos y también psicológico en Atención Primaria. **Método:** estudio descriptivo de carácter bibliográfico. 22 artículos publicados entre los años 1998 a 2010 fueron analizados. **Resultados:** La Estrategia de Salud de la Familia se ha establecido como uno de los referentes más importantes de la organización de la Salud Primaria brasileña. El cuidado de enfermería es una acción práctica que, según la demanda del cliente, también puede ser reconocida no sólo por una dimensión biológica. Las actividades relacionadas con la psicología clínica se están ofreciendo a la Atención Primaria de Salud que ofrece psicoterapia gratuita a las personas que exigen, por tanto, proporcionar oportunidades para la construcción y las intervenciones directas en las comunidades. **Conclusión:** se concluye que la atención que debe darse a una persona mayor debería tratar de mantener su salud, independencia funcional y autonomía junto a la familia y el equipo multidisciplinar. **Descriptor:** Atención de enfermería, Adaptación psicológica, Atención primaria de salud, Humanización de la atención, Salud de los ancianos.

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INTRODUCTION

G

lobal aging is caused by changes in patterns of survival and the high growth rates due to the prevailing high fertility in the past compared to the current, reducing child mortality, improving the living conditions of the population, the expansion of social security coverage and access to healthcare, medicines and food services, as well as the improving global sanitation and medical-technological progress.¹

Currently the increasing elderly population is a subject of debate among researchers, social managers and politicians from various countries of the world. As evidenced by several studies, the Brazilian population also is aging quickly. The aging process has been discussed and accompanied by measures to protect the elderly, as citizens increasingly present in the world's societies. Until the 70s, the twentieth century in Brazil, the elderly received mainly attention charitable nature of non-governmental institutions such as religious organizations and philanthropic.²

In recognition on the importance of population aging in Brazil, on January 4th, 1994 was approved Law No 8.842/1994 establishing a National Policy for the Elderly, further regulated by Decree No 1.948/96. This Act aims to ensure social rights guaranteeing the promotion of autonomy, integration and effective participation of the elderly in society, in order to exercise their citizenship. As provided in this law stipulates the limit of 60 years old or more, for a person to be considered old, this age of reference for this study.³

The increase of life expectancy at birth, in combination with falling fertility, resulted in the absolute and relative increase in the elderly population. In 2006, the total fertility rate was two children, reflecting an intense and accelerated decline in fertility occurred since the 60s, when the average number of children was around six.⁴ Each year they add up 200 thousand people over 60 people to the Brazilian population, generating important for the health system.⁵ Demand demographic and epidemiological changes intersect in Brazil, where the demographic transition has a clear relation to the epidemiological transition, due to the rapid transformation the age structure of the population.⁶

In this sense, the demographics show the urgent need for managers and Brazilian politicians observe the panorama of this transition and, in conjunction with the company in a short time, to discuss public policies to the elderly. Urge these be implemented in all spheres of society, by technicians and professionals serving this population parcel, particularly those in nursing.² The World Health Organization (WHO) estimates that between the years 1950 and 2025, the population of elderly in the country will grow 16 times against 05 times the growth of the total population, which put us as a sixth elderly population in the world, with more than 30 million people aged 60 or older.^{3,5}

It is important to consider the life cycle as a continuous and ongoing process of aging. It must believe that the first day of life outside the womb means that the subject has come to the world after nine months of pregnancy - grew and aged. Aging nowadays is no

longer a distant speech, but something much by this demographic transition (change from one age to another) and the advance of population age.⁷ Although this shift change the Brazilian population pyramid, the profile of illness population also changes. Senescence usually causes no problem, but living with chronic diseases may affect the functionality and the quality of life of older people.¹

The Health Reform and the Brazilian Constitution of 1988 represented an important change to the health system of Brazil with the creation of the Unified Health System (SUS), recognizing health as universal citizenship and social rights, breaking with a long tradition that linked the right to medical care only to registered workers and taxpayers of the welfare.⁸ This change in the health system of Brazil led to the organization of basic health services providing coverage for low-income communities in the most vulnerable situations, with individuals susceptible to disease and other factors, which influence the quality of life.⁹

In the context of the NHS, the Primary Health Care is characterized by a set of actions that cover the promotion and protection of health, disease prevention, diagnosis, treatment, rehabilitation and maintenance of health, considers the subject in its uniqueness, complexity, and completeness in the socio-cultural embeddedness.¹⁰ The inclusion of psychologists in public health services occurs at the time that, while there is a general movement of nations and, specifically in Brazil, a movement within psychology itself, with development of community social psychology has.¹¹ Primary Care Family Health as a priority strategy for its organization, as well as for the reorientation of the health care model.

