

Federal University of Rio de Janeiro State

Journal of Research
Fundamental Care OnlineISSN 2175-5361
DOI: 10.9789/2175-5361

EXPERIENCE REPORT

Osteoporose na Mulher Idosa: um rastreamento no consultório de enfermagem

Osteoporosis in the Aged Woman: a tracking in the nursing's office

Osteoporosis en la mujer de edad avanzada: un rastreo en la práctica de enfermería

Mirian da Costa Lindolpho ¹, Beatriz Guitton Renault Baptista de Oliveira ², Selma Petra Chaves Sá ³,
Miriam Marinho Chrizostimo ⁴, Geílsa Soraia Cavalcanti Valente ⁵, Thiara Joanna Peçanha da Cruz ⁶

ABSTRACT

Objective: To describe characteristics rose in historical nursing of elderly pointing to osteoporosis and the risk of a same Outreach Program of Nursing, Fluminense Federal University. **Results:** It was found that 48 (12,4%) of elderly nursing historical records had problems related to osteoporosis, which stimulated the construction of an extension project for osteoporosis prevention and health promotion seeking to minimize the problem. It was used as strategy, consultations, distributing informative folder and stimulate the maintenance of healthy habits. **Conclusion:** This problem goes beyond individuality to reach the public space. An isolated action reaches only the intended population, but when other institutions are engaging in this care will contribute with their customers, which is reflected in the well-being of the entire community. **Descriptors:** Aging, Nursing consultation, Osteoporosis.

RESUMO

Objetivo: Relatar características levantadas nos históricos de enfermagem de idosas que apontam para osteoporose e risco para a mesma de um Programa de Extensão de Enfermagem da Universidade Federal Fluminense. **Resultados:** Identificou-se que 48 (12,4%) históricos de enfermagem de idosas possuíam registros de problemas relacionados à osteoporose, o que estimulou a construção de um projeto de extensão para prevenção de osteoporose e promoção da saúde buscando minimizar o problema. Utilizou-se como estratégia, realizar consultas, distribuir folder informativo e estimular a manutenção de hábitos saudáveis. **Conclusão:** Este problema extrapola a individualidade para alcançar o espaço público. Uma ação isolada alcança apenas a população a que se destina, mas quando outras instituições se lançam neste cuidado contribuirão com seus clientes, o que se refletirá no bem-estar de toda sua comunidade. **Descritores:** Envelhecimento, Consulta de enfermagem, Osteoporose

RESUMEN

Objetivo: Describir las características planteadas en histórico de enfermería de ancianos que apuntan a la osteoporosis y el riesgo de un mismo Programa de Extensión de Enfermería de la Universidad Federal Fluminense. **Resultados:** Se encontró que 48 (12,4%) de los mayores registros históricos de enfermería tenían problemas relacionados con la osteoporosis, lo que estimuló la construcción de un proyecto de extensión para la prevención de la osteoporosis y la promoción de la salud que buscan minimizar el problema. Fue utilizado como una estrategia, consultas, distribución de carpeta informativa y estimular el mantenimiento de hábitos saludables. **Conclusión:** Este problema va más allá de la individualidad para llegar al espacio público. Una acción aislada alcanza sólo la población de destino, pero cuando otras instituciones están participando en este tipo de atención, contribuirá con sus clientes, lo que se refleja en el bienestar de toda su comunidad. **Descriptor:** Envejecimiento, Consulta de enfermería, Osteoporosis.

