Health and Quality of life in residents of Elderly Care Centers in Lisbon and Porto – GERIA Study



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Background

Demographic aging and higher longevity are important subjects to our days reality. At present about 5% of the elderly live in elderly care centers (ECC) and they have challenging social and health characteristics. In a holistic approach of the person, quality of life should be taken into account. This way, are different self-rated quality of life associated to the physical and psychological state in elders living in ECC?

Aim

To characterize the respondent population, resident in ECC in Lisbon and Porto, from sociodemographic, health and quality of life points of view.

Methods

- In the 1st wave of the longitudinal GERIA study, 53 ECC were randomized through the Social Charter, (33 Lisbon and 20 Oporto).
- Residents, who consented to participate and were able to respond to a questionnaire, were evaluated from September 2012-April 2013.
- Self-rated health was assessed according to the National Health Survey.
- Health information was collected from respiratory health inquiry (BOLD) and individual processes information.
- Self-rated quality of life was evaluated with the question of the WHOQoL-BREF, from which the physic and psychological domains were analyzed.

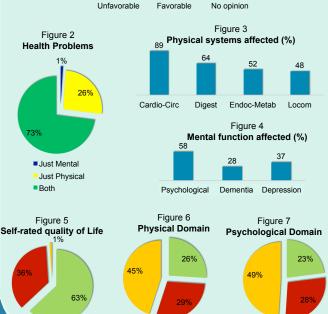
Results

The sample was of 803 subjects, from a universe of 2110, 85% from Lisbon, 78% were women. Mean age was 84,1 \pm 7,1 years (65-105 years) and the median was 85 years.

Table 1 - Sociodemographic Data (%)

	Female	Male	Total
Gender	78	22	100
Marital status - no partner	88	69	84
Schooling - 1st or none	69	59	67
Blue collar workers	76	69	74
Residency time < 5 years	57	55	57





Favorable

No opinion

Conclusion

Most respondents of the ECC were women, with more than 84 years old, had no partner, scarce schooling and were blue collar workers. Women self-rated health was mostly as unfavorable or not defined contrasting men that self-rated their health as favorable. Most of respondents had mental disorder and almost all had physical disorder, highlighting cardio-circulatory system. Self-rated quality of life was mostly considered favorable or not defined. Thus, considering self-rated health and quality of life, there were more favorable data in physical than in psychological domains. This reinforces the importance of considering health and quality of life components in a holistic approach of the person.

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Unfavorable