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RESEARCH

Atendimento pré - hospitalar móvel: identificando agravos à saúde da pessoa idosa

Mobile pre hospital attendance: identification aggravations for the elderly person

Antes de servicios - hospital móvil: la identificación de los problemas de salud de las personas mayores

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ABSTRACT

Objective: investigate the major health disorders that affect the elderly population in the ambit of mobile pre hospital in João Pessoa-PB city. **Method**: documental research, quantitative in 240 medical records of elderly with 75,5±9,5 years, being 54,6% (131) female, attended by the respective service. Data were collected by means of a semi structured questionnaire, in September 2012. **Results:** It was verified that 69,2% (166) of the occurrences were clinics; 18,8% (45) occurrence of falls at the same level; 9,6% (23) essential hypertension. **Conclusion:** It is hoped that this study can consubstantiate specific intervention measures directed to the assistance for the elderly, a way for the promotion of health, implementation of prevention actions of these occurrences, since most of them may be prevented. **Descriptors:** Answering services, Urgency, Elderly, Disease.

RESUMO

Objetivo: investigar agravos à saúde que acometem idosos, envolvendo a prestação de socorro pelo atendimento pré-hospitalar móvel na cidade de João Pessoa-PB. **Método:** pesquisa documental, quantitativa com 240 prontuários de idosos com 75,5±9,5 anos, sendo 54,6% (131) mulheres, atendidos pelo respectivo serviço. Dados coletados mediante questionário semiestruturado, em setembro de 2012. **Resultados:** constatou-se que 69,2% (166) das ocorrências são clínicas; 18,8% (45) ocorrências de quedas no mesmo nível; 9,6% (23) hipertensão essencial. **Conclusão:** espera-se que o estudo possa consubstanciar medidas de intervenções específicas direcionadas a assistência prestada ao idoso, um caminho para promoção da saúde, implementação de ações preventivas destas ocorrências, visto que grande parte delas sãos passíveis de prevenção. **Descritores:** Serviços de atendimento, urgência, idoso, doença.

RESUMEN

Objetivo: investigar daños a la salud afectan a ancianos, que implica la prestación de socorro para el servicio pre hospital móvil en la ciudad de João Pessoa-PB. **Método:** investigación documental, cuantitativa con 240 cartas de ancianos con 75.5 ± 9,5 años, 54,6 (131) mujeres, atendidas por el servicio respectivo. Datos recogidos por cuestionario estructurado semi en septiembre de 2012. **Resultados:** se encontró que 69.2 (166) de las ocurrencias son clínicas; 18.8 (45) ocurrencias de caídas al mismo nivel; 9.6 (23) hipertensión esencial. **Conclusión:** se espera que el estudio puede justificar medidas para intervenciones específicas dirigidas a la asistencia proporcionada a los ancianos, un camino a la promoción de la salud, implementación de acciones preventivas de estas ocurrencias, puesto que la mayoría de ellos es susceptible de prevención. **Descriptores:** Servicios de contestación, Urgente, Ancianos, Enfermedad.

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INTRODUCTION

Qualified assistance as a result of population aging is configured as one of the greatest public health challenges. This phenomenon occurred initially in developed countries, but more recently is in developing countries that the ageing population has occurred of more steeply. [1]

The functional, biochemical, psychological changes and accompanying morphological aging require special care with the elderly population in various fields of healthcare. [2-3]

The active lifestyle of the elderly raises exposure to risk of accidents. In this sense, the characteristics arising from physiological aging, namely, decreased visual acuity or hearing, use of drugs, associated diseases, contribute to trauma victims increase in that population group.

Thus, the progress in life expectancy and a better quality of life of the individual who enters in the third age, has provided the maintenance of functional independence, making it possible to carry out the activities of daily life. These factors contribute to a greater interaction to the daily lives of people, enabling the traumatic occurrences. [4]

In this regard, victims of the most various occurrences and harms health are benefited by a pre-hospital care adequately planned for your needs. Among the various objectives of the pre-hospital care include: stabilizing the respiratory and hemodynamic functions; don't aggravate the damage; avoid inappropriate conduct during removal of the patient, safeguarding its vital functions during transport. [5]

It is considered as pre-hospital level in the area of mobile urgency, which seeks early to the victim, after have been a further to your health (clinical, surgical, traumatic nature, including the psychiatric diseases), which can lead to suffering, sequels or even to death, and must, therefore, provide customer service and/or appropriate transportation to a properly tiered health service and integrated into the health system. [6]

In this perspective, due to the large number of accidents involving older people, and the possible risks to their health, research of such scarce nature in the northeastern region of Brazil, it is necessary to investigate the main harms to health that affect the elderly, involving the provision of help by the teams of pre-hospital care in mobile city of João Pessoa-PB.

