ISSN 1695-6141
Revista electrónica trimestral de Enfermería
Nº 33
Enero 2014
www.um.es/eglobal/

CLÍNICA

Health conditions and functionality of the elderly Valley Paraíba, Sao Paulo, Brazil

Condições de saúde e funcionalidade dos idosos do Vale Paraíba, São Paulo, Brasil

Condiciones de salud y funcionalidad de los ancianos del Valle Paraíba, São Paulo, Brasil

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Keywords: International Classification of Functioning; Disability and Health; Aging; Social Centers and Leisure; Aging; Nursing; Gerontology.

Palavras chave: Classificação Internacional de Funcionalidade, Incapacidade e Saúde; Idoso; Centros de Convivência e Lazer; Envelhecimento; Enfermagem; Gerontologia.

Palabras clave: Clasificación Internacional de Funcionalidad, Discapacidad y Salud; ancianoo; centros sociales y de ocio; envejecimiento; Enfermería; Gerontología.

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ABSTRACT

The principles of aging and quality of life describe the elderly as proactive, setting goals and striving to achieve them, gathering resources that are useful in adapting to change and actively involved in maintaining wellness.

The **goal** of this research is to characterize the profile of the elderly participating in the Elderly Community Centre regarding gender, age, marital status, self-reported ethnicity, education, occupation, individual income, number of children, nationality, living conditions , means of transportation you use to go to the Elderly Community Centre and preferred physical activity and describe the health and performance in activities of daily living of the elderly participants from JRC, according to the International Classification of Functioning, Disability and health (CIF).

Method: The research was exploratory, descriptive, cross-sectional quantitative approach carried out in Elderly Community Centre Paraíba Valley, São Paulo, Brazil. The study included those who met the inclusion criteria of age or over 60 years, participating for at least three months and complete within one year of the Elderly Community Centre, which were the search field. The study was characterized by the predominance of women, mean age 72 years, married, self-reported ethnicity white, with 5-10 years of education, retired, with an average monthly income of a minimum wage.

Conclusions: Through the collection instrument was observed that most of Elderly Community Centre categories selected was somewhat compromised with slight difficulty or no difficulty.

RESUMO

Os princípios do envelhecimento com qualidade de vida descrevem o idoso como pró-ativo, definindo seus objetivos e lutando para alcançá-los, reunindo recursos que são úteis na adaptação à mudança e ativamente envolvidos na manutenção do bem-estar.

O objetivo desta pesquisa é a caracterização do perfil dos idosos que participam do Centro de Convivência do Idoso (CCI) quanto ao sexo, idade, estado civil, etnia autodeclarada, escolaridade, ocupação, renda individual, número de filhos, naturalidade, condições de moradia, meio de locomoção que utiliza para ir ao CCI e atividade física preferida e descrever as condições de saúde e desempenho nas atividades de vida diária dos idosos participantes de CCI, segundo a Classificação Internacional de Funcionalidade, Incapacidade e Saúde(CIF).

Método: Pesquisa do tipo exploratória, descritiva, transversal, com abordagem quantitativa, realizado em CCIs do Vale Paraíba, São Paulo, Brasil. Foram incluídos no estudo aqueles que atendiam aos critérios de inclusão com idade igual ou superior a 60 anos, participantes, há pelo menos três meses completos e no máximo um ano dos CCIs, que constituíram o campo de pesquisa. O estudo caracterizou-se pelo predomínio de mulheres, idade média de 72 anos, casadas, etnia autodeclarada branca, com 5-10 anos de educação escolar, aposentadas, com média de renda mensal de um salário mínimo.

Conclusôes. Por meio do instrumento de coleta foi possível observar que a maior parte das categorias da CIF selecionadas era pouco comprometida com dificuldade leve ou sem dificuldade.
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RESUMEN

Los principios del envejecimiento con calidad de vida describen al anciano como proactivo, definiendo sus objetivos y esforzándose por alcanzarlos, reuniendo recursos que son útiles en la adaptación a los cambios y participar activamente en el mantenimiento de la salud.