¹Master of Nursing Program of Postgraduate Nursing, Federal University of Mato Grosso - UFMT, Cuiabá (MT), Brazil, Email: dflimaoliveira@gmail.com. ²PhD, Professor, Graduate Program in Nursing and Member of Project Argus Research Group, School of Nursing, Federal University of Mato Grosso, Cuiabá (MT), Brazil, Email: capriata@terra.com.br. Corresponding Author: Rua C, nº 33, apto 501. Cond. Matisse Residences, Miguel Sutil, Cuiabá, MT, Brazil, 78048-298. Email: capriata@terra.com.br. ³PhD in Nursing. ⁴Professor of the Graduate Program in Nursing, Group Leader Research Project Argos School of Nursing, Federal University of Mato Grosso, Cuiabá (MT), Brazil and CNPq Researcher, Email: mamgaiva@yahoo.com.br. ⁵Nurse. Doctor. Professor of Management in Public Health Care School of Nursing in Aurora Afonso Costa, Universidade Federal Fluminense-EEAAC / UFF, Rio de Janeiro, Brazil. ⁶Nurse. Fellow Pibic / CNPq Program "in Nursing Care for Seniors and Caregivers UFF Health in the period 2008-2009, Rio de Janeiro, Brazil.

INTRODUCTION

The object of this study consists in the experience report Outreach Program in Nursing Program "Nursing in Health Care of the Elderly and Their Caregivers" (EASIC/UFF) with directing attention to the elderly woman with osteoporosis. Perceives a demand females with osteoporosis and osteoporosis risk that, by its magnitude, requires strategies that promote the prevention of fractures, as well as guidance and counseling to women who are at risk for osteoporosis

The EASIC exists since November 1998 with the aim of developing social practices of primary health care, emphasizing health education with the elderly and their caregivers. Since its inception, has been awarded grants extension, considering the importance given to senior care in the city of Niterói/RJ and the growing number of subjects from 60 years old in the city, besides the significant work being developed, and research that occurs throughout all the years of existence of the extension program.

The activities undertaken in this program consist of: Nursing Consultations undertaken by teachers with undergraduate students, residents and nursing students; therapeutic workshops for seniors with dementia and support for their caregivers, home visits, health promotion activities with older and their carers in the waiting room, consultation with nutrition, and actions that facilitate next to caregivers of patients with dementia. The elderly originate through spontaneous (themselves seeking program, which became known in the region, due to years of project activities) and routine - seniors must pass all registered professionals, making himself, multidisciplinary evaluation.

According to studies, some diseases affect more women, such as osteoporosis, then, relates to the demand of elderly women in EASIC/UFF and the importance of osteoporosis with impacts on public health and world, to establish a line of action. The study aims to report on historical features raised nursing elderly pointing to the risk osteoporosis, and present the strategies that are being held in a sub - extension project.

REVIEWING KNOWLEDGE

According to current publications can identify that there was a change in the profile of the global population and Brazil, where there is an increasing number of elderly and lower birth rates.¹ This situation is reflected in various ways in different countries. It can be highlighted the increasing incidence of chronic degenerative diseases in the elderly and the need for a specific service that customers demand.

The population growth in a disorderly way may bring inconvenience to society. In the case of the increase in the elderly, this can mean reduced productivity of the country, and an increased demand for medical care because of chronic diseases and disabling, requiring specialized services and skilled professionals.

The aging process involves changes in anthropometric and physiological thereby providing an increase of fat, decreased cardiovascular efficiency, decreased muscle mass and bone mineral density (BMD).²

Among the diseases that occur in aging is that osteoporosis is a chronic, multifactorial consisting in the reduction of bone mineral density and deterioration in its microarchitecture. This reduction provides increased bone fragility, predisposing the elderly to fracture. The disease is most prevalent in the elderly.³ It affects both men and women, especially after menopause. The woman has a greater predisposition to the disease.

Thus⁴, it is considered as a higher risk for osteoporosis: fractures caused by minor trauma, female gender, low bone mass, white or Asian race, age in both genders, family history of osteoporosis or fracture of the femoral neck, early menopause (before age 40) untreated and corticoids.

Considering also that studies of population aging show that there is a predominance of females in aging, called "feminization of old age" and this is explained by the lower female mortality, making them prevail among the elderly population.⁵ This fact is evidenced by the 2007 Census, which found that 55% of the Brazilian demographic older than sixty were constituted by women. It was also possible to confirm that with increasing age the proportion rises to 60,1% among the greatest of eighty.^{5,1}

The consequences of osteoporosis are constituted in damages provided by fractures. These results show how skeletal changes, specifically the height loss, deformity and pain. It is emphasized here that they constitute a component intensely painful that can contribute to disability and or death.⁶

Osteoporotic fractures are associated with increased morbidity and mortality, most patients who suffer fractures discharged without adequate assessment of treatment for osteoporosis, although the number of fractures of the proximal femur tends to increase dramatically in the coming years and history of osteoporosis or mild trauma fractures in the first degree relatives, is a very important risk factor for starting a preventive treatment for osteoporosis.⁴ This view expressed by the Ministry of Health reveals the extent that osteoporosis has national and expresses the relevance of the topic and why should we care about her.

