

Interdisciplinary Health Practices for elderly people with Chronic Diseases: Self-Care Impact

AVELAR, Cíntia Moura de¹; VIANA, Adriele Rosa de Oliveira¹; BRITO, Saionara Silva¹; CORREIA, Isabely Fróes¹; NUNES, Júlia Sousa Santos²; VALENÇA, Tatiane Dias Casimiro³; CONFESSOR, Aldrina da Silva Cândido⁴; CAMPOS, Thaís Silva Pereira⁵; OLIVEIRA, Alessandra Souza de⁶; LIMA, Pollyanna Viana⁷

¹Nursing undergraduate - FAINOR

²Professor, Nurse. Master in Health Management by the Federal University of Bahia. FAINOR

³Professor, Physiotherapist. Doctor in Memory: Language and Society – UESB. UESB.

⁴Nurse. Professor of The Northeast Independent College. Doctorate in Humanities and Arts with focus in Education Sciences, by Rosário National University, Argentina.

⁵Nurse. Master in Nursing by UFSC. Professor of The Northeast Independent College – FAINOR

^{6,7}Nurse. Master in Memory: Language and Society – UESB3. Professor of FAINOR.

Abstract— Objectives: to check the perception of elderly people living with chronic diseases regarding the interdisciplinary health practices focused on self-care. **Methodology:** It is an analytical study with a qualitative approach, carried out in the period from October 2018 to June 2019, with 22 elderly people as participants from an interaction group. Eight fortnightly meetings were carried out with preventive activities and workshops focused on self-care. For the data collection, there were used as instruments a biosocial questionnaire and a semi-structured interview designed by the researchers. Data analysis was carried out based on the methodological theoretical assumptions of the Collective Subject Discourse-CSD. **Results:** The majority of the participants were female (96.2%), with a prevalent age group of 71-75 years (32.7%), white people (42.1%), widows (52.6 %) and of catholic religion (76.3%), with incomplete elementary education training (39.5%), monthly income between 1 and 2 minimum wages (55.3%), living alone (42.1%) and that have children (94.7%). Concerning the clinical aspects, most of them have more than one chronic disease (84.6%) and lives primarily with systemic arterial hypertension (63.5%), diabetes mellitus (32.7%), dyslipidemias (23.0%). When analyzing the Collective Subject Discourse in relation to self-care impact, four central ideal arose: eating habits; conscious use of teas; prevention of falls; mental health and memory. **Conclusion:** the elderly people reported that the participation in programs with the focus on health was essential to increase knowledge, make clarifications, guide, and modify the life habits that were mistaken. That is to say, it helped to improve self-care which directly affected health and quality of life. **Keywords—** Aging. Elderly people. Health Education. Chronic Diseases.

I. INTRODUCTION

The growth of elderly people in Brazil is a visible reality. Due to this phenomenon, human aging researchers are committed to comprehending the causes of this growth and understanding longevity, taking into account the autonomy and independence and their links with an increased life expectancy [1],[2].

Among the major health conditions that affect the elderly person are Chronic Noncommunicable Diseases (CNCDS) [3] which are composed of a set of chronic conditions, with multiple causes, characterized by a gradual start, commonly with an unknown prognosis, with long or

undefined duration. They display a clinical course that changes over time, with possible exacerbation periods, which can generate disabilities [4]. The World Health Organization [5] describes as chronic diseases the cardiovascular diseases (cerebrovascular, ischemic), neoplasms, chronic respiratory diseases and diabetes mellitus also comprising those diseases that lead to the suffering of the subjects, families and society, like mental and neurological disorders, oral, osseous and joint illnesses, genetic disorders and ocular and auditory pathologies.

CNCDS if not treated properly can result in several complications as hospital admissions, having as a

possibility the subjects' death, particularly in elderly people with circulatory system diseases [6].

Due to this fact, prevention and health promotion have a key role in the lives of elderly people who display health problems, since such problems could be prevented or altered by the knowledge and adoption of healthy practices [1]. That way, public policies targeting the treatment of elderly people with chronic illnesses have been oriented to the prevention of complications through the control of disease progression using preventive care practices and health education emphasizing the change of life habits and behaviors [7].

