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RESEARCH

Relatos de quedas extrínsecas em idosos participantes do projeto prev- quedas

Reports of falls extrinsic in elderly participants of a falls prevention project

Informes de caídas extrínsecas en personas mayores participantes en el proyecto prev- quedas

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ABSTRACT

Objective: Understanding in the sight of the elderly, as it happens, why it happens and what were the consequences of falls suffered by participants of a project for the prevention of falls. **Method:** The group investigated constituted of 12 elderly participants. The interviews were semi-structured, recorded and transcribed. For data analysis was used the discourse analysis and followed the following steps: interviews and simultaneous recordings, transcription of interviews, analytical reading, classification into categories and final analysis. **Results:** Presented in three analytical categories, being: "the culpability by the fall," "awareness of the fall", "report on the consequences of a fall". **Conclusion:** It was possible to observe, in this study, the conformism and culpability before the event of falls; a perception in relation to urban space; problems that led the participants of the search turn to fall. **Descriptors:** Prevention of accidents, qualitative analysis, aging.

RESUMO

Objetivo: Compreender, sob o olhar do idoso, como acontece, porque acontece e quais foram às consequências das quedas sofridas pelos participantes de um projeto de prevenção de quedas. **Método:** O grupo investigado constituiu-se de 12 participantes idosos. As entrevistas foram semiestruturadas, gravadas e transcritas. Para análise dos dados foi utilizado a análise do discurso e seguiu os seguintes passos: entrevistas e gravações simultâneas, transcrição das entrevistas, leitura analítica, classificação em categorias e análise final. **Resultados:** Apresentados em três categorias analíticas, sendo: "a culpabilização pela queda", "consciência sobre a queda", "relato sobre as consequências de uma queda". **Conclusão:** Foi possível observar, neste estudo, o conformismo e a culpabilização diante do evento de quedas; uma percepção em relação ao espaço urbano; problemas que levaram os participantes da pesquisa virem a cair. **Descritores:** Prevenção de acidentes, análise qualitativa, envelhecimento.

RESUMEN

Objetivo: Comprender, ante los ojos de los ancianos, como ocurre, por qué sucede y cuáles eran las consecuencias de las caídas sufridas por los participantes de un proyecto para la prevención de caídas. **Método:** El grupo investigado fue constituido por 12 participantes mayores. Las entrevistas fueron semiestructuradas grabadas y transcritas. Para el análisis de los datos se utilizó el análisis del discurso y seguido los siguientes pasos: entrevistas y grabaciones simultáneas, transcripción de entrevistas, lectura analítica, clasificación en categorías y análisis final. **Resultados:** Se presentan en tres categorías analíticas, siendo: "la culpabilidad por la caída," "conciencia de la caída", "Informe sobre las consecuencias de una caída". **Conclusión:** fue posible observar, en este estudio, el conformismo y como la culpabilidad antes del evento de caídas; una percepción en relación con el espacio urbano; problemas que condujeron a los participantes de la búsqueda convertir a caer. **Descriptor:** prevención de accidentes, análisis cualitativo, envejecimiento.

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INTRODUCTION

The phenomenon known as demographic transition in Brazil has been discussed in recent years mainly because of what it represents in absolute and relative numbers of people considered elderly, which according to the law of the country, including those who have the age of sixty or more¹, in the first decade of this century, every year 387.000 people join the group of elderly. Between 2040 and 2050, it is estimated to be increased over a million a year. Currently, Brazil reported a population of approximately 20 million seniors², all these numbers suggest that we should have broader concerns with regard to public health, since with these increases, so does the comorbidities. We can immediately say that the aging population is one of the new social problems affecting the most diverse. Within this context we are faced with many challenges, one of them is related to accidents caused by falls, which are a public health problem, already identified as an epidemic and is related to the physiological, psychological and pathological changes that occur with advancing age.³ The multifactorial nature of falls is influenced both the behaviors of people, as well as environmental problems, which both take place within the home or the external environment. Besides the physical, emotional and social consequences, falls produce relevant expenditures to public coffers, with the use of resources in rehabilitation and bed occupancy, becoming these higher costs when the elderly dependent or needs of an institutionalization.