Living with an aging population, Brazil has already experienced this care spending, further relate to osteoporosis in this population, the authors consider being an important public health problem worldwide.⁶ It is worth mentioning that the amount of resident people aged 60 years or more in some more developed regions of Brazil are located in around 20 % of the population, thereby consolidating the aging rate will be increased. This situation makes us reflect on the occurrence of osteoporosis in this population, raising the risk of fractures, the functional loss, which will result in an increased use of health services.⁶

Since then this pathology compromising functional capacity, providing addiction and even death, as will be done this care? Because the perspective is that the elderly continue to prevail in the elderly population and to continue living alone. According to the Municipal Human Development Atlas⁷, in Recife, the condition of an elderly living alone is vulnerable. The National Sample Survey (PNAD)¹, we identified the region of Brazil with the highest proportion of households of type "Empty Nest" (childless couples and people living alone),

is the southern region with 47,7%. This also becomes a matter of concern in European cities, which are already experiencing this reality.

The media has expressed examples of contemporary reality, and not long ago was printed in a newspaper headline that: "An elderly woman was died at home during 40 days; the authorities alert about an increase in the number of elderly who are living alone".⁸ Observe that this is becoming a global reality.

Study showed that as a consequence of osteoporosis, 50% of women studied has a significant loss of quality of life ⁹. The loss of quality of life can be a triggering factor for depression and may lead to dependence. Surveys show the national and international concern with the consequences provided by aging and therefore plans have been made to meet the needs of the elderly, their functionality, independence and autonomy.^{4,11,12}

The existing therapeutic possibilities lie between drug, nutrition and physical activity. Therefore drug treatment according to Ordinance SAS/MS n° 470 July 23, 2002 and Ordinance SESA/EC n° 535 April 2006 consists of Anti-catabolic and anabolic reabsorptives.¹⁰

Many difficulties that come with aging can be prevented by monitoring sequential elderly. Thus, prevention of diseases in the elderly involves the identification of high risk patients in developed certain diseases. In this sense, the goals for health promotion in the elderly, include reducing premature mortality caused by chronic and acute; keep them functionally independent; increasing life expectancy and quality. But, these goals will not be achieved if there is a way to achieve them. Thus, it is necessary preventive work at different levels in which it is the elderly: primary, secondary and tertiary.¹³

In this context, primary prevention is to prevent the onset of disease, such as vaccination of the population. Secondary prevention involves detecting and preventing diseases early, before symptoms appear. Tertiary prevention begins after the diagnosis of a disease and the disease involves the control to minimize the symptoms and complications.¹³

Among the diseases that most affect older women is osteoporosis which provides significant damage to health as dependency and loss of autonomy. So, make a tracing of elderly clientele to identify women who have osteoporosis and who are at risk for developing osteoporosis is to establish strategies for primary and secondary action, through follow-up actions by the sequential nursing consultation in the elderly consist of a benefit with a significant importance as that will be reflected in public health.

Thus, the promotion of health, prevention of osteoporosis in nursing consultation as a strategy monitored, shown as a possibility to increase the quality of life of the elderly.

METHOD

The study consists of an experience report, for the purpose of reporting the identification of elderly women with osteoporosis and / or at higher risk for osteoporosis in a nursing office and present strategies used in a sub-extension project EASIC/UFF, this

project which was approved by the Ethics Committee in Research of the Faculty of Medicine of the Federal Fluminense University. The survey was conducted from November 2009 to July 2010. The data were taken from the History of Nursing elderly participants EASIC/UFF topics in diseases and risk for osteoporosis and fractures, the proper instrument of evaluation in clinical nursing. Thus, we sought to identify the record of the existence of diseases and osteoporosis in the risk for osteoporosis and fractures marked the history of the women.

