



Profile of the elderly in a long-term care home in the municipality of Nanuque (MG)

Perfil dos idosos em um lar de longa permanência no município de Nanuque (MG)

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Júlia Souza de Matos

Physical Therapy Student

Institution: UNEC

E-mail: juliasmatos2022@gmail.com

Patrícia Brandão Amorim

Coordinator of the Physiotherapist course

Institution: UNEC

E-mail: brandaoamorim@hotmail.com

Anny Kelly Serqueira Macedo

Physical Therapy Student

Institution: UNEC

E-mail: kelly.macedo6315@gmail.com

Gabriely Mendes Braz

Physical Therapy Student

Institution: UNEC

E-mail: gabym.gmb25@gmail.com

Mariana Figueiredo Ferraz

Physical Therapy Student

Institution: UNEC

E-mail: nanafferraz@hotmail.com

ABSTRACT

Introduction: Studying the profile of institutionalized elderly allows us to know their peculiarities. This serves to guide the care required. **Objective:** To analyze the profile of the elderly at Lar São Vicente de Paulo de Nanuque, MG, Brazil. **Methodology:** Cross-sectional, qualitative and descriptive research by data analysis of 38 institutionalized elderly. Data were collected from the adaptation of a questionnaire by Scherrer *et al*(2019). The information is about health, epidemiological, demographic, and economic profile. The daily routine was observed, such as: physical exercises, bedridden elderly, wheelchair users and elderly who ambulate, in addition to pathologies. **Results:** Home occupancy: 100% are retired or pensioners; 55.2% are women and 44.8% are men. 34.2% were admitted by their families; 31.5% because they lived alone; 13.2% because of the loss of a spouse; 10.8% because of security risk; 5.2% due to illness and 5.2% due to sick spouse; 63.2% ambulated; 10.5% use wheelchairs and 26.3% are bedridden. **Main diseases:** diabetes in 21% of men and 13.1% of women, hypertension in 31.5% of men and 10.5% of women, Parkinson's disease in 2.6% of men and 5.2% of women, and Alzheimer's disease in 8% of men



and 8% of women. The elderly perform physical activities and 36% of them participate in the motor physiotherapy program. Conclusion: The majority of the elderly in the Home are single women, without children and with low schooling, and men with no ties to the family, low income and low schooling. Many suffer from diabetes, hypertension and depression, and two have degenerative diseases.

Keywords: Health profile, Long-term care facility for the elderly, Elderly, Aging.

1 INTRODUCTION

Raising the profile of the institutionalized elderly is important to analyze the current family behavior, with its culture and the way the elderly are valued on a daily basis. Knowing the influencing factors, such as financial conditions and their correlation with possible abandonment practices, age, education, low income and pathologies, it is possible to understand that these factors can contribute to the institutionalization of the elderly. There are cases in which they can receive care in their own home or in the home of their relatives.

Lar São Vicente de Paulo is a philanthropic institution where elderly people over 60 years of age reside, in special cases the elderly may even be under 60 years of age. The elderly are welcomed by a team made up of health professionals such as caregivers for the elderly, nurses, nursing technicians, psychologists, doctors, physiotherapists and other professionals. The mission of this institution is to assist the elderly in seeking to improve their physical and psychological well-being. To this end, it promotes health actions in general (care and assistance to diseases with medication and preventive assistance); It performs palliative care and also recreational activities involving physical exercises duly guided by trained professionals.

The objective of this study was to analyze the profile of the institutionalized elderly in the São Vicente de Paulo Nursing Home in the Municipality of Nanuque, Minas Gerais, Brazil, through a survey of data based on the notes in their medical records and data related to their institutionalization.

1.1 POPULATION AGEING

Aging is a natural process that goes through each stage in a direction in which all people can be influenced by social, political, and economic issues. This is a subject in which a set of functional alterations that become difficult and impair motor and structural functions, coming negatively to the individual (SANTOS *et al.*, 2019).