Fall is considered a major event in the life of the elderly, since they may represent disability, loss of function, immobility even death syndrome. A fall invariably ends up compromising the independence and autonomy, which generates increased social cost and consequently physical and psychological impact.⁵ In a fall are involved physical qualities such as balance, strength and joint mobility that influence gait, the sensory system and compromise the musculoskeletal system. Even with the variety of reasons that may lead to a fall, it is essential to be included in public policies aimed at prevention. In this sense we elected to study the falls considering them within a broader context.⁶

When researching the falls in the elderly, we believe that the most appropriate description is: "an event that causes the individual to meet unintentionally on the ground or another lower than the previous level, not as a result of a violent blow, loss of consciousness, stroke or seizure".⁷

The literature has recognized certain factors that are associated with falls in the elderly: age, female gender, use of certain medications, cognitive changes, vision problems, postural abnormalities, neurological diseases, cardiac arrhythmias, depression, foot problems, environmental factors; weakness and other factors that include joint problems and weakness of the lower limbs.⁸ Environmental factors have come to be those that privilege in this investigation, are classified as a factor extrinsic order, which generally are environmental obstacles, physical elements that can cause falls.

The architectural barriers known as environmental obstacles have greater relevance as a risk factor for falls in the elderly considered more vigorous, those who are generally stronger than those considered most vulnerable. It is possible that this fact occurs due to the more vigorous elderly, be someone who has more physical autonomy and therefore has a greater exposure to environmental barriers, particularly those who rely on social circumstances, thus creating a challenge for these seniors.⁹ Aging and old age relate to cities, since the active model and integrated with public facilities is part of the proposals for an aging quality of life. However, largely the equipment and services, did not suit the demands of Aging and second authors studying falls, is very significant number of these accidents that happen outside the residential environment.¹⁰

In general, cities follow a generalized and directly related to the current standard production model, since they were designed for a work-oriented, production and consumption of goods by young people and adults, ignoring the elderly by requiring that they want to remain if inserted socially that fit.¹¹

METHOD

This was a qualitative field research, so that it intended to analyze and interpret data in your content psychosocial.¹² According to this author, this investigative proposal is considered that there is a dynamic relationship between the real world and subject, that is, an inseparable link between the objective world and the subjectivity of the subject that cannot be translated into numbers. Still Minayo, in qualitative research, the interpretation of the phenomena and the allocation of meanings are fundamental, it is descriptive and does not require the use of methods and statistical techniques.

This study sought through an analysis of the speech of elderly fallers, understand: what were the main causes, consequences, where the fall happened, and what the meaning given to the elderly fall. Was conducted at the Federal Fluminense University and had inclusion criteria have 60 years of age or older, being female, being literate, do not have cognitive problems and be a participant of the project for the prevention of falls, called Parachute Prev: preventing falls today will prevent the next to fall is you.

Testimonies of the participants were collected, with the following guiding questions: (1) How would you describe your fall regarded as the most significant? (2) Where did this fall? (3) Talk about cause (s) or purported cause (s) this fall. (4) Talk about (s) effect (s) this fall. (5) In general as a fall is perceived by you?

The research was conducted through interviews with participants in the UFF Prev Parachute project. The interviews were recorded with the consent of the participants because after reading and signing the informed consent form (ICF). Thus, the requirement of literacy as a criterion for inclusion has become indispensable. This research project was referred to the Committee on Ethics and Research of FFU and was approved under the protocol number CAAE - 0337.0.258.000-11

Semi-structured interviews were conducted from October to December 2011, with an average duration of 10 minutes each meeting. After collection, transcribed up to the interviewees in full, with participants' names replaced by a letter of the alphabet in random choice. Remained in this way, the anonymity of the participants, according to Resolution 196/96 of the National Health Council.¹³ The 12 interviews were analyzed using the proposed method contained in Minayo,¹² transcription and reading the information, spatial data and final analysis.

RESULTS AND DISCUSSION

Discourse analysis as a research tool, seeks to explore how to produce speech in text to be inserted and refers to inhabited places simultaneously, established by contradictory relations between theories that abound relations of meaning, but also of forces, in relation with power.¹⁴

By transcribing the interviews and their perusal, were built three categories: "the blame for the fall", "awareness about the fall", "reporting on the consequences of a fall."

The culpability for the fall

In this category were grouped statements that mentioned the falls and where it was possible to observe the conformity of the respondents before the fall, where they are blaming before the event.

Just ahead was a piece of iron that landed not cool and I've been walking, walking, observing things around me, I tripped and fell. That right there was because I stumbled same. With my age 76 years old happen, something of weakness, has no explanation. I think it's the old age, I'm 76 years old. Things fail right my son; old age arriving and things will a ... (Silence). (P)

They are doing that work, and it never ends, and there will be like a medium, then I turned my foot and tripped, but now I just walk like this, looking at the ground, people my age do not have to look up not have to look at the ground, is not to fall. (...) It was last year that I fell, is this, is lack of attention, something old. As I told you, now I walk alone staring at the floor (R).

