

Public policies for the older carriers of Alzheimer's evil

Políticas públicas para os idosos portadores do mal de Alzheimer

Políticas públicas para los ancianos portadores del mal de Alzheimer

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ABSTRACT

Objective: To know and analyze the scientific production in the period from 2011 to 2016 on public policies for elderly people with Alzheimer's disease. **Method:** The study is characterized as exploratory, descriptive research with a quantitative approach, performed through the integrative review method. **Results:** Although AD is a progressive and incurable disease, much has already been advanced for the benefit of the elderly patient, such as the creation of clearer diagnostic tools and criteria, medications that improve cognition and reduce the incidence of behavioral changes, and creating laws and government ordinances that specifically govern the rights of the elderly with Alzheimer's Disease. **Conclusion:** Knowledge about the rights of patients with Alzheimer's disease is of paramount importance for the promotion of health and maintenance of their lives.

Descriptors: Senior citizen, Public policy, Alzheimer.

RESUMO

Objetivo: Conhecer e analisar a produção científica no período de 2011 a 2016 sobre as políticas públicas para os idosos portadores do mal de Alzheimer. **Método:** O estudo caracteriza-se como pesquisa exploratória, descritiva com abordagem quantitativa, realizado por

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meio do método da revisão integrativa. **Resultados:** Embora a DA seja uma doença progressiva e incurável, muito já se avançou em benefício do idoso portador, como a criação de instrumentos de avaliação e de critérios diagnósticos mais claros, medicações que melhoram a cognição e diminuem a incidência de mudanças comportamentais e a criação de leis e portarias governamentais que dispõem especificamente dos direitos da pessoa idosa com a Doença de Alzheimer. **Conclusão:** O conhecimento acerca dos direitos dos pacientes portadores da Doença de Alzheimer é de suma importância para promoção da saúde e manutenção da vida dessas pessoas.

Descritores: Idoso, Políticas públicas, Alzheimer.

RESUMEN

Objetivo: Conocer y analizar la producción científica en el período de 2011 a 2016 sobre las políticas públicas para los ancianos portadores del mal de Alzheimer. **Método:** El estudio se caracteriza como una investigación exploratoria, descriptiva con enfoque cuantitativo, realizado a través del método de la revisión integrativa. **Resultados:** Aunque la DA es una enfermedad progresiva e incurable, mucho se ha avanzado en beneficio del anciano portador, como la creación de instrumentos de evaluación y de criterios diagnósticos más claros, medicamentos que mejoran la cognición y disminuyen la incidencia de cambios conductuales y la la creación de leyes y decretos gubernamentales que disponen específicamente de los derechos de la persona de edad avanzada con la enfermedad de Alzheimer. **Conclusión:** El conocimiento acerca de los derechos de los pacientes portadores de la enfermedad de Alzheimer es de suma importancia para la promoción de la salud y el mantenimiento de la vida de esas personas.

Descriptor: Ancianos, Políticas públicas, Alzheimer.

INTRODUCTION

Considering the advancement of life expectancy, and as a consequence of the elderly population, attention must be paid to the incidence of a greater frequency of injuries to the health of these people, and those around them. For this reason, it is extremely important to strengthen social policies in the early detection of this problem, in order to avoid more serious damage.¹

The natural aging process is undoubtedly a biological process that brings about structural changes in the body and consequently changes in its functions. However aging is inherent in all human beings, this process takes on dimensions that go beyond the simple biological cycle, because it can also have physical, social and psychological consequences.

The concern with chronic non-communicable diseases, such as Alzheimer's Disease, has been increasing in an attempt to promote the quality of life of the elderly population. Alzheimer's Disease (AD) is a slow neurodegenerative disorder. The people affected by it lose their socioeconomic productivity and the family burden is deep. Learning difficulties occur, later mathematical ability, language, praxis, sensory perception and spatial visualization skills are reached. Some symptoms presented are the following: amnesia, aphasia, agnostic, and apraxia, also affected the intellectual functions.¹

The reduction of the capacity for discernment is one of the great obstacles caused by the AD, in other words, the patient does not understand the consequence of his actions, does not express his interest, thus failing to develop his coherent

reasoning due to the lapses of memory that make lose the ability to communicate, preventing people from understanding it.²

With the increase in life expectancy, and as a consequence of the elderly population, attention must be paid to the occurrence of a greater frequency of health problems in this age group, and the people around them. It is therefore extremely important to detect this problem early in order to avoid more serious damage.³

In 1982, the first international assembly on aging took place with the idea of active aging with the objective of inserting the elderly into the labor market, and in 2002 the second world assembly on aging took place.

Therefore, it is proposed as a guiding question of this research: What is the scientific production during the period from 2011 to 2016 about the public policies designed to promote and maintain the health of the elderly person living with Alzheimer's Disease? In order to answer the guiding question has as its objective: Knowing and analyzing the scientific production over the period from 2011 to 2016 regarding the public policies for elderly people bearing Alzheimer's Disease.

