Epidemiological Profile in Older Adults with Functional Dependence

Research Needs to Increase the Quality of Life of the Elderly Population

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Abstract:- This paper presents the results of a study developed in Chiapas, México, with the aim of knowing the epidemiological profile of older adults with functional dependence that are cared for in the public health services. It is important to mention that the study was developed in an area of high socioeconomic marginalization and great cultural diversity, factors that need to be considered for the possibilities of intervention and improvement of the health care of this age group. The results suggest guiding comprehensive programs for older adults, ensuring a healthy ageing and above all acting early to avoid functional deterioration and improve the quality of life of this vulnerable population.

Keywords:- Older Adults, Dependence, Public Health Services

I. INTRODUCTION

In the past, older adults were not the subject of concern for health problems. Currently, the population growth of this age group and inadequate information to lead a healthy life in the age of aging, studies of this group and health interventions have increased. The specific characteristics of the elderly increase morbidity, as almost all diseases become more frequent in the second half of life (Garcia, 2010).

Functionality in the elderly is a major hub for programs aimed at strengthening active ageing; In view of the increase in this population group, diseases as a factor limiting physical, mental and social capacity require control actions that decrease the dependence.

The degree of functional dependence is little known in our environment since the specific publications on this are very scarce. Given the population changes in our country is of vital importance the knowledge and timely identification of this condition as it is the portal for the emergence of the remaining geriatric syndromes, and with this the increase in the spending of medical services, the number of consultations and with final point of the natural evolution of this condition the high mortality.

The geriatric patient requires more care and vigilance, both by family and by specialized health personnel. According to the World Health Organization (WHO, 2018), the onset of old age is from 65 years. In Mexico, it is considered an older adult to persons with an age equal to or greater than 60 years (INAPAM, 2014).

The deterioration of the capacity of the older adult generates changes in both his physical and mental and social health condition. Therefore, it is necessary to carry out interventions that preserve the autonomy of older adults. These interventions should be supported by research that shows us the right ways to manage geriatric patients and improve their quality of life.

The best health indicator for disease prevalence is functional capacity. According to the World Health Organization (WHO, 2018), the importance of the assessment of functionality in the older adult is that the health of the elderly is measured, mainly, in terms of function. The use of different scales aimed at knowing the impact by disease allows to verify changes and to establish specific treatments and the response of the older adults.

Ageing is characterized by changes and transformations produced by the interrelation between genetic, environmental factors and risk factors throughout life. These changes are manifested in losses of the state of health, functional deterioration, inability, such as immobility, instability and intellectual deterioration (Machado, Bazán and Izaguirre, 2014).

In Mexico the older adult is a priority, there is a program of care for the elderly which was generated from the National Health Plan in the year 2000 and was expected to reduce morbidity and improve the quality of life of older adults (Villagordoa, 2007).

Because of the importance of generating knowledge about older adults that allow health interventions to improve the quality of life of this age group, this article analyses the results of an investigation whose main objective was to know the Epidemiological profile in older adults with functional dependence of a public hospital in the highlands of Chiapas, México, specifically in the middle city of San Cristóbal de Las Casas, Municipal District, located in a context of high marginalization Socioeconomic and great cultural diversity comprised of ethnic groups of Mayan origin, as well as the presence of a society with different countries of origin.

II. METHODS

A descriptive observational study was conducted retrospectively to know the epidemiological profile of older adults with some type of functional dependence that are served in the internal Medicine service of the Hospital of cultures in the municipality of San Cristóbal de Las Casas, Chiapas, Mexico.

The population was constituted 222 older adults who entered the service of internal medicine of the Hospital of cultures analyzing a time cut from January to June of the year 2018. The sample size constituted for this research was n = 59 older Adults (≥60 years).

To obtain information, the demographic data identification card, Barthel index (modified Shah et al 1989) was used. The information was collected through two data capture tools: The first was an identification card with demographic data of the study population: age, sex, marital status, level of education, occupation, and comorbidity. The second by the Barthel index modified by Shah et al (1989) that maintains the 10 original activities to measure different degrees of functional dependence in the older adult.

III. DISCUSSION

➤ *Age and Gender: in n = 59*

Older adults, the average age is 72 years. The genus that predominated is the female (56%). Results higher than those exhibited by INAPAM, which states that for 2050 women ≥ 60 years will represent 23.3% of the total female population and men constitute 19.5% of the total male.

➤ *Morbidity and Systemic Conditions:*

the most affected systems presented by older adults in the study were neurological (24%) and respiratory (24%), followed by the cardiovascular system (15%), endocrine-metabolic (14%) and hematological (12%). The remaining percentage (11%) It corresponds to digestive systems, skin, musculoskeletal and eye organs.

➤ *Dependence:*

20% showed moderate dependence, 10% serious dependence, 7% mild dependence and 2% total dependence. 61% of older adults were self-sustaining.

➤ *Functional Valuation:*

A) Male sex with mild (3%), moderate (14%), severe (10%) and total dependency (2%).

B) Female sex with mild dependency (3%), moderate (2%), severe (7%) and zero cases with total dependence.

In general, there was a statistical difference in functional dependency by gender, 29% for men and 12% for women. In the present study the dependence does not increase with age, contrary to what was found by Cortés and Col. (2011), who in their study show an increase in dysfunction directly proportional to the age.

The study of the functionality as part of the evaluation of the elderly is constituted fundamental axis that translates the general condition of health of the patient, identifying the degree of independence or dependence (De León and Hernández, 2011). These changes are manifested in declinations in the state of health, condition of their functional deterioration, which leads the elderly to situations of disability (Velasco et al., 2012). The above makes us think about how to confront the elderly in terms of functionality and dependency, to achieve a better social interaction with a higher quality of life

IV. CONCLUSION

The predominant age group was 60-64 years (27.11%) and female gender more frequently (56%) about the male.

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The epidemiological profile of the older adults studied shows that chronic noncommunicable diseases continue to be a public health problem.

By means of the geriatric valuation from the functionality and degree of dependence it is possible to identify the condition of the elderly person, with the purpose of designing plans of care, with actions directed to the self-care giving prominence according to his Preferences It implies enhancing the motivation and change of behavior according to their capacities, which generate some degree of autonomy and elemental independence.

The results of this study suggest guiding comprehensive programs for seniors of the institution in which they are users, ensuring a healthy aging and above all acting early to avoid functional deterioration and improve Quality of life of this vulnerable population.

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