In the process of aging, it is perceived that by rejecting death, the elderly begin to lose all their strength. Human beings tend to refuse old age, perhaps this phase of life is the one that comes closest to death. Which makes old age a burden on the lives of many. The individual is noticed by his conscience through the tragedy in which he tries to invent myths or sometimes accepts that the problem comes from the human being, this action brings agony mainly during old age (SANTOS 2010).

During the senescence process, it is important to encourage the elderly not only to longevity, but also to happiness, to have quality of life and individual perception. With this comes active aging that insists on a process of developing health, participation and safety with the availability to improve well-being as individuals get older. (AIRES *et al*, 2019).

According to Camarano and Kanso (2010), there has been a high aging of the population in Brazil. This increase is followed by uncertainty about the care that the elderly will have in the future. The loss of family size, the high number of divorces and remarriages, as well as the increasing placement of women in the labor market profoundly changed the care that the family had for the elderly. Therefore, the possibility of the elderly continuing to stay at home became more and more difficult. Especially those who need more financial resources or when the family is unable to take care of them at home (DUTRA *et al*, 2021).

1.2 PROFILE OF LONG-TERM CARE HOMES IN BRAZIL

Long-term care institutions for the elderly (LTCFs) are called nursing homes, nursing homes and geriatric clinics, and are considered an organization with the function of assisting the elderly when the absence of a family group, a nursing home, abandonment or lack of financial resources of themselves or their family is confirmed (FERREIRA *et al*, 2012).

In advanced countries, in order to keep the elderly in society, service networks are used, which have transformed the profile of institutionalization. Currently, the predominance in institutions are older elderly people with functional problems and dementia (POLLO AND ASSIS, 2008).

Institutions are places for joint or individual care, where they should provide interdisciplinary areas such as social, medical, psychology, nursing, physiotherapy, and dentistry (BARBOSA *et al*, 2020).

The growth of the elderly in society stimulates the need for care for this demand, as well as the formation of vacancies in public services such as monitoring, shelter and health. Therefore,



LTCFs for people are one of the issues of non-family care due to the circumstances of aging. In Brazil, about 70% of LTCFs are philanthropic. (DE SOUZA AND MARINHO *et al*, 2020).

About 19,000 elderly people are in long-term care facilities. This number may increase, considering that there are non-registered institutions that provide the service clandestinely (MARIN *et al*, 2012).

In Brazil, 3,549 LTCFs were identified, most of which (65.2%) were philanthropic in nature. Only 6.6% are public, with a predominance of municipalities, which corresponds to 218 institutions. Inferring from the data on the year of the beginning of their activities, it can be concluded that, of the institutions created between 2000 and 2009, the majority are private for-profit (57.8%). This points to a trend of change in the profile of institutions (CAMARANO, 2010).

1.3 MAIN REASONS THAT LEAD THE ELDERLY TO BE INSTITUTIONALIZED

According to Camarano (2010), the search for a long-term care institution (LTL) is given by the family or by the elderly person who accepts to be welcomed by a home. It turns out that many family members are unable to keep the elderly at home for a long time, due to financial conditions or because they do not have an affective bond. That is why there is a need for a nursing home that can take in and provide care assistance. It is important to emphasize that in these shelters the prejudice of society is perceptible, as well as the feeling of abandonment on the part of the institutionalized elderly. Thus, it is necessary to provide humanized care (SANTOS *et al*., 2021).

For many authors, nursing homes are generally seen as a path of no return, considering that both the family and the community forget about the hospitalized elderly. The elderly in various situations lose their autonomy, identity and, why not say, citizenship. This is due to the rules written by the institutions in which the aspects of life are carried out in the same environment, having the same routine (SUZUKI MITY, 2009).

1.4 CHRONIC PAIN IN OLD AGE

Chronic pain is related to chronic diseases that manifest themselves as the years go by. This pain can cause problems in functional limitation. Studies have observed an increase in which chronic pain in older adults aged 60 years and over ranges between 51% and 67% (muscle or joint pain) (DELLAROZA *et al*, 2013).

