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QUALITY OF LIFE IN ELDERLY PEOPLE ASSISTED BY A FAMILY HEALTH UNIT

Qualidade de vida em idosos assistidos por uma unidade de saúde da família

Calidad de vida de las personas mayores asistidas por una unidad de salud familiar

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ABSTRACT

Objective: to verify the factors associated with regular/negative perception of quality of life among the elderly. **Methods:** a cross-sectional observational study carried out with 171 elderly people from a Family Health Unit. The outcome variable was quality of life, assessed through the Short Form Health Survey - SF-36, the independent variables were sociodemographic, housing, lifestyle, and health conditions. Data were analyzed using Pearson's Chi-Square test. **Results:** of the elderly interviewed, 98 (57.3%) perceived their quality of life as regular/negative. Being female, homebound, not practicing physical activity, leisure or activities offered by the Health Unit; negatively self-assess their health, present multimorbidity, polypharmacy, depressive symptoms, risk of falls, and impaired functionality, were associated with the outcome. **Conclusion:** encouraging the elderly to participate in activities that promote socialization and maintenance of functionality is essential to preserve or recover their quality of life.
DESCRIPTIONS: Aged; Quality of life; Aging; Primary health care.

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RESUMO

Objetivo: verificar os fatores associados a percepção regular/negativa da qualidade de vida entre idosos. **Métodos:** estudo observacional transversal realizado com 171 idosos de uma Unidade de Saúde da Família. A variável desfecho foi a qualidade de vida, avaliada através do *Short Form Health Survey* – SF-36, as variáveis independentes foram características sociodemográficas, de moradia, hábitos de vida e condições de saúde. Os dados foram analisados através do teste Chi-Quadrado de Pearson. **Resultados:** dos idosos entrevistados, 98 (57,3%) perceberam sua qualidade de vida como regular/negativa. Ser do sexo feminino, restrito ao lar, não praticar atividade física, de lazer ou atividades ofertadas pela Unidade de Saúde; auto-avaliar negativamente sua saúde, apresentar multimorbidade, polifarmacia, sintomas depressivos, risco de quedas e funcionalidade comprometida, estiveram associadas com o desfecho. **Conclusão:** incentivar o idoso a participar de atividades que promovam sociabilização e manutenção da funcionalidade é fundamental para preservação ou recuperação de sua qualidade de vida.
DESCRITORES: Idoso; Qualidade de vida; Envelhecimento; Atenção primária à saúde.

RESUMEN

Objetivo: verificar los factores asociados con la percepción regular / negativa de la calidad de vida entre los ancianos. **Métodos:** estudio observacional transversal realizado con 171 personas mayores de una Unidad de Salud Familiar. La variable de resultado fue la calidad de vida, evaluada a través de la Encuesta de Salud de Forma Corta - SF-36, las variables independientes fueron las condiciones sociodemográficas, de vivienda, estilo de vida y salud. Los datos se analizaron mediante la prueba de Chi-cuadrado de Pearson **Resultados:** de los ancianos entrevistados, 98 (57.3%) percibieron su calidad de vida como regular / negativa. Ser mujer, estar restringido a casa, no practicar actividad física, tiempo libre o actividades ofrecidas por la Unidad de Salud; autoevaluar negativamente su salud, la multimorbilidad presente, la polifarmacia, los síntomas depresivos, el riesgo de caídas y la funcionalidad deteriorada se asociaron con el resultado. **Conclusión:** alentar a las personas mayores a participar en actividades que promuevan la socialización y el mantenimiento de la funcionalidad es esencial para preservar o recuperar su calidad de vida.
DESCRIPTORES: Anciano; Calidad de vida; Envejecimiento; Atención primaria de salud.

INTRODUCTION

The expression quality of life is a broad indicator, and involves multiple definitions, which emphasize the idea of physical, social, emotional, economic well-being, satisfaction with life itself, as well as good health, housing, education, leisure, transportation, and individual growth.[1] According to studies, in the elderly population the inferior perception of quality of life is associated with the female gender, advanced age, low socioeconomic and educational level, besides, multimorbidity, polypharmacy, falls, sedentarism, depression, cognitive alterations, smoking, alcoholism and difficulty in interrelated communication.[2-3]

The social support system, involving government, community and family members, forming the support network of the elderly, is directly correlated with the quality of life, as well as the active participation of this elderly in day-to-day activities and leisure[4], culminating in an individual capable functionally and mentally healthy.

