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Functional capacity evaluation of elderly people: activity of the family health strategy teams

Avaliação da capacidade funcional de idosos: atividade das equipes da Estratégia de Saúde da Família

Evaluación de la capacidad funcional de ancianos: actividad de los equipos de la estrategia de salud familiar

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ABSTRACT

Objective: To evaluate the functional capacity of elderly people who attend groups in a Basic Family Health Unit (BFHU) and verify how the group attendance has influence on the functional capacity for the accomplishment of activities of daily living. **Method:** Quanti-qualitative and exploratory-descriptive research, performed with elderly people in a city of Rio Grande do Sul state. We conducted interviews and application of instruments for evaluating the functional capacity. Data were analyzed through frequency distribution and thematic analysis. It was approved by the Ethics Committee, under Opinion 93/2015. **Results:** The group participants are mostly independent in the basic activities of daily living, totaling 97% (29). In instrumental activities of daily living, 37% (11) showed a maximum score, thus being independent. The surveyed elderly have evaluated that the group helps in maintaining independence and autonomy. **Conclusion:** The functional capacity evaluation enables us to diagnose changes and implement interventions that promote the independence and autonomy of the elderly person.

Descriptors: Health of the elderly; Elderly person; Self-help Groups; Family Health Strategy; Nursing.

RESUMO

Objetivo: Avaliar a capacidade funcional de idosos que participam de grupos em uma Unidade Básica de Saúde (UBS) da família e verificar como a participação no grupo influencia a capacidade funcional para realização das atividades de vida diária. **Métodos:** Pesquisa quantiquantitativa, exploratório-descritiva, realizada com pessoas idosas em município do Rio Grande do Sul. Realizou-se entrevista e aplicação de instrumentos para avaliação da capacidade funcional. Os dados foram analisados por distribuição de frequência e por análise temática. Aprovado pelo Comitê de Ética, sob Parecer nº 93/2015. **Resultados:** Os participantes do grupo são maioria independente nas atividades básicas de vida diária, sendo 97% (29). Nas atividades instrumentais da vida diária, 37% (11) apresentaram pontuação

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máxima, sendo independentes. Os idosos avaliaram que o grupo auxilia na manutenção de independência e autonomia. **Conclusão:** A avaliação da capacidade funcional possibilita o diagnóstico de alterações e a implementação de intervenções que promovam a independência e a autonomia do idoso.

Descritores: Saúde do idoso, Idoso, Grupos de autoajuda, Estratégia Saúde da Família, Enfermagem.

RESUMEN

Objetivo: Evaluar la capacidad funcional de ancianos que participan de grupos en una Unidad Básica de Salud Familiar y verificar cómo la participación en el grupo influye en la capacidad funcional para la ejecución de las actividades de la vida diaria. **Métodos:** Investigación cuanti-cualitativa, exploratoria-descriptiva, desarrollada con personas ancianas en una ciudad de Rio Grande do Sul. Se efectuó entrevista y aplicación de instrumentos de evaluación de la capacidad funcional. Los datos fueron analizados mediante distribución de frecuencia y análisis temático. Aprobado por el Comité de Ética, bajo el Dictamen 93/2015. **Resultados:** Los participantes del grupo son mayormente independientes en las actividades básicas de la vida diaria, totalizando el 97% (29). En las actividades instrumentales de la vida diaria, el 37% (11) alcanzaron la puntuación máxima, mostrándose independientes. Los ancianos evaluaron que el grupo ayuda a mantener la independencia y la autonomía. **Conclusión:** La evaluación de la capacidad funcional posibilita el diagnóstico de cambios y la implantación de intervenciones que fomenten la independencia y la autonomía de las personas ancianas.

Descriptores: Salud del anciano, Anciano, Grupos de autoayuda, Estrategia de Salud Familiar, Enfermería.

