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FUNCTIONAL DISABILITY FOR BASIC ACTIVITIES OF DAILY LIVES OF THE ELDERLY: A POPULATION STUDY[1]

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ABSTRACT
The aim of the study was to identify factors associated with functional disability for basic activities of daily living in older adults. This is a cross-sectional, population-based study with a probabilistic sample, performed in Goiania, Brazil. The older adults were interviewed in their homes**.** The basic activities of daily living **(**BADL**)** were evaluated using the Katz Index. Difficulty in performing at least one BADL was considered to be a functional disability. The independent variables included socioeconomic, demographic, health and lifestyle conditions. The Chi-square or Fisher's tests and multiple logistic regression were used for the analysis (p value <0.05). The factors associated with functional disability Were being aged = 80 years (OR: 2:49, 1:14 to 7:14), widowed (OR: 2.89; 1.25-6.75), history of stroke (OR: 2.85; 1:14 to 7:13), hospitalization (2:07; 1:02 to 4:21), cognitive impairment (OR: 2:07 ; 1:45 to 6:06) and physical inactivity (OR 2.64, 1.03-6.75). The prevalence of disability was 9.7%. Dressing, continence and bathing were the areas most compromised. The identification of factors influencing functional capacity in older adults allows to visualize areas with existing possibilities for prevention and health promotion. The low prevalence of disability for BADL indicates independence, even in conditions of greater vulnerability.

Keywords: Older adult. Aging. Daily activities.

INTRODUCTION

Several biological, socioeconomic, environmental and cultural factors are identified as determinants of the aging process[(1)]. Thus, functional capacity can be considered both as a result determining the health status of the elderly.

Despite the aging process not be associated with loss of independence and autonomy, there may be increased risk of limitations, requiring professional health appropriation of reference and specific evaluation methods for measuring functional capacity[(2)].

Research has been conducted to evaluate the functional capacity of the elderly in order to better understand the aging process, identify situations that require intervention or care and produce information that may support the development of public policy, taking into account both the elderly as a whole as the most vulnerable segments[(1,3-5)]. In addition, there is interest in identifying the factors that can influence the functional capacity[(5-6)].

The activities of daily living (ADL) include dressing, bathing, eating, transferring from the chair to bed and vice versa, go to the bathroom and control the anal sphincter and bladder[(2)]. For the evaluation of these activities, various instruments were available, such as the Katz Index, recommended by the Ministry of Health in Brazil for the functional evaluation of the elderly[(7)]. This instrument has been used in national[(8-9)] and international[(10-11)] studies in clinical practice for the evaluation of results of treatment in the elderly and for predicting prognosis in chronic patients.

The functional capacity to perform ADL has been considered a health status indicator of the elderly population[(2,10)] and reviews included the Multidimensional Assessment

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Schedule (MAS), by which it determines the Multidimensional Prognostic Index (MPI) for mortality[12].

The prevalence of disability varies by country and by their regions, age being the determining factor defining the elderly. In international studies, such as that developed in Southeast Asia (Singapore), identified the prevalence of disability to BADL 6.6%[13] and that in Canada, 15.4%[14]. Functional disability was defined as any difficulty to perform an activity within the normal considered extension to humans[14]. Research carried out in Italy, with 90,000 elderly (65 or older) attended by health professionals in the community or in institutions for the elderly, found that the percentage of dependency for activities of daily living ranged from 2.9% in patients 65 -74 years, to 36.2% in those with 85 or more[5].

In Brazil, studies showed high failure rates for BADL in the elderly[4,9]. Nationwide studies, such as the epidemiology of elderly (Epidoso) identified the prevalence of disability of 17.8%[15] and the health, welfare and aging (SABE) of 19.3%[4]. In the northeast, the prevalence was 13.1% and in the South, 26.8%[9]. In the Midwest, study in the areas covered by the family health strategy aimed disability prevalence to BADL 34.8%[4] and 42.1%[16].

The main factors associated with disability include low education, older age, hospitalization, stroke, poor self-rated health, presence of multi morbidity, Visual impairment and depressive symptoms or mental problems, polypharmacy and weight below or above normal [6,10,12,17].

Due to the increase in life expectancy of the population and the epidemiological profile of the elderly, the assessment of functional limitations is essential in the practice of health services, since the inability generates cost to the community in general, including increased demand for health services, reduced quality of life, increased costs of care, and higher mortality[7,14].