Sometimes it accidentally, people fall because it has a hole and not see, but also lack of attention anyway at my age sixty-seven.... (E)

About the fall I cannot explain, I cannot explain, on the fall, is all the time, when the time comes is, agent stumbles and goes forward. 'm damned to give stumble on hole (V)

In contemporary society, the socially constructed or old age, image is bound to the condition exclusion, the remoteness of the production process, resulting in him a sense of abandonment and mercy¹⁵. Thus the image is assimilated negativity and unproductive with their living conditions, and falls are treated as part of the aging process. It is still common, treating the elderly for losses such as loss of memory, decreased physical aspects, increasing the number of diseases. We agree that man today is evaluated for its capacity, and older people, who have mostly a decrease in physical capacity, end up being socially discriminated.¹⁶ However one must take a critical look, because despite the likelihood of certain diseases increase with age, we emphasize the need not observe the accumulation of old age as a disease, and understand that retirement is not the antechamber of death.¹⁷ Even if the biological aging indicate decreases and commitments from various , we know that many of them receive strong contribution from misuse or disuse of certain physical qualities.¹⁸

By this we mean that the falls do not always occur due to a weakness or a certain chronological age, being the result of poor maintenance of equipment and inattention to certain basic principles that would avoid what we call architectural barriers provoke falls.

The falls are multifactorial events, however a large number of falls could be avoided if cities possess accessibility, the construction and maintenance of them were designed for the diversity of people and activities of the broadest possible way, ie, the architecture and urbanism must be thought to human needs and purposes. In this sense, so that the elderly enjoy the built environment should be considered a number of factors specific to urban design. Does not mean creating architecture or planning only to seniors, but to ensure the inclusion of their specific.¹⁹

Barriers that older people have to face in everyday life in Brazilian cities are countless. With rutted sidewalks are bumpy, with physical blockages or lack of sidewalks, buildings without ramps for pedestrian exit stairs or elevators poorly regulated, environments also compromised by poor lighting, lack of handrails or even due to the spacing and slope between the rungs. Another aspect to consider is public transport, be it in their access, which mostly feature steps that require much effort for boarding or even attempt to stay balanced on stanchions or on the output of the vehicle.²⁰

In this category were grouped speeches that referred falls demonstrating awareness about the true cause of falls suffered. Then treat a category we call consciousness on the fall, which can be observed through the statements below:

Look, the big problem we have mainly the elderly, this input and output buses is very high the step (...). The way they invented it, because it could very well roulette always be at the bottom of the bus and fall in front of the driver, so he would look at the last thing that comes out last, finally, because it is easy to get, back there, who is entering safe there, but the front will drop when agent, agent with a cane in one hand and the other to hold the iron in one door of the bus until it happens (...) I walk down the street I do not even look people aside, I've been looking at the ground, even these potholed streets we walk, then Niterói is a pioneer in the holes, a pioneer in the holes (Q)

As we walked there, by the miracle of God, because the hole is, agent falls, tumbles all these takes time and does not help, and if you wait a bailout come to succor us, then, one God help us, and also falls within the UFF over there, many barriers (U)

I was climbing the 53 bus, and climbed, has 3 steps, the first two are small ones, but the other is too high, the leg did not help for the thing ... Was the step that I fell and hurt myself, do not have that enough for us (D) height

I think it was because it was dark; it was because of the street, I think it was because of the street that I slipped. (A)

One of the main measures in projects fall prevention is awareness of the participants on the issue of falls and the inclusion of the discussion of the environment²¹ measures that are consistent with the design of health education, which is an action exerted on individuals in order to modify their behavior in order to acquire and retain healthy health habits, learn to use the health services they have at their disposal and are able to take, individually or collectively, decisions involving the improvement of their status health and sanitation of the environment they live in, is a basic component in the process of health promotion.²² Health promotion is defined as "the process of enabling people to act to improve their quality of life and health, including greater participation in control of this process".²³

We can observe in the following speeches, the consequences of falls.