INTRODUCTION

It is known that today the population of elderly is increasing worldwide. According to the United Nations, the number of elderly people will triple, with about 2 billion people aged 60 and over for a total of 9.2 billion people worldwide. According to UN estimates, the number of elderly people in developed countries will be approximately twice as many children (under 15 years old) in 2050.¹

In Brazil, the elderly population grows about 5% over the total population every 10 years, according to the table below.² According to the Brazilian Institute of Geography and Statistics, in Rio Grande do Sul the life expectancy is higher than that of Brazil, so the population of Rio Grande do Sul lives approximately two to three years longer than the average Brazilian population. In 2010, the life expectancy of the *gaúcho* was 76 years, while that of the Brazilian was 73, and this expectation only increases with time, in 2030 the *gaúcho* will have an expectation of approximately 81 years, while the average Brazilian only 78, which leads to a larger elderly population in Rio Grande do Sul.³⁻⁴

In the percentage comparison of elderly people in the total population of Brazil, in 2000 they were 8.2%; in 2015, they were 11.7% and it is estimated that in 2030 it will be 18.6%. In relation to Rio Grande do Sul, the percentage of the year 2000 was 10.14%, currently it is 15.65% and it is predicted that in 2030 it will be 24.27%. This shows a gradual increase of the elderly population in the country,⁴ especially in Rio Grande do Sul.

Population aging has an impact on the health service, since many hospitalizations occur in this age group, as demonstrated by data from the National Household Sample Survey of 2003, which reports that the highest coefficient of hospitalization occurred in the age group of 65 years or more, in which 14 out of every 100 people in the group had at least one hospitalization.⁵ In developed countries, the aging of the population occurred more slowly than in Brazil, where there was not a period for progressive adaptation, but a change in the prevalence of infectious diseases for chronic-degenerative diseases.⁶

With the aging process, there is an increase in the number of cases of chronic non communicable diseases (CNCD). The most common CNCDs are cardiovascular diseases (hypertension, for example), diabetes, cancer and chronic respiratory diseases (such as Chronic Obstructive Pulmonary Disease - COPD).⁷ According to authors⁸, in Brazil CNCDs cause approximately 74% of deaths. For this reason, the CNCDs pose a new challenge to the health sector, since they represent a strong impact on the lives, mainly of the elderly, not only for the economic issue, but for the imminence of premature death and mainly by the progressive decline of the quality of life.⁷

The progressive limitations caused by the aging process and often concomitant or aggravated by non-communicable chronic diseases result in alterations in the functional capacity of elderly people who have them. Functional capacity refers to the ability of the elderly person to perform the basic and instrumental activities of daily living. The functional capacity evaluation aims to diagnose, as early as possible, changes such as: visual and auditory deficits, dysfunctions of the upper and lower limbs, depressive symptoms, urinary incontinence and cognitive deficits⁹ so that interventions that promote the autonomy and independence of the elderly person can be implemented.

To provide better care for the elderly, the Basic Family Health Units (BFHUs) has as a subsidy for their actions in the National Health Policy of the Elderly Person (NHPEP), which has as fundamental principles the promotion of active aging, maintenance of functional capacity, the prevention of diseases, the recovery and rehabilitation of those who need it, so that the elderly can maintain their autonomy and independence, inserted in their social and family context.¹⁰

In the context of the Family Health Strategy (FHS), the educational group is an instrument used by health professionals to promote health through educational actions. A group is consolidated from individuals with interests and themes in common, allowing to acquire potentialities and to work on vulnerabilities. Quite used in the FHS, group work enables the fortification of the link with the user, as well as the sharing of information, orientation, and recovery and health education.¹⁰

The importance of evaluating functional capacity lies in the possibility of knowing existing limitations, preventing the onset of new aggravations in the elderly and enhancing the capacities that the elderly person possesses. The BFHU, where this research was developed, promotes monthly

activities with this target public with the objective of promoting and stimulating healthy habits. This context led to the development of a research to evaluate the functional capacity of the elderly, aiming at interventions when necessary and prevention of health problems.