Studies display that education and health practices directed to the quality of life have a significant role in the fight against inequality and social exclusion [8], [9]. Besides that, they seek to decrease the populations' vulnerability and health risks through participation and social control. This also allows people to realize their potential for physical, social and mental welfare during their lifetime and to take part in society according to their needs and capabilities, providing proper protection, safety, and care [10], [11].

For that matter, this study has as a goal to check the perception of elderly people living with chronic diseases regarding interdisciplinary health practices focused on self-care.

II. METHODOLOGY

This is an analytical type study, with a qualitative approach, carried out in the period from October 2018 to June 2019, with 22 elderly people as participants from an interaction group designed and developed by the Nursing Collegiate Body of a Higher Education Institution, located in a city of southwestern Bahia. The study comprised elderly people who filled the following inclusion criteria: to be 60 years or older, with medical diagnosis of chronic noncommunicable diseases through medical reports or examinations, the ones who agreed to volunteer in the research and who did not display cognitive deficit assessed with the Mini Mental State Examination (MMSE) that had the cut point of 27. The ones who participated in the interaction group but did not fill the inclusion criteria were excluded from the study.

Eight fortnightly meetings were carried out with the themes: hypertension and diabetes; falling risks; self-esteem; elderly person's rights; medicinal plants and herbal medicines; healthy nutrition, short and long-term memory; and balance and breathing. Besides, in all meetings dance was a key practice as an encouragement to do physical activity. Two celebrations were also performed with the themes of June and Christmas festivities. All meetings took

place in the auditorium of the institution, with the establishment of preventive and self-care activities using the popular health education methodology to enhance the quality of life of the elderly people of the group.

For the data collection, there were used as instruments a biosocial questionnaire and a semi-structured interview designed by the researchers. The biosocial profile was examined by variables like: age, gender, color, marital status, schooling, profession, monthly individual income, monthly family income, religion, with whom they lived, which other relatives, if they have children and how many children, and chronic illnesses.

The semi-structured interview was designed with questions to check the impact of the activities developed on the daily practice of the elderly people composing the group. The questions were drawn based on others ones such as: what was the most significant meeting and why; changes regarding the self-care behaviors after the meetings; relevance of the practices developed in their lives; health changes after the meetings; recommendations for new meetings and actions to be undertaken. For the interviews, home visits were conducted at preset time defined by (the researcher and elderly person), taking on average 30 minutes, the interviews were recorded through digital recorder with the participants' knowledge and authorization.

Data analysis was carried out based on the methodological theoretical assumptions of the Collective Subject Discourse-CSD, a method designed by Lefevre and Lefevre (1990), which has as its foundation getting the subjects social representations on a particular theme or phenomenon. Data with similar meanings were arranged into semantic categories, which enabled us to collect beliefs, values, thoughts and representations of a group on a specific theme through scientific methods [13]. For analysis purpose, *DSCsoft software* was used, and it was also designed by Lefevre and Lefevre [12] for qualitative and quantitative research.

All ethical and legal factor of 466/12 [13] and 510/16 resolutions [14] were thoroughly followed and only after approval by the Research Ethics Committee / REC of the Northeast Independent College / FAINOR under protocol opinion No. 2.960.922, data collection was started. This was a part of the main project called "Education and interdisciplinary health practices for elderly people with noncommunicable chronic diseases."

III. RESULTS AND DISCUSSION

The outcomes indicated that the majority of the participants were female (96.2%), with a prevalent age group of 71-75 years (32.7%), white people (42.1%),

widows (52.6 %) and of catholic religion (76.3%), with incomplete elementary education training (39.5%), monthly income between 1 and 2 minimum wages (55.3%), living alone (42.1%) and that have children (94.7%). Concerning the clinical aspects, most of them have more than one chronic disease (84.6%) and lives primarily with systemic arterial hypertension (63.5%), diabetes mellitus (32.7%), dyslipidemias (23.0%).

When implementing the methodological systematization and the analysis instruments of the Collective Subject Discourse (CSD) corresponding to the influence on self-care in an elderly group, four respective fundamental ideas appeared for this thematic axis, according to Table 1:

Chart 1 –Thematic axis and Central Ideas regarding the analysis of the Collective Subject Discourse(CSD) on the research. Bahia, Brazil, 2019.

THEMATIC AXIS	CENTRAL IDEAS
1 Impact on self-care	1 CI Eating Habits 2 CI Conscious use of teas 3 CI Prevention of Falls 4 CI Mental Health and Memory

Source: Study’s data.