The analysis of the quality of life in the elderly population is extremely important because it represents a multidimensional evaluation, which reflects personal and social criteria in relation to the perception that the elderly have of themselves and the environment in which they live.[5] Especially when taking into account the strong need for effective implementation of public policies for better attention to this population, with special emphasis on the Family Health Strategy, seen as a privileged space for this by understanding actions to promote general health welfare, promoting the practice of social coexistence through educational activities, as well as intervening in the living habits of this population.[6]

In view of the above, and understanding the quality of life as an important aspect of healthy aging, as well as the sometimes negative role that biological, socioeconomic and physical factors can play in its reach, this study proposes to verify the factors associated with regular/negative perception of the quality of life among the elderly.

METHODS

This is a cross-sectional observational study of a quantitative approach carried out with elderly people assisted by the Family Health Unit - Luiz Castellar da Silva, located in Jesus de Nazareth, Vitória-ES. Were included individuals with age ≥ 60 years old, attached to the studied territory, and who accepted to participate in the study via Term of Free and Informed Consent. Those who were unable to answer the questionnaires and had no suitable caregivers were excluded; elderly people who could not be contacted due to family restrictions; cases of death and/or emigration during the study; and those whose data related to the outcome were absent or inconsistent.

A probabilistic sample calculation was performed for different prevalences considering the total number of elderly registered in the USF in 2018, with margin of error of 0.05 and estimated proportion of 0.5, and the target n was 189 elderly. We interviewed 242 individuals, from simple random selection, and of these, 171 were included in the study because they fit all inclusion criteria.

The interviews were carried out between April and June 2018 by trained researchers, in the elderly residence aiming their comfort and convenience. The variable outcome of this study was the perception of quality of life, and the independent variables were the socio-demographic characteristics, housing, living habits and health conditions.

Quality of life was measured through the Short Form Health Survey - SF-36, one of the most widely used instruments worldwide for evaluating quality of life in different population strata, with levels of reliability and validity that exceed the minimum recommended standards. The SF-36 has 11 questions and 36 items, and according to the recommendations of its developers, its score should be transformed into a metric ranging from 0 to 100, where the higher the score the better the quality of life.[7] The selection of the cut-off point for this

study was made from the division of the total score into quartiles, where the 3rd quartile, equivalent to score 75 or more, was adopted as indicative of positive perception of quality of life, while quartiles 1 and 2 were interpreted as negative and regular perception, respectively.

For the characterizations of the socio-demographic conditions the following variables were considered: age, sex, ethnicity, marital status, schooling, residency alone, multigenerational residence and home restriction. The researched life habits were: alcoholic habits, smoking habits, participation in physical activity, leisure and offered by USF. In the survey of health conditions were evaluated: self-assessment of health, multimorbidity (two or more diseases), polypharmacy (daily use of five or more medications), depressive symptoms, risk of falls and disability for Daily Life Activities.

The identification of depressive symptoms was performed through the Geriatric Depression Scale - GDS-15, one of the most frequently used instruments, with satisfactory validity and reliability properties, composed of 15 questions, and the score of ≥ 6 is indicative of the presence of the bill of review.8 The risk of falls was investigated using the Tinetti Scale, which evaluates the performance of gait and balance of the elderly, and establishes a score that varies from 0 to 28, where scores below 24 indicate moderate to high risk of falls.[9] The functional evaluation for daily living activities was carried out through the Katz Index and the Lawton and Brody Scale, which evaluate the ability of the elderly to perform basic activities, such as transfers and self-care, and daily living instruments, such as shopping or using transportation.[10] The elderly who reported inability to perform one or more of the evaluated tasks were considered dependent. All the scales used were translated and validated for the Brazilian population.

Data analysis was performed using Pearson's Chi-square test, for comparative analysis between the outcome and the exposure variables, with a significance level of $p < 0.05$, with a 95% Confidence Interval (CI95%) for all analyses. The analyses were conducted in the SPSS Statistical Program.

This study was approved by the Research Ethics Committee, under protocol number 2,142,377, and all the ethical precepts contained in Resolution number 466/12 of the National Health Council were respected.