Given the economic disparities, social and cultural needs of each region of the country, as well as the dynamics of the living conditions of people over time, it is useful to carry out epidemiological surveys periodically. This caters for early detection and planning of interventions focusing on prevention and recovery of health of older people, promoting the autonomy and independence for as long as possible. Knowing the factors that influence the achievement of BADL can foster care quality offered to this population.

So, the question is: what are the conditions associated with disability in the BADL and what is the strength of association of these conditions with disability among the elderly living in the community. We hope this study provides important clarifications for health policy and add information about the living conditions of the elderly, and show aspects that should be prioritized in the evaluation and nursing intervention to this population group.

The aim of this study was to identify factors associated with disability for the elderly BADL.

METHODS

This research is a cross-sectional, population-based, integrating the research "Health Situation of the elderly population in the city of Goiânia, Goiás", conducted by the Health Surveillance Network of the Elderly (REVISI).

Sample calculation was carried out considering the elderly population of Goiânia (7% of the population - 1,249,645, in the base year 2007), from a confidence level of 95%, 5% significance level, expected frequency of 30% (lower expected frequency among the variables investigated in the project matrix), absolute accuracy of 5%, design effects (DEFF) of 1.8 and 11% increase for possible losses. A representative sample of the elderly population living in the urban area of Goiânia was 934 elderly.

The geographical area of study was determined from census tracts established by the Brazilian Institute of Geography and Statistics (IBGE). To define these sectors, we used the digital basic city map of Goiania, provided by the institution responsible for building the digital grid of the city (Comdata). It identified 1,068 census tracts in the city and, of these, 912 strictly urban, and thus used for the location of the elderly. The average number of individuals per sector was 980

people. Recital 7% of elderly in the population of Goiania estimated 16.3 seniors per sector. Dividing the total sample (n = 934) the estimated number of seniors by census tract (17.0), it was estimated that it would take 55 sectors for the data collection. We raffled one more sector (56) as random numbered table created in an electronic randomization system.

Within these sectors, we selected blocks and starting point for the collection. From that point, the first residence was visited and, if there were no elderly, the researcher would move to the next home to identify an elderly. In the event of more than one elderly living at home, all were interviewed. When the number of residential households in the sector was not sufficient to complete the sample, another census sector was already drawn, *a priori* and the interviewer continued to approach or complete the estimated total of the elderly.

Of the 934 elderly respondents 6 (six) individuals were excluded for not fully answering all the items of the survey instrument, resulting in a total of 928 participants. After the interview, it was investigated if the project sample would be representative for the outcome of this study, with regard to disability. For this, we performed a calculation with OpenEpi® the software, version 2.3.1 (2010), for cross-sectional study with cluster sampling, considering the average physical mobility frequency in Goiania elderly approximately 26.0%, absolute accuracy of 2.6%, effect 1.8 design a sample of 842 individuals to a power of 80%, making sure that the sample was representative of the outcome was estimated.

Data were collected from December 2009 to April 2010, by previously trained interviewers to administer the questionnaire. The questionnaire consisted of 12 sections: social profile; data on the caregiver; general health of the elderly and family history; check blood pressure, record weight and height; lifestyle habits; assessment of pain; respiratory symptoms; functional evaluation; quality of life; fragility; falls; access to health services; and Mini Mental State Examination.

The dependent variable of this study was the inability to perform BADL. The disability was evaluated by Katz index[7] which embodies the activities transfer from bed to chair and vice-versa, toileting, continence, dressing, bathing and eating. We considered inability to perform BADL when there was partial or total dependence to achieve at least one of the activities investigated. The independent variables were: *socioeconomic and demographic conditions* (Age, sex, marital status, education, income and the elderly living alone) *health conditions* (Self-perceived health, self-reported diseases, visual impairment, hearing impairment, pain, cognitive impairment, falls and hospitalization in the last 12 months) and *lifestyle* (smoking, alcohol consumption and self-reported physical activity).

Cognitive decline was assessed using the Mini Mental State Examination. In view of the relationship between cognition and education, the score was stratified according to levels of education. It was considered the cutoff point for cognitive decline: <19 points for illiterates; <23 points for primary level; <24 for high school, <28 to higher education[7]. Data were entered in the program *Excel*® is *Windows* 2003-2007 and analyzed in *Stata*®Version 11.0. For the analysis of proportions, we used the chi square or Fisher test, adopting a significance level of 5%. Multiple logistic regression analysis was performed to identify factors associated with disability. They were included in the model the variables with p <0.20 and kept those that showed significant association (p <0.05).