1 CI – Eating Habits

With the population aging and the growth of elderly people affected by Chronic Noncommunicable Diseases, researchers have advised about the importance of the nutritional condition and diet of the elderly person for healthy aging and welfare [15].

The main ideas that came up in the collective subject speech below showed the elderly’s preoccupation regarding the decrease in the consumption of food rich in salt and fat, just as the overuse of sugars and the acknowledgement of the new eating habits benefits, as stated below:

I’m eating better, in a more natural way, healthier, I quit some habits that weren’t compatible with my age and my well-being like a decreased ingestion of salt, fats. I withdrew sugar and I look for doing a proper diet. So it was beneficial, there were actual changes, and I feel the results. It changed a lot, I became another person, I was happy and stimulated to be more careful with food (E-01, E-05, E-07, E-08, E-09, E-16, E-19, E-20, E-21, E-22).

People who have CNCDS usually have trouble following a diet and eating healthy, because they consider in their daily routine only the drug treatment of CNCDS, and there is no incorporation of other control measures for these illnesses[16].

A study performed with 50 elderly with an average age of 69 to 82 years in an interaction elderly center in Goioxim-PR [17] indicated that the presence of CNCDS in this population was high, reaching 60%. In this research, it was noticed that there was a prevalence of increased daily consumption of meats, eggs, fruits, legumes, milk and dairy among the elderly people that did not have CNCDS, in contrast, the elderly people with CNCDS had increased consumption of sugars and fats, oils and greenery. Getting positive points only because of the greenery [17].

Therefore, it is necessary the orientation of health professionals to readjust the nutrition of these subjects, stimulating the exchange of food that can cause imbalance or aggravation symptoms of CNCDS for a more balanced and healthy diet.

The Health Ministry provides the Elderly Person Health Handbook “ten steps towards a healthy diet”, which is offered to the elderly person in the Brazilian Health System (SUS) holding many necessary guidelines for healthy aging and steps to keep healthy eating habits providing an integral health care [18]. Following these steps makes it easier for the elderly to carry on with a daily routine of healthy eating. Nevertheless, it should be highlighted that sometimes the elderly person does not have the financial funds to afford buying certain food, being essential to adjust the diet to the socioeconomic conditions of the elderly person.

Through the collective subject’s speech, it was noticed that the gains for the elderly people surpass the physiological matters linked to their health and affect the social psychic field, since positive alterations in mood were mentioned as a factor of motivation taken by them to keep eating healthy.

A study performed in Pato Branco-PR with a group of elderly people participants of an extension project of a higher education institution, administered a socioeconomic questionnaire and a nutritional knowledge survey concerning the classes given during the research period in order to set the questionnaire’s parameters before and after the interventions. On the outcomes, there was progress in knowledge about food and nutrition education is being fundamentally important, since in this age group the elderly people are susceptible to diseases and the knowledge about food is essential for their prevention and control [19].

An observational study, implemented in a long-term institution in the city of Viçosa-MG, conducted

nutritional education activities using instruments to realize the previous knowledge of the elderly people. Some of them already knew that processed products, sugar-rich foods, oils and excess salt are bad for the health and they were aware that vegetables and minerals were ideal. Since then there were activities to find out information about food, being significant for them to actively realize the importance of eating in a healthy way [20].

Facing the study proposed here and the ones above-mentioned, it is of great importance to conduct actions that look for assessing and orienting about the nutritional aspects in a wide manner, with health actions focused on the adoption of healthy eating by the elderly population with the purpose to prevent, control and treat CNCs and their consequences regarding the elderly people quality of life [21].

2.1 Conscious use of teas

The participants' speeches indicated the importance of the meetings to enlighten some doubts concerning the use of medicinal plants, like teas.

The absence of information regarding the rational use of medicinal plants and the necessity of knowing drug interactions, side effects and contraindications was reported in the collective subject discourse, with reflections concerning the overuse of these substances according to the speech:

I didn't know that there was any side effect, on taking more, these information I will carry for the rest of my life, forever. I became more prudent, I stopped taking too much tea, when I used to take it. Now I look for having it in a correct way. (E-01, E-08, E-10, E-12, E-15, E-18, E-20).

Studies reveal that the elderly people misusing medicinal plants reach 81%, these are times employed to treat a disease or even with the purpose to prevent possible diseases, of these elderly people 53% live with CNCs, especially systemic arterial hypertension [22].