RESULTS

The prevalence of regular/negative perception of the quality of life of the elderly studied was 57.3% (CI 95%: 49.1 - 64.3). The prevalence of regular/negative perception of the quality of life of the elderly studied was 57.3% (CI 95%: 49.1 - 64.3). The profile of the studied elderly consisted mostly of longevity elderly (38.6% - 66/171), female (60.8% - 104/171), black or brown (73.1% - 125/171), with companion (62.6% - 107/171), of low schooling (59.6% - 104/171), living with companion (77.2% - 132/171) and in a multigenerational way (55, 6% - 95/171), without home restriction (80.1% - 137/171), without alcohol habits (75.4% - 129/171) or smoking (86% - 147/171), do not practice physical activity (69.6% - 119/171) or activities offered by USF (76.6% - 131/171), but have leisure activities (60.2% - 103/171). Regarding health conditions, most elderly people perceived their health in a positive way (52.6% - 90/171), presented multi-morbidity (63.7% - 109/171), but did not present polypharmacy (65.5% - 112/171), depressive symptoms (76.6% - 131/171), risk of falls (52.0% - 89/171) or disabilities for daily life activities (50.3% - 86/171) (Tables 1 to 3).

Table 1 - Distribution of the prevalence of socio-demographic characteristics and housing conditions of the elderly, according to the perception of quality of life. Jesus de Nazareth Health Unit, Vitória, Espírito Santo State.

Variables	**Total sample n = 171**		**Regular/Negative Perception n = 98**		**Positive Perception n = 73**		***p-value***
	n	**(%)**	***n***	**(%)**	***n***	**(%)**	
Age group							
60 to 69 years	54	(31,6)	28	(51,9)	26	(48,1)	
70 to 79 years	51	(29,8)	32	(62,7)	19	(37,3)	0,529
80 years or more	66	(38,6)	38	(57,6)	28	(42,4)	
Sex							
Male	67	(39,2)	32	(47,8)	35	(52,2)	**0,043**
Female	104	(60,8)	66	(63,5)	38	(36,5)	
Ethnicity							
White	46	(26,9)	30	(65,2)	16	(34,8)	0,205
Black / Brown	125	(73,1)	68	(54,4)	57	(45,6)	
Marital situation							
With partner	107	(62,6)	59	(55,1)	48	(44,9)	0,458
Without partner	64	(37,4)	39	(60,9)	25	(39,1)	

Variables	Total sample n = 171		Regular/Negative Perception n = 98		Positive Perception n = 73		*p-value*
	n	(%)	*n*	(%)	*n*	(%)	
Schooling							
0 to 4 years of study	102	(59,6)	59	(57,8)	43	(42,2)	
5 to 8 years of study	40	(23,4)	25	(62,5)	15	(37,5)	0,492
> 9 years of study	29	(17)	14	(48,3)	15	(51,7)	
Lives alone							
Yes	39	(22,8)	25	(64,1)	14	(35,9)	0,329
No	132	(77,2)	73	(55,3)	59	(44,7)	
Multigenerational residence							
Yes	95	(55,6)	54	(56,8)	41	(43,2)	0,890
No	76	(44,4)	44	(57,9)	32	(42,1)	
Restricted to home							
Yes	34	(19,9)	28	(82,4)	6	(17,6)	**0,001**
No	137	(80,1)	70	(51,1)	67	(48,9)	

Test: Pearson Chi-Square.

Life habits are described in table 2, and the variables of physical activity, leisure activity and participation in activities offered by the Health Unit were associated with the perception of the quality of life of the elderly studied ($p < 0.05$).

Table 2 - Distribution of the prevalence of life habits of the elderly, according to the perception of quality of life. Jesus de Nazareth Health Unit, Vitória-ES.