A practice site monitoring and assistance to the elderly population is the Family Health Strategy (FHS) which is the gateway to the health system, aiming at the full individual within the context service, addressing the physical changes considered normal, performing early identification of pathological changes and focusing on health promotion.¹² FHS comes in response to the crisis of the medical-clinical model proposing a real change in thinking health, since the care model prevailing in the country yet includes the principles of the NHS, ie, assistance remains individualized, based on healing and medicalization with low resolution and low social impact.¹³

FHS in the family becomes the focus of attention, taking into account their needs, their social conditions and the environment in which it operates, so that staff can plan and promote health activities in full and with quality. Therefore, the challenges of FHS are the deconstruction of health practices also influenced by Flexnerian model, which conceptualizes health as the absence of disease, care focusing on healing, and transformation of a public health model focuses on procedures for a model of public health centered on the production of care.¹⁴

In FHS, it is expected that health professionals should be directed to the full and ongoing support of all members of families linked to the unit, without losing sight of his family and social context. The physician must be attentive to changes in the population profile of their catchment area, with special attention to the elderly and active participation in improving their quality of life, with measures to promote, protect, early identification of grievances, and intervention measures rehabilitation aimed to prevent

their exclusion from social and family life. All professionals should offer the elderly and their family a humanized attention with mentoring, monitoring and domiciliary support. Consider and defend as essential the presence and participation of the elderly in the family and society is one of those missions that have adopted the proposal of primary care resolute, integral and humanized.¹²

For implementation of a humanized, professionals must plan and schedule actions, be prepared to deal with the issues of aging and always seek maximum autonomy of users. Monitor frail elderly people, know the habits of life, cultural, ethical and religious values of the elderly, their families and the community, offer continuing attention to the health needs of the elderly, develop and conduct educational activities related to the health of the elderly.¹⁰

Nursing care, in turn, is a practical action, and according to customer demand can also be recognized not only by a biological dimension. Thus, a person perceives their needs demanding a type of action that causes health satisfaction in their expectations. With this understanding, the consequences of care and nursing care can be analyzed among others, the well-being felt by the elderly and thus attending to their health needs.¹⁵

The law determines the professional practice in the art. 8, it is up to the nurse, as a member of the healthcare team, participate in training and improvement programs for health personnel, particularly in continuing education programs as well as participating in health education programs and activities aimed at improving the health individual, family and the general population. It is important to emphasizing that art.19 of the Code of Ethics in Nursing determines the responsibility of nursing professionals in the promotion of technical, scientific and cultural improvement of staff under his guidance and supervision.¹⁶

Nursing actions should be recognized as an iterative process, it needs to be experienced, have a meaning for the person performing it (nurse), and to him who receives it (client).¹⁷By focusing on the elderly as being the subject of attention nursing, talk of someone within a society and a social group. Should take into account that this be conceived, evaluates and feels as health needs. At the same time, it is recognized that humans do not remain static over time standards. Instead, change your course of action to meet the demands of life that change over the life.^{1-2,11-15}

From this perspective, clinical psychology activities are being offered in primary health care with the goal of providing free psychotherapy services to the population, whereas this space provides the possibility of building direct interventions in communities in order to develop personal and collective coping strategies difficulties related to the health / disease.¹¹Thus, assistance geared to the health needs requires attention to the everyday life of the elderly, knowing their way of being and thinking, or rather rethinking and rediscovering priorities for the planning of nursing. Therefore, elderly care and assisted feeling is aroused to positive feelings and emotions, recovering and returning autonomy to life.¹⁸

Nurses should be aware of the universe of the other - in all its dimensions, in order to understand what it means to well-being and health for the same. With reference to these reflections, it is understood that the elderly need is to receive assistance and care, sometimes far from practical - scientifically and technologically promising, from a biological

perspective. In the eyes of the elderly to professional action should not only be concerned with treating disease or relieve signs and symptoms, though that is part of your attention. His professional relationship should not be focused only on the biological question, but is primarily a person capable of receiving, in a relationship of openness, understanding and trust. There must be an interpersonal appreciation, by reference to the culture of the elderly and the participation of the decisions to be taken.¹⁰

Shares of nursing by the elderly and their caregivers in managing demented of the SCPD