METHODS

The study is characterized as exploratory, descriptive research with a quantitative approach, performed through the integrative review method. The objective of this approach is to search, collate, organize and relate research results in relation to the topic in a systematic way, in order to generate greater familiarity with the subject under study. From the data and its analysis, it was possible to find pieces of evidence that contemplate the public policies for the elderly people with Alzheimer's Disease.

It was established as criteria of inclusion: to be an article written in Portuguese, English and/or Spanish full text, published in the period from 2011 to 2016, available online, free of charge and considering the theme under study, as exclusion criteria: not available for free online. To select the articles we used the descriptors of Health Science (DeCS): elderly, public policy, and Alzheimer.

The scientific articles were obtained online using the Virtual Health Library (VHL), through the *Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS)* [Latin-American and Caribbean Literature in Health Sciences] database, searching for scientific articles from 2011 to 2016 on the subject.

Browsing the descriptor "elderly" found 2,897,444 articles, to refine the search, the descriptor "public policy" was launched, then reducing the number of articles to 1,930, by adding the descriptor "Alzheimer" the number found was 9 articles, all of them in the same database searched. After reading and the preliminary analysis of these articles, it was indicated that 4 fulfilled the established criteria, reason why they will be considered in that proposal.

The analysis and interpretation, of the theoretical reference, were analyzed the following steps: pre-analysis, exploration of the material and treatment of the obtained results. Regarding

the ethical aspects, authors' authorship and the Copyright Law were observed and respected, both in direct citations and indirect citations.

RESULTS AND DISCUSSION

Alzheimer's Disease (AD) is a pathology that is part of the group of the most important diseases in the elderly. It is currently the most common of dementia-related diseases, a major cause of cognitive and behavioral impairment in the aging process, and cannot be either prevented or cured.

It is a neurological disease, degenerative, slow and progressive, deteriorates the brief memory, and appears generally after 60 (sixty) years old. The elderly affected by this pathology shows increasing difficulty in memorizing, acting, deciding, feeding and at the end of the process the vegetative state, which causes the total dependence of other people.⁴

Faced with these changes, the family needs to adapt to the new reality, to change routines and forms of care.

Citizens have rights and duties, therefore, those with Alzheimer's disease and other neurological diseases have their rights specified and assured by law. The Registered Nurse, in addition to caring for the elderly living with AD, using their technical knowledge, needs to know the rights of this individual, to assist the family in caring for the various phases of the disease, and also regarding the legal rights that these individuals have. However, there is still a large number of health professionals and family caregivers without knowledge about the rights of the citizen living with AD.⁵

Although the AD is a progressive and incurable disease, much has already been advanced for the benefit of the elderly patient, such as the creation of clearer assessment tools and diagnostic criteria, medications that improve cognition and reduce the incidence of behavioral changes, and also the creation of laws and governmental ordinances that specifically govern the rights of the elderly person bearing Alzheimer's Disease.

Faced with the lack of knowledge of society in general and especially of the relatives of elderly people affected by the AD about the citizenship of these elderly people, this study brought the main content of each law and ordinance dealing with this issue.

It is the duty of the elderly to guarantee all the rights of citizenship, their dignity, their well-being and the right to life. This ordinance further emphasizes that the AD is the main cause of dementia, being a primary degenerative brain disease of unknown etiology with characteristic neuropathological and neurochemical aspects.

Furthermore, it takes into account the incidence of the AD in Brazil, and recognizes that although AD can occur in another age group, it affects more in the elderly population.

Taking into account the need to adopt measures to improve care for the elderly bearing AD, establishes in the *Sistema Único de Saúde (SUS)* [Unified Health System] the Assistance Program for Alzheimer's Disease patients, thus defining that this program will be developed and articulated by the Health Ministry and State Health Secretariats, determining that the Health Care Secretariat establish the Clinical Protocol and

Therapeutic Guidelines for the treatment of AD and include the medicines used in this treatment in the list of exceptional medicines.⁶

With regards to the elaboration of mechanisms for the organization and implantation of State Networks for the Elderly Health Care, it is considered the duty to ensure to the elderly their rights of citizenship, dignity, well-being and the right to life, the increase in the life expectancy observed in recent years, the need to reduce the number of hospitalizations and the length of hospital stay, need to establish mechanisms for evaluation, supervision, follow-up and control of health care for the elderly.⁷

Given the aforementioned, the mechanisms created for the organization and implementation of State Networks for the Elderly Health Care, determine to the State Health Secretariats, Federal District and Municipalities in Full Management of the Municipal Health System the donation of necessary measures for the implantation of the state health care networks of the elderly and the organization, qualification and registration of the Reference Centers that will integrate these networks, thus establishing that in the definition of the quantitative and geographical distribution of hospitals and Reference Centers that will integrate the State Networks for the Elderly Health Care, the Health Departments of the States and the Federal District use the following criteria: general population, elderly population, need for health care coverage, access mechanism and referral and reference flows, complexity level of services, historical series of appointments performed the elderly, the geographical distribution of services, integration with the primary health care network and the family health program, determine that, once the State Networks for the Elderly Health Care have been defined, the Health Secretariats establish the care flows, mechanisms of reference and contra-reference of the elderly patients.