For Dantas (2018) [23] the custom of using medicinal plants is a culture that has been passed down through generations. This assertion was in their own study, as it was identified that 66.7% of the elderly people who used medicinal plants said they have learnt this habit with their parents, 21.7% with grandparents, 3.3% with neighbors, and 1.7% with health professionals.

It is of great importance that the elderly comprise groups that work with health education, as they support the knowledge about crucial information for healthy aging, primarily about the risks associated to the unawareness about the misuse of teas. Machado et al. (2015) [24] presented that of 12 elderly people who were respondents in their research, only four participants informed about the use of medicinal plants during their appointments. Researchers say that this information is significant because many plants are contraindicated for people who present CNCs.

A study performed in an elderly's foster home with 13 participants determined that the majority of elderly people got the plants from their neighbors' backyard, their own backyard or in the philanthropic institution. It was also noticed that most of them have no orientation regarding the plants' use [25].

It is valuable to know about the correct use of medicinal plants, as the elderly can start to manage the use and the choice of teas that are more appropriate to the symptoms displayed avoiding drug interactions. Qualified health professionals should guide the use of medicinal plants and it shall comprise in the elderly's clinical assessment questions concerning the use of teas, the periodicity, types and intake amount. This way, guidelines linked to the use of teas like the correct use, considering toxicity issues, side effects and drug interactions that can happen with the misuse, which will interfere with the health promotion for the elderly person [26].

3.1 Prevention of Falls

The prevention of falls was one of the self-care relevant variables stated by the elderly people in this research, and it was one of the main reasons for the functional dependence of the elderly person with a strong potential for issues that can result in death [27].

The information transmitted at the meetings concerning this theme, with experiences taken from the practical reality of the daily lives of the elderly people, was important for them because it helped to modify risk behaviors linked to falls, besides favoring a debate on how to prevent situations of falling vulnerability, as can be observed in the discourse below:

I became more careful after the information about the risks of falling, everything that you know you can't, but when you find someone to explain it to you, you get it. I worry when I walk into the bathroom, in my bathroom, there is no handrail for me to grab, I'm always worried. I put my flip flops to get in the shower, I walk slowly so I don't fall and I don't go up on stools anymore. I wear shoes

instead of flip flops. My bed has a good height, I just have one rug, but it's not slippery and I always talk to myself and my daughters, when we're younger it's different, when we get old it's something else (E-02, E-03, E-07, E-11, E-12, E-22).

In a research performed with 127 elderly people that lived in the city of Itabira-MG and were participants in the City Hall Project, it has become clear that the main causes of falls in the elderly people occurred because of tripping, imbalance, slip and dizziness. Only 5.5% of the elderly people stated they fell because of lower limb instability. Among the elderly people who fell off 11% had their fall linked to a risky behavior. The major vulnerability was in the female gender regarding the fall occurrences [28].

Unlike the collective subject discourse shown here, the elderly people in Morsch et al. (2016) [29] study, even though they were aware that they could fall, several of them reported that they were not afraid and said that falling may happen to anyone, that is to say that they have not noticed the matter of age as a risk factor, neither that it would be a situation with serious consequences for the elderly people, demanding changes in their routine to prevent falling. A similar outcome was seen in the study of Neto et al. (2018) [30], who check the perception of 473 elderly people regarding falls and exposure to risk factors in the home environment and the conclusion was that most elderly people are not aware of the risks and do not recognize that their household can produce these risks.

These studies, may display the absence of programs for this population with the goal of preventing falls, an important situation that can lead to significant consequences, such as a fracture, immobility in the bedside, dependence and also death as a result of complications, negatively interfering with the health and quality of life of the elderly person. For this fact, it is vital in interaction groups to work on themes regarding falling, with interventions, guidance and simulations of risk factors, in a way to avoid risks to their physical integrity.

Besides orientation and suitability of the physical environment for the prevention of falls in the elderly people, studies have indicated that physical activity produces health benefits and help to prevent the chronic noncommunicable diseases [31], [32] with these measures to avoid falling situations, enabling the elderly person with increased safety to carry out their daily living activities [33].

Melo et al. (2017) [34] highlights the involvement meaning of the whole health team in intervention actions emphasizing the elderly's fall prevention. It is required a careful examination of the use of prescription drugs that

lead to some type of symptoms that may raise fall risks, as the environment and other elements that may increase to the risk of falling at home.

