



Reports of Experience

EDUCATIONAL ACTIONS FOR THE ELDERLY*

AÇÕES EDUCATIVAS PARA TERCEIRA IDADE

ACCIONES EDUCATIVAS PARA LA TERCERA EDAD

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In the aging process, the older adults are faced with the emergence of chronic diseases that often reflect in difficulties for health maintenance. Therefore, it is important to work with seniors to promote the improvement in lifestyle. This article is a report from a research project at the Federal University of Rio Grande do Norte, which carries out educational actions in the Inaraí Association (Natal, RN, Brazil), with the objective of divulging activities and thereby stimulate the formation of groups that aim at promoting the health of the elderly. To develop the actions, we rely on the information in the epidemiological profile previously developed in the Association, from then on, through weekly meetings collected with elderly women. We intend to stimulate good habits of life, in order to make possible the improvement of lifestyle and, therefore, to promote health for the group.

Descriptors: Aged; Life Style; Health Promotion; Nursing.

No processo de envelhecimento, os idosos se deparam com o surgimento de doenças crônicas que muitas vezes repercutem em dificuldades para manutenção da saúde. Nesse sentido, é importante o trabalho com a terceira idade para promover a melhoria no estilo de vida. Este trabalho trata-se de um relato de experiência da execução de um projeto de pesquisa da Universidade Federal do Rio Grande do Norte, que realiza ações educativas na Associação Inaraí (Natal/RN), com o objetivo de divulgar atividades, estimulando assim, a formação de grupos que visem à promoção à saúde do idoso. Para desenvolver as ações, conforme informações coletadas no perfil epidemiológico previamente realizado na Associação, através de reuniões semanais com idosas, buscou-se estimular bons hábitos de vida, a fim de viabilizar a melhoria do estilo de vida e, portanto, promover saúde daquele grupo.

Descritores: Idoso; Estilo de Vida; Promoção da Saúde; Enfermagem.

En el proceso del envejecimiento, anciano se enfrentan a la aparición de enfermedades crónicas que muchas veces reflejan en dificultades para el mantenimiento de la salud. En este contexto, es importante el trabajo con la tercera edad para promover la mejora del consiguiente estilo de vida. Este trabajo es un relato de experiencia de la ejecución de un proyecto de investigación de la Universidad Federal de Rio Grande do Norte, que lleva acciones educativas a la Asociación Inaraí (Natal/RN), con objetivo de divulgar actividades, así estimulando la formación de los grupos a que tienen como objetivo la promoción a salud de ancianos. Para desarrollar las acciones, según la informaciones recogidas en el perfil epidemiológico llevado previamente en la Asociación, por medio de reuniones semanales con ancianos, se buscó estimular buenos hábitos de vida, para llevar a cabo posible la mejora de lo estilo de vida y por lo tanto, promover salud de ese grupo.

Descriptor: Anciano; Estilo de Vida; Promoción de la Salud; Enfermería.

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INTRODUCTION

It is obvious the change in profile of the world population who is in an advance stage of demographic transition; and the elderly Brazilian population, aged 60 years or more, also follows this rhythm of growth⁽¹⁾. According to the data obtained in the Census 2010 of the Instituto Brasileiro de Geografia e Estatística (IBGE), the older population is growing: in 1991 it represented 4.8% of the population, rising to 5.9% in 2000 and reaching 7.4% in 2010. IBGE's projections forecast that in 2050, the elderly populations will reach 22.71% of the total population⁽²⁾. The aging of the population, now also included in the nations under development, is due to a reduction of birth rates, the children's death rates as well as death rates in general⁽³⁾.

Among the factors that contribute to the decrease of birth rates, the main ones are the introduction of the woman in the working market, once they have less time to bring up their children, thus increasing the option of not having babies; the rising of the cost of life, which goes up everyday, a broader access to contraceptive methods⁽⁴⁾, incentivizing the decision to have small families.

The decrease in children's death rates corroborate for aging of the population, once it decreases the death rates, that is, more children become adults and consequently reach the third age⁽⁵⁾. The decline of death rates, which started the demographic transition, was established by the sanitary medical actions of the State through urban policies of public health that could be translated in improvement of quality of life of the population⁽⁶⁾.

