

ANALYSIS OF THE LEVELS OF FUNCTIONAL AUTONOMY OF INSTITUTIONALIZED ELDERLY IN A MUNICIPALITY IN SOUTHEAST GOIÁS

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ABSTRACT

The assessment of the functional autonomy of the elderly aims to determine their ability to take care of themselves, perform basic and instrumental daily living activities, as well as analyze how they behave in the environment they live in. This study aims to analyze the levels of functional autonomy of elderly individuals in a long-term care institution (ILPI) in the municipality of Rio Verde - GO. The study consists of a cross-sectional quantitative analysis of secondary data, where sociodemographic and economic aspects, general health, institutionalization, and functional autonomy (Functional Autonomy Measurement System) were evaluated. Those elderly individuals who were over 60 years old and had been institutionalized for more than six months at the time of data collection were included in the study. Seventy-five elderly individuals met the inclusion criteria. The participants had an average age of 76.3 ± 8.0 years, and the majority were male ($n=54$; 72.0%), between 60 and 79 years old ($n=52$; 69.3%), without a partner ($n=57$; 76.0%), without formal education ($n=50$; 64.0%), retired ($n=68$; 90.7%), using more than 5 medications ($n=41$; 54.7%), and having more than 3 comorbidities ($n=63$; 84.0%). It was found that 28.0% of the evaluated elderly presented as dependent, representing the lowest level of functional autonomy, indicating significant challenges for maintaining independence and quality of life, such as specific interventions like rehabilitation programs, exercises, and environments that encourage independence.

Keywords: Functional status; Long-Term Care Facility for the Elderly; Elderly Health; Activities of Daily Living.

INTRODUCTION

Elderly residents in long-term care institutions suffer a greater impact on their ability to live autonomously, peacefully, and independently. This happens because these environments often result in the loss of essential values, such as autonomy and

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independence, due to the long period of inactivity experienced by these elderly individuals. (ALENCAR et al., 2016).

Thus, functional autonomy, a union of autonomy with functionality, comprises three aspects: autonomy of action, referring to the notion of physical independence; autonomy of will, related to the possibility of self-determination; and autonomy of thoughts, referring to the individual's capacity for judgment (DE MEIJER et al., 2011).

In order to make elderly care planning more efficient, it is essential to conduct a comprehensive assessment of the level of functional autonomy. This assessment provides a detailed profile of the individual's functional abilities and limitations, allowing for a more precise adaptation of the care provided to the elderly. Normally, the instruments for assessing functional autonomy focus primarily on activities of daily living and mobility, although some also address instrumental activities, cognitive functions, and communication abilities (GARCIA et al., 2016).

Thus, the assessment of the functional autonomy of the elderly aims to determine their ability to perform self-care, to carry out basic and instrumental activities of daily living, as well as to analyze how they behave in the environment in which they live (MORAES et al., 2018).

In this way, this study aims to analyze the levels of functional autonomy of elderly individuals in a long-term care institution in the municipality of Rio Verde - GO.

METHODOLOGY

The study consists of a quantitative cross-sectional analysis, where sociodemographic and economic aspects, general health, institutionalization, and functional autonomy of elderly residents in a long-term care institution were evaluated. The study population was composed of all the elderly residents in the ILPI during the data collection period of the original study, and those elderly individuals who were over 60 years old and had been institutionalized for more than six months at the time of data collection were included in the study.

The assessment of functional autonomy was conducted using the Functional Autonomy Measurement System (SMAF) scale (HÉBERT et al., 1983; GIACOMIN,

2008), which consists of 29 items that evaluate the degree of disability in 5 domains: activities of daily living (7 items), mobility (6 items), communication (3 items), cognition (5 items), and instrumental activities of daily living (8 items). Each of the evaluated functions will be graded as follows: 0 (independent or incapacity compensated by human resources or another available device), -0.5 (difficulty), -1 (requires supervision), -2 (requires assistance), or -3 (dependent). The score of this instrument can vary from 0 to -87, with a lower score indicating a higher level of dependence for the elderly in performing their daily life activities, that is: no points, independent, -0.5 to -9.5 points, presents difficulty, -10 to -29 points, requires supervision, -30 to -58 points, needs help and -59 to -87, dependent.

The investigation adhered to the criteria established by Resolution 466/12 of the National Health Council (BRAZIL, 2012) and was approved by the Ethics and Research Committee of the Pontifical Catholic University of Goiás on February 26, 2014, through opinion 537.642 and CAAE number 26946014.3.0000.0037.

