




ORIGINAL

State of more health of adults

Estado de salud de adultos mayores

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ABSTRACT

Introduction: the functional valuation is one of the pillars of the valuation integral geriatric and it consists on the study of the old man's physical capacities in all its spectrum, from the tasks simpler motorboats and its car capacity taken care until the exercise and the independence in the environment.

Objective: to characterize the state of the biggest population's of adults health, belonging to the Medical Clinic of the Family (CMF) Moncada, Policlínico Community Siblings Martínez Tamayo of the municipality Baracoa, during the period of April 2022 -to January 2022.

Method: he/she was carried out a descriptive, retrospective and traverse study. The study population was conformed by the biggest 100 adults (60 years and but) of both sexes, which completed the proposed inclusion approaches. The information was obtained through an interview to patient and relatives supported in a guide in correspondence with the variables to investigate (age, sex, biomedical, functional, psychological and social evaluation) and of the ambulatory clinical histories. The results were presented in distribution charts using as summary measure the number and percent, word processor Microsoft Word and Excel.

Results: in the studied population the feminine sex prevailed on the masculine one. Starting from the 60 years they begin to appear the sensorial alterations and less than half of the studied old men they are functionally independent, while starting from the 80 years the dependence prevalence increases. The old men that are dependent for the ABVD are also it for the AIVD.

Conclusions: the studied bigger population of adults has a good state of health.

Keywords: Populational Aging; Bigger Adult; Basic and Orchestrated Activities; State of Health.

RESUMEN

Introducción: la valoración funcional es uno de los pilares de la valoración geriátrica integral y consiste en el estudio de las capacidades físicas del anciano en todo su espectro, desde las tareas motoras más simples y su capacidad de autocuidado hasta el ejercicio y la independencia en el medio ambiente.

Objetivo: caracterizar el estado de salud de la población de adultos mayores, pertenecientes al Consultorio Médico de la Familia (CMF) Moncada, Policlínico Comunitario Hermanos Martínez Tamayo del municipio Baracoa, durante el período de abril 2022 -a enero 2024.

Método: se realizó un estudio descriptivo, retrospectivo y transversal. La población de estudio estuvo conformada por los 100 adultos mayores (60 años y mas) de ambos sexos, los cuales cumplieron los criterios de inclusión propuestos. La información se obtuvo a través de una entrevista a pacientes y familiares apoyados en una guía en correspondencia con las variables a investigar (edad, sexo, evaluación biomédica, funcional, psicológica y social) y de las historias clínicas ambulatorias. Los resultados fueron presentados en tablas

de distribución empleando como medida de resumen el número y porcentaje, procesador de texto Microsoft Word y Excel.

Resultados: en la población estudiada prevaleció el sexo femenino sobre el masculino. A partir de los 60 años comienzan a aparecer las alteraciones sensoriales y menos de la mitad de los ancianos estudiados son funcionalmente independientes, mientras que a partir de los 80 años aumenta la prevalencia de dependencia. Los ancianos que son dependiente para las ABVD también lo son para las AIVD.

Conclusiones: la población de adultos mayores estudiados tiene un buen estado de salud.

Palabras clave: Envejecimiento Poblacional; Adulto Mayor; Actividades Básicas e Instrumentadas; Estado de Salud

INTRODUCTION

The aging of the population is currently one of the most critical issues in Cuban society. According to the WHO, 962 million people are currently over 60 years of age, and it is expected that by 2030, this figure will rise to 1 400, which represents an increase of 46 %. At the end of 2022, the degree of aging in Cuba was 22,3 %, with a population of 60 years and more than 2 million 478 087 people, making the country one of the oldest in the region. It is predicted that by 2045, there will be more than three and a half million older adults.⁽¹⁾

In countries such as Argentina, Chile, Uruguay, and Cuba, the demographic profile is similar to that of Europeans. The number of older persons in these countries has been growing, while young people are proportionally a smaller group. However, unlike in developed countries, in Latin America, the aging process is taking place without economic development capable of ensuring the necessary resources to provide older groups with an acceptable quality of life. Therefore, it is imperative that the region's countries are ready to face the social, economic, cultural, political, and ethical challenges that this entails.⁽²⁾

Good health must be essential to society's response to population aging. Ensuring that people live longer lives and a better quality of life will result in greater opportunities and lower costs for older adults, their families, and the community.