The technological advancement in the area of health, such as more efficient medicine, more precise diagnosis and eradication of diseases have also contributed for the increase of life span. However, the

quality of life of the elderly is questioned, once the increase of the old population is common sense, the society is not yet prepared to deal with this demand⁽⁷⁾.

This growth brings within itself the increase of non-transmissible chronic diseases, thus characterizing an epidemiological transition. So it is inevitable that the public expenses be directed to hospitalization, treatment and rehabilitation of the elderly, keeping in mind the maintenance of the quality of life⁽⁸⁾.

But, it is known that the system of health is not prepared to cope with the various types of needs of the elderly, whether because the teams are not prepared or even because there is a lack of inputs. The chronic diseases of the elderly are approached, in most of the cases, in a limited way and on occasional doctors' appointments; there is not a follow-up through the specific programs for the elderly⁽³⁻⁷⁾.

A research made on the Brazilian scientific production of gerontology, revealed that there are more than 200 works approaching related topics to clinical aspects (dementia, Alzheimer, osteoarthritis), as well as the institutional aspects of old age. However, none of them related the presented topics under the perspective of investigating action of health promotion⁽⁹⁾.

The equity proposed by Sistema Único de Saúde (Unified Health System), which started from a new ideology of considering health in the 80s, through the Sanitary Reform, was not reached by the elderly. These need a differentiated care according to their needs⁽⁷⁾.

However, in the last years, this parcel of the population has had more and more room in the social discussions. In 2003, the Statute of the Elderly was created to guarantee specific and unanimous rights, bringing benefits as the priority in lines, preferential treatment in the Sistema Único de Saúde (Unified

Health System) SUS, right to a 50% discount in activities regarding culture, sport and leisure, among others⁽¹⁰⁾.

Researches made evaluating the formation of social groups in order to develop education in health, have shown that collective activities make deeper discussions, widen knowledge and therefore, the process of education is led, stimulating the adoption of healthy habits, thus contributing to a change of behavior besides promoting socialization of the knowledge in health⁽⁹⁾.

So, while members of a Research Project whose objective is to establish the reality of the elderly participating in the Inaraí Association, situated in the city of Natal, Rio Grande do Norte, Brazil, through an epidemiological profile, report the experience lived in some educational actions developed in this association. The information brought from this instrument help the comprehension of the dynamics of health in the third age bringing to this topic a wide social discussion.

Therefore, the profile made possible the debate on the style of life in the group being analyzed, having as target the contribution and the creation of actions of health in order to promote improvement in the real needs of this group considering the aging process and the several factors which influence the general health condition of the elderly.

The path gone through and the context of the experience

The Inaraí Association is a Non-Governmental Organization (NGO), dedicated to the formation, training and valorization of the people of the third age, and it has been operating for 17 years, administrated by a Counsel which includes the participation of the elderly. There are 120 members, who can participate in several

activities, such as yoga, gymnastics, choir singing, informatics, social gatherings, canvas painting and sculptures, offered by the institution.

This NGO was chosen for efficiently performing differentiated works with the elderly, the target public of the project, and, also for having been very thoughtful in making available all the necessary structure for the development of the actions. It develops a very important role in society, having as central objective to qualify its transforming action into reality, in search of a fair society, equalitarian, non-excluding, sympathetic, pluralist and democratic.

The project aims at promoting a better style of the third age, thus considering the process of aging and its social repercussions, besides integrating the University to society, through educational actions developed by the elaborators of the research.

For the development of this project, it was important to know the population who attends the Association, through an epidemiological profile, and such tool should immediately help in the identification of the real needs of the elderly on which the actions would be based and organized following such information.

The epidemiological profile was obtained through a form made up of open and close questions dividing into six axes: characterization of the population, social aspects, aptitude, notions of citizenship, family relationship and aspects related to health.

This form was sent to the Committee of Ethics in Research, according to Resolution 196/96 on a research involving human beings of the National Counsel of Health/ Health Department having received a favorable legal opinion according to process no 367/09.