The approval of the National Policy on Elderly Health and determine that the organs and entities of the Health Ministry that have a relationship with the subject to promote, prepare or readjust their plans, programs, projects and activities in accordance with the guidelines and responsibilities therein established.⁸

The need to define criteria for the registration and operation of Reference Centers in Health Care for the Elderly and the need to establish mechanisms and care flows to be adopted by the State Networks for the Elderly Health Care resolves: To approve the Regulations for Registration of Centers to establish that the secretariats of the States, Federal District, and Municipalities send to the Health Ministry the requests for registration of Reference Centers for Health Care of the Elderly and establish as mandatory the performance by the state manager of the survey and annual evaluation in all services that make up the State Networks for the Elderly Health Care.^{7,9}

Concerning the creation of the Statute of the Elderly, which aims to regulate the rights guaranteed to persons within the age group of 60 years old or more, and about the obligation of the family, community, society and public power to ensure the elderly, with absolute priority, the right to life, health,

food, education, culture, sports and leisure, work, citizenship, freedom, dignity, respect and family and community life.

Nonetheless, both the Internal Revenue Service (IRS), through its administrative board called the Taxpayers' Council, and the Federal Court recognize that the AD fits into "mentally alienated", and it is thus considered a serious disease.

For exemption from income tax, it is necessary to prove the disease through the presentation of an expert medical report provided by the official medical service from the Union, the States, the Federal District and the Municipalities.

It is known that the presence of an elderly person with AD in the family leads to changes in living standards (routines, financial issues, among others), and it is extremely important that relatives know about this law, among others already mentioned, aiming to either promote or maintain the elderly's life quality.

CONCLUSIONS

In conclusion, being knowledgeable with regards to the rights of patients bearing Alzheimer's Disease is of utmost importance for both the promotion of health and the maintenance of these people's life.

Nonetheless, a large part of the society is still unaware of the existing public policies aiming to ensure care for these patients. The Registered Nurse, in addition to his technical knowledge, needs to know the rights of these individuals, guide the family about the care and also the rights provided by law that they have, targeting to maintain the elderly's life quality.

REFERENCES

1. ABREU C. B., VALE E. M. **Políticas públicas de saúde para idosos com Alzheimer**. Revista Novos Estudos Jurídicos - Eletrônica, Vol. 20 - n. 2 - mai-ago 2015.
2. SOUZA, T.E.C et al. Potenciais Cuidativos na situação Crônica do Alzheimer: Cenas do Cuidado pelo Homem-Esposo. **Rev. Min. Enferm.** 20: 3946, 2016.
3. WILLIG, M.H.; LENARDT, M.H.; CALDAS, C.P. A longevidade segundo histórias de vida de idosos longevos. **Rev. Bras.Enferm.** v.68, n.4, p.697-704, 2015.
4. POLTRONIERE, S.; CECCHETTO, F. H.; SOUZA, E. N. **Doença de Alzheimer e demandas decuidados: o que os enfermeiros sabem?** Ver. Gaúcha Enferm. v.32, n.2, p. 270-8, 2011.
5. BRASIL. CONSTITUIÇÃO (1988). **Constituição da República Federativa do Brasil**. São Paulo: Saraiva, 2006
6. MINISTÉRIO DA SAÚDE (BR). **Portaria 703, 12 de abril de 2002**. Dispõe sobre a necessidade de adotar medidas que permitam organizar a assistência aos portadores da Doença de Alzheimer, em todos os aspectos nela envolvidos. DOU, 16 de abril de 2002.
7. MINISTÉRIO DA SAÚDE (BR). **Portaria 702, 12 de abril de 2002**. Dispõe sobre a criação de mecanismos para a organização e implementação de Redes Estaduais de Assistência à saúde do idoso. 16 de abril de 2002.
8. MINISTÉRIO DA SAÚDE (BR). **Portaria 1395, de 10 de dezembro de 1999**. Dispõe da aprovação da Política Nacional de Saúde do Idoso. 10 de dezembro de 1999.
9. MINISTÉRIO DA SAÚDE (BR). **Portaria 249 de 16 de abril de 2002**. Dispõe da aprovação das Normas para cadastramento de Centros de Referência em Assistência à Saúde do Idoso. DOU. 16 de abril de 2002.
10. BRASIL. **Lei 10.741/03, de 1º de outubro de 2003**. Dispõe sobre a criação do Estatuto do Idoso. DOU. 1º de outubro de 2003.

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