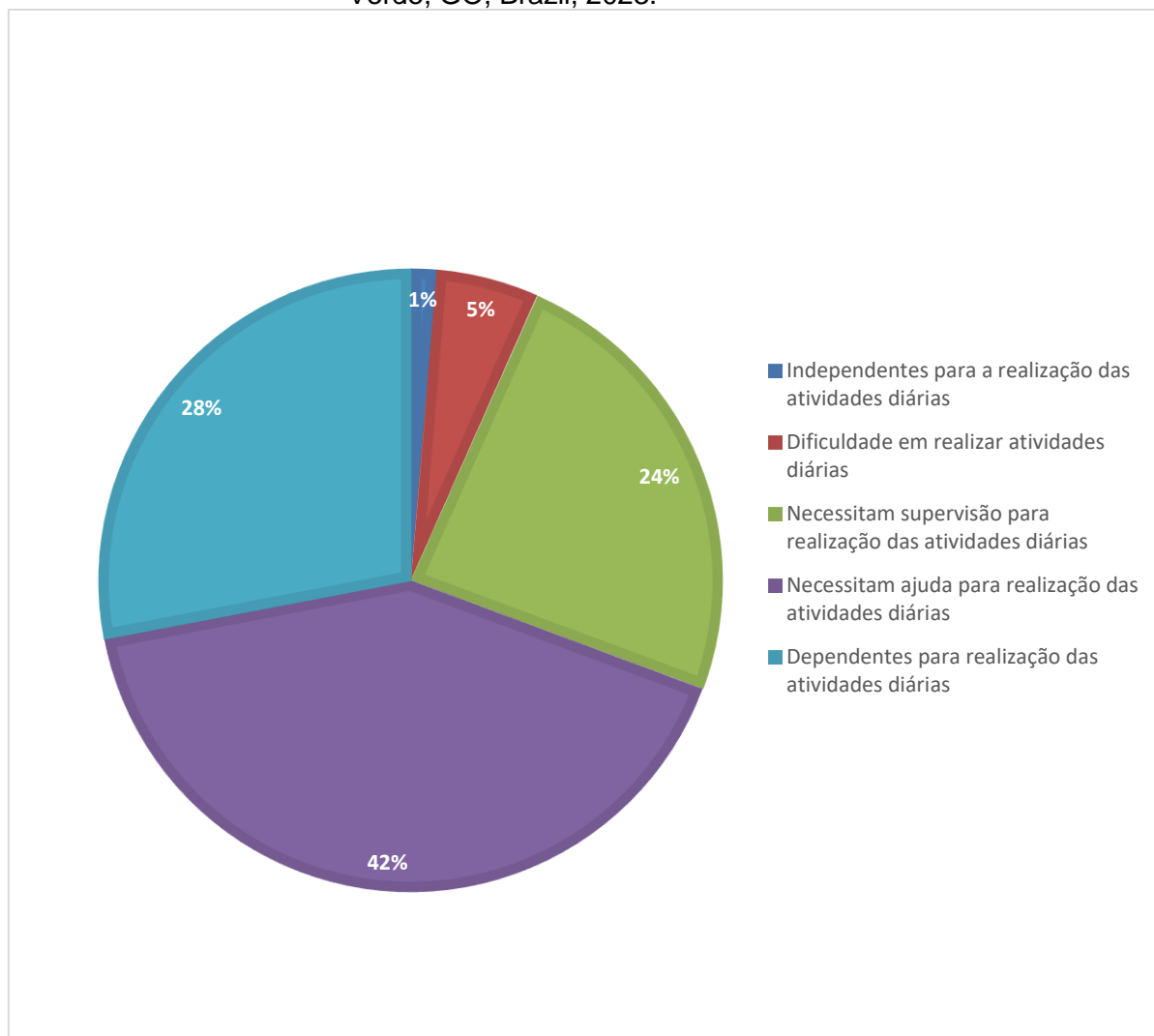
The data were subjected to descriptive statistical analysis, categorical variables were analyzed through absolute and relative frequencies, and continuous variables were calculated for minimum and maximum values, means, standard deviations, and medians.

RESULTS

Among the 100 elderly residents in the ILPI, 75 met the inclusion criteria. The participants have an average age of 76.3 ± 8.0 years, with the majority being male ($n=54$; 72.0%), between 60 and 79 years old ($n=52$; 69.3%), without a partner ($n=57$; 76.0%), without formal education ($n=50$; 64.0%), retired ($n=68$; 90.7%), using more than 5 medications ($n=41$; 54.7%), and having more than 3 comorbidities ($n=63$; 84.0%).

The levels of functional autonomy identified through the Functional Autonomy Measurement System (SMAF) instrument are described in graph 1. It was observed that 42.0% ($n=31$) of the evaluated elderly required assistance to perform their daily living activities.

Graph 1. Distribution of the elderly according to levels of functional autonomy according to the Functional Autonomy Measurement System (n=75). Rio Verde, GO, Brazil, 2023.



Source: the authors

CONCLUSION

The results of this study indicate low levels of functional autonomy among institutionalized elderly, highlighting significant challenges for maintaining independence and quality of life in the ILPI environment. The promotion and maintenance of functional autonomy are crucial and require specific interventions,

such as rehabilitation programs, exercises, and environments that encourage independence.

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