The study was approved by the Ethics Committee of the Federal University of Goiás, under the protocol number 050/2009, in compliance with national and international ethical guidelines for research involving human subjects.

RESULTS AND DISCUSSION

Among the 928 elderly participants, ages ranged between 60 and 99 years (mean = 71.4 years, SD = 8.30). There was a predominance of female elderly (62.2%), aged 60-69 years (48.3%), being married (49.6%) with complete / incomplete elementary education (47.6%), lower income or equal to the minimum wage (42.5%) and not living alone (87.3%).

The demographic and socioeconomic characteristics of the elderly in this study follow the national trend, presented by the Brazilian Institute of Geography and Statistics in the last population census[15].

The prevalence of disability to BADL was 9.7%, slightly higher than the findings of studies conducted in Latin America (7.3%)[10] and Singapore (6.6%)[13]. The average age of the population can influence the results in each research scenario. Research carried out in Italy estimated prevalence dependence for activities of daily living of 2.9% among people 65-74 years to 36.2% among those aged 85 or more[5].

Comparing the studies carried out in Brazil, the prevalence of disability was lower than that of Rio Grande do Sul (26.8%)[8] and Minas Gerais (16.0%)[18]. These differences can be attributed to intrinsic and extrinsic factors associated with disability, which vary due to genetic conditions and social and demographic characteristics of each historical and geographical setting. Added to this, not always the instruments used for the evaluation of BADL are the same and the sample of studies often restricted to people of small regions of a specific geographical area, damaging the generalization of data.

The proportions of inability in the BADL were: 6.7% to dress up, to 6.3% continence, 5.7% for bath, 4.7% to use the bathroom, to transfer 4.7% and 4.4% for food.

This finding corroborates the literature, noting that the most committed activities in the elderly are especially continence, dressing and bathing[9].

The dressing and bathing are activities that require strength in the upper and lower limbs, flexibility, fine motor coordination and balance. These functions can be compromised in the oldest old (80 years or more) and those who have certain health problems. Complaints about the performance in these BADL may represent the initial phase of the disability process.

As shown in Table 1, the frequency of difficulty in BADL increased with age, as evidenced in another study[5].

Regarding marital status, it was found that widowers showed higher proportion of functional impairment (16.4%) than married (6.3%). The lower the educational level, the greater the proportion of disability, especially among the illiterate (17.9%). The income was not associated with inability to BADL (Table 2).

A higher functional impairment among the elderly who reported diseases such as stroke brain, acute myocardial infarction, cancer, diabetes, chronic obstructive pulmonary disease, hearing and visual impairment, hospitalization, loss, poor self-rated health or bad and cognitive decline (Table 3).

Among the lifestyle, it was observed that elderly people who did not perform physical activity (13.0%) and did not consume alcohol (11.7%) had a higher prevalence of disability (Table 4).

In the multiple regression model, factors associated with the inability to BADL were widowhood, have said stroke, not performing physical activity, have 80 years or more, have been hospitalized in the last 12 months and have cognitive decline. The final model was adjusted for sex and pain, considered appropriate and predictive capacity of 82.2% (Table 5).

Table 1. Distribution of BADL according to age, Brazil, Dec 2009 - Apr 2010.

Activities	**Having difficulty**	**Having difficulty**		***p****			
	60-69	**70-79**	**80**	**60-69**	**70-79**	**80**	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	
Eating	440 (98.2)	293 (95.1)	154 (89.5)	8 (1.8)	15 (4.9)	18 (10.5)	0.001
Dressing up	435 (97.1)	289 (94.1)	141 (82.0)	13 (2.9)	18 (5,9)	31 (18.0)	0.001
Bathing	439 (98.0)	292 (94.8)	144 (83.7)	9 (2.0)	16 (5,2)	28 (16.3)	0.001
Go to the bathroom	440 (98.2)	294 (95.5)	150 (87.2)	8 (1.8)	14 (4.5)	22 (12.8)	0.001
Transfer from bed to chair	441 (98.4)	292 (94.8)	151 (87.8)	7 (1.6)	16 (5,2)	21 (12.2)	0.001
Incontinency	434 (96.9)	289 (93.8)	147 (85.5)	14 (3.1)	19 (6.2)	25 (14.5)	0.001

*Chi-square trend.