Characterization of the participants

When analyzing the data collected in the interview with the members of the third age at Inaraí Association, the women who participated were more present in the activities of the group.

Related to age range, 15 elderly were between 60 and 75 years, which takes us to the conclusion that it is in this age range that the people look for activities to distract the mind, once many of them are recently retired and do not want to become idle.

Besides that, just one elderly lady was above 80 years. So, the low participation of elderly in such age can happen due to higher degrees of dependence and comorbidities, thus limiting the access and participation in the groups of experiences⁽¹¹⁾.

The participation of the elderly in the centers of experiences is very important independently of the sex or age and they feel a greater pleasure in the experiences of new activities in the group. With this, they can keep a healthy style of living, therefore retarding infirmities.

Regarding their monthly income, only two participants reported to have an income equivalent to 1 minimum wage, the other ones had two or more wages. It is necessary to point out that many of them had their income based on retirement plans.

As to the origins of the participants, most came from the countryside (15). Nowadays, 16 participants lived in their own houses and only one reported not to have a fixed home. Regarding the type of homes, 20 of them answered they live in a house made with bricks, while one lived in another type, but she did not specify it.

Regarding the number of rooms in the houses, 10 elderly answered they have from 4 to 6 rooms in the

house, thus indicating that they live in comfortable homes.

In order to obtain information about the family relationship, they were questioned about the number of people living in the house. So, among the interviewees, only six reported to live alone. The other ones lived with at least one person at home.

Regarding the family relationship, the research question was: 'What is your relationship like with your family members?', the options for answers were: excellent, good, regular and bad. In this case, most of the participants (19) answered they had an excellent or good relationship with their families; which can be analyzed as something positive, once the family is indispensable to offer the necessary support to the elderly when necessary, once the family care is part of the cultural process⁽¹²⁾.

As to the interpersonal relationship with the family members, this must be healthy, predominating a healthy and harmonious atmosphere among the people, enabling the growth of the family members for all of them have functions, roles, places and positions, and the differences of each one must be respected⁽¹³⁾.

Asked about how they felt regarding their lives, 15 elderly reported to be satisfied and 13 happy. There were few negative feelings reported, being tiredness was the most frequent one (seven times), it should be pointed out that the interviewees could have more than one option. These results show that, in a general way, the interviewed participants showed a positive posture facing life.

A good part of them report to receive some kind of help, financial (six cases); domestic (10 cases); to take care of themselves (3 cases). Two participants still

revealed to receive other types of help and two other reported to receive any kind of support.

It is known that one of the ways to have a company, especially those who spend most of the time at home or live alone, is to have a pet. In this case, throughout the interview, 6 elderly reported to have dogs and two of them have cats.

Regarding social economical conditions, all the interviewees reported to use electricity in their houses and 19 use water from the public service. Regarding the home treatment of water, 15 people reported to use mineral water and 13 of the interviewees said that the water serviced is treated by the general public service, and none of them throw the waste into open air, which represents an improvement for the health of the populations. However, some of them still use sewage tanks.

The social economical inequality produces an uneven use of food, medicine, quality of water, conditions of locomotion and means of transportation⁽¹²⁾. Regarding this issue 17 reported to use the bus and just 5 had a car and as to home appliances, they mentioned a variety of products, the most quoted ones were the refrigerator, TV and blender.

Taking into consideration the aspect related to health, 15 elderly reported to have a private health plan. Concerning the use of medicine, most of them, 19 elderly, reported to use at least one type of medicine regularly.

Among the elderly interviewed, 14 reported to have fallen off. The falls might have been caused by old age, sedentarism, a higher number of medicine in use and the perception of his health as bad, having as more common consequences of these falls, the fractures, especially femur fracture⁽¹⁴⁾. It is known that people of all ages have risks of falling. But, for the elderly, they

have a very relevant significance, once they take him to incapacity, injuries and death⁽¹³⁾.

As to the healthy habits of life, 11 elderly walk regularly, six do hydro-gymnastics, three do yoga and two do gymnastics. It is worth to point out that each elderly could choose more than one option. Physical exercising provides an increase of the social contact, decreases the risks of chronic diseases, improves physical and mental health, guarantees the improvement of functional performance and consequently, leads them to more independence, autonomy and quality of life⁽¹⁵⁾.