Within this context, the present study had as guiding questions: what is the functional capacity of the elderly attended in the educational groups of a BFHU? And how does participation in these groups influence the functional capacity of the elderly person?

The purpose of this study was to evaluate the functional capacity of elderly people participating in groups in a BFHU and to verify how the participation in the group influences their functional capacity to perform daily living activities.

METHOD

This is an exploratory and descriptive study, with a quantitative and qualitative approach and a cross-sectional design. The research was carried out in a FHS unit of a municipality of Rio Grande do Sul. It is estimated that the health unit serves approximately 5,400 residents, with about 350 elderly people. The unit has a multi-professional team, one physician, one nurse, two nursing technicians, seven community health agents, one dentist and one oral health aide. Daily medical services are available; medical and nursing consultations with elderly patients and / or patients with chronic diseases; dental care in the morning; nursing procedures; collection of cytopathological examination, among others. Monthly, groups are held, and they are open to the community, and among them are the elderly group, the "Active Life" and the handicraft group.

Thirty elderly people participated in the Elderly Group linked to the health unit in the study. Elderly people who did not attend the group during the data collection period or who were not able to respond to the instruments applied due to cognitive deficits detected through incoherent responses were excluded from the study. Other elderly people who participated in the groups but refused to participate in the study were considered as losses.

The data collection began after approval of the proposal by the Ethics and Research Committee in the Health Area (CEPAS), under opinion no 93/2015, and authorization from the Municipal Nucleus of Studies in Collective Health (NUMESC) of the Secretariat of Health of the Municipality.

The collection was done through the semi structured interview. It was applied a script composed of sociodemographic issues of the elderly, as well as aspects related to the participation of the elderly in the group. Two scales were also used to assess functional capacity: Assessment of Basic Activities of Daily Living by Katz et al and Assessment of Instrumental Activities of Daily Living by Lawton and Brody. First, contact was made with the elderly to explain the objectives of the study and invitation to participate. This first contact was on the day the group met. The elderly who agreed, signed the Term of Free and Informed Consent and schedule a meeting for the application

of the instruments. It was made available the space of the unit, as well as the home, if the elderly person opted. To preserve anonymity, the participants were identified by means of a coding represented by the letter I, followed by a number that expresses the order of the interview/application of the scales.

The Katz Daily Basic Activity Scale results in the assessment of the following merit, the score is performed by the sum of "yes" answers. A total of 6 points indicates independence; 4 points, partial dependence; and 2 points indicates important dependence.¹¹ In the Lawton and Brody Scale of Instrumental Activities of Daily Living, individuals are rated 1 to 3 points, 1 point when the elderly cannot perform the task, 2 points when he can with help and 3 points when he can do it alone, without help.¹²

The functional capacity assessment data were analyzed quantitatively by means of simple and percentage frequency distribution using the Excel Program, organizing the responses of the elderly according to their degree of independence relative to the number of I, A or D responses, only to substantiate the information. For each activity, from both scales, the following alternatives are assigned: (I) independent, (A) need for some kind of partial help/dependent, (D) dependency.

Data from the interview script were analyzed based on the thematic analysis, highlighting the opinions of the study participants about the influence of the group in the maintenance of their functional capacity.

RESULTS AND DISCUSSION

Profile of the population surveyed

In the sociodemographic profile of the elderly population interviewed, female subjects predominated, of whom 70% (21) were interviewed. The participants' age ranged from 60 to 91 years, with a higher number of elderly individuals in the 70-79 age bracket, representing 57% (17). Corroborating with a study that evaluated 340 elderly people, to whom a Functional Capacity Assessment in the Basic Network was applied, 62% (211) were female, with a mean age of 69 years old.¹³

As far as marital status is concerned, the majority of respondents are married, 37% (11) and widowed 37% (11). Regarding schooling, the majority reported incomplete elementary education, totaling 80% (24) of the respondents.