The Brazilian gerontological nursing constitutes a body of expertise, recently organized, with indications of their first publications from the 70s, however, has expanded into research and active participation in today's academic and political productions. Today, gerontological nursing is defined by the Pan American Health Organization as a health service that incorporates the expertise of those skilled nursing on the aging process, the elderly and to establish around the conditions that allow, among others, increase healthy behaviors and minimize and compensate for loss of health and limitations related to the elderly.¹⁹

Thus, the authors mentioned above claim that the nurse is able to integrate the multidisciplinary team, based in health education, contributing to the planning, implementation and support for the care and meeting the needs of these patients, and in particular in demented patients, the promotion of cognitive functioning and functional well-being.¹²

The elements are taking care subsidies for the systematization of nursing actions on the understanding that the nurse assists the care needs of the person. Thus, the nursing care should be directed to attend to the physical needs as well as non-physical needs, these being of equal value to nursing care.²⁰

The impact of the diagnosis of dementia in the family is extremely disturbing. Few people are prepared to handle the responsibility and burden that is caring for a demented elderly people, because in general there is a lack of knowledge about the disease, how to act, how to understand the affected person and their own feelings. What is necessary and extremely important nursing activities with families, informing them of the need for knowledge about the changes that come with age as a form of prevention because research indicates that population growth in order to bring improvements for future older generations.²⁰

To seek care for demented elderly, most of the family does because the patient had significant decline in the performance of activities of daily living or because they are emerging changes in mood and behavior, such as agitation and aggression.^{14-15,17}

Although some studies evidence scarce little effectiveness in interventions to support and information to caregivers, it is known that the proper information about what dementia is, how to treat it and how to manage the patient help this initial impact is better understood, providing improved quality of life for both the patient and their caregivers. We know the suffering that these families spend, especially in years subsequent to diagnosis,

adaptation to new tasks imposed by the disease and it is our duty to inform and seek solutions which, although not definitive, have demonstrably minimized, by far, the suffering of patients and families.¹⁹

In general, senior care occurs in ambulatory, by a multidisciplinary team of doctors, social workers and nurses. Multidisciplinary team in the nursing through physical examination, data collection and application of instruments of cognitive and functional assessment constructs a plan of intra and extra-domestic care for each senior individually. The nurse through the nursing consultation should identify who is the primary caregiver, it is structured and how the family dynamic works and if it counts or not with structures (social and economic) support. After this diagnostic evaluation, the family should be called for clarification on the pathology, treatment and prognosis. It is important that the whole family involved this time because it is when the nurse gives the initial guidelines and suggests a redefinition of family issues.¹⁹

From the initial consultation, follow-up visits should be scheduled for the purpose of evaluating not only the elderly and the evolution of the dementing process, but also to identify the difficulties encountered by the family and, with it, find solutions and alternatives to extinguish, or at least minimize the problems encountered.

It is necessary to consider the psychological changes experienced by the person throughout life especially the elderly. There are many other symptoms that can severely affect the quality of life of elderly patients and generate numerous problems to them and to their caregivers. These symptoms, which can be classified as secondary, are very different - are the behavioral and psychological symptoms of dementia (BPSD). Studies suggest that the most frequent symptoms are psychotic symptoms (delusions and hallucinations), shaking, and depression and sleep disorders. A review of studies covering 55 1990-2003 found that in Alzheimer's disease psychotic symptoms correspond to greater clinical syndrome of the disease, occurring in 41% of patients three years after diagnosis of AD. Of these, 36% had delusions, hallucinations 18% and 25% other symptoms. These numbers vary widely, depending on the sample studied and the methods of evaluation. Foreign studies about the BPSD in patients with AD diagnosis revealed the presence of neuropsychiatric symptoms in 75-89% of their samples, corroborating the São Paulo study showed that in 78,3% of AD patients, neuropsychiatric symptoms.¹⁹

The presence of behavioral and psychological symptoms in elderly dementia affects not only patients, but family and formal and informal caregivers. Its occurrence has been related to unfavorable clinical course, rapid disease progression, increased rate of institutionalization, increased caregiver burden and decreased patient survival.

Psychotherapy becomes of utmost importance to have function to mediate the subject in the construction of tools that allow you to change deadlock situation in which it lies. The idea of mediation is based on the historical and dialectical materialism, which comprises human development as a result of the individual over his half activity. Aiming to achieve this goal, psychotherapy seeks to locate the subject, that is, place him in the way you experience your own story as well as plans to elucidate the historical and social context in which it appears and which has constituted his personality.¹¹

Whereas it is essential that health professionals, especially nurses and psychologists should possess characteristics that may be developed in order to improve the planning of your tour, it is necessary to have patience, be persistent and to develop the ability to pay attention to the attitudes and expressions of the elderly, so that through this observation is possible to direct their professional practice for interventions to improve the quality of life of the elderly. Thus, these professionals will be valuing the humanization of assistance and care, rescuing the human condition on the other.