1.1 The aging process is sometimes not characterized by a long time in which the elderly person is healthy or independent. During aging, the decline of physical and organic capacities is taken into account, which is why the installation of chronic diseases that harm



the elderly is more frequently observed, leading them to become dependent, feeling pain and possible degrees of dementia (REIS and TORRES, 2011)

1.5 DEPRESSION IN THE ELDERLY

1.2 Depression is not just a sadness or an illness that can be treated. Among the elderly, depression is a common disease, because when we talk about the institutionalized elderly, we see them in isolation and with problems in personal relationships, communication and also with the family. This can contribute to depression. (FIDELIS AND OLIVEIRA, 2020).

1.3 According to the World Health Organization (WHO), depression is a serious illness in which public health says that 154 million individuals are harmed worldwide. The worldwide amount of depression in the institutionalized elderly is 14 to 42%. In Brazil, symptoms range from 21.1 to 61.6% in different regions (GUIMARÃES et al, 2019).

1.4 In the institutionalization of the elderly, it is taken into account that the elderly intensify their depressive state, becoming isolated without having contact with the family. This contributes to making the elderly dependent and harms their emotional state (OLIVEIRA and GONÇALVES, 2020).

Myofascial: use of nocturnal splints and use of some electrotherapy and thermotherapy devices (FERREIRA *et al.*, 2017).

1.6 ANXIETY

1.5 Anxiety is conceptualized as a feeling of a situation that is uncomfortable, a feeling of emptiness that bothers and frightens. The individual senses danger in advance and draws attention to something that may occur at any time. Usually, the person feels tense and threatened by an uncomfortable situation; which enables them to make their own decisions (MERCÊS *et al.*, 2021).

1.6 Anxiety affects successive losses and can compromise autonomy and control, influencing quality of life (GOMES AND REIS, 2016).

1.7 Anxiety is not typical of normal aging. These are disorders presented by the elderly that generate psychological distress and may not be diagnosed due to other factors in the aging process (MENEZES AND JESUS, 2018).



1.7 CEREBROVASCULAR ACCIDENT (CVA)

Cerebrovascular accident (CVA), a silent disease, which has an increase in the Brazilian population due to the high rate of morbidity among the diseases. Being a disability factor among adults and the elderly, it has a fatality rate of 40% to 50% in individuals. After six months, the survivors show neurological deficit and disability due to the stroke. It is a pathology that the Ministry of Health (MS) says is the first cause of death among cardiovascular diseases (SILVA *et al*, 2019).

In cases of complications such as stroke, the sequelae cause mobility limitations, impairing daily life, causing dependence to set in (to a greater or lesser degree, according to the size of the lesion and the affected side). In addition, they may present greater weakness, making the elderly more prone to falls and increasing the capacity for fractures and other traumas, implying important attention from the employees responsible for the care of the elderly and from the health system in force in the country (FERREIRA and SÁ, 2012).

1.8 FALLS

Institutionalized older adults have the facility for risk of falls, as they move from a familiar place to institutions. This leads to them having cognitive and psychological changes due to being alone and therefore triggers the fear of falling. Thus, they become dependent individuals to perform physical activities and manual activities (NETO *et al*, 2017).

In addition, those who stay in institutions suffer more falls, compared to those who are not, due to difficulties in walking, dizziness and muscle weakness. These are sick people who have problems with declining functional capacity and have the ability to have recurrent falls (MATIAS *et al*, 2019).

Decreased muscle strength during the time of senescence can have serious health problems. According to Mcleod (2016), physical strength or the development of strength is directly linked to healthy development. Muscle loss affects the lower limbs and has been associated with decreased functional capacity in the elderly. Therefore, the elderly tend to lose the ability to perform daily activities, as well as their functional independence, resulting in negativity in quality of life (GUSMÃO *et al*, 2021).