Still emphasizing the factors related to habits, all of them reported not to be smokers. One of the participants revealed to use alcoholic beverages regularly, although she does not consider herself dependent. Besides that, all the participants alleged never having used illicit drugs.

Regarding the disease history, five participants reported to have *Diabetes Mellitus* (DM) and nine, hypertension. Arthropathy was mentioned by 10 interviewees. One elderly reported to be obese and affected by dementia. This data matches the chronic diseases existent in their families, keeping in mind that 12 of them reported to have Systemic Arterial Hypertension (SAH) and 11 to have cases of DM.

Besides the previously presented pathologies, several other were pointed out as existent in the family, such as: cancer, arthropathies, atherosclerosis, cerebral vascular accident (CVA), Parkinson's disease, chronic venous insufficiency (CVI) and obesity.

Regarding food, the variety of food was big, but it generates concern the fact that fruit, green grocery, vegetables and fibers are not frequently included in the every day habit eating of the participants.

As a way of distraction and leisure, the most frequent activities mentioned by the participants were: listening to music, singing, reading, practicing physical exercises and dancing. Other activities mentioned were: cooking, sewing, embroidering, knitting, painting, going to theater, drawing and watching TV.

This variety of aptitudes is indispensable for this age range, once the elderly with dependence for seven or more daily life activities (DLA) have three times more risk of death than those independent persons. The maintenance of these activities provides bigger autonomy and emotional welfare, thus contributing to a better quality of life⁽¹²⁾.

Finally, in order to identify the notions of citizenship, they were asked about the Estatuto do Idoso (Statute of the Elderly), 16 reported to know the statute and five did not know it, of these only two claimed for their rights, while 19 never did it.

The statute establishes the rights of the elderly, assuring them not only the right of the family but also the society and the government, with absolute priority so that the elderly can be understood, have a full life, healthy, safe and satisfactory, in conditions of liberty and dignity to live together with their families for their welfare⁽¹⁶⁾.

All these information obtained from forms were important to subsidize the formation of the group of attention to the elderly at the Inaraí Association.

The objective of the group is to work with the elderly in order to exchange information regarding relevant topics for the third age through educational actions, thus promoting a better style of life, besides being an activity in which they can express their opinions, socialize with the other ones, enjoying an afternoon of amusement.

Reporting the experience lived during the meetings

The meetings are planned weekly when it is decided how the topic to be elaborated should be developed, the material to be used and the snack to be offered. Such meetings are made Friday afternoons at the Inaraí Association and for an operational matter, the group of nine students is divided into two sub-groups which take turns in the performance of the activities each week.

Several discussions were made on diversified topics to act as facilitators with the suggestion of topics and incentivizing the discussion by some of the participants. The proposal is that they can express their feelings, anguishes, doubts and share their own knowledge with the group. So, the elderly participate as a constructor of information, re-stating what actually agrees with the scientific literature and clearing any doubts that may come up.

The 'conversation groups' happen together with other activities, such as group dynamics and manual works which value the experience in group, introductory explanations and the joint reading on the chosen subject, illustrative and conceptual videos and the ludic use of the music to remind the times of youth.

The conversation group is a profitable way to collect information, clarify ideas and positions, discussing emergent or polemic topics. It is considered an opportunity to aggregate knowledge and explore arguments, without the requirement of conclusive elaborations. The conversation is developed in an informal environment, creating possibilities of elaborations provoked by statements and questionings⁽¹⁷⁾.

In the first meeting, the topic was Carnival, which we chose in order to bring forgotten memories,

remembering days of joy and parties in their lives, so appraising the past as a construction for today. In the following one, the Statute of the Elderly, with the discussion in group of situations of every day life which involved the rights of the elderly. Through their statements it was evident that the rights of the elderly are not being respected, having the need of the people's sensibility facing this part of the population.

The later meetings had the topics related to them most common diseases in the third age in this sequence: the *Diabetes mellitus*, the systemic arterial hypertension (SAH), the arthritis and arthrosis, the Alzheimer and the Parkinson diseases. The focus was on the forms of preventions, the treatment and stimulus to good habits of life.