Therefore, this study aims to describe the process of nursing care to the elderly and also psychological in Primary Health Care.

METHOD

This is an exploratory, descriptive study, supported in the literature review narrative in which 22 articles published between the years 1998 to 2010 were analyzed by the Ministry were included in this study in the English language articles with abstracts in the same language and online manuals subsidized Health.

To enable this study was first necessary to seek to know about the existing major literary concepts of nursing care in primary care perspectives.

A literature review was conducted to delimit parameters and issues that assist in the analysis and management of nursing care for the elderly, seeking to discover and describe the goal of primary health care in the context of the health of the elderly. It was necessary also review about the history of the Family Health Strategy, recognizing their role in the management of health care for the elderly.

The sources of information were literature reviews on the topic, searching the Virtual Health Library (VHL) - BIREME - (Latin American and Caribbean Literature on Health Sciences) LILACS, SCIELO (Scientific Electronic Library Online), BDNF (Database of Nursing) and MEDLINE (International Literature on Health Sciences), and these central constructs of the study.

Search for the following keywords were used: Nursing; Psychological adaptation; Primary Health Care; Humanization of Care; Health of the elderly.

RESULTS E DISCUSSION

In the context of the Family Health Strategy, highlights the work of health professionals facing the full and ongoing support of all members of families linked to UBS, at each stage of its life cycle, without losing sight their family and social context. It is up to the professional's attention to the changing population profile in its catchment area, with

the progressive increase in the elderly population, the result of falling fertility and reduced mortality across all age groups. To him special attention to the elderly and active participation in improving their quality of life is required, addressing him as touts the Strategy highlighted, with promotional measures specific protection, early identification of their most frequent disorders and intervention as well as with rehabilitation measures aimed to prevent its apartheid of family life and social.^{2,7,9,11-12}

The Family Health Strategy, in accordance with its basic principles regarding the elderly population, points to the approach of the physical changes considered normal and early identification of their pathological changes. Also highlights the importance of alerting the community to the risk factors to which the elderly are exposed, at home and abroad, as well as forms of intervention are identified for elimination or minimization, always in partnership with the own elderly group and the members of his family. Professionals working in primary care should be clearly the importance of maintaining the elderly in the family routine and life in community as key factors for maintaining their physical and mental balance.¹²

The group of professionals involved in the care, the nursing staff had great participation in the areas of FHS. In countries where aging process began a long time ago, nursing remains central role in the organization of care. In Brazil, the organization of care for the elderly should consider the participation of a multidisciplinary care team, consisting generally of doctors, nurses, physiotherapists, social workers, nutritionists, psychologists, speech therapists, occupational therapists, pharmacists, nursing assistants, besides preparing their training for the new demographic and epidemiological reality, including the home as a setting. The family has a major role in enabling this assistance.²¹

Aims working in primary care in the Family Health Strategy, a suitable approach for the elderly. Search up the necessary understanding of aging as a benign and not pathological process. However, the family health teams cannot lose sight of that stress from physical, emotional and social grievances, with the passage of time and, consequently, with increasing age, is an effective and progressive threat to health of the elderly. Faced with this reality, the health professional faces the challenge of drawing boundaries between what can be considered as normal aging with its gradual physiological limitations and pathological features that can be installed during this process. Various phenomena that were considered normal with advancing age, are now regarded as arising from the installation of pathological processes, and should be identified early and worked in a participatory manner and effective.¹²⁻¹⁴

Permeating this theme, in another study it points to three divisions for aging: primary; secondary or disease; and tertiary or terminal. Primary aging is a universal phenomenon that affects all individuals, which is progressive, resulting in a reduced ability to adapt, being correlated to numerous factors, such as diet, exercise, lifestyle, and other aspects that can cause different ways of aging.²²

Secondary or pathological aging is related to changes caused by diseases associated with aging that are not confused with the normal changes of this process. The tertiary or terminal aging is characterized by a large increase in cognitive and physical losses in a

relatively short period of time, after which the person die, either because of age-dependent diseases or for the accumulation of the effects of natural aging and pathological.^{1,19}