4 CI Mental Health and Memory

Another manner of impact on the elderly people self-care is linked to their mental health and memory fixation. Participation in interaction groups, in line with the participants it benefited socialization, supported well-being, enhanced self-esteem, creativity and willingness for daily activities, as noted in the collective subject speech:

The meetings stimulate me a lot, I'm more pleased to go out, to attend the group, more motivated to get up early and do the house chores. It changed my behavior, sometimes I do the mental tasks, when I wake up or when I go to bed, I keep thinking about what I did today, exercising my mind. I achieved good results. I'm happier, I used to be shy and reclusive. I became someone else, thank God, I'm not sad, it has increased my self-esteem. I think I'm beautiful, young, as if I were 15 years old again (E-05, E-14, E-15, E-16, E-17, E-21).

It is essential to work on aspects of the elderly people mental health, because to have a physical well-being it is mandatory to feel good about yourself, since this well-being will reflect on the day-to-day activities and on how the elderly person interacts with the society, their surrounding environment, with the search for self-care generating a better quality of life.

A study performed with 122 elderly people, of both sexes without cognitive deficit, of different age groups in a city in the western region of Santa Catarina, assessed mental health state, depression and mood index, and the quality of life of the elderly people treated in Primary Health Care (PHC). The Geriatric Depression Scale was used, and 61.5% of the elderly people displayed depressive characteristics. In this research, the elderly people without depression or with mild depression showed a better quality of life within the physical domain in relation to the ones with severe depression, obtaining a lower impact on daily activities and well-being [35].

A study performed with elderly women aged over 60 years old, that were participants of a physical activity group, indicates through the interviews that according to psychosocial aspects, physical activity has the strength to make the elderly people interact, to be more excited and with a good mood, quitting a sedentary lifestyle and not

being isolated, making new friendships, with the last characteristic being the most described as positive [36].

A study carried out with 292 elderly people, with the majority of female gender (62%), aged 60 to 69 years. Among them, 53 displayed signs of depression, which is 18.2% of the population studied. Concerning the health (80.8%) reported having health issues. In this research, depression was associated with hypertension, diabetes, osteoporosis and heart disease. It may be linked to the quantity of medication intake that the elderly were having, since the kind of medication can be changing their lifestyle [37]. This way, it is essential to work with the elderly people's mental health, particularly with the ones who display one or more CNCs, because the existence of pain, functional limitation, dependence and other health issues can provoke problems of solitude, isolation and depression. A study conducted with elderly people with the average age of 75 years old, who participated in a memory workshop exhibited the significance of memory perceptions for them, reasons for attending the workshop, workshop impact on metamemory and quality of life. The elderly people in this study described memory as their own identity, considering it crucial for the existence process, as a target organizer. Besides that, they revealed the importance of socialization and the prevention of difficulties regarding memory. In the workshop, they noticed the benefits and met the processes of memory functioning, motivation for interpersonal relationships, which increases quality of life and they also felt contentment, with it being funny and pleasurable [38].

It is realized that it is imperative to work with the elderly people activities for the fixation and active preservation of memory as a form to conserve the elderly's person cognition, their autonomy and independence for a longer period. Working with the elderly's memory influences a better quality of life, because they exercise memory through games, which help the fixation work and influence the elderly person to keep exercising their memory the whole time. Due to this fact, it is important to be implementing actions that allows the elderly's socialization, looking for the promotion of mental health and activities that contribute to memory fixation.

IV. CONCLUSION

The perception of elderly people who live with chronic illnesses regarding health interdisciplinary practices concentrated on self-care was exposed through speeches related to eating habits, conscious use of teas, prevention of falls and mental health and memory.

This way, health education is required to stimulate health promotion, just as a better quality of life and well-being for the elderly people, and mainly the comprehension

of carrying out practices that enable active aging. The elderly's discourses stated that participation in programs with health practices was vital to increase knowledge, clear doubts, to orientate and modify lifestyle habits performed in a wrong way. In other words, it helped to improve the elderly's self-care, which influenced the health and quality of life.

Therefore, health professionals have to develop more activities like these ones, stimulating the elderly person to search for self-care. It is said that more effective interventions need to be multiple and ideally implemented by a multidisciplinary team, focused at promoting self-care and consequently healthy aging with a better quality of life.

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