ASPECTS OF FUNCTIONAL (IN) DEPENDENCE OF PEOPLE ASCRIBED TO A HEALTH CENTRE

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ABSTRACT
Cross-sectional, exploratory and descriptive study that was performed from March to July, 2012. Its aim was to investigate aspects of the functional independence from people ascribed to a health center, at a health district in Florianopolis. The sample consisted of 33 people nominated by the Family Health Strategy staff as dependents. Data was collected at home by using a questionnaire with socio-demographic questions and the application of the Functional Independence Mesure scale to verify the functional independence measure. For data analysis, it was used the univariate descriptive statistics. The results show the population is female (55%), aged between 60 and 79 years. The total number of persons reported dependence especially for locomotion, which in some cases it can be characterized as a disability due to the presence of paresis. It is concluded that disability and dependency are correlated, and it is important to implement the Functional Independence Measure in the services with Primary Health Care, to the planning of care for dependent persons. The project was approved by the Research Ethics Committee - platform Brazil under the number 41129.

Keywords**:** Dependence. Primary Health Care. Home Visit. People with Disabilities.

INTRODUCTION

The experience, of a disability, results from the interaction of health conditions; personal; environmental; social; and cultural factors. "Disability" is a term used to express deficiencies; limitations; and restrictions in participating in certain activities. People with disabilities are a heterogeneous group who are different in gender; age; race; culture; and social class. The individuals' functional capacity (and its opposite, the functional incapacity) is determined, also, by the environmental contexts where they live. Each individual has his/her own personal response to the disability which they face. It is part of the human condition, and, at a certain time in their lives, almost everyone will be dependent (temporarily or permanently) [1,2].

The term "dependency" relates to the fact that the individual needs help form another person to perform the daily task which, previously, he/she was able to perform by himself/herself. There is a lack or complete loss of physical; psychic; or intellectual autonomy; this can be caused by acute or chronic disease which impedes the capacity to adapt.[3,4].

(In)dependency is evaluated by the Functional Independency Measure (FIM), a precise and actual instrument which measures the functional capacity. It scales what the individual can perform and what he/she should not or could not do on certain occasions[5]. FIM is an instrument which does not present restrictions and it is used in many countries. In 1980, it was developed, in North America, in order to evaluate people with functional disabilities. In 2000, a bilingual medial team

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built the FIM's Brazilian version to perform reproducibility and reliability tests [6]. It is a scale of seven levels which represent the degrees of functionality, varying the total independency to a dependency of maximum assistance. An activity's classification, in terms of dependency or independency, is based on the necessity to be assisted by another person and its proportion[5].

Brazil needs to focus on the functional (in)dependency since the aging population is one of the country's most important changes in the last 100 years. This meant that, at the beginning of 20th Century, life expectancy was below 35.5 years. This was considerably different than today, when, according to the Brazilian Institute for Geography and Statistics (IBGE, in Portuguese), life expectancy, in 2011, was found to be 74 years [7]. Therefore, it was observed that, together with the advance of technology, a change in the Brazilian population's demographic profile as a consequence of the reduction of fertility and mortality rates, enabled the rise in life expectancy[8].

Besides that, it was observed that there was an increased number of people with acute acquired disabilities who had survived traumas and pathologies. The epidemiologic transition was seen, also, whereby the main causes of diseases moved from infect-contagious illnesses to chronic-degenerative ones. At the same time, the rise of urban violence, either by automobile accidents or by gunfights, was a factor which generated many lesions and which could develop into temporary or permanent disabilities. Therefore, in planning the health actions, it was not enough to know the causes of death and the most frequent diseases.

This research's specificity emphasized that Florianópolis elderly population of had risen significantly in previous years. consequently, and according to the Brazilian National Directives of Elderly Health Policy, the municipality implemented, in October 2006, the Program of Elderly Health, also known as Elderly Capital, with the objective of promoting; maintaining, and recovering the elders' health; and in order to prevent avoidable hospitalizations and premature mortality, improving the elders' access in fragility, rehabilitation of functional and autonomy independency. In addition, there were drawn some lines of action which included, amongst them, the systematized companion through electronic medical records and health booklet which through the Program Active "Floripa" [short for Florianópolis] sought the promotion of health; prevention of diseases; immunization; and supervised physical activity [9].