El **objetivo** de esta investigación es caracterizar el perfil de las personas mayores que participan en el Centro Comunitario de Personas Mayores con respecto a sexo, edad, estado civil, origen étnico declarado, educación, ocupación, ingresos personales, número de hijos, nacionalidad, condiciones de vida, medios de transporte que utilizan para ir a la Corte Penal Internacional y actividad física preferida y describir las condiciones de salud y el rendimiento en actividades de la vida diaria de los participantes de mayor edad del Centro Comunitario de Personas Mayores, de acuerdo con la Clasificación Internacional del Funcionamiento, de la Discapacidad y la Salud (CIF).

Método: La investigación fue de tipo exploratorio, descriptivo, transversal, con enfoque cuantitativo, llevado a cabo en los Centros Comunitarios de Personas Mayores Paraíba Valley, São Paulo, Brasil. El estudio incluyó a aquellos que cumplieron con los criterios de inclusión de edad o mayores de 60 años, participando durante al menos tres meses y un máximo de un año de los Centros Comunitarios de Personas Mayores, que eran el campo de búsqueda. El estudio se caracteriza por el predominio de las mujeres, con una edad media de 72 años, casada, de etnia blanca declarada, con 5-10 años de educación, jubilada, con un ingreso promedio mensual de un salario mínimo.

Conclusiones. A través del instrumento de recolección se observó que la mayoría de las categorías de CIF seleccionadas se vio comprometida tanto con ligera dificultad o ninguna dificultad.

INTRODUCTION

Following the patterns observed in other countries[1], in Brazil, the decline in fertility and increase in life expectancy resulted in the last 30 years, the significant increase in the elderly population. Furthermore, the relative improvement in the population's access to health services, the national vaccination campaigns, raising the level of education of the population, investments in sanitation infrastructure and the perception of individuals in relation to the disease are a set of factors This increases the life expectancy of the elderly. Likewise, the high fecundity observed in the twentieth

century, in the years 50 and 60 and the fall of mortality that benefited all population groups led to the delineation of this demographic profile [2-3].

It is noteworthy that the human aging process is not homogeneous and is influenced by a number of aspects, eg, gender, ethnicity and socio-economic conditions of the population [4].

Thus, the subject started to gain aging spaces in other fields of knowledge.

The principles of a quality of life with aging describe the elderly as proactive by setting goals and striving to achieve them, gathering resources that are useful in adapting to change and actively involved in maintaining wellness. This model comprises from life satisfaction to models based on concepts of independence, control, social skills and cognitive [5].

The sedentary elderly often stems from socio-cultural constraints, rather than a functional [6]. The behaviors attributed to older people refer to passivity and immobility, with low level of physical activity. However it is known that many of the physiological and functional results are observed in elderly absence of the stimulus which changes attributed to aging[7]. Studies have shown the positive contributions of physical activity programs in improving overall physical and functional fitness of older [8].

Thus, an active lifestyle improves both physical health and mental and contributes to the control of disorders such as depression and dementia. There is evidence that physically active elderly have a lower prevalence of mental illness than non-active [9].

The physical activity should be easy and will not cause injury. Must be low impact and occur at moderate intensity which means the perceived exertion, increased heart rate and / or respiratory rate, allowing the individual to breathe without difficulty and with increased body temperature [8].

The coexistence groups [10], provide ways of empowering everyday citizens to its participants through a reflection of your surroundings and sociocultural mechanisms that give rise to individual and collective actions of intervention in old age. These groups were designed with objectives, activities and differentiated proposals, with spaces for leisure, for sociability, for culture and for the construction of a civic conscience.

These groups perform various activities, die recreational, cultural, social, educational and health promotion, guided by skilled professionals involved with the promotion of health and active aging.

Aiming to meet the needs to know more about the consequences of disease and the impact on people's daily lives, in 1976, the World Health Organization (WHO) published the International Classification of Impairment, Disabilities and Handicaps (ICIDH), experimentally . This was translated into Portuguese as International Classification of Impairments, Disabilities and Handicaps (handicaps) (CIDID) [11].

According to this conceptual framework, impairment (disability) is described as abnormalities in the organs and systems and body structures; disability (disability) is characterized as the consequences of failure in terms of functional performance, or the

performance of activities; handicap (handicap) reflects the individual's adaptation to the environment resulting from the disability and impairment [12].

Clearly[13], conceptualized the International Classification of Functioning, Disability and Health (CIF) as a classification that describes functioning and disability related to health conditions, identifying what a person "can or cannot do in your daily life "in view of the functions of organs or body structures and systems, as well as limitations of activities and social participation in the environment where the person lives.

The CIF describes the situation of each person within a range of areas of health or health-related, offering us a common language and an international universal conceptual model to describe the health and disability [14].

There is a classification of people as it allows to describe the characteristics of the individual in different areas and the characteristics of their physical and social environment, selecting a set of codes that documents your profile functionality and participation. There are several countries that have adopted the CIF framework of legislative changes and political and social regulation in the context of disability allowances, pension, workplace policies or reforms of people with disabilities [15].

CIF puts all diseases and health problems in equality, whatever their causes. A person cannot go to work due to a cold or angina, but also because of a depression. This approach placed neutral mental disorders at the same level of physical illness and helped to recognize and establish the global burden of morbidity associated with depressive problems, which currently represent the leading cause of years of life lost due to disability [15].

OBJECTIVES

To analyze the health and performance in activities of daily living of the elderly participants of Elderly Community Centre from the International Classification of Functioning, Disability and Health [15];

To characterize the profile of older people participating in the Elderly Community Centre regarding gender, age, marital status, self-reported ethnicity, education, occupation, personal income, number of children, nationality, housing, means of locomotion which uses to go to Elderly Community Centre and preferred physical activity.

METHOD

The research was exploratory, descriptive, cross-sectional quantitative approach, performed in the Elderly Centres of Paraíba Valley, State of São Paulo, southeastern Brazil. The seven cities were chosen for convenience of the researcher.

In convenience sampling, this sample is composed of members of the population that has higher availability for research or with which the researcher has easy access [16].

The Vale do Paraíba region is a socioeconomic covering part of the eastern state of São Paulo and west of the state of Rio de Janeiro, which stands for concentrating a considerable portion of the Gross Domestic Product of Brazil. The name is due to the fact that the region is the initial part of the watershed of the river Paraíba do Sul should

be emphasized that the name refers only to a region with certain socioeconomic characteristics, since the Paraíba do Sul river extends along almost the entire length of the state of Rio de Janeiro and separates part of the state of Minas Gerais. Its location is on the banks of the Presidente Dutra Highway (BR-116), exactly between the cities of Rio de Janeiro and Sao Paulo, within the megalopolis formed by the two capitals. The added population of all cities in the region is almost 3.3 million people [(3)].

The total population of the elderly of seven cities is 40,928. Were established inclusion and exclusion criteria for the selection of seniors who could participate in the study, which resulted in 2339 individuals. For data collection and sample size calculation was performed with computational significance of 5%, resulting in the number of 386 seniors who, by lot, formed the sample of this research.

This project was submitted to the Ethics Committee of Integrated Schools Teresa D'Avila (Fatea) approved under n.87/2009.

The criteria for exclusion were related to the elderly participants with less than three full months and over a year of Elderly Community Centre and who refuse to participate as volunteers, signing Term of Consent. Criteria defined by the adaptation of the elderly to the Elderly Community Centre.

The following instruments, described below, were used to collect data: the CIF Checklist and Mini Mental State Examination.

The data were statistically analyzed descriptively, with a focus on functionality and disability related to health conditions, in view of the functions of organs or body structures and systems, as well as limitations of activities and social participation in the environment where the person lives.

To compare categorical variables between groups we used the Fisher exact test to check for association between the item in question and the explanatory variable (gender, age, education, Mini Mental State Examination, number of children, physical activities and means of transportation you use to go to Elderly Community Centre), to values below the expected 0.05.

The significance level for statistical tests was 5% ($p < 0.05$).

RESULTS and DISCUSSION

This is the first description of functioning and disability through the CIF categories in the elderly in a Brazilian sample.

The study was characterized by the predominance of women, mean age 72 years, married, white ethnicity declare, with 5-10 years of education, retired, with an average monthly income of a minimum wage, two sons, naturalness city collection data resides in their own home, means of locomotion which used to go to Elderly Community Centre and physical activity is preferred to walk with preserved cognitive function.
In the study[(17)] with 184 seniors at a community center in Minas Gerais was the predominance of females (88.6%) aged 60 to 69 years (58.7%), education predominated schooling (56.5%) in household arrangements, (78.8%) reported that they lived together and on the occupational status, the majority (46.7%) belongs to the group of retirees corroborate the study.

About the fitness levels of older adults [18], of both sexes. It was found that women with advancing age, present results significantly higher than those of men. Thus, the possibility that there improvements in women with regular practice of physical activity is low since evidence initial values of flexibility when compared with males.

In this study, the CIF categories of functions of energy and momentum, Move using some kind of equipment, motor vehicles and Driving School Education, possess significance for both sexes (male and female).

The fact that a greater presence of elderly between 60 and 69 years of living in groups is associated with less autonomy and participation in the labor market [19], with free time for leisure activities, or an escape from the stereotype of the elderly. Moreover, the low participation of people over 80 years can elapse due to the higher degree of comorbidity with increasing age and dependency. These factors are important because they can limit access and participation in activities offered by the project since these seniors rely on others to take them to the location of the meetings.

In this age group, seniors find out the job market, so with more free time for activities within the Elderly Community Centre [19], the old stereotypes of aging are no longer adopted by the elderly. They no longer accept "stay at home taking care of grandchildren" or crocheting, try new activities that bring welfare.

Regarding age, there was statistical significance for the following categories of CIF - Functions of energy and momentum, emotional functions, Listening, Use thin hands, grab, hold, Family relationships and Troubleshooting.

In a study conducted in India[20] showed a total of 85% of a population of 356 elderly respondents with an average age of 75 years, medical problems, impaired cognitive function and sensory, 27% with mild disability in any field and a the remaining 31% had a higher level of disability.

There is a higher incidence of falls in women under 75 years, and that after this age, chances are similar in both sexes[21-22]. This fact remains poorly understood in literature, which have been suggested as causes of falls the greater the fragility of women in relation to men, as well as a higher prevalence of chronic diseases and increased exposure to domestic activities, thus increasing the possibility of falls.

For seniors with different school years indicated significant functions of energy and momentum, lifting and carrying objects Functions, Goods and services, basic interpersonal interactions, sexual relations, Transactions basic economic and political life and citizenship.

Of the 230 seniors studied Living Center of the city of Campina Grande-PB, 184 (80.0%) were women and 46 (20.0%) men. Showed the following characteristics: age ranging from 60 to 87 years, most frequently in the age group 71 to 80 years, 88 (38.4%), being more frequent widowed 89 (39.2%), education level en ¬ bell incomplete primary was the most common 110 (48.0%), illiteracy still appears in 60 (26.2%) of the elderly. Regarding individual monthly income were distributed in bands of a minimum wage 23 (10.0%), one to three minimum wages 180 (78.6%); wages over three six (2.6%) and without income 70 (8.7%) (23). The minimum wage in Brazil is USD 316,77.

A 1216 study of rural elderly in northeastern Spain showed that 85% of participants were married or widowed, living in their own homes with their families and were low or lower-middle class. The education level of the study sample was low, with an average of 7.8 years of schooling [24].

This study has significance for older children with different numbers of classes involuntary movements, Conversation, Caring for household objects, relations with strangers, Religious, Health Professionals and Individual attitudes of health professionals.

In a survey conducted in the city of São Paulo[25], wrote a feature similar to that found in this study, in which most people live in households with children and grandchildren, and this type of arrangement called multigenerational seems to be a hallmark of countries developing as Brazil.

The growth in the proportion of people living alone (8.3% to 11.1%) in the National Survey by Household Sample is a trend that has been seen in recent years and considered the result of the reduction in mortality rates and increased life expectancy, especially for women. In 2007, the family arrangements proprietorships accounted for about 6.7 million, of which (40.8%) consisted of persons 60 years or older. The occupational status, respectively, in the Southeast region is about (40.9%) of household income from the retirement of the elderly [4].

As for the physical activity of choice for seniors who participate in the Elderly Community Centre of the Paraíba Valley - SP was associated with the value of p (Fisher exact test) for the CIF categories Functions of vision, urinary Functions, Calculate, Lift and carry objects, Family Relations , intimate Relationships and People with authority positions.

In an Elderly Community Centre of a city of Paraíba Valley, in Sao Paulo, with 44 independent elderly, mean age 70 years (33%) and married (84.09%) reported ram physical exercise twice a week[26].

The results are in line with[27], when referring precisely that walking, gymnastics and swimming are the main physical activities of older women. Also, walking and exercising are the most popular forms of exercise in older Finnish, where 2/3 of this population walks regularly and 1/3 do gymnastics at home, despite the involvement in these activities begin to decrease in the elderly aged 80 or more of age

We noticed that most of the CIF categories studied in this sample reported little difficulty with function impairment or mild without difficulty, which is expected in independent elderly (100%) engaged in regular social activities (100%), characterized by women (80%), married (60%) with a mean age of 72 years.

The controversial discussion about the differences between men and women increases when one observes that in countries where women suffer greater male dominane is where the greatest differences in life expectancy by sex, contrary to what happens in countries where greater independence female is accompanied by major differences. This happens probably because these women have gained greater knowledge of preventive health measures (proper nutrition and exercise) and also provides greater independence women seek appropriate medical care [28].

A study conducted by the Oswaldo Cruz Foundation from 1990 to 2002, which were identified in 35 programs of health promotion for the elderly, were actually accessed 20 studies (11 international and nine Brazilians). A quasi-experimental study on international experience predominates, while in Brazil are common reports of experiences. In international programs, most of the elderly population involved is relatively well in order to have health insurance, have high educational level and health status and income above average three. Most experiments in Brazil is developed in public health services, linked to regular attendance, and the elderly have low education with high rates of illiteracy. In general, the goals of the programs converge on the horizon to improve the health and quality of life of the elderly, with an emphasis on dimensions of self-care programs, workshops or lectures and walking group. However, subgroups such as elderly nursing home residents, rural and ethnic groups were excluded from the evaluation of health promotion programs [(29)].

The body functions were more impaired functions of sleep (32%) and emotional functions (40%) consistent with other results reported in the literature on elderly with low educational and cognitive functions poorly developed. Moreover, the body functions related to joint mobility and muscle strength (40%), Functions related to muscle tone (46%), Functions related to involuntary movements (62%) were those that had fully preserved more frequency (no disability), which may indicate satisfactory result due to the development and involvement of the aged in physical activities proposed by the Elderly Community Centre for the purpose of an active and healthy aging.

The personal and social resources features that the individual is a way to determine the implications of disability therefore becomes important to evaluate not only the functional decline, but such limitations as are experienced by each [(30)].

In this study the results of the Mini Mental State Examination were significantly associated to the energy and pulse functions, functions of attention, memory functions, emotional functions, functions of vision, sensation of pain, urinary functions, Spot, perform multiple tasks, communication receiving oral messages, Communication receiving nonverbal messages, Speech, Production nonverbal messages, Lift and carry objects, fine hand use, Walking, Moving using some kind of equipment, Driving, Driving transport with animal traction, Driving motorized vehicles, Wash, Care of body parts, processes of care related to excretion, Dressing Up, Drinking, Taking care of one's health, interpersonal interactions complex relations with strangers, formal relationships, romantic relationships, marital relations, informal education, paid work, basic economic transactions, Self sufficiency, Community Life, Recreation and Leisure, Religion and Spirituality, Human Rights, political life and citizenship, Products or substances for personal consumption, products and technology for personal use in daily life, Products and technology for personal mobility and transport in indoor and outdoor environments, and technology products for cultural, recreational and sports activities, products and technology to practice religious and spiritual life, Real, immediate Family, Friends, Acquaintances, colleagues, colleagues, neighbors and community members, people in authority, personal assistants and carers, health professionals, other professionals, individual attitudes of health professionals, individual attitudes of health-related professionals, services, systems and policies of Social Security, services, systems and health policies.

Family relations: creating and maintaining family relationships, such as with members of the family, relatives, foster family and creation and not consanguineous relatives,

more distant relationships as second cousins or legal guardians (d760). Includes: relations between parents and children and parents and children, between siblings and other family members.

Intimate relationships: creating and maintaining romantic or intimate relationships between individuals, as husband and wife, lovers or sexual partners (d770). Includes: romantic relationships, marital and sexual.

