The health of elderly people bearing Alzheimer's disease: an integrative review

Saúde do idoso com doença de Alzheimer: revisão integrativa

Salud mayor con la enfermedad de Alzheimer: revisión integradora

Hemnily Nóbrega Ventura; Leila de Cássia Tavares da Fonseca; Jéssica Yasmine Lacerda da Nóbrega; Bruno César Fernandes Borges; Herbert Nóbrega Ventura; Maria Leosimar Leite Nóbrega

How to quote this article:

ABSTRACT

Objective: The study's purpose has been to verify the knowledge produced by the researchers with regards to the health of elderly people bearing Alzheimer's disease. Methods: It is an integrative review of the literature where the bibliographical survey was carried out in the following databases: Biblioteca Virtual em Saúde, MEDLINE and Portal de Periódicos Capes. Results: It was observed an incipient number of published scientific articles concerning the Alzheimer's disease with a focus on the elderly's health. Conclusion: It was verified the need for carrying out researches aiming to address the lack of scientific resource in order to investigate the elderly's health facing the Alzheimer's disease, and also to provide a theoretical contribution regarding the elaboration of comprehensive public health policies for the care of elderly people. Descriptors: Alzheimer's disease, aging, personal autonomy, elderly's health.

RESUMO

Objetivo: Verificar o conhecimento produzido pelos pesquisadores a respeito da saúde do idoso com doença de Alzheimer (DA). Métodos: Revisão integrativa da literatura com levantamento bibliográfico realizado nas bases de dados Biblioteca Virtual em Saúde (BVS), Medical Literature Analysis and Retrieval System Online (MEDLINE) e nos bancos de dados do Portal de Periódicos da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (Capes). Resultados: Observou-se a incipiência de artigos científicos publicados sobre a DA com ênfase na saúde da pessoa idosa. Conclusão: Verificou-se a necessidade de pesquisas para investigar a saúde do idoso em virtude da DA que possibilitem aporte teórico na elaboração de políticas públicas de saúde mais abrangentes para os cuidados aos idosos. Descriptores: Envelhecimento, Doença de Alzheimer, Autonomia Pessoal, Saúde do Idoso.

1 Nurse, master's student of the Graduate Program in Nursing, Federal University of Paraíba (UFPB). Nurse at Lauro Wanderley University Hospital (UFPB).
2 Nurse, PhD in Nursing, professor of the UFPB Undergraduate Program.
3 Nurse, teacher by the Graduate Program in Agroindustrial Systems of the Federal University of Campina Grande (UFCG).
4 Degree in Sciences of Religions, Bachelor of Law and Masters in Sciences of Religions, UFPB.
5 Bachelor in Computer Science and Civil Engineering at the University Center of João Pessoa (Unipê). Master of the Post-Graduate Program in Structures and Civil Construction.
6 Graduated in Social Work, Master of the Postgraduate Program in Gerontology of the UFPB.
INTRODUCTION

Population aging occurs due to the increase in life expectancy and a reduction in the birth rate of the Brazilian population, which along with the high projection of chronic-degenerative diseases, such as dementias, challenge professionals to develop prevention, promotion and intervention strategies, then searching for an oriented and well-attended aging process. These resources reflect the provision of social and health services aimed at improving the quality of life of aging populations.1

Dementias are progressive and degenerative morbidities that cause brain tissue atrophy. They affect people in the face of aging and not only affect the sick individual but extend to all family structure and society, thus causing a great biological, psychosocial and economic impact.2

Alzheimer's disease (AD) is the fourth-leading cause of death in North America among people from 75 to 84 years old, as well as more than 50% of dementia cases, although in many situations it is associated with other types of dementia. The cognitive manifestations from the AD culminate in progressive deficiency leading to disability and even death. The current risk of developing AD, for a 65-year-old individual, is estimated to be approximately 10.5%.3

The first manifestations of the disease include impairment of thinking, reasoning, and memory, deteriorating over time and making the individual increasingly dependent on caregivers, then drastically reducing their autonomy to perform simple daily activities. Living with patients bearing AD requires a significant change in family dynamics since the new needs of the sick member need to be included in the daily routine of all those involved in this process.

The DA brings several negative thoughts, affects the emotional of the elderly who has the diagnosis of the disease, as well as those around them, leading the individual to isolation and consequent health problems, such as depression, a reality present in the daily lives of those who suffer with AD.4 Given the aforementioned facts, dementia of the Alzheimer type is recognized, like other dementias, as an important public health problem in the world.

As a research problem, the scientific production of both national and international journals indexed in the following databases: Biblioteca Virtual em Saúde (BVS), MEDLINE and Portal de Periódicos Capes. The topic of the health of elderly people bearing AD was then considered, aiming to verify the knowledge produced by the researchers in such databases.

METHODS

An integrative review was chosen because it allows the search, the critical evaluation and the synthesis of the available evidence of the investigated subject, being its final product the current state of the art of this knowledge.5

It also combines data from the theoretical and empirical literature, and incorporates a wide range of purposes, as follows: definition of concepts, revision of theories and evidence, and analysis of methodological problems of a particular topic. The wide sample, together with the multiplicity of proposals, generates a consistent and comprehensible panorama of complex concepts, theories or relevant health problems.6

The bibliographic survey of this review was carried out in January 2017 by the Internet, then using the following databases: Biblioteca Virtual em Saúde (BVS), MEDLINE and Portal de Periódicos Capes. Starting from the definition process of the keywords, we used the operator “Keywords in Health Sciences” where relevant terms were identified for the studies, such as the keywords: Alzheimer's disease, aging, personal autonomy, elderly's health.