In order to detail the actions performed during the projects, two of these meeting were chosen, diabetes and hypertension.

When approaching these topics, there was an attempt to identify and complement the previous knowledge of the participants on such pathologies in order to demystify incoherent information with the literature and related to food habits, treatment and repercussion in the social life of the diabetic and hypertensive subjects promoting an adequate environment to clarify any doubts and re-affirm their knowledge.

During the program of the meeting on diabetes, the methodologies of dividing topics in subtopics are used: concept, factor of risk, food, complications and treatment, and each component of the group was responsible for the research of the subtopic.

Approaching the topic diabetes with the group of elderly is very important, once it is a chronic disease occurring worldwide, and which increases with the population aging. The progression of the disease

provokes acute metabolic complications, neuropathic and vascular disturbs, and even death. Therefore, stopping its increasing is fundamental⁽¹⁸⁾.

Because it is the first meeting on this disease, there was no idea how much they knew about the topic, and so, the language used was synthesized in a clear way and without using scientific terminology to make the dialog easier.

The participants were divided into two groups: one would work with the concept, the complications and the treatment, while the other would approach the factor of risk and food. Each group would prepare their banner for later discussion and presentation of the subjects by the participants in the big group.

The conversation started questioning what diabetes was, in order to design the concept on the banner. This way, there were answers like: *diabetes is a malfunction of the pancreas; it is sugar in blood* besides the associations with the need to *take insulin*.

The subject turned to comments about known people who had the disease, symptoms presented by them and also some complications observed. One of the participants reported that the husband had the disease, and when he went to the doctor he received the information that the disease was so advanced that his vision had been jeopardized.

From this initial discussion, the banner was being created with the participants' own words, very well informed on the disease. In the other subgroup, they made a list of factors of risks, such as obesity, sedentarism, inadequate food, hereditariness, among others. They also made a list of food provoking allusions to a humor TV program: food that *Can* and food that *Can Not*.

Once the banners were made the discussion started in the big group, each participant in turns

explained the banner her group had created. During the presentations doubts remaining were clarified.

As usual, at the end of the meeting, a snack was offered with cakes, cookies, juice with and without sugar. And on this day, they criticized the cake and the juice with sugar, once they contradicted the orientations on adequate food, with carbohydrate restriction, presented in the meeting.

From then on, there was a reflection on our attitude and it was understood that what is more practical is not always the best option. For this reason there were changes in the items selected for the afternoon snack. They were substituted by fruit, skimmed yoghurt without sugar and diet juices made from soya. This makes us believe that the discussions are valid and relevant for the positioning of routine practices.

During the discussion for the planning of the meeting on Systemic Arterial Hypertension (SAH), the topic was split, just like in the meeting regarding diabetes: concept, factors of risk, food and complications and so, the tasks of making researches and studies to be debated were also divided.

It was still decided to use the opportunity and take the sphygmomanometer to measure the pressure of the participants.

The meeting started with this question: 'What do you know about hypertension?'. Some answers were: *an increase of the blood pressure, it happens when the arterial pressure increases, it is the increase of blood flow in the vessels.*

Beforehand, it was noticed the coherence of such concepts which demonstrated that the participants already had previous knowledge on the subject.

The use of specific medicine and adequate food were approached as essential to avoid the increase of

blood pressure, but, it was pointed out that many people could not go on with the treatment because it is too long and impedes the ingestion of food that used to be eaten.

The SAH is a chronic disease which needs the hypertensive patient to follow the therapeutical and preventive behavior in order to have success in the control and treatment. The lack of adhesion to anti-hypertensive behavior is considered very complex, although it is not a specific problem of SAH, once it is present in other health problems which have a prolonged period of treatment⁽¹⁹⁾.

The topic was approached with the used of specific language when it was noticed that they could understand the technical terms, besides having an active participation in the discussion which meant significantly interest on the subject.

During the debate on SAH, an informative banner was made up from the selection of the most relevant information which brought up their interest, each participant contributed with the knowledge acquired on the topic; which made the meeting more productive and dynamic.

