


# Chapter 17

## “Home visit to the elderly, its benefits and impacts on the life of the student”: a report of experience

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### **ABSTRACT**

This report has the objective to describe the relevance of the home visit both for the elderly healthcare and for the students' learning and its importance for the primary care. The report shows how these visits were developed and the benefits they caused on the quality of life of the seniors, besides the professional growth of the medical student, demonstrating the importance of the realization of this outside activity.

**Keywords:** Home visit, Primary health care, Quality of life, Elderly, Medical students.

## **1 INTRODUCTION**

The increase in the elderly population is occurring due to the progressive decline in mortality and fertility rates. In the world there are already 1.1 billion elderly and in Brazil 31.2 million (FREITAS et al., 2012), For 2100, the UN Population Division projects 3.1 billion elderly, representing 29.8% of the global population of 10.4 billion. For Brazil, the projection is 73.3 million elderly, representing 39.7% of the national population of 184.5 million (UN 2022). These data make even more evident the importance of taking care of the health of the elderly.

The aging process provides several changes, including the increase in chronic degenerative diseases that cause many challenges for health services, which require new proposals that include the needs of the frail elderly. Most of these are related to the difficulty of locomotion, requiring a differentiated assistance, highlighting the home visit (HV) (SILVA et al., 2017).

The central objective of the home visit is the community and the family, because they are the influencers in the process of users getting sick, as it depends on the inserted relations and contexts, besides environmental, socioeconomic and political issues (FORTES et al., 2020).

The home visit was expanded through the Family Health Program (PSF), which is a multidisciplinary technique that uses qualified listening, bonding, and welcoming, making the individual more independent to maintain their health. Health, care, and social practices are carried out with an integral view of the patient. In general, the team is composed of a doctor, a nurse, a psychologist, a dentist, a speech therapist, and a physical therapist, occupational therapist, nutritionist, and social worker. The services performed range from personal care of their activities of daily living, health education to the use of high hospital technology and a support network for diagnosis and for other therapeutic measures, ensuring the continuity of care (FORTES et al., 2020 and SILVA et al., 2017).

The HV has increased because it presents the correlation of the Health Care Network (RAS), optimization of hospital resources, expansion of access to health care for bedridden users or those unable to leave their homes, promoting greater quality and resoluteness of care (BRASIL, 2020). It is clear that the HV has contributed to generate more humanized and resolute care, in addition to reducing costs of unnecessary hospitalizations (BRASIL, 2020).

In this context, the HV is essential to bring the students closer to the experiences of the population, the health-disease process, causing the immersion in the political-social, economic and cultural dimensions, as well as the epidemiological and demographic profile of the population to identify various health needs. Thus, a critical sense is formed about the broad concept of health and the development of both intellectual and social skills (FERREIRA et al., 2021; FORTES et al., 2020).

Intellectual skills are acquired through the needs of each patient, which promotes the study to provide guidance and referrals appropriate to the reality of each user, thus the latter also benefits, cultivating and strengthening the relationship between health professionals, academics and user (SANTOS et al., 2017).

Despite being described in Law No. 10,424 of April 15, 2002, and listed as an assignment of PHC (Primary Health Care) teams (BRASIL, 2011), the HV still presents challenges for its operationalization, such as the difficulty of transportation for conducting visits in homes located further away, lack of qualified professionals, teams with an excessive number of users, incomplete teams and with high turnover, lack of support networks, and poor physical structure (BRASIL, 2020 and MARROCO, 2014).

The experience report is a descriptive research instrument that aims to share a lived situation that has relevance in the scientific context, has the goal of analyzing and understanding important points that contribute to the care of the individual and the

The researcher, whether active or passive, should report his analysis. Through the activities, it was possible to understand the need for the experience report, since it contributes significantly to the education of other students and to the transformation of the look on the home visit, from the medical field, aiming at the impacts they cause on the individual and his family and social context.

Therefore, this modality was used because it contributes to show the individual as an autonomous being, belonging to the community and an important social participant, where his history and culture impact and transform the reality of society.

Therefore, this paper aims to report the experience of medical students regarding the theoretical/practical importance of home visits in the academic learning process and its repercussions on the patient's health status.

## **2 DEVELOPMENT**

This is a descriptive study, of the experience report type, developed during the classes of Interdisciplinary Practices of interaction Teaching, Services and Community IV in the 4th period of the Medical School of the University of Cuiabá, in the Family Health Unit of the southern region of the city of Cuiabá-MT.

It is necessary to reflect on the need and importance of multiprofessional evaluation of the elderly seeking comprehensive care through the promotion, prevention, cure and rehabilitation of health conditions specific to this population (JESUS et al,2017).