Traditionally, functional assessment has been done through the Kats and Lawton indices, which measure disability to perform activities of daily living (ADLs), subdivided into introductory (BADL), instrumental (IADL), and advanced (ADL) activities. Still, the need to assess functional or physical function limitations, in addition to disability, has become apparent as its fundamental pillar. It has been said that these functional limitations (simple motor acts that are not purpose or activity-oriented) would be the bricks that help to build the wall of disability and dependence. Therefore, their assessment of older adults with a high functional level can help to identify people at risk of developing disability and dependence shortly.^(3,4)

In this field, describing the state of health of an older adult serves to identify their areas of impairment using the comprehensive geriatric assessment (CGA), considered as the differential marker of the specialty; it differs from the standard medical evaluation in that it is not only focused on the pathology of the older adult (traditional approach, the usual one in other specialties and forms of care) but aims at a more profound knowledge of the older adult and their global environment, of what has an impact and transcendence on their person.

To this end, multiple and global assessments of older adults are carried out in a natural and standardized way, taking into account their functional, cognitive, and affective state, their socio-economic situation and family support, and their deficits in these areas, as well as their resources and current possibilities and potentials.

The final objective is to improve the patient's quality of life. The most successful results can be obtained according to the current level of practice and scientific knowledge. This is why it is pertinent to carry out a study using the VGI as an instrument to characterize the health status of older adults belonging to a health area in the municipality of Baracoa, Guantánamo province, which will have repercussions in guaranteeing a better quality of life and lifestyle for older adults.

METHOD

A descriptive, retrospective, and cross-sectional study was carried out to characterize the health status of the population of older adults who attended the CMF Moncada, belonging to the Brothers Martínez Tamayo Community Polyclinic of Baracoa municipality, Guantánamo province, during the period April 2022 - January 2024. The study population comprised 100 patients of both sexes over 60 years of age. The study was carried out with the total population. The following criteria were taken into account.

Inclusion criteria:

- Patients over 60 years of age.
- Patients who showed a willingness to participate in the research by signing the personal acceptance

document.

- Patients whose relatives agree with their participation in the research.

Exclusion criteria:

- Dropout during the research.

With a dialectical-materialistic conception, theoretical, empirical, and statistical methods were applied. The use of the clinical method is significant, as it is indispensable for the establishment of a good doctor-patient relationship, skill during the interrogation and physical examination, in the organization and hierarchization of information, during the integration of biological and psychosocial problems, as well as in the maintenance of ethical conduct by a humanist education.

This method's significant features are analysis and synthesis, contrast, objectivity, and an integral vision of the studied phenomenon.

Theoretical:

- Historical-logical: in the study, analysis, and determination of the theoretical framework, as well as to construct the research logic in each stage.
- Inductive-deductive methods will facilitate the processing of information and evaluation, establishing generalizations. They will allow the study of the scientific problem by breaking it down into its parts (variables), analyzing them individually, and then integrating them to evaluate them comprehensively.

Empirical:

- Interviewing patients and relatives will provide valuable information to identify modifiable and non-modifiable risk factors.
- Documentary study: to obtain information on the problem raised through specialized and updated sources: articles and materials in electronic support, master's theses, and doctoral theses, among others, for the interpretation and evaluation of the theoretical positions related to the research in question.

Statistics:

- Descriptive statistics were used from:
- Descriptive analysis (calculation of mean): This method quantifies the results of the instruments applied throughout the research process.
- Percentage analysis will be used to process the information obtained in the instruments applied and their appropriate interpretation.

Table 1. Operationalization of the variables

Variables	Ranking	Category	Description
Sex	Qualitative dichotomous	nominal Female Male	According to biological sex
Age group	Qualitative Ordinal	60-69 years 70-79 years 80-89 years 90 years and more	According to years of age
Basic activities of daily living	Qualitative Nominal Polytomous	Qualitative Independent Dependents	According to Katz scale
Activities instrumental activities of daily living	Qualitative Nominal Polytomous	Qualitative Independent Mild dependency Moderate dependency Severe dependency Total dependencel	According to Lawton scale
March	Qualitative Nominal Polytomous	Qualitative Normal Alteration of the march	According to Tinetti scale

Depression	Qualitative Nominal Qualitative Polytomous	No depression Probable depression Depression	According to Yasevage scale
Cognitive status	Qualitative Nominal Qualitative Polytomous	Normal Medium deterioration Severe deterioration	According to Mini mental test Examination
Vision	Qualitative Nominal Qualitative Polytomous	Normal Alteration in both eyes Alteration in one eye only	According to physical examination
Hearing		Normal Mild to moderate impairment Severe impairment	According to physical examination
Urinary incontinence		If you have It does not have	According to physical examination
Nutritional status		Normal Risk of malnutrition Malnutrition	According to physical examination
Number of chronic diseases		None 1 2 3	According to interrogation
Polypharmacy		If you have It does not have	According to interrogation

Techniques and procedures

The study and documentary analysis of the data collection instrument, the clinical history, the multidimensional evaluation of the geriatric patient, the interview with the patient's responsible relatives, and the dispensing book of the CMF Moncada, belonging to the Brothers Martínez Tamayo Community Polyclinic in the municipality of Baracoa, were also compulsory.