The alteration of balance is the main factor that prevents the life of the elderly. This change grows with age. Falls are problems related to imbalance and can cause fractures, hospitalization, psychological complications, fear of new falls, loss and decrease of independence, and even cause



mortality. As a result, there is an increase in mortality due to fractures due to falls. (BUSHATSKY *et al*,2018).

Cognitive impairment is related to an important role in the functional capacity and dependence of the elderly. Mental activities such as acquisition, retention, transformation of the use of knowledge, its functions, language, and learning refer to cognition. In the elderly, a decrease in some functions related to their normal cognitive function is expected. These cognitive changes can increase to a mild disorder of cognitive functions, such as Alzheimer's disease and other types of diseases (MELLO *et al*, 2021).

Elderly people who live in a long-term care home (LTCF) have an increase of 40%, and 13% to 66% become minors, With these numbers, falls in the elderly have the response of being more fragile, they become debilitated people and affected by diseases, also the use of medications makes them weak. (FERREIRA *et al*, 2019).

1.9 SOCIOECONOMIC STATUS OF INSTITUTIONALIZED INDIVIDUALS

According to Xavier *et al* 2006, The schooling factor is related to the performance of cognitive activities, since older adults with lower schooling and without dementia have more difficulty in performing these activities. In a study conducted by Ávila *et al* 2009, It was concluded that in older adults with higher schooling, the development of cognitive activities is noticeable. They are more attentive, have preserved memories and are smarter in their routine activities, and have a lower risk of disease caused by aging. (RABBIT *et al*, 2012).

2 METHODOLOGICAL PROCEDURES

This is a qualitative, cross-sectional and descriptive research based on the analysis of documents of institutionalized elderly people with low economic power at Lar São Vicente de Paulo, located in the municipality of Nanuque (MG). The data collected were collected from the adaptation of a questionnaire from the study by Júnior Scherrer *et. al* (2019), entitled "Profile of elderly residents in long-term care institutions of high economic standard".

The sample was made up of data from 38 older adults analyzed by the researcher in 2023 and analyzed by simple descriptive statistics and presented in this study through tables that contain information on age, gender, marital status, skin color, level of education, nationality, reason for institutionalization, financial resources, physical activities, limitation of movement, and physical conditions. A structured form was used, and possible signs and symptoms of depression and their

degree were also analyzed, as well as the situation of dependence to perform activities of daily living and functional activities.

The free and informed consent form was signed by the technical responsible for the referred Home, authorizing the collection of data, provided that the elderly analyzed were not identified in any way in the research.

The 38 medical records of the elderly institutionalized at the São Vicente de Paulo home were analyzed. As shown in Table 1, it was observed that 55.2% were female and 44.8% were male. Married are 5.2%, single 34%, widowed 26.5% and divorced or separated 34%. Regarding skin color, 42% are white and 42.2% black, 28.9% are brown. Regarding the level of education, 37% are illiterate and 63% are literate. Regarding the nationality of the elderly, 100% are Brazilian. Regarding the reason for institutionalization, 34.2% is due to family imposition, 31.1% due to loss of spouse, 5.2% due to loss of health, 5.2% due to having a sick spouse, 10.8% due to security risk and 31.5% because they live alone.