This study has the intention to report the predominance of the nature of the urgent health care instances present in the elderly population, targeting the promotion of strategies that minimize these damages, to the extent that will contribute to making decisions for

professionals and managers who work with elderly people, urging them to propose specific care to this layer of society.

METHOD

It is a document type lookup with descriptive character, quantitative in nature, whose data were collected in the Medical File service of Mobile emergency service (SAMU), located in João Pessoa/PB.

Knowing that the base of the SAMU performs a monthly average of 1300 calls, totaling 15600 annual attendances and that of these, 300 monthly sessions are aimed at the elderly population, representing approximately 23% of General calls, selected 20 charts for each month of the year. For the calculation of the sample size used a margin of error of 5% and 90% confidence level by determining a quantity of at least 190 records for examination. [7]

Therefore, the sample consisted of 240 charts of elderly patients submitted to the service performed by the SAMU, in the period from January to December of the year of 2011, considered as a criterion for inclusion the medical records of people aged 60 years or more.

For the collection of data using a semi structured script, containing information about the sociodemograficas sample variables, as well as the nature of the harm done to health and type of occurrence in accordance with the Tenth International Classification of diseases (CIDX). [8]

After data collection, the information has been categorized and entered into a spreadsheet program Excel and imported into the Software Statistical Package for the Social Sciences (SPSS 13.0) 13.0, being analyzed the frequency, percentage, mean, standard deviation and subsequently exposed in tables.

The study was approved by the Research Ethics Committee of the Centro Universitário de João Pessoa – CAAE, under number 05866612.8.0000.5176.

RESULTS AND DISCUSSION

Of the 240 records served by SAMU base in the city of João Pessoa/PB, the average age of the elderly in 75.5 years ± 9.5 years, 54.6% (131) female.

In terms of types of cars to watch the elderly victim, the Basic Support Unit (USB) records a demand greater attendances (87.1%) over the enhanced support unit (USA) (12%). This reality of the city of João Pessoa also presents itself in the State of Sergipe (2011), when one of the 4500 monthly calls, 15 to 20% of the occurrences are intended for WEAR and 80 to 85% for the USB. [9]

As regards the nature of the occurrences in the SAMU was driven to meet the elderly population, clinical occurrences (56.25%) predominated among the other types of cases exposed in the table 1.

Table 1- Distribution of nature of the occurrences in the elderly served by the SAMU in the year 2011. João Pessoa/PB, Brazil, 2012. (n = 240)

Occurrence	FA	FR
Clinic	135	56.25%
Traumatic	68	28.33%
Other	25	10.41%
Psychiatric	12	5%
Surgical	-	-
Obstetric	-	-
Total	240	100.0%

Source: data from the researcher, 2012. FA-absolute Frequency. FR-relative Frequency.

The greatest demand for clinical occurrences among the elderly by SAMU of João Pessoa, in the year 2011, consistent with studies in Ribeirão Preto/SP (85.0%), in April 2003. [10] the study still confirms with data recorded in Olinda/PE recorded 1956 occurrences from February to June 2006, noting 1114 (57.0%) attendances by nature 645 (32.9%) and by external causes. [11]

The reality in the capital of Paraiba is configured with the data of the country with regard to assistance toward elderly population as greater demand for requests to the SAMU for attendances to clinical aggravations. [12]

In relation to the classification of the harms to health of the elderly, with reference to the international classification of diseases (ICD 10), essential hypertension (CID I10) stands out (9.6%) between occurrences of clinical nature (56.25), but the largest amount among the total of cases occurs in traumatic nature of the elderly fall type for slip, trip or steps in false-CID W01 (18.8%) presented in table 2.

Table 2: Identification of the harms to health of the elderly depending on the nature of the occurrence and international classification of diseases (ICD 10) in the year 2011. João Pessoa/PB, Brazil, 2012. (n = 240)

Nature of occurrence	CID	FA	FR
Clinic			
Essential Hypertension	I10	23	9.6%
Cerebral Infarction	I63	16	6.7%
Hypoglycemia	E162 beetroot	16	6.7%
Angina Pectoris	I20	13	5.4%
Hypotension	I95	13	5.4%
Other respiratory disorders	J98	8	3.3%
Other diseases of digestive system	K92	7	2.9%
Adult respiratory distress syndrome	J80	5	2.1%
Cardiac Arrest	I46	4	1.7%
Increased blood glucose	R73	4	1.7%
Other chronic obstructive pulmonary diseases	J44	3	1.3%
Diarrhea	A09	3	1.3%
Other water-electrolyte balance disorders and basic acid	E87	3	1.3%
Non-hazardous respiratory failure from another part	J96	2	0.8%
Acute myocardial infarction	I21	2	0.8%
Nausea and vomiting	R11	2	0.8%
Asthma	J45	1	0.4%
Auto intoxication by and exposure to pesticides, intentional	X 68	1	0.4%
Renal Calculus	N20	1	0.4%
Nefrética unspecified colic	N23	1	0.4%
Abdominal and pelvic pain	R10	1	0.4%
Pulmonary edema is not otherwise specified	J81	1	0.4%
Fever of unknown origin	R50	1	0.4%
Bleeding not classified elsewhere	R58	1	0.4%
Other cardiac arrhythmias	I49	1	0.4%
Acute Renal Failure	N17	1	0.4%
Toxic effect of alcohol	T51	1	0.4%
TOTAL	-	**135**	**56.25%**
Traumatic			
Fall on same level for slip, trip or steps in false	W01	45	18.8%
Other falls from one level to another	W17	4	1.7%
Pedestrian traumatized in collision with a car	V03	3	1.3%
Occupants of a car in collision with a car in trauma	V43	3	1.3%
Aggression by means of cutting or penetrating object	X 99	2	0.8%
Cyclist Traumatized in collision with train	V15	1	0.4%
Cyclist traumatized in collision with a car	V13	1	0.4%
Pedestrian traumatized in a collision with a motor vehicle of two or three-wheel motor vehicles	V02	1	0.4%
Pedestrian traumatized in collision with another vehicle non-motorized	V06	1	0.4%
Pedestrian traumatized in other transport accidents	V09	1	0.4%
Biker traumatized in collision with a car	V23	1	0.4%
Occupant of an automobile traumatized in collision with another vehicle	V42	1	0.4%
Person riding in or occupant of animal traction traumatized in a transport accident	V80	1	0.4%
Other falls on the same level	W18	1	0.4%
Fracture of the femur	S72	1	0.4%
Intracranial trauma	S06	1	0.4%
TOTAL	**-**	**68**	**28.33**
Psychiatric			
Seizures	R56	10	4.2%
Depressive episodes	F32	1	0.4%
Schizophrenia	F20	1	0.4%
TOTAL		**12**	**5%**
Other			
Death without assistance	R98	25	10.4%
TOTAL	**-**	**25**	**10.41%**
TOTAL	**-**	**240**	**100.00%**

Source: data from the researcher, 2012. FA-absolute Frequency. FR-relative Frequency.

The attendances of SAMU in Recife-PE in higher percentage (71.5%) hypertension among the other occurrences,[11] clinics corroborating this way, with the data of the present study.

The fall of his own time occurs mainly in the elderly is considered a public health problem, both by high frequency as for its direct and indirect effects on the health of the population. Approximately 15% of patients are admitted to specialized centers in meeting the traumatized suffered falls of his own time. [13] the incidence of falls increases with advancing age, ranging from 34% among seniors 65 and 80 years, with 45% between 80 and 89 years old and 50% over 90 years. [14]

Approximately 30% of individuals with more than 65 years of age fall at least once a year, of which half repeatedly. [15-16] Among the consequences found as a result of the fall, are: fractured femur (62%); hip 17 (12%); [18] arms (49%)[19] and forearm (12.5%). [17]

The trauma from the crash is often neglected by doctors first responders, because it represents a mechanism of low kinetic energy. However, severe and potentially lethal lesions may be present. [20]

Whereas the high rate of occurrences involving elderly within prehospital is caused by falls and that often such a phenomenon worsens hours after the occurrence, it is necessary to present a look back the peculiarities arising out of these causes.

CONCLUSION

The aging process comprises a series of morphological, anatomical and physiological changes, which influence the health or disease process. The pre-hospital care targeted to this population presents peculiarities that distinguish the assistance geared to young people and that influence directly in the types of instances provided by the SAMU.

The profile of the subjects addressed in the study as to the variable gender showed a demand of occurrences between both, which, 54.6% (131) were female and 45.4% (109) were male.

The clinical causes are responsible for most of the firings SAMU by elderly, in João Pessoa-PB and Basic Support units are more requested that the Advanced support.

Greater demand for elderly population for clinical nature (hypertension) and traumatic nature (waterfalls of height itself) are configured for demonstrations that may be preventable.

Prevention of blood pressure changes can be satisfied through the promotion of healthy lifestyle habits, physical activity, balanced diet, use of medications as prescribed by a doctor, balanced lifestyle, blood pressure control in health centers and the like.

The occurrence of a fall of his own height can occur due to problems related to balance, vision and orthopedic aspects, therefore, a workable prevention method is to adapt the House and intended for the elderly, so as to encourage your walk safe and balanced character, reducing the chances of such events.

The completion of the study allowed for an understanding of the profile of cases met by SAMU in order to encourage the building of protocols and specific measures geared to elderly person. Such measures shall not involve only the assistance provided at the time of injury to health, but also allow a reduction of its prevalence, especially considering that the occurrences are highlighted.

Still expects the results of the study could contribute with a new attitudinal model policy, anchored in a unique service proposition and with multidisciplinary look, targeted elderly people rescued by the SAMU.

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