Reports on the consequences of falls

I had problem in the arm, I broke the tendon, the knee also, and the arm I cannot even stand. The doctor said he has to operate, physiotherapy and now he said no way, only operation. Much pain, very strong, the right is very bad, very bad agent is falling, but (S)

Falling for a senior is the most horrible thing in the world, for the elderly has no worse, break a leg, break a bowl, and break anyway (...). I went to the orthopedist, he did an x-ray and said that there was about powders not know that. It seems that the impact crunched the wishbone. And since then I could never walk without a cane (Q)

Ah, he turned the other way and I spent 35 days plastered the wrist. (R)

A dislocation with a twist, a dislocation with a twist, I hit the Rx had nothing broken, but a huge pain and with that I'm 45 days in sauce, now has more, I stayed 45 days at home (E).

I went to the doctor, the doctor x-rayed, given that I had broken the humeral head, I was about 45 days, and I spent about two months with that American sling. The suffering that my son had was too much. (W)

I hit straight with his forehead against the wall, I do not understand why I held back nothing, and forehead went straight into the wall. I was in the ICU of Barra D'or 3 days, understood, and then my life is over, because until today I am no longer the same. Caused me many problems because I'm this problem since fall, which was'm taking anticonvulsant. (Y)

Had a crack in the bone, beneath the foot, here (shown), between the finger and bone down here, so I spent a month in a cast. But it was a very bad thing, but it hurts so much that there are days that I scream in pain. (U)

I was hospitalized 10 days, I operated 3 times, here have been 3 transactions. Oh, it was, like everything here, nose everything here so're horrible, horrible okay. (A)

The consequences of falls for seniors have great relevance with regard to mortality and morbidity. Fractures or other injuries that can lead to hospitalization the elderly are the most worrisome. The period of bed rest can cause serious problems such as compromised cardiopulmonary function, deep vein thrombosis, muscle atrophy, joint changes and the onset of pressure ulcers. When there is a decrease in physical ability, there is a reduction of 5% per day at rest, and the recovery is done at a rate two times lower.²⁴

Also in relation to the consequences of falls, one of the aspects more marked is the fear of falling, followed by modification of lifestyle habits, the tendency to repeat falls by muscle weakness caused by immobilisation, restriction of usual activities, decreased balance dynamic and quality of life in general, depression and postural hypotension also appear as changes from the falls.²⁵

According to authors who have researched the direct consequences of last fall reported in the previous year to research and categorized results from the physical consequences of functional decline, the need for health care and treatment service. Among the consequences of physical order are: fractures, skin lesions, stretches, joint dislocations, sprains and head injuries. The greater repercussions were fractures, dislocations and head trauma.²⁶

CONCLUSION

From this study, we observed some situations, attitudes and opinions related to falls, such as: conformity and culpability before falls, perception of urban space and the problems that led the participants of the search come to fall. Furthermore, it was also possible to observe the consequences and repercussions of suffered falls.

The passivity in accepting fall and justification of the incident related to aging was evident in the reports analyzed; a fact that is directly related to ideological issues of society that favors the new over the old, this society which is guided by principles of competitiveness, of production and, finally, of work. And, as in most cases, the older person is out of this process, it is created a range of negative stereotypes that, through the dominant ideology, are internalized.

The perception of problems related to urban space and falls appeared in some reports, a fact, which we believe is a function of the workshops offered at the Prev-Falls project, in developing its activities allowing time for reflection on the subject.

The reports on the consequences of sustained falls is a small piece of reality, but which nevertheless could have occurred in any city in Brazil, showing a harsh reality

because our cities are not prepared to meet the demands of that age. There is no accessibility; an environment with accessibility meets, unlike, a variety of user needs, enabling greater autonomy and independence; understanding autonomy as the individual's ability of enjoying the spaces and elements spontaneously, according to his will. And independence as the ability to enjoy the surroundings without help.²⁷

Environmental factors, unrelated to those inherent to aging, collaborate for the occurrence of falls among the elderly, thus becomes imperative need for adequacy of public leisure spaces and circulation, as well as adaptations in urban areas to allow safe participation the elderly in society, reducing the height of the curb of the sidewalk, paving and improving the paving of streets, via safe pedestrian access to public facilities with ramps and handrails, the timings of traffic signals to allow safe crossing, adaptation of public transport with bus access to leveling the height of sidewalks (as already happens in other countries), and awareness of drivers about the care needed to transport elderly.²⁸

Given the complexity of the episodes surrounding the fall, it sees the importance of knowing and identifying the situations and consequences that surround this event, in order to establish appropriate measures to prevent falls and to enable the competent authorities to make efforts to solving the problems that are within its jurisdiction.

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