Table 1 - Characteristics of the elderly

| Features | No. | % |
|--|-----|------|
| Age | | |
| 50 a 59 | 2 | 5,2 |
| 60 a 69 | 7 | 18,4 |
| 70 a 79 | 12 | 31,5 |
| 80 a 89 | 12 | 31,5 |
| 90 a 99 | 4 | 11,0 |
| Over 100 | 1 | 3,0 |
| Sex | | |
| Female | 21 | 55,2 |
| Male | 17 | 44,8 |
| Marital status | | |
| Married | 5 | 13,1 |
| Single | 12 | 31,5 |
| Widower | 8 | 21,5 |
| Divorced or separated | 13 | 34,0 |
| Skin color | | |
| White | 16 | 42,2 |
| Brown | 11 | 28,9 |
| Black | 11 | 28,9 |
| Educational attainment | | |
| Complete Fundamental | 24 | 63,2 |
| Incomplete fundamental | 14 | 36,8 |
| Nationality | | |
| Brazilian | 38 | 100 |
| Reason for institutionalization | | |
| Family Imposition | 13 | 34,2 |
| Loss of spouse | 5 | 13,1 |
| Loss of health | 2 | 5,2 |
| He lived alone | 12 | 31,5 |
| Sick spouse | 2 | 5,2 |
| Safety | 4 | 10,8 |

Source: survey data, 2023



The Statute of the Elderly (BRASIL, 2003) states that people over 60 years of age are considered elderly. In Brazil, the elderly population has shown a notorious growth. According to the Brazilian Institute of Geography and Statistics 2011 (IBGE), in 2010 the elderly represented just over 10% of the population. In Brazil there is a feminization of old age. Among those over 60 years of age, women are 55.5% and, among those over 80 years of age, they are 61% (IBGE 2011) (CREMA and TILIO, 2021).

It is common in LTCs for the elderly to report having few years of regular schooling or only having the basics (reading, writing and performing mathematical operations). This information collaborates with ours and also with other studies, which show that illiteracy or low schooling in the elderly represents a reality in countries such as Brazil and among others, since today's elderly lived a childhood in which education was not a priority. (VERÇOSA *et al*, 2020).

Elderly people or family members who seek care in LTCs have different characteristics and needs from those of other times. There are elderly people who seek an LTC to live by their own choice, others to maintain functional independence even in the face of health problems (SILVA *et al*, 2021).

At Lar São Vicente de Paula in Nanuque, Minas Gerais, the time of institutionalization ranged from one month to up to 28 years. 100% of seniors are retired. According to table 2, 63% undergo physical therapy five times a week, and 26% are bedridden. 63% ambulate and 11% of the elderly are wheelchair users. All activities performed by the elderly are done inside the institution, that is, the elderly do not leave the place. Among the activities that are performed on a daily basis, it was observed that 52.6% watch television and 47.3% listen to music. Regarding the pain reported by the elderly, 36.8% felt pain and 63.2% did not. Regarding the location of the reported pain, in 26.3% the pain is in the arm region, in 26.3% the pain is in the spine, and in 47.4% the pain is in the knee.

Table 2- Economic Characteristics, Leisure Activities and Physical Conditions

| Features | No. | % |
|--------------------------------------|-----|------|
| Financial resources | | |
| Retirement | 38 | 100 |
| Physical activity | | |
| Yes | 38 | 100 |
| Physical activities performed | | |
| Physiotherapy | 24 | 63 |
| Lengthening | 24 | 63 |
| Leisure activity | | |
| Yes | 38 | 100 |
| Leisure activity carried out | | |
| Television | 20 | 52,6 |
| Music | 18 | 47,3 |
| Dor | | |
| Yes | 14 | 36,8 |
| No | 24 | 63,2 |
| Site of pain | | |
| Arm | 10 | 26,3 |
| Column | 10 | 26,3 |
| Knee | 18 | 47,4 |
| Limitation of movement | | |
| Yes | 16 | 42,2 |
| No | 22 | 57,8 |
| Physical conditions | | |
| Bedridden | 10 | 26,3 |
| Wheelchair users | 4 | 10,5 |
| Wanderers | 24 | 63,2 |

Source: survey data, 2023.

Studies that describe the level of physical activity of the elderly contribute to improving the processes involved, facilitating the identification of risk factors associated with physical inactivity. Therefore, it makes it possible to improve multidisciplinary care and the complete approach to the health of this population (GAMA *et al*, 2021).