Four visits were made to different homes and one visit to a philanthropic institution for the elderly from October to November 2022. The HV made it possible to observe each individual and assess their particularities. During the home visits, seven elderly individuals were evaluated, and 85 elderly individuals were evaluated in the long-stay institution. Interdisciplinary actions were performed during the home visits, which contributed to the improvement of the students' education, being in accordance with the course curricular grid. The activities aimed to integrate teaching, service and community, which were guided by the guidelines of the National Primary Care Policy, established by SUS.

In homes, actions were performed to welcome the user, check vital signs and physical examination, calf circumference measurement, global assessment of the elderly (cognitive, visual, mobility, hearing, depression, and early impairment of functionality), analysis of the family context, anamnesis, completion of the registry of the elderly and survey of risk factors. In addition, there were orientations about healthy eating, request for laboratory tests, and referrals to specialties according to the elderly's needs. In the long-stay institution, blood pressure and glycemic levels of the institutionalized elderly were checked. One way

to estimate the health of the elderly is to use the multidimensional assessment, which can be verified by investigating their individual, family and social conditions to use the functional support networks, cognitive and those related to affectivity (JESUS et al., 2017).

Vital signs (VVS) are indicators of health status and assurance of circulatory, respiratory, neural and endocrine functions of the body. They can serve as universal communication mechanisms about the patient's condition and the severity of illness.(POTTER et al,2011).

Systemic Arterial Hypertension (SAH) and Diabetes Mellitus (DM) are chronic diseases and have no cure, but they can be controlled with medication and good lifestyle habits such as physical exercise, healthy eating and without the consumption of alcohol and smoking. Otherwise, these diseases usually have serious consequences (SOUZA et al., 2020).

The justifications for the high prevalence of SAH in this age group are the changes that occur with aging (calcification and hardening of the arteries). There is a tendency toward an increase in systolic (maximum) blood pressure and a stability or even reduction in diastolic (minimum) blood pressure. However, pressure levels higher than 140 mmHg for systolic blood pressure and 90 mmHg for diastolic blood pressure should not be considered normal for the elderly (STEFANACCI 2022).

The nutritional assessment and monitoring of the elderly are necessary for an adequate assistance and for the planning of health promotion actions (TAVARES et al,2015). With this, it is seen the importance of calf measurement of the elderly, to assess their nutritional status and refer them to the nutrition team, thus forming a team multidisciplinary team. This also contributes to reducing the risk of falls and improving vital signs. This measure is also important for the autonomy of the elderly.

Falls are common among the elderly. About one-third of seniors living at home fall at least once a year, and about half of people living in a nursing home fall (RUBENSTEIN 2021). More than 70% of falls occur inside the home, with people living alone being at greater risk (FERRETTI et al 2013). Given this, as previously mentioned, the measurement of calf circumference was essential during the visits.

From the observation it was found that the home visit to the elderly is extremely important, because it is a population that is constantly growing. Besides the need to evaluate their social, housing, and nutritional conditions, the follow-up and screening of chronic-degenerative diseases such as diabetes mellitus, systemic arterial hypertension, and the patient's complaints that many times are not taken to the doctor's office.

Therefore, it was possible to understand the importance of the home visit for the elderly and its benefits in terms of quality of life. In addition, it was a valuable tool to bring professionals and users of the primary health care network closer together. Furthermore, it was essential to improve the professional training of the students, enabling the understanding of the elderly, their particularities and the development of essential skills and abilities.

### 3 CONCLUDING REMARKS

We conclude that the home visit is an important tool in the process of elderly care, since many no longer have the means to attend the Basic Health Unit and need palliative care. In addition, it provides a favorable environment for the practical study of elderly health for medical students. In view of this, the home visit should be used as a favorable instrument for the care of the elderly in primary health care and a means of learning for health students.

Through home visits it is possible to evaluate the elderly in their totality, analyzing not only the disease, but also the several variables that interfere in it, such as the living environment, the people who are part of this environment, their routine, as well as the complaints that are not taken to the doctor's office. Furthermore, the importance of multidisciplinary is highlighted for the success of the home visit, having as an example the referrals that can be made during the visit by the health team, recruiting specific specialties according to the patient's needs, allowing several areas of health knowledge to act as a team to promote efficient strategies for the integral care of the elderly.

In addition, the home visit provides a more intimate and welcoming environment between health professionals and the patient, which allows direct counseling with the elderly patient's companions about their peculiarities and about topics that deserve attention, such as falls, depression, anxiety, dementia, and other cognitive deficits, scheduling appointments, emergencies, reminders about medications, physical activity, decompensated diseases like diabetes and hypertension, ensuring a better quality of life for the patient.

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