TABLE 1 - Sociodemographic profile of elderly people participating in the research. Rio Grande/ RS. 2015.

Gender	Nº	%
Female	21	70%
Male	9	30%
Age		
60-69	11	37%
70-79	17	57%
80-89	1	3%
90-99	1	3%

(To be continued)

(Continuation)

Marital State		
Widower	11	37%
Married	11	37%
Single	4	13%
Divorced	3	10%
With partner	1	3%
Education		
Incomplete Elementary School	24	80%
Did not study	3	10%
Complete Elementary School	2	7%
Elementary School in course	1	3%

Source: Research data, 2015.

The profession of the elderly individuals was mainly composed by housekeeper with 20% (6), followed by farmer, who totaled 13.3% (4). After that, day care, domestic and servant, with 10% (3) each. The professions of caretaker, cooker and construction worker obtained 6.6% (2) each, and only 3.3% (1) for each of these professions: hairdresser, carpenter, military, fisherman and taxi driver.

However, when questioned about their current occupation, 46.6% (14) of the elderly reported being retired, 43.3% (13) reported being housekeepers. The others with 3.3% (1) individuals were disease, merchant and taxi driver.

Most of the participants live alone, 36.6% (11), and 30% (9) of the elderly live with the spouse.

The participants of the study are all patients with arterial hypertension, with the predominance of elderly people with hypertension only, representing 66.6% (20) of the interviewees, followed by elderly individuals with hypertension and diabetes, totaling 26.6% (8). And with 3.3% (1) presented hypertension, diabetes and cardiopathy and equal with 3.3% (1) hypertension, diabetes and hypothyroidism. Chronic non-communicable diseases (CNCDs) are the leading cause of death in the world and generate limitations in daily living activities and, with it, loss of quality of life and consequent premature death.¹⁴

The CNCDs are the most prevalent problem in Brazil, being responsible for the greatest impact in the health area. These diseases are more prevalent in vulnerable groups, such as the elderly, accounting for 72% of deaths, with diseases of the circulatory system (such as hypertension) present in 31% of the population, cancer 16% and diabetes 5%.¹⁴

Assessment of Daily Living Activities

The evaluation of the functional capacity of the research participants was made through the application of instruments that evaluated the Basic and Instrumental

Activities of Daily Living, observing the dependence degree of the elderly individuals. Authors emphasize the importance of evaluating the functional capacity of the elderly person and instituting interventions aimed at maintaining autonomy and maximizing independence to perform activities of daily living, since functional disability affects about a quarter of the elderly population.⁹

Basic Activities of Daily Living

The majority of elderly individuals interviewed were independent 97% (29), and the ones classified as independent were those who obtained 6 points, 64% (19), and 5 points, 33% (10). Only one elderly individual obtained 4 points, being classified as needing help 3% (1).

Research that evaluated institutionalized elderly revealed that in a total population of 44 elderly people, the majority, 57% (25), presented themselves independent to perform the Basic Activities of Daily Living.¹⁵ However, it can be noted, with a comparison of the data that measures the degree of independence in the elderly, that those who attended the BFHU educational group and were interviewed in this study were independent (97%).

Considering that 97% (29) of the elderly interviewed were independent, it is even more important that the BFHU, through the education group, continue to encourage these individuals to remain active in the community. It is important to note that the presence of functional decline should be considered an early sign of disease and not considered as a characteristic of the aging process as previously considered. And, therefore, it is of fundamental relevance that the professionals carry out investigation of the limitations and invest in the rehabilitation of the functional capacity to carry out the daily activities.¹⁶

In the evaluation of the basic activities, it was verified that the first demonstration of loss of independence of the elderly is the continence, that is, the complete control of urine and faeces. Among the participants, 37% of the elderly had no control (11) and 63% had (19). Of those 37% who do not have control, it was observed that 100% (11) do not have control of urinary habits only, however, they have control of intestinal eliminations. The need for bath assistance was verified in only 3% of the elderly (1). For other activities, such as dressing, personal hygiene, transferring and feeding, 100% of the elderly (30) do not need any help.