The study took into account the patient's acceptance of participating in the research and the letter of approval of the family member responsible for the patient, offering their consent in this sense, as well as the principles of the Declaration of Helsinki and the International Committee of Medical Bioethics: respect for the person, beneficence or non-maleficence, self-determination, and justice.

RESULTS

Table 2 shows the distribution of older adults according to age and sex. The majority of the patients in the sample studied were between 80 and 89 years of age, representing 40 %, and the minority were between 60 and 69 years of age, representing 15 %. Considering the distribution according to sex, 69 % of the patients were female.

Table 2. Distribution of patients according to age and sex

Groups of age groups	Sex				Total	
	Female		Male		No.	%
	No.	%	No.	%		
60-69	10	10	5	5	15	15
70-79	12	12	8	8	20	20
80-89	30	30	10	10	40	40
90 and over	17	17	8	8	25	25
Total	69	69	31	31	100	100

When assessing the biomedical sphere, according to the results shown in table 3, it is observed that 100 % of older people studied have decreased visual acuity in both eyes. In addition, hearing was found to be normal in 100 % of those aged 60-69 years, while there is a mild to moderate decrease in hearing acuity in 100 % of the elderly aged 90 years and older. The highest risk of malnutrition was found in those aged 80-89 years, although only 7,5 %. Sixty-five percent of those aged 80-89 years had three or more chronic diseases, and this age group also stood out as the one with the highest incidence of polypharmacy.

Table 3. Distribution of patients by biomedical characteristics and age group

Biomedical characteristics	Age group							
	60 -69a		60 -69a		60 -69a		60 -69a	
	N	%	N	%	N	%	N	%
Vision								
Normal	---	---	---	---	---	---	---	---
Alteration in both eyes	15	100	20	100	40	100	25	100
Alteration in one eye only	---	---	---	---	---	---	---	---
Hearing								
Normal	15	100	18	90	32	80	---	---
Mild to moderate impairment	---	---	2	10	8	20	25	100
Severe impairment	---	---	---	---	---	---	---	---
Urinary incontinence	---	---	---	---	---	---	---	---
Nutritional status								
Normal	---	---	---	---	---	---	---	---
Risk of malnutrition	---	---	1	5	3	7,5	---	---
Malnutrition	---	---	---	---	---	---	---	---
Number of chronic diseases								
None	12	80	12	60	10	25	12	48
1	---	---	1	5	2	5	---	---
2	1	6,6	5	25	2	5	8	32
3 or more	2	13,3	2	10	26	65	5	20
With polypharmacy	---	---	1	5	3	7,5	1	4

According to table 4, the elderly aged 60 to 79 do not have cognitive impairment. 7,5 % of those aged 80-89 are mildly impaired, and 8 % of those aged 90 years and over are moderately impaired. The majority of older people studied have a normal cognitive status. None of them were found to be depressed.

Table 4. Distribution of patients according to psychological characteristics and age group

Psychological characteristics	Age group							
	60 -69a		70-79a		80- 89a		90 and over	
	N	%	N	%	N	%	N	%
Cognitive status								
Normal	15	100	20	100	---	---	---	---
Mild impairment	---	---	---	---	3	7,5	---	---
Moderate impairment	---	---	---	---	---	---	2	8
Severe impairment	---	---	---	---	---	---	---	---
Depression								
No depression	15	100	20	100	40	100	25	100
Probable depression	---	---	---	---	---	---	---	---
Depression	---	---	---	---	---	---	---	---

According to the Kats and Lawton indices, used to assess Basic Activities of Daily Living (BADL) and

Instrumental Activities of Daily Living (IADL), most older people have adequate functional status as they are independent in both activities of daily living. This is evidenced by the fact that in table 5 the total number of older adults aged 60 to 79 is entirely independent. In comparison, only 20 % of those aged 80 to 89 and 4 % of those aged 90 years and over are dependent, with a slight dependency on IADLs. According to the Tinetti scale, the elderly aged 60-79 years have no gait and balance impairment, while 5 % of those aged 80-89 years and 100 % of those aged 90 years and over have no gait and balance impairment.

Table 5. Distribution of patients by functional characteristics and age group

Functional characteristics	Age group							
	60 -69a		70-79a		80- 89a		90 and more	
	N	%	N	%	N	%	N	%
Basic activities of daily living								
Independent	15	100	20	100	32	80	24	96
Dependents	---	---	---	---	8	20	1	4
Instrumental activities of daily living								
Independent	15	100	20	100	32	80	24	96
Mild dependency	---	---	---	---	8	20	1	4
Moderate dependency	---	---	---	---	---	---	---	---
Severe dependency	---	---	---	---	---	---	---	---
Total dependency	---	---	---	---	---	---	---	---
March								
Normal	15	100	20	100	35	87,5	---	---
Gait disturbance	---	---	---	---	5	12,5	25	100

In terms of social characteristics, according to the data shown in table 6, none of the elderly people studied were at social risk, as they all had support networks.

