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PROFILE OF OLDER PEOPLE SUBMITTED TO COMPREHENSIVE GERIATRIC ASSESSMENT IN A REHABILITATION SERVICE

Perfil de idosos submetidos à avaliação geriátrica ampla em serviço de reabilitação

Perfil de ancianos sometidos a una amplia evaluación geriátrica de un servicio de rehabilitación

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ABSTRACT

Objective: To describe the profile of older people submitted to comprehensive geriatric assessment in a rehabilitation service. **Methods:** Retrospective documentary descriptive study conducted at a rehabilitation service in Goiânia, Goiás, Brazil, with older patients submitted to Comprehensive Geriatric Assessment from December 2014 to December 2015. Information on gender, age, marital status, family arrangement, education, body mass index, polypharmacy, urinary incontinence, and physical activity were collected from medical records and submitted to statistical analysis. **Results:** The mean age of the population was 70.4 years (± 7.8). In all, 67.45% (n=228) of the participants are women, 50.29% (n=170) have 1-4 years of study, 44.38% (n=150) are married, 56.21% (n=190) live with relatives, and 77.51% (n=262) are sedentary. Urinary incontinence is prevalent in 49.53% (n=107) of the women, although it is quite relevant in men, with a rate of 21.81% (n=24). In all, 48.82% (n=165) of the participants presented polypharmacy, 77.51% (n=262) are sedentary and 59.17% (n=171) are overweight. **Conclusion:** Most participants are young old, women, sedentary, have low education, are married, live with relatives, and are overweight. The highest prevalence of urinary incontinence and polypharmacy occurs in women.

Descriptors: Geriatric Assessment; Health Services for the Aged; Health Profile.

RESUMO

Objetivo: *Descrever o perfil dos idosos submetidos à avaliação geriátrica ampla em um serviço de reabilitação.* ***Métodos****: Estudo documental, retrospectivo, do tipo descritivo, realizado em um serviço de reabilitação de Goiânia, Goiás, Brasil, com pacientes idosos que foram submetidos à avaliação geriátrica ampla no período de dezembro de 2014 a dezembro de 2015. Informações sobre sexo, idade, estado civil, arranjo familiar, escolaridade, índice de massa corporal, polifarmácia, incontinência urinária e atividade física foram coletadas através de dados de prontuário e analisadas estatisticamente.* ***Resultados:*** *A média de idade da população foi de 70,4 anos (±7,8) onde 67,45% (n=228) dos avaliados são do sexo feminino, 50,29% (n=170) apresenta escolaridade de 1-4 anos, 44,38% (n=150) são casados, 56,21% (n=190) moram com familiares e 77,51% (n=262) são sedentários. A incontinência urinária no sexo feminino é prevalente em 49,53% (n=107), ainda que seja relevante no sexo masculino 21,81% (n=24). Fazem uso de polifarmácia 48,82% (n=165) dos avaliados, 77,51% (n=262) são sedentários e 59,17% (n=171) estão acima do peso.* ***Conclusão:*** *O perfil é de idosos jovens, do sexo feminino, sedentários, com baixa escolaridade, casados, que moram com familiares e apresentam sobrepeso. A maior prevalência de incontinência urinária e polifarmácia foi encontrada entre pessoas do sexo feminino.*

Descritores: *Avaliação Geriátrica; Serviços de Saúde para Idosos; Perfil de Saúde.*