Romantic relationships: creating and maintaining a relationship based on emotional and physical attraction, potentially leading to long-term intimate relationships (d7700).

Marital relations: creating and maintaining an intimate relationship of a legal nature with another person, as in legal marriage, including being or becoming a wife or husband legally married spouse or an unmarried (d7701).

Sex: creating and maintaining a sexual relationship with a spouse or other partner (d7702).

In western countries, about 30% of the elderly aged over 65 years fall at least once a year, and about half that suffers two or more falls. This frequency is lower in Eastern countries, where about 15% of the elderly fall once a year and only 7.2% fall recurrently. This event is the sixth leading cause of death among people over 65, and the results include the non-fatal injury, fear of falling again, functional disability and institutionalization. In Brazil, a study conducted in São Paulo showed that the frequency of falls was 32.7% and recurrent falls in elderly community was 13.9% [(22)].

Even as the personal care[(31)], eating and drinking are tasks with less complexity Thus, the elderly get a better level of performance in these tasks.

Regarding the activities and interests, we observed that the categories Solve problems, Speech and Paid Work (76%); Production nonverbal messages (82%); Acquiring a place to live and purchase of goods and services (90%); walk, Move using some kind of equipment, Wash, Care of body parts, processes of care related to excretion, Dressing Up, Taking care of their own health, meal preparation, housekeeping Achievement, Caring for objects home, Helping others, formal relations, informal education, and basic economic Transactions Religion and spirituality (98%), Eating, Drinking, basic interpersonal interactions, Relationship with strangers, informal social relations, Community Life, Recreation and Leisure, and human Rights political life and citizenship (100%) were the least frequently committed, and such activities are practiced more frequently providing more skill, since the categories, Make multitasking (32%), communication-receiving oral messages (30%), lifting and carrying objects (32%) and Self-sufficiency (36%) had the greatest limitation or restriction.

The project Health, Wellbeing and Aging, which is a multicenter study conducted in seven cities in Latin America and the Caribbean with seniors 60 years or more, investigate important questions about functionality and basic and instrumental activities of daily living. The prevalence of disability to perform at least one basic activity of daily living, measured from the report of the presence of difficulty was 18.6% in Ottawa, 13.8% in Bridgetown, 23.7% in São Paulo, 22.3% in Toronto, 20.5% in Havana, 19.4% in Mexico and 16.8% in Montevideo. For instrumental activities of daily living, the prevalences were 28.7%, 23.5%, 40.3%, 31.8%, 27.8%, 28.6% and 17.0% respectively . The variables associated with functional disability were present greater

number of chronic diseases, presenting osteoarthritis, cardiovascular disease and depression, being a woman, having advanced age, poor self-assessment of health status and have cognitive decline. The strongest associations were found in relation to instrumental activities[32].

Study [33] in the UK has a restraining order of activities, starting with the bathroom, walking, dressing, hygiene and order food. The longitudinal study [34] conducted in the United States with 5151 elderly showed a decrease in functional capacity especially in relation to bathing, hygiene, personal care, dressing and mobility.

In Brazil, there are studies that analyze in isolation from each group of activities of daily living. Overall, the research assesses the tasks in block form, a fact that hinders a deeper issue. It is known that elderly community residents are more active and therefore have a functional level above those living in geriatric homes. Understanding the functional behavior within each group can facilitate understanding of the issues involved in functional decline and serve as a source of information for specific actions for each situation, because the type of help you need, the demands for services and the costs of disability are very different [35].

For seniors who use this study as a means of transportation to go to Elderly Community Centre, there was significance Functions of vision Purchase of property, Calculate, Lift and carry objects, Family Relationships, Intimate Relationships and People with a position of authority has significance because it promotes their access to transport.

Nevertheless, this policy has contributed little to the construction of citizenship, for those who are below the poverty line have so many unmet basic needs that a minimum wage is not enough to ensure them a decent life. Studies [36] among others, demonstrate the inadequacy of our minimum wage which only contemplates a basket, setting the indigence line and reducing human needs feeding.

Categories of different chapters of the component Activities and Interests have been described as having some degree of difficulty from learning activities to speech, mobility and others. This indicates the need for multidisciplinary teams in health care programs for the elderly and gerontology.