RESULTS AND DISCUSSION

It began during nursing consultations a note on historical nursing the intention of identifying the number of elderly women with osteoporosis and those who were at risk for osteoporosis. Thus arose the amount of elderly patients in EASIC which totaled 478 (four hundred seventy -eight), being divided: 386 (three hundred eighty -six) women and 92 (ninety two) men. It was observed that 20 (5%) of the elderly nursing center of EASIC/FFU were registered osteoporosis and 28 (7,2%) had the historic nursing greater risk of developing osteoporosis.

By totaling the historical nursing elderly with problems related to osteoporosis, we identified 48 (12,4%) of elderly nursing histories, which brings reflections on the complications of osteoporosis in women's lives and their consequences for the person, family and community. The national and international publications show changes in population pyramids and according to PAHO (2002) there is a forecast of an annual growth rate of 3,5 % of the population in the first two decades of this century, so the total number of people 60 years or more will reach 194 million in the region, it is estimated that Brazil will reach more than 30 million. Thus, Brazil will correspond to the 6th largest elderly population in the world, with 55 % of the Brazilian demographic over 60 years old is comprised of women; the numbers those identify a feminization of aging.

On the other hand, the family is also introducing a new reorganization and within this, we can identify which women are forming heads in the house, is the labor market - which will provide significant changes in the family context. Family organizations are made up of small groups, as couples without children, couples with children who live with relatives, father and sons, mothers with the children. It is observed as marital status there is a smaller number of single elderly women, but, in contrast, a large number of widows (41%). A large proportion of older people are living alone, with the majority of them are women¹⁴.

With the survey, we found the number of women with osteoporosis or with possibilities come to present, based on the data, we designed an extension project entitled "The Nursing Consultation as a Strategy for Health Promotion and Prevention of Osteoporosis in elderly Woman", registered in the pro Deanship at the Federal Fluminense University,

linked to the Department of Nursing Fundamentals and Administration, School of Nursing Aurora de Afonso Costa, seeking to minimize the problem, clarify the elderly and improve the quality of life of elder.

Structured itself then project activities of attention to elderly woman with osteoporosis and who had osteoporosis risk in order to provide care to elderly woman through the nursing consultation, aimed at the promotion of health and prevention of osteoporosis and its consequences; trace referrals and actions needed, as talks to prevent osteoporosis and build folder guidance to the prevention of osteoporosis to be distributed among the elderly.

The elderly have been met in the nursing consultation since then, focusing on the promotion of health and prevention of osteoporosis and according to the needs presented, referrals are made. The next step is to quantify the referrals already made for elderly women with osteoporosis and increased risk for osteoporosis. Among the activities are offered educational lectures to the elderly, to provide information about the disease, ways to prevent them and to encourage the maintenance of healthy habits for health promotion, with the support of the students of the 8th period of Graduate Nursing at discipline Internship I Networking Basic Health

Also we use the platform body vibration as a strategy for increasing bone mineral density in some elderly, from a clinical trial as part of a doctoral thesis. This equipment causes a slight shake in the body weight of the person, action that provokes an instinctive contraction of muscles to help with body balance. It is this movement which triggers contraction in the bone cell production in bone repair activity is performed and in twenty minutes daily on the platform, which provides a rate of 2% gain in bone mass.

CONCLUSION

The purpose of this study was to report the identification in historical nursing of elderly women with osteoporosis and increased risk for osteoporosis as an outpatient nursing and presentation strategies in a sub - extension project. When carrying out a survey about the amount of women with osteoporosis and at risk for osteoporosis, it was realized that it was a significant clientele, requiring the use of attention strategies for these women to obtain instrumental information that could contribute to education to health.

Another situation that still awake to care for elderly with problems related to osteoporosis, the limitation of this study to the Outreach Program of Nursing, where that serves the entire population of elderly, but only those that are part of the program and/ or were directed by professionals who know this extension activity, given that it is an outpatient service for older people registered at the University Hospital.