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RESUMEN

Objetivo: *Describir el perfil de los ancianos sometidos a una amplia evaluación geriátrica de un servicio de rehabilitación.* ***Métodos****: Estudio documental, retrospectivo, del tipo descriptivo realizado en un servicio de rehabilitación de Goiânia, Goiás, Brasil, con pacientes mayores que fueron sometidos a una amplia evaluación geriátrica en el período entre diciembre de 2014 y diciembre de 2015. Las informaciones sobre el sexo, la edad, el estado civil, el orden familiar, la escolaridad, el índice de masa corporal, la polifarmacia, la incontinencia urinaria y la actividad física fueron recogidas a través de datos de los historiales clínicos y analizadas estadísticamente.* ***Resultados:*** *La media de edad de la población fue de 70,4 años (±7,8) en el cual el 67,45% (n=228) de los evaluados son del sexo femenino, el 50,29% (n=170) presenta escolaridad entre 1-4 años, el 44,38% (n=150) son casados, el 56,21% (n=190) viven con sus familiares y el 77,51% (n=262) son sedentarios. La incontinencia urinaria del sexo femenino es prevalente en el 49,53% (n=107) y el 21,81% (n=24) en el sexo masculino. El 48,82% (n=165) de los evaluados usan la polifarmacia, el 77,51% (n=262) son sedentarios y el 59,17% (n=171) tienen el peso elevado.* ***Conclusión:*** *El perfil es de ancianos jóvenes, del sexo femenino, sedentarias, con baja escolaridad, casadas, que viven con sus familiares y tienen sobrepeso. La mayor prevalencia de incontinencia urinaria y polifarmacia ha sido encontrada entre las personas del sexo femenino.*

Descriptores: *Evaluación Geriátrica; Servicios de Salud para Ancianos; Perfil de Salud.*

INTRODUCTION

Due to the sociodemographic transition, Brazil has been experiencing a natural process of population aging[1]. It is believed that, in 2025, the country will rank sixth in the world in absolute number of elderly, totaling 33.8 million individuals in this age group, presenting the segment of very elderly people, those above 80 years, with the most expressive growth[2].

Population aging coupled with poor diet, sedentary lifestyle, obesity, and alcohol and tobacco consumption have brought a higher prevalence of chronic diseases, with a consequent increase in the number of clinical complications that cause functional loss and reduction in quality of life, a fact that modifies the demand for public policies, making it necessary to elaborate health indicators capable of recognizing the diseases that affect the elderly's health[3].

Overweight and obesity, urinary incontinence, polypharmacy and sedentary lifestyle are typical findings among the elderly, culminating in loss of function and quality of life of the elderly[4]. Urinary incontinence, for example, is defined as the condition in which involuntary loss of urine represents a social or hygienic problem and is objectively demonstrated. It is prevalent among the elderly and affects the functionality, with deleterious health effects, in addition to negative effects on the public health system[5,6].

The use of drugs is currently an epidemic among the elderly, either resulting from the exponential increase of chronic diseases and its sequelae, the power and marketing of the pharmaceutical industry, and the professional training in health care, with excessive emphasis on medicalization[7]. Much has been studied regarding the consequences of the use of medications in this population, and it is known that there is an increased risk of adverse events and association with higher morbidity and mortality[8]. Polypharmacy, defined as the consumption of five or more concomitant medicines, is a challenge for geriatrics because the risk of adverse events increase by 13% with the use of two agents and by 58%, when this number increases to five, increasing by 82% when seven or more drugs are consumed[9].

Epidemiological studies on the nutritional status in older people indicate that overweight and obesity are associated with the risk of morbidity and mortality, but little is known about the relationship between body mass index (BMI) and aging. The BMI is still considered a good nutritional status indicator in epidemiological studies, despite the lack of consensus regarding the most adequate BMI cutoff point for the elderly, as they present changes in body composition when compared to adulthood. The World Health Organization (WHO) stresses the need for indication of the body weight reference values in aging, between different ages and genders, due to the tendency for BMI increase until middle age, stabilization when reaching the 65 years range for men, and 75 years for women, and for reduction after this phase[10].

The relationship between physical activity and the health of the elderly has been extensively studied, and the fundamental role in maintaining the functional capacity is already a consensus, being decisive the prescription of the correct type of activity factor. The sedentary lifestyle is associated with the health status, with higher incidence of chronic diseases and worse functionality[11].

The multiplicity of conditions that affect the elderly includes clinical, psychological and social aspects that interact with each other, modifying the exteriorization of the diseases and requiring a differentiated approach. Aging often leads to insidious functional changes, and the instruments for screening conditions that trigger functional decline allow for early interventions with higher potential impact and possibility of better planning of health actions[2].

Comprehensive geriatric assessment (CGA) is a term used to describe the examination of the several functions of the elderly patient. Identifying the chronic diseases, the level of independence and autonomy, the financial resources available for acquiring services, and the existence, or not, of family and social support are comprised in this assessment. The CGA is not

an isolated assessment, and should always result in an intervention, whether it be a rehabilitation, counseling, or indication of admission in hospital or long-term institution. This assessment differs from the standard clinical examination because it emphasizes the evaluation of the functional capacity and quality of life, besides being based on quantitative and standardized scales and tests[2].