In clinics, the Teams of Strategy in Family Health assisted the elderly people assisted by. In policlinics through the Supporting Nucleus to the Teams in Family Health (NASF, in Portuguese), there were physiotherapy and geriatric services. NASF developed actions to promote and to protect the assisted subjects' state of health and accompanied the actions, directed to the people with disabilities in all phases of life, with special care for the elderly population[9].

However, besides the justified relevance of effective interventions in this area of knowledge, there was little research regarding functional dependency, especially that linked to nursing. The majority, of the studies, mentioned physiotherapy and school education. This showed the importance of this study's findings to health professionals, as a whole, and mainly to the nursing profession.

Based on the exposed discussion, the following question was elaborated: what were the aspects of the functional (in)dependency of the people who were considered to be disabled by the health professionals in a health center of a sanitary district in the city of Florianópolis? Therefore, as a consequence, this study's aim was: to investigate the aspects of functional (in)dependency of the people attached to a health center of a sanitary district in the city of Florianópolis.

METHODOLOGY

This was a transversal, descriptive, and exploratory study, of a quantitative nature, developed with dependent patients enrolled in a Health Center of a Sanitary District of the municipality of Florianópolis. The target population consisted of fifty-five people whom the health team diagnosed with a dependency state, which counted people. They were located by using the above mentioned Health Center list of home visits. The sample was composed by

thirty-three people, selected according to the following criteria of inclusion: being 18 years old or more and residing in the coverage area of the Health Unit; being on this Center's home visit list; of or being indicated by the team's professionals. In the situation of people with communication difficulties due to hearing deficiency, it was established that the form's was based on the information provided by the caretaker. The exclusion criteria were: being incapacitated to answer the form's questions due to cognitive difficulties (thirteen people); and not being able to locate the person after three trials (five people).

Between June and July 2012, two of this study's authors collected the data in the disabled people's homes. This collection happened after the people with disabilities and their caretakers were informed about the aims of this study and were asked to manifest their authorization by signing the Free and Clear Consent Agreement, according to the Brazilian Standard Research with Human Beings Resolution 196/96. Santa Catarina Federal University's Ethics in Research Committee approved this project under registry 23914. Prior to the data collection, a certified professor trained the researchers to apply the FIM. The data were collected from structured interviews and the use of scale. In interviewing the included subjects, we used a form with closed questions and divided into the following information: identification; information regarding the causes of disability; social-economic and environmental information.

In order to evaluate the functional independency, we used the FIM scale which was composed of eighteen items to evaluate six different areas. Based on the informant's answers and using a system of graduation which could vary from 1 to 7 points, the FIM scale evaluated, also, the motor and cognitive areas of independency. Any item, which achieved 7 points, was interpreted as the person being completely independent of that element, without the need of assistance or medication. On the other hand, achieving 1 point meant total dependency to perform the requested task. In this research, we used the motor FIM and dismissed this protocol's cognitive part because it was not the aim of this study.

We analyzed four motor areas and their corresponding items were such as 1. Personal care: eating; personal hygiene; bathing; dressing upper body; dressing lower body and intimate hygiene. 2. Sphincter control: bladder control and bowel control. 3. Mobility: transferring from/to bed/chair/wheelchair; transferring from/to the bathroom; transferring from/to shower/bathtub and 4. Movement: de-ambulation or wheelchair and stairs. 13 points were the minimum points to be achieved on the FIM scale are and 91 points was the maximum. When a person achieved between 75 to 91 points, he/she was considered to be independent[4,10].

In order to analyze the data, the gathered information was tabulated and placed on MS Excel 2003 spreadsheets, and exported later to the software "SEstatNet – UFSC" (Teaching and Learning Statistics using the Web) so that the data could be treated and analyzed. The items of information, presented on the spreadsheets, were interpreted using univariate descriptive statistics.

RESULTS AND DISCUSSION

It was observed that the majority (55%) of disabled people was female, married or widowed. A study, of disabled incidence was similar in both genders[11]. However, another study demonstrated that functional disability was more present in females; this could be associated with a higher frequency of falls amongst elderly women[12].

In the studied community, 82% were in the age group between 60 and 89 years old. This information matched the declarations of the World Health Organization (WHO) which reported that aging had a great influence over disability and there was a higher risk of elderly people becoming dependent. This was reflected in an increased number of risks, such as chronic diseases[1,13] , to health throughout life. Another study observed that the profile of people who needed homecare, was evidenced by the predominance of the elderly (75%), amongst those, 60% were women [14].