Once the inclusion criteria were established, complete articles were published over the period from 2012 to 2016, whose main subject is Alzheimer's disease considering the health of the elderly person, in the following languages: Portuguese, English and Spanish. The exclusion criteria were dissertations, theses and studies that were not either obtained in full or in accordance with the topic.

Data were analyzed and synthesized in a descriptive way, allowing observing, describing and classifying the data in order to gather the knowledge produced about the theme explored in this review.

During the references selection process, there was a significant increase in the number of publications regarding the elderly people bearing AD, especially about the care given to the elderly and the reality of the caregiver. But, there was an incipient number of scientific articles that address the health of the elderly people bearing AD, which therefore draws attention to a more accurate analysis of the data.

RESULTS AND DISCUSSION

Aging, once considered a phenomenon, today it is part of the reality of most societies. It is estimated by the year 2050 that there are about two billion people in the world in their sixties or more, which has never been seen before. In developing countries, the senescence process takes place quickly, with no time for both social reorganization and restructuring healthcare services in order to meet emerging new demands.7
Most elderly people are afflicted by chronic non-communicable diseases, such as AD, which are manifested most significantly with the progression of age. They can affect the functionality of the elderly, generating an incapacitating process that makes them need constant monitoring since there is impairment of life quality.8

AD is a progressive and irreversible neurodegenerative disorder that insidiously affects the elderly, an indefinite origin, manifested by cognitive and memory deterioration, with the presence of neuropsychiatric symptoms and behavioral changes, and which significantly compromises the development of activities of daily living. It develops slowly and continuously in people of advanced age and family history of the disease, especially in first-degree relatives.7

According to the study performed by Matos, Decesaro (2012), 75% of the elderly people bearing AD studied had a second pathology, being Arterial Hypertension of higher incidence, followed by Diabetes Mellitus and Parkinson's Disease. Because it is a common comorbidity of old age, many elderly patients bearing AD present other clinical worsening, which further compromises the continuity of treatment of these pathologies, since cognitive decline, spatial disorientation and difficulties to complete known tasks are initial manifestations common causes of the AD.

Since it is a primary degeneration of the Central Nervous System, the AD is considered the most devastating pathology. While the memory lapses are observed in the initial phase, with the progression of the disease, the difficulties are accentuated, reaching the total dependence of family members/caregivers even to perform routine activities.9

Consequently, the elderly begin the process of loss of autonomy in relation to the environment, other people and autobiographical data. Previously recognized as providers, who played a role of power within the family system, they underwent re-signification and reestablishment in the face of new relationships, becoming often financially dependent and needing of continuous care, which points to the breakdown of social hierarchical logic.

Although there is no cure, elderly individuals bearing AD can present delayed disease progression, stabilized cognitive-behavioral impairment, and reduced adverse effects in the conduct of daily living activities through the introduction of drug treatment, cognitive rehabilitation, and family support.7 Such measures, added by functional activities, directly interfere in the improvement of the health of the elderly.

People's inability to cope with the manifestations of the AD compromises the care provided to the elderly. Because they demand protective strategies with modified interactions based on their experiences in previous phases of life, caregivers usually present insecurity, emotional instability and physical and psychological overload in providing such care, which entails the search for specialized care, such as institutionalizing the elderly person in Institutions of Long Staying for the Elderly or Asylum.10

This practice refers to questions about the maintenance of the health of the elderly person in face of all the changes suffered by the AD. According to the World Health Organization, health is considered as the complete physical, mental and social well-being, and it does not consist only in the absence of disease or illness.11 It reflects, in such a way, the capacity of individuals to achieve a relative balance of their living standards in search of their well-being, based on the values inserted in the cultural and social context of the human being.

The maintenance of the health of the elderly people bearing AD reflects the need to guarantee their well-being within the common activities of the caregiver/institution, such as the concern to follow norms and routines regarding medication administration, food, hygiene, sleep preservation and rest, leisure activities, among others. Furthermore, it is imperative to promote psychological and spiritual comfort, since there is a loss of the essence and valuation of subjectivity when facing an illness.

One of the greatest challenges in the health care of the elderly people bearing AD is to ensure that they can live their own lives with the highest possible quality. This possibility increases as the society consider the family and social context and recognize the potentialities and limitations of elderly patients, then producing a more favorable environment, specific actions of health education and harmonious cultural care.9

CONCLUSIONS

In Brazil, the number of elderly people with dementia has grown rapidly, but there is a lack of qualitative data with regards to this matter. There is a large list of articles indexed in numerous databases concerning the AD in its most varied aspects, but when an analysis of the theoretical contribution towards the health of the elderly affected by the AD is required, as well as suggestions for policies, actions and health measures of interventions, there are still pertinent literature gaps to be filled.

Therefore, it is worth emphasizing that the researches should aim towards this study field using other approaches to address the lack of scientific resource in order to investigate the elderly's health facing the AD, and also to provide a theoretical contribution regarding the elaboration of comprehensive public health policies for the care of elderly people.

REFERENCES