Epidemiological studies gain importance in this scenario, as they enable the identification of the aging determinants and etiological factors, providing better understanding of the different clinical situations, and better health care for these populations, seeking an extension of human life by means of diseases prevention and health promotion[4].

An epidemiological study is essential for the knowledge of the population under analysis, being an important tool in the management of health services and professional performance. Epidemiology is the study of the frequency, distribution, and determinants of health-related status or events[12]. Such knowledge provides support for the empowerment of individuals and communities for the modification of social determinants through specific actions aimed at improving the quality of life[4].

Faced with this, the aim of this study was to describe the profile of older people submitted to comprehensive geriatric assessment in a rehabilitation service.

METHODS

This is a descriptive, retrospective, documentary study carried out by means of data collection from the physical medical records of elderly patients submitted to the comprehensive geriatric assessment (CGA) at a rehabilitation service in the city of Goiânia, Goiás, Brazil. The epidemiological data of all patients addressed through the CGA from December 2014 to December 2015 was surveyed. The number of medical records evaluated was 393, excluding 55 incomplete ones, totaling 338 medical records.

The research was carried out in the Ambulatory care unit of the Santa Marta Hospital of Sanitary Dermatology and Rehabilitation (*Hospital de Dermatologia Sanitária e Reabilitação Santa Marta - HDS*), located on Highway GO 403, in the city of Goiânia. This unit provides outpatient geriatric care exclusively for patients of the Unified Health System (SUS), controled by the Regulation Center of the Municipal Health Department of Goiânia.

The CGA is carried out at the institution by a multiprofessional team composed of geriatric physician, physiotherapist, nurse, occupational therapist, social worker, speech therapist, psychologist, nutritionist, pharmacist and dental surgeon. It adopts instruments that are standardized by the hospital, based on the recommendations of the Ministry of Health[13], and the results are registered on the chart summary of the medical records, which, recorded in the aforementioned period, constitute the basis for data collection of the present research.

The survey in the files of the institution generated the list of patients that were approached through the CGA in the analyzed period. The data collection sheet is composed of sociodemographic variables (gender, age, marital status, family arrangement and education), nutritional markers (weight, height and body mass index), and other health-related factors (existence of urinary continence, polypharmacy and physical exercise practice). The sample consisted of non-institutionalized elderly individuals who sought outpatient care.

The variable family arrangement was grouped in: lives with family, lives with other people (friends or caregivers) and lives alone. Education is established according to the number of years that the old person declared to have attended school (0 years or illiterate, 1 to 4 years, 5 to 8 years or above 8 years), because they are the standardized ranges for evaluation of the elderly's cognitive status[14].

The nutritional status was defined by the BMI, calculated by measuring the height and body weight of the elderly: weight (kilos)/height (meters) squared. The elderly were classified into low weight (BMI <18.5 kg/m²), eutrophic (BMI 22.0 - 25.0 kg/m²), overweight (BMI > 25 kg/m²), and obese (BMI > 30 kg/m²)[10].

For classification of urinary continence, the elderly were questioned about the occurrence of involuntary urine losses. According to the response, they were categorized into continent (without involuntary loss of urine) or incontinent individuals (with involuntary loss of urine)[15].

According to the inventory of daily drug use by the evaluated elderly, the pharmacist classified them as presenting polypharmacy (consumption of 5 or more concomitant medications) or absence of polypharmacy (consumption of less than 5 concomitant medications)[9].

The measurement of the physical exercise practice was considered according to the elderly's report. The study considered physical exercise the regular (minimum three times a week, with at least 30-minute duration) or structured practice, such as walking, dancing, activities of elderly groups, water aerobics/swimming, bodybuilding and other exercises at gyms, and sports practices[16].

The data was manipulated in a standardized way using descriptive statistical analysis, with the data presented as percentage, average and standard deviation. Categorical variables are expressed in absolute and relative numbers. The chi-squared test for linear trend was applied.