Table 2. Distribution of socioeconomic and demographic characteristics according to functional disability in the elderly to BADL, Brazil, Dec 2009 - Apr 2010

Variables	Inability to BADL		OR_B (95%)	*p**
	Yes n (%)	No n (%)		
Gender				
Male	35 (10.0)	316 (90.0)	1.00	
Female	55 (9.5)	522 (90.5)	0.95 (0.61 to 1.48)	826
Age group				
60 to 69	21 (4.7)	427 (95.3)	1.00	
70 to 79 years	30 (9.7)	278 (90.3)	2.19 (1.23 to 3.91)	008
80 and over	39 (22.7)	133 (77.3)	5.96 (3.38 to 10.49)	0.001
Marital status				
Married	29 (6.3)	429 (93.7)	1.00	
Widow	49 (16.4)	249 (83.6)	2.91 (1.79 to 4.72)	0,001**
Single	4 (4,8)	80 (95.2)	0.74 (0.25 to 2.16)	0,581**
separated from spouse	7 (8.4)	76 (91.6)	1.36 (0.58 to 3.22)	0.481**
Level of education				
Illiterate	34 (17.9)	156 (82.1)	3.75 (1.41 to 9.93)	008
Complete primary / incomplete	37 (8.4)	403 (91.6)	1.58 (0.59 to 5.29)	352
Complete / incomplete secondary education	13 (6.4)	190 (93.6)	1.18 (0.41 to 3.40)	764
Graduation / incomplete	5 (5.5)	86 (94.5)	1.00	
Income				
≤ 1 salary or no income	42 (8.3)	468 (91.7)	0.85 (0.43 to 1.67)	642
> 1 to 3 salaries	27 (12.2)	194 (87.8)	1.31 (0.64 to 2.68)	461
> 3 salaries	12 (9.6)	113 (90.4)	1.00	
Live alone				
No	79 (9.8)	726 (90.2)	1.00	
Yes	11 (9.4)	106 (90.6)	0.95 (0.49 to 1.85)	888

Test: Chi Chi Square and trend Square. Note: Numeric data rounded. 95% CI: 95% confidence interval; OR_B: *Odds gross ratio*.

Table 3. Distribution of health conditions related to the presence of functional disability in the elderly to BADL, Brazil, Dec 2009 - Apr 2010.

Variables	Inability to BADL	OR_B (95%)	*p**
	Yes - n (%)	No - n (%)	
Self-perceived health			
Great / Good	20 (5.2)	364 (94.8)	1.00
Regular	21 (5.6)	355 (94.4)	1.08 (0.57 to 2.02)	818
Poor / Rubbish	14 (15.6)	76 (84.4)	3.35 (1.62 to 6.93)	0.001
Hypertension (Yes)	49 (8.9)	503 (91.1)	0.81 (0.52 to 1.25)	350
Diabetes (Yes)	30 (17.1)	145 (82.9)	2.39 (1.49 to 3.83)	0.001
Osteoporosis (Yes)	26 (11.4)	202 (88.6)	1.28 (0.79 to 2.06)	323
Cancer (Yes)	14 20	56 (80.0)	2.60 (1.38 to 4.88)	003
Stroke (Yes)	22 (36.1)	39 (63.9)	6.60 (3.69 to 11.76)	0.001
Heart attack(Yes)	12 (21,0)	45 (79.0)	2.73 (1.38 to 5.37)	003
Chronic obstructive pulmonary disease (Yes)	22 (15.6)	119 (84.4)	1.94 (1.15 to 3.26)	012
Musculoskeletal disease (Yes)	22 (11.3)	173 (88.7)	1.25 (0.75 to 2.08)	394
Visual deficit (Yes)	67 (8.4)	728 (91.6)	0.47 (0.27 to 0.79)	005
Hearing deficit(Yes)	33 (13.2)	217 (86.8)	1.71 (1.08 to 2.71)	022
Pain(Yes)	58 (10.8)	481 (89.2)	1.60 (0.98 to 2.58)	0.058
Fall	51 (16.0)	268 (84.0)	2.81 (1.80 to 4.38)	0.001
Hospitalization (Yes)	39 (19.0)	166 (81.0)	3.15 (1.98 to 5.01)	0.001
Cognitive decline (Yes)	22 (12.2)	158 (87.8)	3.34 (1.81 to 6.15)	0.001

Note: Numeric data rounded. 95% CI: 95% confidence interval; OR_B: *Odds gross ratio*. CHI-SQUARE TEST,

Table 4. Distribution of living habits according to functional disability in the elderly to BADL, Brazil, Dec 2009 - Apr 2010.

