



Ability Assessment of the Elders to Manage Their Own Medication: A First Step for the Empowerment of the Geriatric Population

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Abstract

About 45% of older people are unable to take their medicines as prescribed. Adherence represents a complex behavior that involves both the intention and the ability to take medication. In this way, it is important to distinguish the intention to take medicine and the ability to do so. The daily consumption of medication is a methodical process, marked by routine and that can be affected by several systematic errors associated not only due to ignorance and illiteracy, but also to its gradual loss of functional ability (physical, cognitive, and sensorial), in order to manage medication. Decreased cognitive skills, visual acuity, and manual dexterity have a significant impact on non-adherence (non-intentional), which may lead to health problems as a result of the absence or incorrect medication administration. This study presented as its main job to assess the functional ability of community-dwelling elderly to manage their own medication, with recourse to specific tools, validated and adapted to Portugal.

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Introduction

We are old, getting older, and this has been one of the greatest civilizational achievements. More than Space, Time has undoubtedly been the supreme achievement of Man. However, society and often the individuals themselves, do not know how to deal with the years and especially with the changes that result from them. It becomes increasingly clear how important it is to fill years with life, while adding years to (Levet, 1995; Osório & Pinto, 2007).

The individual ages from birth and therefore, the age from which one considers himself old, depends on innumerable factors, not only biologically based, but also psychosocially based. In order to integrate these multiple components, the aging person should not be analyzed by the parts that comprise it, but rather as a whole. Ultimately, the person, in this case the elderly, as a biopsychosocial being and an integral part of a more complex hierarchical system, should at the same time be taken into account as the most differentiated level of the organic hierarchy and the lowest unity of the social hierarchy (Adler, 2009; Margalit, Glicl Benbassat, & Cohen, 2004; Panel on New Directions in Social Demography; Social Epidemiology and the Sociology of Aging, 2013; Smith, 2002). Among the topics that received the most attention are socio-economic aspects, housing and mobility conditions, well-being and quality of life, policies and supports allocated to the elderly and health, among many other issues of interest (Panel on New Directions in Social Demography; Social Epidemiology and the Sociology of Aging, 2013). Health, whether public or individual, depends on a set of determinants, particularly those relating to circumstances and the environment. In your life, a person is exposed to several factors that may determine his or her health, or lack thereof. Environmental, socioeconomic, housing conditions, professional occupation, social network and lifestyles are examples of conditioning factors (Dahlgren & Whitehead, 1991; Ministry of Social Affairs and Health (Finland) and European Observatory on Health Systems and Policies, 2006). As the age grows up, the frailty tends to increase and the set of factors that the elderly has been exposed throughout its life, as well as its current context, can affect not only its health, but also its functionality (Ministry of Social Affairs and Health (Finland) and European Observatory on Health Systems and Policies, 2006; World Health Organization, 2004).

The high disability rates revealed by aging, both physically and cognitively, also reflect an increased risk for health (Moraes, 2012). According to the World Health Organization (WHO), about 46% of individuals aged 65 years or older had some type of disability (data on the incidence of non-fatal disease and the factor that reflects the burden of disease). The main causes observed are related to visual acuity, dementia, hearing and osteoarthritis (World Health Organization, 2008). In more developed countries, it is estimated that dementia is the main cause of years lost due to disability (World Health Organization, 2012). Associated with organic changes resulting from the natural process of senescence and the installed inability levels with the aging, chronic diseases often appear, which are characterized by a slow and long process. In older people, the predominant chronic diseases are brain and cardiovascular conditions, followed by neurodegenerative diseases, musculoskeletal diseases, several types of cancer and diabetes, which are the main cause of morbidity and mortality in this age group (Ewing, 2002; Hajjar, Cafiero, & Hanlon, 2007; World Health Organization, 2005).

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