The research was carried out in accordance with Resolution 455/12 of the National Health Council, which regulates the standards for research with human beings, and was approved by the Ethics Committee on Human and Animal Research of the Pontifical Catholic University of Goiás (PUC GO) with approval under Opinion No. 1,509,986.

RESULTS

The sociodemographic value and percentages (age, marital status, education, family arrangement) of the elderly submitted to the comprehensive geriatric assessment (CGA) of the rehabilitation service and evaluated in the present study are shown in Table I.

The mean age of the investigated population is 70.4 years (± 7.8), the youngest being 57 years old and the oldest being 96 years old. It is noteworthy that two patients in the sample were younger than 60 years, but underwent the CGA because of the frailty presented. It was also observed the predominance of female patients, being 67.46% female (n=228) and 32.54% male (n=110).

As for the marital status, 44.38% of the elderly (n=150) declared themselves married, 3231.06% (n=105) widowed, 12.13% (n=41) separated or divorced, 8.28% (n=28) single, and 4.15% (n=14) did not inform their marital status.

A low level of education was observed among the elderly interviewed, with 68.05% (n=230) being illiterate, or presenting schooling of up to four years of education, and 11.83% (n=40) of the elderly reported education above 8 years.

Regarding the issues of family relationship and creation of new social networks, it was observed that 56.1% (n=190) of the elderly live with relatives, 21.9% (n=74) live with friends, caregivers and others. The number of elderly individuals living alone is relevant and draws attention, as 15.38% (n=53) reported such situation.

Table I - Description of the sociodemographic characteristics of the elderly submitted to the comprehensive geriatric assessment. Goiânia, Goiás, Brazil, 2015.

Variable		n	%
Gender			
	Female	228	67.46
	Male	110	32.54
Age range			
	Under 60 years	2	0.58
	60-69 years	175	51.78
	70-79 years	111	32.84
	80-89 years	44	13.02
	Above 90 years	6	1.78
Marital status			
	Married	150	44.38
	Widowed	105	31.06
	Divorced or separated	41	12.13
	Singles	28	8.28
	Not informed	14	4.15
Education			
	Illiterate	60	17.75
	1-4 years	170	50.30
	5-8 years	49	14.49
	Above 8 years	40	11.83
	Not informed	19	5.62
Family arrangement			
	Lives with family	190	56.21
	Lives with other people	74	21.9
	Lives alone	53	15.38
	Not informed	21	6.21

As for the practice of physical exercise, it was observed, by means of the self-report registered on the medical record, that 77.51% (n=262) of the elderly in the sample declared not to exercise, as shown in Table II. And 13.31% (n=45) of the elderly in the age range of 60-69 years practiced physical activity. Above 70 years of age, those who practice physical activity are equivalent to 7.99% (n=27).

Table II - Description of physical exercise practice among the elderly submitted to the comprehensive geriatric assessment. Goiânia, Goiás, Brazil, 2015.

Variable		n	%
Sample			
	Non-sedentary	72	21.30
	Sedentary	262	77.51
	Not informed	4	1.18
Physical exercise and health			
	Female	47	13.91
	Male	25	7.40
Physical exercise and age range			
	Under 60 years	0	0
	60-69 years	45	13.31
	70-79 years	19	5.62
	80-89 years	7	2.07
	Above 90 years	1	0.30

When questioned about the episodes of involuntary loss of urine, 38.76% (n=131) reported presenting them, and were therefore considered incontinent. A predominance of female urinary incontinence (UI) was observed, with 46.93% (n=107) of the female elderly. In the male gender, urinary incontinence was present in 21.81% (n=24). The highest prevalence of urinary incontinence proportional to the age range is found from 70 to 79 years, with 47.75% (n=53) of the elderly in this age range declaring themselves incontinent. The description of data regarding urinary continence is shown in Table III.

Table III - Distribution of urinary incontinence in elderly patients submitted to the comprehensive geriatric assessment. Goiânia, Goiás, Brazil, 2015.

