

# Contributions of the accompanying elderly program in the aging process: Experience report

Contribuições do programa de acompanhante de idosos no processo de envelhecimento: Relato de experiência

Contribuciones del programa de ancianos acompañantes en el proceso de envejecimiento: Informe de experiencia

## RESUMO

Objetivo: descrever e refletir sobre a experiência vivenciada na comunidade do Programa Acompanhante de Idosos do Município de São Paulo-Brasil. Método: o estudo caracteriza-se como descritivo, reflexivo, de natureza qualitativa, do tipo relato de experiência. Resultado: O Programa de Acompanhamento de Idosos, por meio de todas as ações desenvolvidas e explicitadas neste relato de experiência, trouxe inúmeros benefícios aos idosos assistidos, sendo os principais a retomada das atividades sociais por muitos que viviam sozinhos, bem como a prevenção da institucionalização precoce, a diminuição e prevenção de quedas com consequente diminuição de internações, o controle adequado da polifarmácia, a melhora da autonomia e manutenção da independência a partir de atividades desenvolvidas pelo programa. Conclusão: Assim, cada vez mais a qualidade de vida destes idosos se fazia presente, porém para uma maior evidência destes dados, se faz necessário a aplicação de estudos mais efetivos e quantitativos deste modelo aplicado.

**DESCRIPTORIOS:** Serviços de assistência domiciliar; Visitadores domiciliares; Modelos de assistência à saúde; Serviços de saúde para idosos; Idoso.

## ABSTRACT

Objective: to describe and reflect on the experience lived in the community of the Companion Program for the Elderly in the Municipality of São Paulo- Brazil. