



Falls in the elderly: case report

Quedas em Idosos: Relato de Caso

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ABSTRACT

The present paper represents a narrative of the experience of the authors - medical students and guiding professor in Public Health - regarding the patient S.O., female, bedridden for 10 years due to a fall. Falls in the elderly population are one of the main problems that lead to hospitalization, having consequences such as higher mortality and morbidity in old age, causing mobility restrictions, fractures, depression, loss of autonomy and independence, loss of life quality, and higher cost and overload of health systems. The Singular Therapeutic Project was created, from tools made available by SUS, with the intention of establishing proposals of personalized therapeutic conducts for an individual, a family, or a group, that result from the collective discussion of an interdisciplinary team, in a manner individualized to the case, and according to the identified problems and needs.

Keywords: Primary Health Care; Elderly Population; Falls.

Resumo

O presente trabalho constitui uma narrativa da experiência dos autores – estudantes de medicina e professora orientadora em Saúde Coletiva – referente à paciente S.O., sexo feminino, acamada há 10 anos devido a uma queda. A queda na população idosa é um dos principais agravos que levam à internação, tendo consequências como a maior mortalidade e morbidade na velhice, causando restrições de mobilidade, fraturas, depressão, perda da autonomia e da independência, perda da qualidade de vida, e maior custo e sobrecarga dos sistemas de saúde. Já o Projeto Terapêutico Singular (PTS) foi criado, a partir de ferramentas disponibilizadas pelo Sistema Único de Saúde (SUS), visando o estabelecimento de propostas de condutas terapêuticas personalizadas para um indivíduo, uma família, ou um grupo, resultantes da discussão coletiva de uma equipe interdisciplinar, de forma individualizada ao caso, e conforme os problemas e as necessidades identificados.

Palavras-chave: Atenção Primária à Saúde; População Idosa; Queda.

INTRODUCTION

Falls are defined by the American Geriatrics Society (AGS) and the British Geriatrics Society (BGS) as "an unintentional contact with the supporting surface, resulting from the change of position of the individual to a level lower than his or her initial position, without there having been a determining intrinsic



factor or unavoidable accident and without loss of consciousness", being coded by ICD-9 as E880-E888, and by ICD-10 as W00-W19.¹

Thus, falls have the consequences of increased mortality and morbidity in old age, causing mobility restrictions, fractures, depression, loss of autonomy and independence, loss of quality of life, and increased cost and burden on health systems.¹

Falls are more frequent in women and their occurrence increases with advancing age, with 28-35% of older adults over 65 years falling annually worldwide and the proportion reaching 50% in the over-80 age group. In addition, falls are responsible for 87% of fractures and 50% of hospitalizations. In Brazil, there is a prevalence between 27.1% in older adults over 60 years and 27.6% over 65 years, with more than 135,000 deaths recorded for this cause between 2000 and 2019 (Table 1).²

In the state of Paraná, DataSUS data show that since 2018 falls in older adults over 60 years of age have been responsible for 40,070 hospitalizations, resulting in 1,588 deaths and representing a mortality rate close to 4%. While in the city of Maringá (15th Regional Health) 1,754 hospitalizations were recorded in the same period, with 55 deaths and a mortality rate of 3.14%.³



Table 1 - Sociodemographic characteristics of older adults who fell and died between 2000 and 2019 (n=135,209).²

Variáveis	n	%
Sexo		
Masculino	65.700	48,59
Feminino	69.509	51,41
Faixa etária (anos)		
60-64 anos	11.208	8,29
65-69 anos	12.552	9,28
70-74 anos	15.288	11,31
75-79 anos	20.282	15,00
≥80 anos	75.879	56,12
Cor		
Branca	88.017	65,10
Preta	5.196	3,84
Amarela	1.463	1,08
Parda	34.168	25,27
Indígena	158	0,12
Ignorado	6.207	4,59
Escolaridade (anos de estudo)		
Analfabeto	24.850	18,38
1-3	31.216	23,09
4-7	26.233	19,40
8-11	12.181	9,01
≥12	4.858	3,59
Ignorado	35.871	26,53
Estado civil		
Solteiro	20.017	14,80
Casado	45.210	33,44
Viúvo	54.144	40,04
Separado judicialmente	6.478	4,79
Outros	1.120	0,83
Ignorado	8.240	6,09

Fonte: Sistema de Informação sobre Mortalidade (SIM).

OBJECTIVE

To report the experience lived by medical students in a home visit based on the patient's clinical report.