It is proven that physical activity is suitable for people of all ages. Physical activity performed at the appropriate intensity and, considering the person's limitations, improves the respiratory, cardiovascular, joint, and muscular physical condition of its practitioners, regardless of age (CUNHA *et al*, 2019).

Pain monitoring should be performed according to the three-step analgesic ladder proposed by the WHO, in which the use of medications for pain control and treatment is guided according to the intensity, moderate, mild or severe. (SILVA *et al*, 2020).

The institutional context shows roles characterized by dependence, limited space and a certain schedule for daily physical activities, It is vital to adapt the forms, norms and routines of the environment, which does not always offer adequate living conditions, with emphasis on leisure. (CASTRO AND CAREER *et al*, 2015).

Day-to-day experiences are related to the quality of life of the elderly. Leisure activities generate well-being results, without having the character of an obligation. Therefore, leisure is an act that is part of the social life of the elderly through dialogue and also in relation to the cultural influence and experience of the elderly through playful moments (SANTOS *et al*, 2020).

The bedridden patient is an individual who is unable to perform his or her daily activities and requires help. In addition to functional and physiological problems, the bed can cause emotional situations, such as anxiety and depression. As a result, 30 to 40% of the elderly who are hospitalized or not begin to have some type of immobility (BORDIN *et al*, 2020).

As shown in Table 3, 5.2% of the elderly had mild depression, 3% moderate depression, 11% severe depression, and 31% did not have depression.

Table 3 - Signs and Symptoms of Depression in Institutionalized Older Adults in an LTCF

| Features | No. | % |
|---|-----|------|
| Signs and symptoms of depression | | |
| Signs and Symptoms of Mild Depression | 4 | 10,5 |
| Signs and Symptoms of Moderate Depression | 2 | 5,2 |
| Signs and Symptoms of Major Depression | 1 | 3 |
| They show no signs of depression | 31 | 81,5 |

Source: survey data, 2023

In old age, symptoms such as depression are not only related to pathology, but also include sentimental variables of the aging process and the social context in which the elderly are inserted (OLIVEIRA, GONÇALVES, 2020).

A major social challenge, including health in LTCFs, is a high rate of depression, indicating functional limitation as the main cause worldwide. The research reports a variation of 48 to 60% of depression among institutionalized older adults and points to other causes related to depressive symptoms, such as the fact that these elderly people live alone, are widowed, and are institutionalized (SCHEERER JÚNIOR *et al* 2019).

Regarding the identification of depression, it is necessary to follow the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DMS), and the presence of at least five of the following symptoms persisting for more than two weeks is mandatory: depressed mood, anhedonia, weight loss or loss of appetite, fatigue and sleep disorders. (SAMMOUR *et al*, 2023).

Table 4 shows that 18.4% of the elderly are totally dependent, 39.4% partially dependent and 42.1% independent

Table 4 - Ability to Perform Activities of Daily Living of the Institutionalized Elderly

| Features | No. | % |
|---------------------|-----|------|
| Totally dependent | 7 | 18,4 |
| Partially dependent | 15 | 39,4 |
| Independent | 16 | 42,1 |