Variables	Inability to BADL	OR_B (95%)	*p**	
	Yes n (%)	No n (%)		
Smoking*				
Yes	4 (4.5)	85 (95.5)	0.42 (0.11 to 1.19)	102
Ex-smoker	34 (10.2)	298 (89.8)	1.02 (0.64 to 1.60)	947
Physical activity (No)	82 (13.0)	549 (87.0)	5.30 (2.52 to 11.11)	<0.001
Alcoholic beverage (Yes)**	4 (2.1)	184 (97.9)	0.16 (.05-.45)	<0.001**

Note: Numeric data rounded. 95% CI: 95% confidence interval; OR_B : *Odds gross ratio*. *Test Chi-Square; **Fisher's Exact Test.

Table 5. Factors associated with failure to BADL in elderly, Brazil, Dec 2009 - Apr 2010.

Variables	OR_{aj}	(adjusted)	P_{aj}
Gender			
Male	1.00		
Female	64	0.29 to 1.41	267
Age group			
60 to 69	1.00		
70 to 79 years	1.03	0.42 to 2.54	938
80 or more years	2.49	1.14 to 7.14	046
Marital status			
Married	1.00		
Widow	2.89	1.25 to 6.75	0.014
Single	41	0.04 to 3.50	421
Separated from spouse	2:40	0.70 to 8.25	164
Stroke(Yes)	2.85	1.14 to 7.13	024
Pain(Yes)	2:15	0.95 to 4.85	064
Hospitalization(Yes)	2.07	1.02 to 4.21	043
Cognitive deficit (Yes)	2.07	1.45 to 6.06	003
Physical activity (No)	2.64	1.03 to 6.75	042

Note: Hosmer Leme show (p = 0.508); Area under ROC curve = 0.822. Adjusted for sex and pain.

As for the associated factors, there is increased likelihood of disability with advancing age, and expected findings in other studies [11, 19]. In the Northeast, the study found that each year of age there is an increase in once on the chance of the elderly to present functional disability. Changes of aging have repercussions in physical function, intellectual and social development of individuals and may represent greater functional loss in the elderly[6].

As for marital status, it was shown that to be widowed was associated with functional dependence. A possible reason for this finding is that widowhood may lead to social isolation and development of depressive symptoms by the loss of a very close one. Presenting thus a negative impact on the condition of the general health of the elderly[18] population study conducted in Mexico showed that the widowers (43.1%) predominated among seniors who had inability to BADL [10].

The cerebrovascular accident (CVA) was a health condition strongly associated with functional disability in this study, as a study conducted in São Paulo, where individuals who had a history of this condition had chance 7.82 times larger to have some dependency on the performance of BADL compared to older people who had comorbidity[19]. The AVE cause consequences such as hemiplegia, hemiparesis and visual impairment affecting gait, balance and spatial orientation even in the elderly, encouraging dependency to perform BADL [20].

As for the association of disability in the BADL hospitalization in the last twelve months, the literature indicates that hospitalization is not in itself risk for functional disability. This, however, points to the exposure of the elderly to

situations that can influence in a disabling condition, as the disease itself, the medical and surgical procedures, prolonged bed rest, hospital infections, medications, malnutrition and situations the resulting risk own hospital[21].

Functional inability to BADL was associated also with cognitive impairment. This fact can be explained by the characteristics of the unsuccessful aging process, as the change of attention and memory, which lead the elderly to fail to complete activities [10]. A population study in Canada, with 9,008 aged 65 or older, found that cognitive impairment is among the five main determinants inability to BADL[14]. In Spain, a study investigating the influence of cognitive status in dependence of BADL 600 aged 65 or more showed that participants with cognitive problems were more likely to have functional dependence on BADL, especially in activities of bathing and using the bathroom[11]. These findings suggest that cognitive decline may be an independent predictor of functional dependence[11].

Elderly people with cognitive decline may have impairment in reasoning, memory, perception, attention, ability to know and recognize language and personality. If the decline progresses, it increases the dependence and disability limit initially elderly, preventing him finally to perform the simplest tasks of daily living[15].

As for physical activities, literature pointed to the regular practice of this practice as an important factor for the prevention of disability, because their effects improve muscle function, range of motion, balance and coordination, and to prevent or delay the development of chronic conditions. In addition, physical activity can encourage social interaction, preventing the development of symptoms of depression[8].