MATERIALS AND METHODS

This experience report describes aspects experienced by the group of authors, formed by five students of the 4th year of the Medicine Course at Faculdade Ingá - UNINGÁ and by a professor of the Collective Health discipline of the same institution, on the occasion of a mandatory practice of the curricular unit in a Family Health Unit (USF) located in the city of Maringá - PR. The practice that originated the



writing of this report took place in April 2023. It is a qualitative look, which addressed the problem designed from descriptive and observational methods.

The experience report is descriptive research that exposes a reflection on an experience in the professional field of interest to the scientific community. The following data collection techniques were used: internship diary through portfolios, structured observation (participant researcher), consultation of the clinical care form, application of APGAR Familiar (Adaptability, Partnership, Growth, Affection and Resolve) and construction of the genogram.

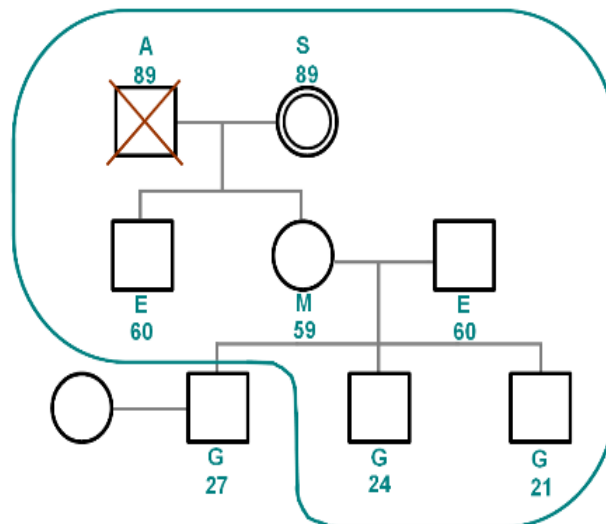
This research project did not require submission for ethical appraisal by the Research Ethics Committee, as it is an experience report, with the consent of the place where the mandatory curricular internship took place and guarantees of data confidentiality, according to the guidelines for research defined by Resolution CNS/MS466/12 and its complementary ones.

The proposal of the practice included the construction of a Singular Therapeutic Project (PTS), directing the students to a better understanding of the patient's illness and its epidemiological data.

EXPERIENCE REPORT

On a home visit to S.O., female, 89 years old, bedridden for 10 years. The patient's son, daughter, son-in-law and three grandchildren lived in the same place (Figure 1).

Figure 1. Genogram



Patient suffered a fall from her own height that caused a fracture in her left upper limb, requiring surgery. After discharge from hospital, she reported back pain and hyperemia in the scar region, generating other complications and hospitalization in the Intensive Care Unit (ICU). Upon returning home, she had difficulty walking, with subsequent immobility and the patient became bedridden.



Currently still bedridden, with paresis and reduced mobility, being totally dependent on her daughter's care. Despite the difficulties, the daughter, who has a degree in nursing, offers all the necessary assistance to her mother, including personal hygiene, food, medication administration, among others.

She has diabetes and hypertension and uses simvastatin 20mg (1x daily), losartan 50mg (12/12h), acetylsalicylic acid 100g (1x daily), hydrochlorothiazide 25mg (1x daily) and vitamin B complex (1x daily), administered according to the recommendations of REMUME (Municipal List of Essential Medicines).⁴ The main medicines mentioned are obtained by SUS. While hospital materials such as ointments, diapers, gauze and adhesive plaster are paid for by the family, since they are not provided by SUS.

RESULTS

In short, it is possible to state that, despite the difficulties with the care of a bedridden patient, in this case the family manages to cope well with the needs, both financially and in relation to time, we consider ourselves privileged to be able to promote so much support.

However, one must question the health of the direct caregiver, who is overburdened with demands. The Family APGAR reached 8 points and showed high family functionality, which represents a positive situation, so that care for the caregiver should be valued.

CONCLUSIONS

Home visits with the application of anamnesis and physical examinations were fundamental for the realization of the problems and difficulties that the elderly population faces. In the case described, it was possible to identify the need for well-educated, empathetic professionals concerned with the patient's health. The lack of guidance and information was something well highlighted by the patient's caregiver and daughter, who was often unaware of what was being done to her mother. It was possible to talk about other issues and collect good and bad experiences they had over the years. As an experience for medical it was possible to expand the knowledge acquired in the classroom and apply it in a practical and interdisciplinary way, with the formulation of a Singular Therapeutic Project, delivered at the Basic Health Unit Iguacu - Maringá-PR, so that the team could, in some way, contribute to a better quality of life for the patient in question.

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