Results indicated that 43% had incomplete primary education and 70% were retired. The most predominant average monthly family income was between two to four minimum

wages. Similar results were found in a research performed with 294 elders in Santa Rosa, Brazil, with an average age of 69.6 years old; more than a half had up to four years of education and income up to two minimum wages[5]. According to WHO, when compared to people without any disability[1], across the world, people with disabilities presented the worst perspectives regarding their health; low levels of education; and lower economic participation.

Table 1. Characterization of the Disabled People based on socio-demographic criteria Florianópolis, Brazil, 2012

Variable	N	%
Gender		
Female	18	55
Male	15	45
Age Group		
Below 59 y/o	6	18
Between 60 and 79 y/o	18	55
Above 80 y/o	9	27
Marital Status		
Married	15	46
Widow(er)	14	42
Single	4	12
Religion		
Roman Catholic	27	82
Protestant	4	12
Spiritualist	2	6
Education		
Illiterate	2	6
Incomplete Primary Education	14	43
Complete Primary Education	2	6
Incomplete Secondary Education	4	12
Complete Secondary Education	10	30
Incomplete Higher Education	1	3
Employment		
Retired	23	70
Pensioner	9	27
Autonomous	1	3
Average family income		
Up to two minimum wages	9	27
From two to four minimum wages = 19 (58%)	19	58
From four to ten minimum wages = 5 (15%)	5	15
Property ownership		
Own = 30 (91%)	30	91
Rent = 2 (6%)	2	6
Ceded = 1 (3%)	1	3

Source: Research Forms

In this study, 85% of the people reported NCCD as the main cause of dependency and, amongst them: SAH; DM; CVA; Obesity; Dyslipidemia; and Cancer. The type of disability, found in most of the cases, was Paresis (n= 28, 85%) or, in other words, limited or reduced muscular strength, precision or amplitude.

Regarding the discussion of the most prevailing diagnoses, a research performed with people, in homecare, and aided by the teams of Strategies in Family Health in the city of São Paulo, showed that SAH was the most frequent pathology amongst the people with light and moderate levels of incapacity. This was followed by senility and DM. In people with severe disabilities, SAH and DM were the most frequent pathologies[13].

Table 2: Characterization of Dependant people regarding their Clinical Aspects. Florianópolis, Brazil, 2012.

Variables	N	%
Diagnose		
Systemic Arterial Hypertension (SAH)	28	85
Diabetes Mellitus (DM)	18	54
Cerebrovascular Accident (CVA)	13	39
Osteoporosis	10	33
Arthrosis	8	24
Obesity	6	18
Causes of disability		
Fall	2	6
Non-communicable chronic disease (NCCD)	28	85
Trauma caused by traffic accident	1	3
Congenital disease	1	3
Others	1	3
Type of disability		
Paresis	28	85
Low vision	4	12
Hemiplegia	3	9
Amputation of lower limbs	2	6
Tetraplegia	2	6
Paraplegia	1	3
Comorbidities		
Decreased visual acuity	20	25
Systemic Arterial Hypertension	14	17
Chronic pain	7	9
Neuropathic pain	6	7
Diabetic retinopathy	4	5
Dyslalia	4	5
Medication		
Anti-hypertensive	23	70
Diuretic	14	42
Analgesics	14	42
Antilipemic	10	30
Oral hypoglycemic	10	30

Source: Research Forms

In 85% of the cases, paresis was the most predominant type of disability. In this study, the adopted definition, of paresis, determined that this state was characterized as a limited or reduced movement of muscular strength; precision; or amplitude of the movement. This meant that some people with physical disabilities could present altered movements in some or many parts of their bodies[14]. The reduction of muscular strength, linked to aging, affected mainly the lower limbs. This had a direct effect upon the quality of the movement generated by the reduction of the amount of muscular cells; alteration in posture; and reduction of mobility. If associated with a sedentary lifestyle, there was an even steeper decrease. This produced a sluggish and limited movement, without physical coordination, and compromising of functional capacities[15, 16].

Regarding the medications, we found 47 classes. Amongst them, 70% used anti-hypertensive drugs and 42% took analgesics and diuretics. For a better statistical reading, we selected the five most observed classes. Another study, when dealing with the use of drugs in 294 elders who, in 2006, were located in the urban area of the municipality of Santa Rosa, reported that they used pharmacological classes. These were: among others[5], anti-hypertensive (21.28%); diuretics (11.37%); medication for peripheral circulation (6.53%); and non-steroidal anti-inflammatories (5.68%).