Variables	Total sample n = 171		Regular/Negative Perception n = 98		Positive Perception n = 73		p-value
	n	(%)	n	(%)	n	(%)	
Alcoholic habits							
Yes	42	(24,6)	19	(45,2)	23	(54,8)	0,061
No	129	(75,4)	79	(61,2)	50	(38,8)	
Tabagic habits							
Yes	24	(14)	16	(66,7)	8	(33,3)	0,318
No	147	(86)	82	(55,8)	65	(44,2)	
Physical activity							
Yes	52	(30,4)	16	(30,8)	36	(69,2)	**< 0,001**
No	119	(69,6)	82	(68,9)	37	(31,1)	
Leisure activities							
Yes	103	(60,2)	51	(49,5)	52	(50,5)	**0,011**
No	68	(39,8)	47	(69,1)	21	(30,9)	
Activities offered by USF							
Yes	40	(23,4)	14	(35,0)	26	(65,0)	**0,001**
No	131	(76,6)	84	(64,1)	47	(35,9)	

USF - Family Health Unit; Test: Pearson Chi-square.

As described in table 3, all health conditions studied were associated with the perception of quality of life of the elderly ($p < 0.05$).

Table 3 - Distribution of the prevalence of health conditions of the elderly, according to perception of quality of life. Jesus de Nazareth Health Unit, Vitória-ES.

Variables	Total sample n = 171		Regular/Negative Perception n = 98		Positive Perception n = 73		*p-value*
	n	**(%)**	***n***	**(%)**	***n***	**(%)**	
Self-evaluation of health							
Very good/good	90	(52,6)	34	(37,8)	56	(62,2)	
Regular	68	(39,8)	51	(75,0)	17	(25,0)	**< 0,001**
Bad/ Very Bad	13	(7,6)	13	(100)	-	-	
Multimorbidade							
Yes	109	(63,7)	71	(65,1)	38	(34,9)	**0,006**
No	62	(36,3)	27	(43,5)	35	(56,5)	
Polypharmacy							
Yes	59	(34,5)	44	(74,6)	15	(25,4)	**0,001**
No	112	(65,5)	54	(48,2)	58	(51,8)	
Depressive symptoms							
Yes	40	(23,4)	39	(97,5)	1	(2,5)	**< 0,001**
No	131	(76,6)	59	(45,0)	72	(55,0)	
Risk of Falls							
Yes	82	(48,0)	65	(79,3)	17	(20,7)	**< 0,001**
No	89	(52,0)	33	(37,1)	56	(62,9)	
Disability for AVD							
Yes	85	(49,7)	71	(83,5)	14	(16,5)	**< 0,001**
No	86	(50,3)	27	(31,4)	59	(68,6)	

AVD - Atividades de vida diária (basic and instrumental); Test: Pearson's Chi-square.

DISCUSSION

A prevalence of 57.3% (95% CI: 49.1 - 64.3) of regular/negative perception of quality of life was found, results similar to those found in another study, which showed that an expressive majority of 70.8% of the elderly studied evaluated their quality of life on a regular or negative basis.[1]

In relation to sex, we found that the majority of elderly women perceive their quality of life in a regular/negative way, this fact is based on literature.[11] In relation to men, and possibly because they live more than them, women usually present more chronic diseases and, sometimes, in a more serious way, which results in a worse perception of health and quality of life.

When evaluating the variable physical activity, elderly people who do not practice physical activities perceive their quality of life in a more negative way, agreeing with the researched literature that demonstrate that the regular practice of physical activities is important for the improvement of the quality of life and show that active elderly people demonstrated satisfactory results in relation to balance and muscle strength when compared to sedentary people, factors that influence the functional capacity and autonomy of longevers, besides favoring the socialization of the elderly, decreasing the social isolation and the restriction to the home, which in the present study was also associated to a more negative perception of health among the studied elderly.[12]

Regarding leisure activities, it was found that elderly people who do not practice leisure activities perceive more frequently their quality of life in a regular/negative way. Studies show that the lower the number of leisure activities practiced by the elderly, mainly outdoors, the worse is their perception of quality of life.[13-14] Leisure activities are essential to improve the perception of the elderly about their quality of life, because they positively influence self-esteem and physical and mental

health, besides promoting the socialization of the elderly from the sharing of activities with other people.[13-14]

Reinforcing this finding, we found that elderly people who reported participating in the activities offered by the Health Unit perceive their quality of life more positively. A similar result was found in another study that verified relevance in the participation of the elderly in the health promotion groups in the Health Unit studied, related to the maintenance and improvement of their quality of life[15]. This fact can be justified because the participation of the elderly in the activities offered by the Health Units can provide them with a significant change in style and life habits and, consequently, interfere in the perception of quality of life.