The Environmental Factors in CIF were described as constituting the physical environment, and social attitudes in which people live and conduct their lives. The coding of these contextual factors must be considered for each component of the operation and encoded according to these components. A list of Environmental Factors is the first component of Contextual Factors. The Environmental factors have an impact on all components of functioning and disability and are arranged in sequence, the immediate environment of the individual to the general environment [15].

In this study most of the categories of environmental factors has been rated as facilitator, indicating that these women do not realize many environmental barriers to their daily activities. This may result from the fact that they are mostly healthy and be able to use the goods and services that are created from a traditional model of design and planning that considers people without disabilities as parameters. One can propose that the sample was composed of elderly disabled, or less active, a greater percentage of categories of environmental factors would be identified as barrier.

In this study there was no qualification 8 (unspecified) in the 386 elderly who answered 107 categories of CIF (107 x 386 elderly categories = 41,302 responses).

In a study in Brazil[37] women with fibromyalgia, found twenty-nine participating in a survey, and all possible answers (67 categories x 29 patients = 1943), only 14 obtained the qualification 8 (unspecified), the indicating a good quality filling of the same, as the core sets were filled almost completely.

CONCLUSIONS

The study was characterized by the predominance of women with a mean age of 72 years, married, white ethnicity declare, with 5-10 years of education, retired, with an average monthly income of a minimum wage, two sons, naturalness city data collection lies in their own homes, means of locomotion which used to go to CCI and physical activity is preferred to walk, cognitive function preserved without changes in blood pressure and respiration.

Through information collection instrument was observed that most of CIF categories selected was somewhat compromised with slight difficulty, and without difficulty, which is expected in a sample of elderly independent (100%) engaged in regular social activities (100%), characterized by women (80%), married (60%) with a mean age of 72 years, as noted.

The body functions were more impaired functions of sleep (32%) and emotional functions (40%) consistent with other results reported in the literature on elderly with low educational and cognitive functions poorly developed. Moreover, the functions of the body functions related to joint mobility and muscle strength (40%), Functions related to muscle tone (46%), Functions related to involuntary movements (62%) were those that had fully preserved more frequently (no disability), which may indicate satisfactory outcome resulting from physical activities developed at the Elderly Community Centre.

The application of the CIF checklist in the elderly independent Elderly Community Centre showed a population practicing regular social activities, no disability, i.e., fully preserved functions of consciousness, orientation and intellectuals, but the functions of sleep, emotional and higher cognitive impaired. For activities and participations, solve problems, talk, walk, move using some kind of equipment, care of the body parts, helping others, informal education and paid work, were less frequently affected, whereas multiple tasks, communication-oral message reception, lift and carry objects and economic self-sufficiency had the greatest limitation or restriction.

Regarding the activities and interests, we observed that the categories Solve problems, Speech and Paid Work (76%); Production nonverbal messages (82%); Acquiring a place to live and purchase of goods and services (90%); walk, Move using some kind of equipment, Wash, Care of body parts, processes of care related to excretion, Dressing Up, Taking care of their own health, meal preparation, housekeeping Achievement, Caring for objects home, Helping others, formal relations, informal education, and basic economic Transactions Religion and spirituality (98%), Eating, Drinking, basic interpersonal interactions, Relationship with strangers, informal social relations, Community Life, Recreation and Leisure, and human Rights political life and citizenship (100%) were the least frequently committed, and such activities are practiced more frequently providing more skill, because the categories Learn to read

(30%), Learning to calculate (32%), Performing multiple tasks (32%), communication-receiving oral messages (30%), Lifting and carrying objects (32%) and Self-sufficiency (36%) had the greatest limitation or restriction.

In this study there was no qualification 8 (unspecified) in 387 elderly who answered 107 categories of CIF (107 x 386 elderly categories = 41,302).

CONSIDERAÇÕES FINAIS

O sucesso dos programas para a terceira idade que produzem um discurso empenhado em rever os estereótipos negativos da velhice e abrem espaços para as experiências de envelhecimento bem-sucedidas vividas coletivamente, realizar projetos abandonados em outras etapas da vida, estabelecer relações mais profícuas com o mundo e ao mesmo tempo, abre novos campos para a articulação de demandas políticas e para a constituição de novos mercados de consumo.