Table 6. Distribution of patients according to social characteristics and age group

Social characteristics	Age group							
	60 -69a		70-79a		80- 89a		90 and more	
	N	%	N	%	N	%	N	%
With support networks	15	100	20	100	40	100	25	100
Without support networks	---	---	---	---	---	---	---	---
Institutionalised	---	---	---	---	---	---	---	---

DISCUSSION

The increase in the geriatric population and the morbidity and mortality characterizing it requires a continuous analysis of information. This research emerges with data that allows the creation of health programs that lead to a better quality of life and health. It is worth highlighting the unprecedented nature of this study, as there is no similar previous research; one of its weaknesses is that it did not include a more comprehensive geriatric assessment, which included a more detailed physical examination, sleep disorders, risk of pressure ulcers, and muscle weakness. It is essential to consider the advantage of the Comprehensive Geriatric Assessment (CGA) over the clinical history, allowing for greater detection of problems, according to the literature.⁽⁵⁾

Likewise, the IGV allows the diagnosis of different alterations and does not replace diagnostic tests, which is considered the gold standard for each pathology; it has also proven to be an excellent tool for the search for ailments.⁽⁶⁾

The population studied showed decreased visual acuity, which constitutes a risk for accidents and falls. Suppose we add that just over a quarter have decreased hearing acuity. In that case, the situation worsens for this group of older adults, who have reduced perception and will need support to carry out daily activities. When assessing visual acuity by asking questions about perception for watching TV or reading is similar to other

studies using the same method, although they showed low specificity and sensitivity.⁽⁷⁾

The method used for auditory assessment offers the advantage that the older adult reports a decrease in hearing and incorporates it into everyday life. It is in agreement with other studies that a minor proportion of older adults have reduced hearing acuity, which is a risk of isolation, deterioration in the quality of life, feelings of insecurity, depression, and risk of accidents.^(8,9)

No older people studied had urinary incontinence. Only 4 % of the sample was at risk of malnutrition. However, the study does not allow us to determine whether this is related to comorbidity or economic situation, and the data were obtained through nutritional assessment and calculation of body mass index. Five percent have polypharmacy, which is associated with the high comorbidity of these patients, which also coincides with those who have three or more chronic diseases; this constitutes a greater risk of adverse effects, increased hospital admissions, and greater consumption of economic resources. This does not coincide with the findings of other studies, which found a high prevalence of polypharmacy in the population studied.⁽¹⁰⁾

It should be borne in mind that the older adult with comorbidities, functional, sensory, and mental impairment faces changes in social roles, especially in the family, which is the patient's leading support network.⁽¹¹⁾

Three percent of patients have mild cognitive impairment, and 2 percent have moderate cognitive impairment, which could be related to the fact that 9 percent have a dependency on both basic and instrumental activities of daily living, although this percentage is higher. This is not consistent with other studies.^(8,9,12)

In the literature, it is described that the elderly present depression in up to 42 % of the population; however, no older people studied presented depression.⁽¹³⁾ This could be explained by the fact that the study was conducted with only a part of the population, which also has an adequate family and community support network.

Gait and balance impairment is present in a little more than a quarter of the sample studied, prevailing in the elderly aged 90 years and older. This implies an increased risk of falls and calls for preventive measures, including counseling family members. Most older people also proved independent in basic and instrumental activities. This is a recognizable fact as it shows the capacity for independence achieved in this life cycle.

Regarding social characteristics, according to the results, no older people studied presented a social risk, as they all have support networks. However, Latin Americans are characterized by having older people at home; the woman is the caregiver, mainly daughters and, to a lesser extent, wives.⁽¹⁴⁾ Despite this, there is currently a change in family dynamics and roles, with small families and working mothers predominating, reducing the options for caring for older people at home. All older people studied have adequate social resources, which does not coincide with figures reported in other Latin American countries.⁽¹¹⁾

The present results offer a vision of the reality that is sometimes not contemplated in the usual consultation, and many of these older adults do not even attend the consultation. It also provides managers with information to determine future actions for primary and secondary prevention that could modify the alterations of current and future patients, given the need for a greater demand for services to this population group and the lack of time available for medical consultation as well as the scarce visits by the family doctor.

CONCLUSIONS

The study provides a broad overview of the health status of the elderly in the community. These people are mostly independent, with less sensory impairment and few comorbidities. They also have an adequate state of psychological and social health and a wide support network.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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