

Self-care in older people with functional deficit: needs of long-term care

Ana Filipa Ramos¹, Manuel Lopes², Felismina Mendes², Pedro Parreira³ and César Fonseca^{2*}

¹Hospital of Medium Tejo, Portugal

²University of Évora, Portugal

³Coimbra Nursing School, Portugal

The group of 65-year-olds is becoming more numerous and with greater needs for health care. So, is necessary the reflection about new models of provision, organization, and allocation of health resources [1]. According to the United Nations Organization, 2015 [2], in 2050 elderly people will reach two million people (20% of the world's population), what mean that the number of people over 60 years old will exceed a population of young people under 15 years.

Parallel to aging, less healthy lifestyles have contributed to the prevalence of chronic diseases, especially cerebrovascular diseases. Hypertension and diabetes mellitus are risk factors and increase predisposition to other diseases [3]. With aging, there is an increased risk for developing chronic, oncological and degenerative diseases, which account for more than 50% of the burden of diseases, with profound implications on independency, use of health care and services [4,5].

It is also estimated that two in three elderly people (66%) with dependence on self-care receive long-term care at home, exclusively provided by family caregivers, with significant repercussions for their own health. Thus, the increase in self-care dependency situations and the need to reduce hospitalization time posed new challenges to health teams and families, related to the preparation of discharge. The long-term care is a structured response for the new health and social needs [6].

Chronic diseases have a negative impact on daily living activities (ADLs), which include self-care behaviors (eg. feeding, dressing and undressing, voluntary control of bladder and bowel sphincter, walking) and on instrumental activities (eg. preparing meals, taking medication, managing income and using the telephone) [5,7]. Koç [8] studied the influence of sociodemographic characteristics that influence the capacity of the self-care agent in 324 hospitalized elderlies, concluding that 65% had functional problems, 33.1% did not have the capacity to perform daily life, 66.7% had previously been hospitalized, 52.7% were taking regular medication and only 32.8% could participate in social activities. The activities in which major assistance was needed were transfer, sphincter control, dressing, feeding and hygiene care.

It is in this sense, that the nursing intervention in long-term care is a highlight in the maintenance and promotion of functional capacity. A complex set of complex nursing interventions is required to ensure a person's physical comfort, such as keeping himself clean, warm, nourished, hydrated, adequately dressed, functional and safe,

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as well as include psychosocial aspects such as feeling calm, respected, involved and dignified [9]. Ogata *et al.* [7] reports that people with severely impaired functional capacity have a 10-20% higher mortality rate compared to people with no significant dependence. Functional decline with 6 months of evolution is considered a predictive factor for mortality in the subsequent 12 months [5]. So, the nursing care and research about older people with functional deficit is vital to increase the health outcomes, as prevent the morbidity and mortality. Is an essential contribute to the improvement of their health status, it allows an active and vigorous aging. This means that the development and maintenance of functional capacity promote the self-care, well-being, and quality of life in advanced age [10].

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Correspondence to: César Fonseca, Professor, University of Évora, Portugal, E-mail: cfonseca@uevora.pt

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