Participation in groups and dynamics can help maintain well-being and prevent various disorders, including mental ones, especially when the activities are focused on this issue, which is important for a better quality of life for the elderly[16]. What is reinforced with another finding of this study that showed association between the presence of depressive symptoms and worse perceptions of quality of life, where almost 100% of the elderly with depressive symptoms perceived their quality of life in a regular/negative way. Similar to this, another study showed that depressive symptoms and fragility are factors that influence the negative perceptions of the elderly about their life and health.[17]

When questioned about their perception of health, we find that the elderly who evaluate their health on a regular, bad or very bad basis also perceive their quality of life more negatively, corroborating findings from other studies.[13-14] This is not seen as a surprise, since the perception of health can directly influence the quality of life of the elderly.

In relation to multimorbidity, elderly people with two or more diseases perceive their quality of life more frequently in a regular/negative way, corroborating with the analyzed literature.[18-20] The prolongation of life expectancy involves an increase in the living with chronic diseases, sometimes in a multiple way, which still generates a growth in the use of health services, besides compromising the functional capacity[18], and increasing mortality[19], all these factors influence the deterioration of the quality of life of the elderly person.

In the present study it was noticed that more than 70% of the elderly with polypharmacy perceive their quality of life in a regular/negative way, similar to this, studies demonstrate that a high use of drugs can negatively affect the quality of life of the elderly due to the greater occurrence of adverse effects and drug interactions[21], and that in subjective character, the reasoning of the continuous use of drugs can imprint on the elderly an idea of lower health condition and consequently a bad quality of life.[22] Added to this, another study has verified that the use of multiple drugs and the adverse reactions to them are associated with negative ends of therapy, delaying the treatment, limiting the autonomy of the elderly and consequently damaging their quality of life.[23]

Another important finding refers to the risk of falls, the elderly at risk of falls perceive their quality of life more often on a regular/negative basis. According to the literature, when analyzing the impact of falls on the quality of life related to the health of the elderly population, it is perceived that the elderly with reports of falls had a lower average in the field of mental health, related to behavioral and psychological aspects, depressive symptoms and anxiety.[5] It is understood that the emotional and psychological aspects together with the fear of falling and the occurrence of falls influence the perception of health, and since mobility is a protective factor for falls, the physiotherapist would exercise this function, helping in the proper functioning of the body.

The physiotherapy presents an important role in the combat to the sedentarism and functional decline of these elderly, providing an active aging through preventive actions and health promotion with focus on the improvement of the biopsychosocial aspect, mainly in the social coexistence.

In relation to the activities of daily living, more than 80% of the elderly with functional disability for these activities perceive their health in a regular/negative way, agreeing with findings of another study that demonstrate that the greater the difficulty of the elderly for the activities of daily living, the greater was the negative impact on their quality of life.[13] Studies also report that the activities most affected by disability are dressing, continence, bathing, using the bathroom, transference and eating, being a worrying finding, because it can lead the elderly to social isolation, besides causing alterations in their self-esteem and self-image, diminishing their quality of life.[24-25]

Finally, it is important to emphasize that this study presents important considerations regarding the factors associated with the quality of life in the perception of the elderly person, and such characteristics should be taken into account in the elaboration and execution of actions and programs that aim to provide better attention to this population, however, some limitations should be considered, such as the fact that the n of the study has not reached the total desired in the sample calculation due to sample losses, and the transversal nature that makes it impossible to establish a causal relationship. In this sense, it is suggested that new studies be carried out to elucidate more and more this theme so important for the well-being and health of the elderly person.

CONCLUSION

Most of the elderly presented a regular/negative perception of their quality of life, and being female, not being restricted to home, being sedentary, doing leisure activities, not participating in the activities offered by the Health Unit, self-assessing health as positive, presenting multi-morbidity, not having polypharmacy, not presenting depressive symptoms, not presenting risk of falls and not having disability for daily life activities were statistically associated with this outcome.

From the survey, it is perceived the great importance that the elderly are constantly encouraged to participate in activities that promote sociability and maintenance of functionality, with the purpose of preserving or recovering their quality of life from activities and habits that promote health and improvement of living conditions.

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