Different actions can contribute to the maintenance of functional independence among the elderly and improve quality of life of this population, such as the maintenance of the elderly by the family and society, actively and constructively. The identification of factors associated with functional disability in this study is an important source of information for conducting addiction prevention measures.

CONCLUSION

The study identified factors associated with functional disability to perform the BADL as being widowed, has 80 years and older, have sedentary lives, to cognitive decline, have suffered stroke and has been hospitalized in the last 12 months. The investigation of these factors contributes to the risk situations detection, identification dysfunction areas and needs, monitoring of functional decline, orientation plans of care appropriate to the demands of attention, and indicates the need for use of specialized health services.

Investment in health promotion for self-care in all age groups, the expansion of the formal and informal health network to support the elderly in the community, the incentive to carry out activities involving social interaction, leisure, education and physical activity, as well as health education, can contribute to the prevention of disability, maintaining the independence of the elderly in BADL.

The major limitation of the study was the investigation together several outcomes. However, it is population-based study, whose evidence is relevant to the comprehensive health care of the elderly.

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INCAPACIDADE FUNCIONAL PARA ATIVIDADES BÁSICAS DE VIDA DIÁRIA DE IDOSOS: ESTUDO POPULACIONAL

RESUMO

Este estudo objetiva identificar os fatores associados à incapacidade funcional para atividades básicas de vida diária em idosos. Trata-se de estudo transversal, populacional, com amostra probabilística, realizado na cidade de Goiânia, Brasil. Os idosos foram entrevistados no domicílio. As atividades básicas da vida diária (ABVD)

foram avaliadas pelo Índice de Katz. Considerou-se incapacidade funcional a dificuldade para realizar pelo menos uma ABVD. As variáveis independentes incluíram as condições socioeconômicas e demográficas, condições de saúde e hábitos de vida. Para análise, foram utilizados os testes Qui-Quadrado ou Fisher e regressão logística múltipla (valor de p<0,05). Os fatores associados à incapacidade funcional foram a idade = 80 anos (OR:2,49;1,14:7,14), viuvez (OR:2,89;1,25-6,75), história de acidente vascular encefálico (OR:2,85;1,14-7,13), hospitalização (2,07;1,02-4,21), declínio cognitivo (OR:2,07;1,45-6,06) e sedentarismo (OR:2,64;1,03-6,75). A prevalência de incapacidade foi de 9,7%. Vestir, continência e banho foram as atividades mais comprometidas. Identificar os fatores que influenciam a capacidade funcional em idosos permite visualizar as áreas com possibilidade de prevenção e de promoção de saúde. A baixa prevalência de incapacidade para ABVD aponta independência mesmo em condições de maior vulnerabilidade.

Palavras-chave: Idoso. Envelhecimento. Atividades cotidianas.

INCAPACIDAD FUNCIONAL PARA ACTIVIDADES BÁSICAS DE LA VIDA DIARIA DE ANCIANOS: ESTUDIO POBLACIONAL

RESUMEN

El objetivo del estudio fue identificar los factores asociados a la discapacidad funcional para actividades básicas de la vida diaria en ancianos. Se trata de un estudio transversal, poblacional, con muestreo probabilístico, realizado en Goiânia, Brasil. Los ancianos fueron entrevistados en sus domicilios. Las actividades básicas de la vida diaria (ABVD) fueron analizadas por el Índice de Katz. Se consideró discapacidad funcional la dificultad para realizar por lo menos una ABVD. Las variables independientes incluyeron las condiciones socioeconómicas y demográficas; condiciones de salud y hábitos de vida. Para el análisis, fueron usadas las pruebas Chi-cuadrado o Fisher y regresión logística múltiple (valor de p<0,05). Los factores asociados a la discapacidad funcional fueron de edad ≥ 80 años (OR:2,49;1,14:7,14), viudez (OR:2,89;1,25-6,75), historia de accidente vascular encefálico (OR:2,85;1,14-7,13), hospitalización (2,07;1,02-4,21), deterioro cognitivo (OR:2,07;1,45-6,06) y sedentarismo (OR:2,64;1,03-6,75). La prevalencia de la discapacidad fue de 9,7%. Las actividades más comprometidas fueron vestirse, continencia y bañarse. La identificación de los factores que influyeron la capacidad funcional en ancianos permite visualizar las aéreas con posibilidad de prevención y de promoción de salud. La baja prevalencia de discapacidad para ABVD señala independencia incluso en condiciones de mayor vulnerabilidad.

Palabras clave: Anciano. Envejecimiento. Actividades diarias.

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