When discussing food, the participants knew that salt and fat are determinant in the increase of blood pressure and the most remarkable quotation was not only the salt itself, but several food which had it in their composition, such as canned food, among them, sardine, preserved meat, green corn and peas; built-in food like salami, mortadella, ham; the artificial sweeteners and the ready-made seasoning.

The change in the style of life, as well as in the food habits, constitutes a difficult task, but it is essential to healthier life. Healthy and longevity are directly related to the nutritional state and food habits. A balanced nutritional state favors physical and

emotional health, preventing or postponing the diseases more frequent in the process of aging⁽²⁰⁾.

Still in the nutritional context there was the interest on food that could help in the production and prevention of sicknesses related do SAH, such as, cardiopathies, cerebral, renal and ocular problems.

In the sequence, the kinds of food that help increase or decrease blood pressure besides other auxiliary food in the prevention or cure of other diseases.

When observing the interest on phytotherapics it was said that there would be another meeting on the subject with the proposal to clarify doubts and present new types of food which bring benefits to health.

As to the factors of risk they manage to report many of them such as age, the intake of salt, the alcoholism, tabagism, the obesity and the intake of fat food. It was also informed, that the gender, ethnic group and social economic factor also influence in the increase of the pressure, factors of risk presented to the VI Diretrizes Brasileiras de Hipertensão 2010⁽²¹⁾ (Brazilian Guidelines for Hypertension).

As primary prevention of SAH, the non-pharmacological interventions have been appointed in the literature by their low cost, minimum risk and efficacy in decreasing blood pressure. Among them there are: the reduction of the body weight, the alcoholic restriction, quitting tobacco smoking and the regular practices of physical activity⁽²²⁾.

Although they knew the factors of risk, some of them reported that they did not always tried to follow the recommendations and ate salt and fat food, besides not practicing physical exercises due to other diseases.

The non adhesion to anti-hypertensive treatment is related with the lack of knowledge of the patient because it is a chronic and silent disease, lack of

motivation for the treatment, inadequate relationship with the health team, high cost of medicine, among others. These factors imply in prevention negligence and in the continuity of the treatment⁽²³⁾.

Closing the meeting, the blood of all the elderly was measured and at this moment it was noticed that one of them had high blood pressure. Besides not knowing about this fact, she became quiet apprehensive.

The decision was to give orientation as to the factors that may decrease blood pressure, besides stimulating her to look for a doctor as soon as possible in order to have specialized follow-up and treatment, if necessary.

FINAL CONSIDERATIONS

The work in group is the easiest way to enhance the knowledge on the topics they are related to health with the stimulus of discussions, the adoption of healthy habits leading the process of education in health to the most adequate way, thus promoting the socialization of the knowledge and the change of behavior.

The customary explanations made possible the performance of more dynamic and interactive activities, approximating the group of elderly with the university students and with the topic proposes during the processes teaching-learning also making the learning feasible to the university students regarding the topics. So, the use of methodology based on the conversations and in the exchange of experiences made the exposition of the themes and the participation of all easier.

Such fact can be confirmed with the effective participation of the elderly in the meetings, interacting in the activities, bringing examples of their daily lives and experiences and discovering several new information.

In the case the lady had a hypertensive peak during one of the meetings, she herself reported that she had looked for a doctor who identified SAH, starting the treatment of control and in the next meeting she presented normal blood pressure. Maybe this fact has not been so significant for the university students on that day, as it was for that lady, after all she was just an 'A.P.' altered (Arterial Pressure). However, the welfare that this brought to that lady is incommensurable. And only after reflecting on the situation, it was noticed how important it was to measure their pressure on that day; how many complications she can now avoid, once she knows that she is hypertensive.

During these meetings it was noticed that the little that is done is order to help improving the style of life of the elderly, it is quiet gratifying for the students who also learn with the experiences of life and popular knowledge, so they can exchange knowledge and leave each meeting with the sensation of the duty fulfilled.

It is considered that the project significantly contributes for the research in the area of nursing once it brings the topic regarding the style of life in the third age under a different perspective, not only focusing on subjects related to clinical and institutional aspects of old age, but in the sense of investigating actions to promote health.

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