Variable		n	%
Sample			
	Continents	206	60.94
	Incontinents	131	38.76
	Not informed	1	0.29
Incontinence by gender			
	Female	107	46.93
	Male	24	21.81
Incontinence by age range			
	Under 60 years	0	0
	60-69 years	55	31.42
	70-79 years	53	47.75
	80-89 years	20	45.45
	Above 90 years	3	50

The practice of polypharmacy is frequent in the study population. It was observed, according to Table IV, that 48.82% (n=165) of the evaluated elderly presented polypharmacy, being more frequent among the female elderly, with a percentage of 52.19% (n=119). Statistical analysis was performed using the chi-square test, where the p-value was 0.097, showing no statistically significant correlation between the genders. As for the age range, polypharmacy was more present in the age range of 60-69 years.

Table IV - Distribution of polypharmacy in elderly patients submitted to the comprehensive geriatric assessment. Goiânia, Goiás, Brazil, 2015.

Polypharmacy		n	%
Practice of polypharmacy			
	With polypharmacy	165	48.82
	Without polypharmacy	159	47.04
	Not informed	14	4.14
Polypharmacy by gender			
	Female	119	52.19
	Male	46	41.82
Polypharmacy by age range			
	> 60 years	1	0.61
	60-69 years	73	44.24
	70-79 years	63	38.18
	80-89 years	25	15.15
	> 90 years	3	1.82

The present study also evaluated the body mass index (BMI) of 289 elderly individuals by means of the weight divided by height squared. It was observed that 37.71% (n=109) of the elderly are eutrophic. Overweight and obesity were present in 59.17% (n=171) of the elderly. The prevalence of underweight in this study was 3.12% (n=9), with no significant difference between the genders. This data is shown in Table V.

Table V - Description of the body mass index (BMI) in elderly patients submitted to the comprehensive geriatric assessment (CGA). Goiânia, Goiás, Brazil, 2015.

Variable		n		%
Sample				
	Thinness	9		3.12
	Eutrophic	109		37.71
	Overweight	105		36.33
	Obesity	66		22.84
BMI	**Thinness**	**Eutrophic**	**Overweight**	**Obesity**
> 60 years				
60-69 years	5 (1.72%)	45 (15.52%)	56 (19..1%)	46 (15.86%)
70-79 years	3 (1.03)	42 (14.48%)	34 (11.72%)	17 (5.86%)
80-89 years	1 (0.34%)	20 (6.90%)	13 (4.48%)	1 (0.34%)
> 90 years	0 (0%)	2 (0.69%)	1 (0.34%)	1 (0.34%)
Gender		**Male**		**Female**
	Thinness	4 (1.18%)		5 (1.48%)
	Eutrophic	41 (12.13%)		68 (20.11%)
	Overweight	35 (10.35%)		70(20.71%)
	Obesity	12 (3.55%)		54 (15.98%)

DISCUSSION

In regard to the sociodemographic characteristics of the present study, there was a predominance of female patients, which was also evidenced in other studies because of the process called feminization of population aging, with a higher probability of survival for women[17,18]. However, despite surviving for longer when compared to men, women are more susceptible to disability and multiple health issues at the older ages. Such condition requires special attention in the elaboration of public policies that meet the specific demands of this population, thus providing aging with quality of life, as well as the prevention of health conditions[1]. With respect to the predominance of the elderly in the age range between 60 and 69 years, the sample of the present research reflects the reality of the proportion of elderly people by age range according to a census held by the Brazilian Institute of Geography and Statistics[19,20].

Low level of education is another striking feature in the present study, which found elderly people with up to four years of schooling, converging with the information collected by the censos, regarding the education of the elderly responsible for households in Brazil[20]. This finding leads to a reflection on the need for implementation of actions for its improvement, since illiteracy can accentuate the elderly's dependence on other people and lead to the deterioration of their autonomy and quality of life, in addition to greater physical inactivity[21].

According to data from the Population Census, 10.9% of the elderly lived alone and, through the National Household Sample Survey (PNAD) conducted in 2014, a rise was observed in this proportion, being estimated at almost 14, 4%[22]. This percentage is close to that found in the present research, which totals 15.38%. This fact does not necessarily mean a problem, since it might represent an option chosen by the elderly, but this condition represents a state of risk, considering the possibility of loss of autonomy, risk of loneliness and vulnerability[23]. An important point would be the social investigation of the population evaluated in order to analyze the impacts of this situation on the elderly's health[24].