On the other hand, a study, in the cities of Campinas; Botucatu; São Paulo; Itapecerica da Serra; Taboão da Serra; and Embu, presented

different results. The interviews, of 8,316 people with physical, visual and hearing impairments about their consumption of medication, demonstrated that, among these disabilities, 70.1%, of the subjects with physical disabilities, consumed some sort of medication. This was described as analgesics (27.4%) and antibiotics (20.3%) which were the most used by men between the ages of 20 and 59 years old. In women of this same age group, the most consumed drugs were analgesics (16.2%) and renin-angiotensin agents (14.6%). Amongst men, in the age group above 59 years, vitamins (17.2%), and also analgesics (10.8%)[17] were the most consumed medications.

In conclusion, the FIM criteria found that amongst the subjects who participated in this study, there was a moderate dependency in the category "eating" 51% (n=17), with a necessity of supervision or preparation to be able to feed themselves. With regard to the categories of personal hygiene and bathing, scores varied between 6 and 7 (57% and 51%, respectively); this demonstrated independence in performing such tasks. 18% of the investigated people needed total assistance to bath; there was an average of 4.15 ± 2.06 for this category.

In the categories of upper limb dressing and lower limb dressing, a modified independency was seen in 21% and 33% people with disabilities respectively. However, the averages of these tasks varied between 4.09 ±2.15 and 4.36 ±2.04 or, in other words, the average points to dependency. The result was influenced by the acute dependency of 8% of the population in upper limb dressing the and 12% in lower limb dressing. As regards intimate hygiene, 27% were independent in performing such a task. On the other hand, 18% needed total assistance. In personal care, the average was 4.53 ±2.34, moderate dependency with minimal assistance.

In sphincter control, it was seen, from the studied population, that there was a higher dependency in respect of bladder control than of bowel control of, 61% in urine control and 39% in feces control.

In the mobility category, more than 45%, of the participants, classified themselves as modified independents. At the same time, 64%, of the people, were moderate dependents in the movement category such as walking or using a wheelchair, 42%, of the people, needed total assistance to perform the tasks of going up and down the stairs, it. The FIM's final average was 57.42 ± 22.65.

According to the final punctuation of motor FIM, 70%, of the participants, were dependents. Also, in the studied population, there were extreme differences in some FIM categories. This was seen in the personal care category regarding bathing; intimate hygiene; and upper limb and, also, in the sphincter control category. In the movement category, the great majority (64%) presented difficulties in performing such a task.

The motor FIM's final average was 57.42 ±22.65; this meant a moderate dependency level, with 25% requiring assistance to perform the tasks. Another study, which used FIM to check the functional capacity of 109 elders, showed that 60 of them were considered to be dependents. The motor FIM result of presented an average of 87.4 ±3.8 in the independent group (complete to modified independency) and 56.3 ±24.9 in the dependent group[4]. In a study of the city of Pelotas' elderly population, the functional disability regarding NCCD was evaluated using the Katz scale ADL). The results, of the activities linked to self-care, detected the highest prevalence of incapacity to control bladder and bowel, followed by dressing and bathing. Concerning the instrumental tasks, the most frequent incapacity occurrences were movement, using a means of transportation; shopping; and washing clothes, in this order[18].

When planning the caring on a singular basis, as within the members who composed a certain population, these results reinforced the importance of health professionals using scales as a tool to measure functional capacity. In this regard it was known that, in a group, different caring necessities arose. In the case of the elders, the Brazilian Ministry of Health signalled it was utterly important that, in managing their caring responsibilities, healthcare professionals, who worked in Basic Care, used instruments based on data surveys about the elders' functional and social-familiar capacities. This was based on the understanding of the clientele in a certain territorial area as means to their thinking about the users's care needs supported by promotional; preventive; and health recovery aspects[19].

FINAL CONSIDERATIONS

Therefore, we suggested that dependency and disability were correlated: the depending person presented, irrespective of the level or aspect, some disability – physical; intellectual; visual; hearing; or multiple issues. On the other hand, disabled people were not always dependent. In this study, all participants presented a certain type of disability. However, from the perspective of total FIM points, not all were considered to be dependents. When considering the individual tasks such as: eating; personal hygiene; bathing; dressing upper and lower limbs; intimate hygiene; bladder and bowel control; moving in and out of a bed; chair; wheelchair or bathing chair; and going up and down the stairs; they were all dependents on a certain item.