Agreeing with the aforementioned authors mentioned above, the best treatment for the SCPD's pharmacological and yes the work with the family, the cognitive rehabilitation, memory training, environmental adaptations as relaxing songs to the bath, pleasant environments for reflection as gardens, rivers and lakes, avoid the most direct confrontation and find beside the caregiver actions of everyday life that can improve the lives of the elderly and similarly relieve the SCPD. The Brazilian Academy of Neurology recommends educational programs and caregiver training, added to the psychological support and health services, and states that this type of intervention improves stress levels, slow institutionalization, and often avoids the use of drugs.²

In a study in which aimed to describe and evaluate the National Policy of attention to Elderly in Brazil and its relation to nursing, it was observed that:

[...] nurses occupy a key role in health care for the elderly, following the principles of the SUS, the standardization of the municipality of attention and duties, according to the Federal Council of nursing advocates, such as: the first contact that meets the elderly health services when there is occurrence of problem (s) of health. The longitude, which relates to the monitoring of care by the elderly in health care. Right now it's established link between the family and the team. Completeness, which is the provision of care, in accordance with the needs identified in the elderly in its multiple dimensions on the diversity and complexity of their existence, to plan and implement the plan of care, at home, and also from the recognition of the type of intervention required, trigger the services available in their various primary, secondary and tertiary levels and in an integrated manner. Coordination, i.e. capability of ensuring continuity of care to the elderly, through discussion of cases of families, with the participation of all team members, intra and extra-team, since the diversity, multiplicity and complexity of situations require that information about the patient and its family is suitable for various professionals and services involved in attendance. Focus on the Family, considering it as an active subject of the process of caring for the elderly and educate her for such. The Community guidelines for the recognition of needs according to the context (physical and psychological) in which the elderly are inserted.^{2:544}

Geriatric and gerontological literature as well as in the manuals developed for caregivers nursing care are highlighted with specific chapters. This assistance generally includes skin care, prevention of pressure ulcers, personal hygiene and oral, clothing, nutrition and hydration and administration of medications. In addition to these cautions, is perceived that fits the nursing guide about management strategies of behavioral and psychological symptoms in the elderly demented. Among these behaviors, the most frequent are: shoplifting, hide objects; agitation; catastrophic reactions; leakage; perambulators; panic attacks; absence of self-care; hallucinations; delusions; auto-violence and depression. For each of these problems there are specific strategies that must be constructed by the caregiver.¹⁹

This guidance is not made exclusively in the ambulatory environment. The nurse within its duties and responsibilities in attention to the elderly is fit to carry out self-help

groups and support for both the elderly and their caregivers, in addition to the possibility of making home visits and referrals to other professionals who make up the team as gerontological occupational therapists and psychologists. Plan, execute, monitor and evaluate care plans elderly demented requires creativity and patience. The nurse should encourage the family to become involved as much as possible, to understand and follow it with dedication. In this way, failures are best identified, promoting constant review and modification of the care plan, as with the evolution of the disease the dependency becomes increasingly and demands change.⁸

CONCLUSION

Generally speaking, the elderly Brazilians live, mostly, in the community and primary health care in health is one of the strategies available to be used. It is worth noting, however, that the training of health staff for this area of knowledge is urgent, in view of the demand for attention to this population in the health system. However, one cannot forget that the main challenge is to resume the struggle of social and human rights of the elderly, for the construction of their citizenship. As part of this challenge is the work of nursing by the elderly population, especially when considering the elderly care policy in Brazil, identifying problems of the elderly within the family and social context and effecting contributions in teaching, research and assistance, in accordance with their potential and individual differences.

The demand for psychological services is characterized by the diversity of individuals who complain of problems from different orders. Human beings are social beings par excellence. The social structure in which the individual is inserted provides the horizon in which you will find the parameters to build its uniqueness, and the psychology guide these parameters and these fundamentals for improving the quality of life of this population.

The care for an elderly person should be aimed at the maintenance of their State of health, with a maximum possible active life expectancy, together with their families and the community, with maximum autonomy and functional independence possible. The search for strategies to minimize and manage the situation of care can aggregate the knowledge and experience of nursing as an important contribution to gerontology and geriatric Neuropsychiatry, in order to show and operationalize new models of care in health care of the elderly, at a time when these professionals in their practice to watch human beings holistically are able to act in identifying problems and establish necessary interventions. Then is defined as nursing science and art to watch human beings in meeting their basic needs, making it independent, when possible, by the teaching of self-care, as well as maintain, promote and restore health in collaboration with other professional.

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