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Profile of caregivers of elderly people treated at a Geriatrics and Neurogeriatrics outpatient clinic

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SUMMARY

Due to population aging, the prevalence of chronic degenerative diseases has grown significantly, a factor that implies constant care and compromising the quality of life of informal caregivers. This is a cross-sectional descriptive study with the objective of characterizing the profile of informal caregivers of elderly people treated at the Geriatrics and Neurogeriatrics outpatient clinic.

KEY WORDS: Quality of life. Overload. Aging

INTRODUCTION:

In an estimate made by the World Health Organization (WHO), between 1950 and 2025, the number of elderly people in Brazil is expected to increase 15 times, while other age groups five times. Brazil will be the sixth country in the number of elderly people, in 2025, with around 32 million people aged 60 or over. (CERQUEIRA, et al 2002).

The family, as the main responsible for the personal and social formation of individuals, assumes the role of caregiver in such situations, and its role becomes relevant during transitory or permanent periods of reduced physical or mental capacity of its members. (ALMEIDA, 2005).

Care is generally delegated to a person who has other tasks and needs to balance them. This accumulation of tasks can impact the health of the caregiver, who experiences an overload of daily activities that increases the risk of psychiatric and physical morbidity. From this perspective, there is a resizing in the life of this caregiver, so that they can live with the implications caused by their family member's illness, facts that lead to significant interference in their Quality of Life. (GRELHA, 2009).

Issues regarding caregivers' lack of preparation in caring for the elderly cannot be resolved in the short term. For health professionals, the function of preventing losses and injuries should also cover the caregiver, whether formal or informal. (ROCHA, et al, 2009).

Thus, the objective of the research was to evaluate the burden and health-related quality of life of informal caregivers of elderly people in Geriatrics and Neurogeriatrics outpatient care.

METHODOLOGY

This research is a cross-sectional descriptive study, approved by the Research Ethics Committee of the Faculty of Medicine of São José do Rio Preto under opinion No. 1,649,941, as provided for in Resolution of the National Health Council No. 466/2012. It consisted of a project presented to the postgraduate course in Psychology and Health at the Faculty of Medicine of São José do Rio Preto. All assessments were consented by the responsible participants through the Free and Informed Consent Form and carried out between August 2016 and March 2017.

As a procedure for collecting data on the caregivers' profile, the following materials were used:

Socio-Demographic Questionnaire: contained data involving informal caregivers, through questions related to their age, sex, degree of kinship, occupation, marital status, education, care for the elderly, and in relation to the elderly, such as age, sex and diagnosis.

Descriptive statistical analysis was performed for all variables, based on calculations of absolute frequencies, percentages, measures of central tendency and dispersion.

RESULTS

60 informal caregivers of elderly people treated at Geriatrics and Neurogeriatrics outpatient clinics participated in the study. Caregivers were mostly women (80%), with an average age of 54.93 years, married (66.7%), active at work (38.3%), family members, daughters (43.3%), who live with the elderly (65%), and who attended incomplete primary education (40%).

The majority of elderly people were women (63.3%), with an average age of 76.56 years, with incomplete primary education (48.3%), married (46.7%), retired (88.3%).

DISCUSSION

Regarding the gender of caregivers, women provide more personal care related to domestic tasks, while men provide more care related to financial management and transport. (SEQUEIRA, 2010).

Historically, caregiving was performed by domestic or unemployed women. However, this number of caregivers has been reduced due to the growth in employment among women. Therefore, the role that was often assumed by daughters, as evidenced in the study, can now be played by spouses, supported or not by sons and other family members (SQUIRE, 2005).

The age of caregivers has a direct impact on their quality of life, as studies have shown that the younger the caregiver, the more difficult it is to deal with the overload of activities, due to the deprivation of social life and the reduction in work activities. leisure. (FARIA, 2013).

The education level of caregivers can be an aggravating factor for burden. Tabeleão, Tomasi and Quevedo (2014), report that the informal caregiver's low level of education may imply difficulty in assimilating information and knowledge about the disease, a factor that directly interferes with burden. (Notary, QUEVEDO, 2014).

CONCLUSIONS

It was possible to identify that the majority of caregivers were women, and their quality of life was also compromised, showing that they are exposed to risk and illness factors.

Therefore, the study addresses the topic so that teams of health professionals offer support, training and guidance actions, in order to help them carry out care activities, thus reducing overload and contributing to their quality of life.

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