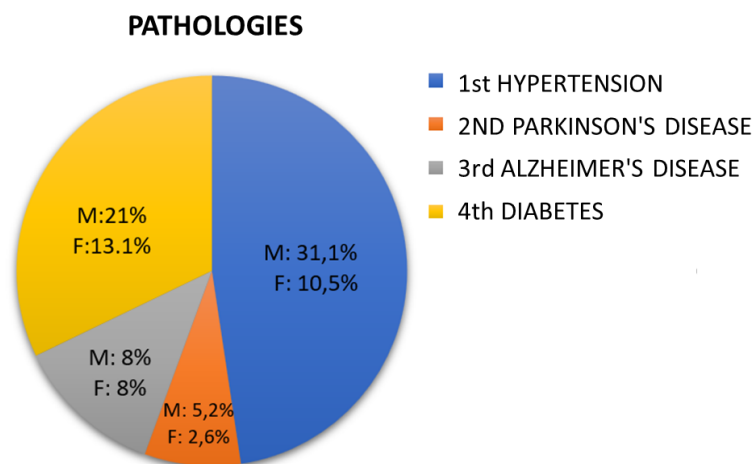
Source: survey data, 2023

Functional capacity is like a mental and physical ability to have a straight and independent life. When a task or an action is fully performed by the individual himself, it proves his functional capacity. According to the WHO, performance is what a person performs in their daily environment. Therefore, functional disability can be called the impediment or blockage for the individual to perform their daily or basic activities of life (LEITE *et al*, 2020).

According to Karsch (2003), people aged 65 and over may need some help to perform certain tasks, such as: shopping, help with finances and to organize the house. Some older adults may need help to perform daily activities, such as dressing, bathing, eating, and being able to move from one place to another (FROIS, 2020).

Graph 1 shows the index of specific pathologies of the elderly at Lar São Vicente de Paulo: 21% of men and 13.1% of women are diabetic; 31.1% of men and 10.5% of women are hypertensive; 2.6% of men and 5.2% of women have Parkinson's disease, and 8% of men and 8% of women have Alzheimer's disease.

Graph 1 - Index of Specific Pathologies of the Elderly of the St. Vincent de Paul Home.



Source: 2023 survey data.

Improved access to health services is contributing to people's longevity, so there is a growth in the elderly population. With the increase in this population, the number of cases of diabetes in individuals aged 60 to 79 years has also increased. The disease is already present in 18.6% more



than 134.6 million people in Brazil. It is expected that by 2035 diabetes will reach 252.8 million people in the country (BORBA *et al*, 2019).

Arterial hypertension impairs the performance of the elderly, generating a lower quality of life and negatively interfering in their social relationships and in their daily activities. This fact decreases the mood and capacity of the elderly (QUEIROZ *et al*, 2020).

Parkinson's disease is a chronic and progressive disease that affects the central nervous system. It manifests itself through cardiac signs such as: rigidity, akinesia, bradykinesia and tremor. It is a pathology in which there is no certain diagnosis, but it is characterized by the cardinal signs mentioned above. The aging process is directly linked to the occurrence of Parkinson's disease due to the acceleration of the loss of dopaminergic neurons over the years. (RODRIGUES *et al*, 2019).

Alzheimer's disease is a pathology for which there is no cure. It presents with several different aspects, such as complications in cognitive functions making it difficult for the elderly to perform their daily activities. It is a progressive neurodegenerative disease with several etiological, clinical and neuropathological aspects. (NACKE *et al*, 2020).

3 CONCLUSION

The elderly at Lar São Vicente de Paulo have an average age of 74 years. Most of the institutionalized women are single, with low schooling and no children. The other part is composed of men with no ties to the family, low income and low education. The most frequent reason for institutionalization was due to the elderly living alone. Among other reasons, there is the loss of ties with family members. In some cases, the elderly person was taken by family members to be institutionalized. The Home offers assistance to the elderly through trained professionals, such as caregivers for the elderly, nursing technicians, nurses, doctors, psychologists, physiotherapists and other professionals. In the daily routine of the Home, the elderly take routine medications, mainly for Diabetes and Arterial Hypertension, as well as antidepressants. It is also important to note that some elderly people suffer from degenerative diseases such as Parkinson's disease and Alzheimer's disease. Among the activities that are carried out on a daily basis, it was observed that most of the elderly watch television and others listen to music. When it comes to the pain reported by the elderly, most of them do not feel pain. Those who feel it, complain of pain in the arm, spine and knee area. There are elderly people who are considered independent for day-to-day activities, even if they require the use of self-help equipment. There are also elderly people who are partially dependent for self-care tasks, as many of them require wheelchairs to get around. There are also



the elderly who require all self-care assistance for daily living. All the elderly are assisted daily by caregivers and nursing technicians.



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