The level of physical exercise presented in this research is a cause for concern, as this is an important indicator of the population's health. Physical inactivity is directly responsible for 6% of the cases of coronary diseases, 7% of type II diabetes, 10% of breast cancer and 5.3 million deaths, besides its association with the lower capacity of body mobility and greater frailty, especially in elderly individuals[25]. A longitudinal study of the health consequences of different levels of physical fitness, conducted in 25.341 men and 7.080 women, revealed that a low aerobic fitness was a more important precursor of mortality than the diseases mentioned above[26].

The recommendation of 150 minutes of moderate physical activity per week[27] is followed by 18% of men and 14% of women aged 65 to 74 years. In the present study, 13.31% of the elderly in the 60-69 age range practiced physical activity. Above 75 years of age, those who practice physical activity represent 8% of males and 4% of females[28], which is in line with the sample of the present study, with 4.44% of women above 75 years of age practicing physical activity, despite the disagreement regarding the male gender (3.25% reported practicing it). It is worth mentioning that the literature points out that the practice of physical exercise is more present among the male elderly[27].

The new guidelines on physical activity for health promotion recommend that individuals engage in moderate-intensity physical activity for at least 30 minutes per day, on most days of the week (preferably all), on a continuous or cumulative basis[28].

Aging predisposes to urinary incontinence (UI), which can lead to a clinical picture of depression, isolation and shame, altering the social interaction and affecting the elderly's mobility[15,29]. There is no consensus in the literature regarding the UI prevalence rates found in the various studies among the elderly, which vary from 8.5-55%[15]. The divergence between numbers may be related to cultural factors, sociodemographic characteristics, life habits or even to the instruments used in the research[29].

It is known that the prevalence of UI increases proportionately with age, being the main risk factor in men for pathological changes of the prostate[30]. When considering age, the literature cites the highest prevalence in the range of 70-75 years[29], data that is close to the results found in the present sample, except for the absence of a direct relation between the increase in incontinence episodes and the age of onset. With regard to gender, the literature points out that UI is three times higher in women when compared to men because of anatomical, hormonal and parity issues, with the frequency of incontinent individuals among men ranging from 10 to 15%[15]. In the present research, the female gender accounts for the greater number of incontinents.

The daily use of five or more drugs by the elderly, a technique called polypharmacy, is a common practice. Studies in Brazil indicate a prevalence of 5-27%, and its use is more common among the female elderly and in more advanced age[9,31]. A similar fact also occurs in another study, disagreeing only on the age range, since the highest prevalence of polypharmacy found occurred in the age range of 60-69 years. The divergent conclusions suggest that polypharmacy presents regional characteristics[31,32].

The pharmaco-epidemiological profile of the present study indicates the need to develop health care practices in order to guarantee patient safety, and it is still important to consider the low level of education of the Brazilian elderly, as this is one of the factors that interfere in the adherence to a pharmacological treatment, the use of inappropriate medicines and polypharmacy[33].

The prevalence of underweight in the present study is 3.1%, with no significant difference between the genders. The data is lower than those presented in theory, which reach 6.7%, being 8.9% for men and 4.9% for women[23].

In the presente study, the young elderly (60-69 years) were observed predominantly overweight and obese, with progressive weight loss in the consecutive age ranges, which converges with other studies in the area[34]. This difference can be characterized by the loss of motor neurons and lower bone density, evident in the older elderly, without disregarding the relationship between caloric intake and energy expenditure. Knowing the profile described is extremely important so that targeted action measures can be planned and implemented aiming to prevent and promote the health of the elderly in the community[34].

It is worth pointing out some limitations of the present research, such as the fact that this is a research based on medical records of the patients, with no possibility of clinical observation for eventual correlations, nor access to data on the population's comorbidities. Another limitation refers to the fact that the type of physical exercise and its regularity were not evaluated for better knowledge of the level of physical fitness of the elderly evaluated.

CONCLUSION

The profile of the elderly undergoing the comprehensive geriatric assessment in a rehabilitation service comprises young elderly (60-69 years old) of low level of education, married, using polypharmacy, and overweight. As for the issues related to family relationship and creation of new social networks, it was verified the predominance of those living with relatives and with a sedentary lifestyle. The highest prevalence of urinary incontinence and polypharmacy was found in female elderly, but these are still relevant in males.

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