In a study carried out with 598 elderly people in the city of Pelotas, Brazil, in order to estimate the prevalence and factors associated with the inability to perform basic and instrumental activities of daily living, the authors found that the lowest independence is in the ability to control urine and faeces (79% - 471 elderly), followed by dressing (90% - 539 elderly) and bathing (91% - 545 elderly). In addition, of the 99 (16.6%) elderly individuals who were incapable of performing only one basic activity, 85 (85.9%) reported not having complete control of their urination and/or evacuation functions.¹⁷

Table 2 – Assessment of Basic Activities of Daily Living. Rio Grande/RS. 2015.

	N	%
Bath		
Yes	29	97%
No	1	3%
Get dressed		
Yes	30	100%
No	0	0%
Hygiene		
Yes	30	100%
No	0	0%
Transference		
Yes	30	100%
No	0	0%
Continance		
Yes	19	63%
No	11	37%
Feeding		
Yes	30	100%
No	0	0%

Source: Research data, 2015. Rio Grande, 2015.

It can be analyzed from these data that the elderly people participating in the educational group are predominantly independent, but the group needs to play the role of health promoter so that the participants can maintain themselves with more autonomy and independence to carry out the daily activities. In addition, the group can contribute to the sharing of experiences and help in the recovery of elderly individuals who already have some dependence. The need for further guidance on urinary incontinence was also evaluated, since 37% (11) of the elderly surveyed presented this condition. Therefore, it was suggested to the health team of this unit that this theme should be addressed at the next meeting of the group.

An evaluation of the cases of urinary incontinence was extremely important, since “the loss of sphincter control causes an important restriction of social participation, limiting mobility and leading to social isolation of the individual”,^{16:32} as we can see in the report of one of the elderly interviewed when asked about his perception of the elderly group: “I like it, it helps a lot. I have not gone to all [meetings] because of my difficulty.” (Urinary incontinence) (I21)

Instrumental Activities of Daily Living

The evaluation of the Instrumental Activities of Daily Living (IADL) was performed by the sum of the responses of the participants, classifying them as: 1 point when the individual cannot perform a given task; Score 2, when one can perform the activity with aid; and score 3 when one do not need help. The score of the IADL scale can reach up to a maximum score of 24 points, representing independence to carry out the activities; and a minimum score of 8 points, representing dependence. In this study, 37% (11) of the elderly reached a maximum sum of 24 points, indicating independence for performing the instrumental activities.

By performing an analysis of the tasks evaluated by the scale, it was observed that all the tasks had, as the most frequent response, the realization without assistance. However, in all tasks evaluated, at least some elderly individuals need help to perform such activity. It was verified that in the purchasing activities, consumption of medicines in the correct dose and time and to take care of the finances, no participant reported being unable to perform, varying only in the necessity or not of the aid to carry them out.

Table 3 – Evaluation of Instrumental Activities of Daily Living. Rio Grande/RS. 2015.

ACTIVITY	REALIZATION	N	%
Telephone	Without help	22	73%
	With help	7	23%
	Unable	1	3%
Distant locations	Without help	22	73%
	With help	6	20%
	Unable	2	7%
Shopping	Without help	25	83%
	With help	5	17%
	Unable	0	0%
Meal/Ladder	Without help	27	90%
	With help	2	7%
	Unable	1	3%
Do chores	Without help	26	87%
	With help	2	7%
	Unable	2	7%
Handwork	Without help	17	57%
	With help	11	37%
	Unable	2	7%
Medicine	Without help	27	90%
	With help	3	10%
	Unable	0	0%
Finances	Without help	28	93%
	With help	2	7%
	Unable	0	0%

Source: Research data, 2015. Rio Grande, 2015.