Ao abrigarmos a questão da especificidade e singularidade de cada ser humano, assumimos a condição de que políticas sociais e de saúde devem ser propostas para grupos populacionais, porém, considerando as necessidades e experiências de cada sujeito que delas participará. Assim, a velhice deve ser considerada no ciclo da vida não como uma doença, mas como um processo de viver envelhecendo, de conviver com intercorrências, as quais podem ser preveníveis e, em especial, tratáveis[38].

FINAL

The success of programs for seniors that produce a discourse committed to reviewing negative stereotypes of old age and open spaces to the experiences of successful aging lived collectively accomplish abandoned projects in other stages of life, more fruitful relations with the world and at the same time, opens up new areas for articulating political demands and to set up new consumer markets.

To approach the issue of specificity and uniqueness of each human being, we assume that the condition of health and social policies should be proposed for population groups, however, considering the needs and experiences of each subject them to participate. Thus, age should be considered in the life cycle not as a disease but as a process of aging live, to live with complications, which may be preventable and, in particular, treatable [38].

The changing population profiles, on the issue age, has made the official organ and enshrine modify their programs to argue, one of the elderly target populations of any official policy [38].

The health and social programs should seek to answer the urgent need to demystify the concepts pre regarding age, based on the science of aging, for the construction of sociocultural conditions conducive to a dignified old age [38].
So build a nation of citizens, people included and welcomed in social policy and health, no matter their age [38].

The new language proposed by the CIF is an important step towards a paradigm shift on disability, emphasizing the important role of contextual factors, it is not relevant in previous classification systems. Even if their encodings are not yet in common use in

our health system, CIF already has the merit of pointing a new direction in evaluating the impact of the disease on people's lives and in the aging process.

The CIF proposes that disability results not only from a dysfunction, but of mutual influence between the dysfunction presented by the individual, such as limiting their activities, restriction of social participation and, as a result of environmental and personal factors that interfere with its performance in activities of daily living, and may act as barriers or facilitators of functional status. As a result, living conditions extremely unfavorable determine greater functional impairment and poorer social performance. The social determinants of health also impose barriers on functionality [(39)].

The limits for the application of the CIF checklist, according to this study point to the need for training for the implementation of the CIF tool for professionals and / or researchers.

The application of the CIF checklist is not widely used in national surveys and the implementation of public policies in healthcare management. This also points to advantages such as the comparison of results with international studies, as well as describes, compares and subsidizes health interventions in the elderly in developing countries, especially for the formulation of public policies, which inserts the elderly in the globalization process with best health and social participation.

Although the CIF can be considered as a breakthrough in the design and detailing how to communicate with the changes that determine a greater or lesser degree of impairment of health of the individual, in practice it has been found great difficulty in using this form of classification of conditions health. The evidence produced in the country, since its publication, have demonstrated their applicability in daily routine of health professionals. The few studies have been devised to, at best, present data in a few cases [(39)].

Domestic production of studies that use the CIF to estimate functional impairment is very limited. In Scielo virtual library, between the years 2005 to 2011, of the 13 articles indexed by the terms disability and functionality are only seven original articles, which effectively use the scale to classify levels of participation, functionality and / or disability, since the others addressed the theoretical aspects of the application of conceptual scale. At the base Pubmed, can also detect a large number of articles also theoretical conceptual and outnumbered by applying the scale to describe disorders, limitations, restrictions or barriers and facilitating factors [(39)].

Although there are few national studies in the application of the CIF checklist with the elderly, this study is a pioneer in the state of São Paulo and Brazil.

The use of a reference, for more complex is that its formulation, provides fast communication, straightforward a very useful information for planning and resource management. And the CIF provides also fast communication, straightforward. Because this scenario national and global high morbidity for chronic diseases that resonates with high rates of disability, impairment and disability and did not promote similar elevation data production using this scale? After ten years of its publication CIF has been, in fact, recognized as a useful tool in the empirical evaluation of functional impairments of patients. We must reflect. Although extremely well prepared, in fact its production is operationally feasible little, requiring evaluation by various professionals

to produce accurate codes involving several constructs. Like the languages not spoken, unused scales also wither [39].

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ISSN 1695-6141