The fact that the experience points to a greater likelihood of increasing the number of elderly women with osteoporosis and osteoporosis risk, thereby emphasizing the

importance of this activity, stimulates the production of other forms of care and continuous mode, pointing out that this problem goes beyond individuality to reach the public space, i.e., its effects reach the family and society in their administrative-political environment and healthcare.

It is recommended that further studies and modes of action are implemented Facing this reality, therefore, an isolated population reaches only the intended, but when other institutions are engaging in this care will contribute with their customers, which is reflected in the well-being of all its community.⁶

REFERENCES

1. IBGE. Contagem da população 2007. Instituto Brasileiro de Geografia e Estatística. Ministério do Planejamento, Orçamento e Gestão. Rio de Janeiro, 2007. 311p. Disponível em: < <http://www.ibge.com.br/home/estatistica/populacao/contagem2007/contagem.pdf>>. Acesso em: 14/09/2007.
2. Zazula FC, Pereira MAS. Fisiopatologia da osteoporose e o exercício físico como medida preventiva. Arq. Ciênc. Saúde Unipar, 7(3):269-275, 2003.
3. Pereira SRM, Mendonça LMC. Osteoporose e osteomalácia. IN: Tratado de Geriatria e Gerontologia. 2 ed. Rio de Janeiro: Guanabara Koogan, 2006.
4. Brasil. Ministério da Saúde. Série A: Normas e Manuais Técnicos: Envelhecimento e saúde da pessoa idosa. Caderno de atenção básica nº 19. Brasília, 2006. p. 192.
5. Camarano A. Mulher idosa: suporte familiar ou agente de mudança? Estud. av. vol.17 no.49 São Paulo Sept./Dec. 2003.
6. Frazão P, Naveira M. Prevalência de osteoporose: uma revisão crítica. Rev bras epidemiol. 2006;9(2): 206-14.
7. Almeida LMP. Desenvolvimento Humano no Recife - Atlas Municipal. Vulnerabilidade Social. 2005, p.45. Disponível em: < <http://www.recife.pe.gov.br/pr/secplanejamento/pnud2005/> >. Acesso em: 20/07/2009.
8. Silva H. Idosa esteve morta em casa durante 40 dias. Jornal de Notícias. Portugal, 01 out. 2008. Disponível em: < http://jn.sapo.pt/paginainicial/interior.aspx?content_id=1020289 >. Acesso em: 23/07/2009.
9. Kowalski SC, Sjenzfeld VL, Ferraz MB. Resource utilization and costs in osteoporosis. Rev Assoc Med Bras. 2001 Oct-Dec; 47 (4): 352-7.
10. Ministério da Saúde. Unidade VI. Doenças Osteometabólicas. Osteoporose. Portaria SAS / MS nº 470 23 de julho de 2002. Portaria SESA/CE nº 535 de abril de 2006
11. Nasri F. O envelhecimento populacional no Brasil. Einstein. 2008; 6 (Supl 1):S4-S6.
12. Ministério da Saúde. Direcção-Geral da Saúde. Programa Nacional Para Saúde das Pessoas Idosas. Portugal, 2004

13. Bloom HG. Preventive medicine: When to screen for disease in older patients. *CME Geriatrics*. V. 56, No. 4. April, 2001. Disponível em: <http://www.geri.com>. Acesso em: 24/07/2009.
14. Corte B, Oliveira B, Medeiros S. Brasil: O que dizem os números sobre a pessoa idosa? Disponível em http://www.abep.nepo.unicamp.br/encontro2006/docspdf/ABEP2006_190.pdf. Acesso em: 24/07/2009.



Received on: 24/05/2012
Required for review: No
Approved on: 02/03/2013
Published on: 01/10/2014

Contact of the corresponding author:
Thiara Joanna Peçanha da Cruz
Rua Prof José de Souza Herdy, nº103 casa 03, Duque de Caxias, Rio
de Janeiro, CEP: 25.075-141. E-mail: thiaracruz08@gmail.com