According to the classification of the level of independency, the individuals were classified collectively as dependents, especially when their needs were considered moving in respect of the FIM evaluation scale. Despite the fact that this study did not aim to evaluate the public environment, it is important to report that we observed a precarious infrastructure in the district where this investigation took place; this infrastructure aggravated the condition of dependency in moving.

From this study, we suggest that strategies, which contribute to assist disabled people to overcome their dependencies, are considered and implemented. We believe that a multi-professional caring assistance can help disabled people by improving their muscular strength; coordination of movements and balance. Certainly, these will reflect positively in their quality of life. Besides that, it enables within their needs and possibilities, the maximization of their personal potentials to perform daily tasks.

We recommend, also, the constant accompaniment of the dependent people in order to observing their eating habits; hygiene; and things of which they are unable to do. We suggest, through educational activities, stimulating the performance of daily life activities to meet their needs. This would aim to create an interaction of the dependent individual within the community where this person is located. However, these initiatives should not be done exclusively by health professionals; au contraire, the governmental authorities must be mobilized in order to develop structures which respond to the population's needs necessities. Also, at the same time, it is necessary to motivate the participation of the people who live with a situation of dependency and their relatives so that, as citizens, they fight for their rights.

We believe this study contributed by shedding light on the necessities in caring for disabled people with the objective of improving the functionality and quality of dependent people's lives, it identified some information to be used in helping them; teaching healthcare professionals; and future researches. We suggest the reproduction of this investigation in other health centers in different contexts. In doing so, it would be possible to compare the results and collaborate effectively to the caring of people who live with disabilities.

ASPECTOS DA (IN)DEPENDÊNCIA FUNCIONAL DE PESSOAS ADSCRITAS A UM CENTRO DE SAÚDE

RESUMO

Estudo transversal, exploratório descritivo, realizado no período de março a julho de 2012, cujo objetivo foi investigar aspectos da independência funcional das pessoas adstritas a um centro de saúde de um distrito sanitário em Florianópolis. A amostra foi de 33 pessoas indicadas pela equipe da Estratégia de Saúde da Família como dependentes. Os dados foram coletados no domicílio por meio de formulário com perguntas sócio-demográficas e aplicação da escala denominada Medida de Independência Funcional, para verificação da medida de independência funcional. Para análise dos dados utilizou-se a estatística descritiva univariada. Os resultados demonstram que a população é feminina (55%), na faixa etária entre 60 e 79 anos. A totalidade das pessoas referiu dependência especialmente para locomoção, o que em alguns casos pode-se caracterizar como deficiência em função da presença de paresia. Conclui-se que a deficiência e a dependência estão correlacionadas, sendo importante a aplicação da Medida de Independência Funcional nos serviços de Atenção Primária a Saúde para o planejamento do cuidado às pessoas dependentes. O projeto foi aprovado pelo Comitê de Ética em Pesquisa – plataforma Brasil sob número 41129.

Palavras-chave: Dependência. Atenção Primária à Saúde. Visita Domiciliar. Pessoas com Deficiência.

ASPECTOS DE LA (IN)DEPENDENCIA FUNCIONAL DE PERSONAS REGISTRADAS EN UN CENTRO DE SALUD

RESUMEN

Estudio transversal, exploratorio y descriptivo, realizado entre Marzo y Julio del 2012, cuyo objetivo fue investigar aspectos de la independencia funcional de las personas registradas en un centro de salud de un distrito sanitario en Florianópolis. La muestra fue de 33 personas indicadas por el equipe de la Estrategia Salud de la Familia como dependientes. Los datos fueron obtenidos en el domicílio, por medio de un formulario con preguntas socio-demográficas y la aplicación de la escala Medida de Independencia Funcional para la verificación de la medida de independencia funcional. Para el análisis de los datos se utilizó la estadística descriptiva univariada. Los resultados demuestran que la población es femenina (55%) y está en la franja etaria entre 60 y 79 años. La totalidad de las personas se refirió a la dependencia especialmente para la locomoción, lo que en algunos casos se puede caracterizar como deficiencia en función de la presencia de paresia. Se concluye que la deficiencia y la dependencia están correlacionadas, siendo importante la aplicación de la Medida de Independencia Funcional en los servicios de Atención Primaria para la Salud y para el planeamiento del cuidado de personas dependientes. El proyecto fue aprobado por el Comité de Ética en Investigación – plataforma Brasil bajo el número 41129.

Palabras clave: Dependencia. Atención Primaria para la Salud. Visita Domiciliaria. Personas con Deficiencia.

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