The results of this study differ from the findings of a study carried out in a Long Stay Institution, in which it was verified that the greatest degree of partial dependence is in the dose and time control of the medications.¹⁵ In this study, it was observed that elderly individuals who attend the BFHU group faced more difficulty to perform manual work, such as small repairs, in which 37% (11) need help and 7% (2) revealed that they are unable.

In a study to estimate the prevalence for incapacity to perform Daily Living Activities in Pelotas/RS, it can be noted that the capacity to perform without assistance was lower in the item that questions the departure to distant places, use of means of transport, and 82% (493) of the individuals investigated (598) reported not being independent.¹⁷ In concomitance with a study carried out in Minas Gerais,

which aimed to evaluate the ability of the elderly to develop daily living activities, of the 69 elderly people investigated, it was found that the three IADLs in which the elderly had more dependence were: money handling (73.9%), use of means of transportation (72.5%) and domestic work (40.6%).¹⁸

Perceptions of elderly people about their participation in the group

When analyzing the data regarding the perception of the elderly about their participation in the group, it can be seen that, in relation to the time, there are individuals that attend the BFHU from 5 months to 40 years, with the majority, 20% (6) attending for the last 20 years. 37% (11) of the elderly individuals reported attending almost all meetings. However, only 30% (9) of the elderly interviewed reported going to all meetings.

It was observed that 47% (14) of the elderly attended the group meetings for the last 13 years. Taking into account that the group's initiation began with the implementation of the FHS in the Unit 13 years ago, there are people who have participated since the group started its activities.

It is emphasized that the elderly people who participate in this group have a link with the team and with the other participants. With this link already created with the BFHU, it becomes simpler both the assessment of these individuals, as well as the treatment for existing diseases. In this sense, participation in the group assists in the evaluation and treatment of existing diseases, as well as in the possibility of keeping this older person more active and of tracking any health changes in the individual.

When asked if the group assists in maintaining their autonomy and independence, the elderly answered positively in their entirety, 100% (30). Some also stressed that in the group, they learn many things that help to maintain a healthier life. In addition, the participants stressed that it is very important to participate in the group, because it incites them to have a different activities, in which they can live with other elderly people and thus make friends. These aspects can be analyzed in the following statements: "I think it helps a lot, both with the tips and because it has the conviviality, we can make friends (I4)." "It Helps, it's good to relax, besides learning a lot, we get out of the rut (I1)."

Humor is indispensable in maintaining a quality of life and in preserving autonomy.¹⁶ It was observed in the participants' statements that the participants of the BFHU group consider that the group, in addition to working with health education, contributes to the establishment of bonds both with the health team and among the participants themselves.

Group activities, in addition to being a well-being for the elderly, can provide an awareness of self-care and help the individual to share experiences, besides the relationship created. Therefore, the participation of the group does not only mean an improvement in the physical condition of the elderly, but also a leisure activity, involving emotional aspects and the mood of the elderly.¹⁸

CONCLUSION

Concluding this study, we succeeded in finding answers to the proposed objectives, since it was possible to evaluate the functional capacity of elderly people who participate in the educational group in a Basic Family Health Unit, as well as to verify how their participation in the group influences the improvement of its functional capacity.

The chosen methodology was considered effective because all questions and evaluations were clearly answered and understood, in addition to achieving the research objectives. There was a challenge posed by the rainy days, delaying home visits to conduct the interview and application of the evaluative tools of Daily Living Activities.

The results were positive, since it confirmed the expectation that the elderly individuals that participate in the group in the BFHU are active and independent. It was observed that the majority of the elderly people can perform all the tasks of daily life alone, without need of help. It was also found that they consider the importance of the group's participation, because when they were asked, they revealed unanimously that the group helps a lot in the maintenance of independence to carry out activities of daily living and autonomy to live in the community.

It is concluded that this study is of immense urgency in the study of the health of the elderly population, especially if primary care is taken into account in the basic network of health promotion, since it proved the effectiveness of the elderly person's participation in the group, attributing greater independence for those elders who actively participate in the group.

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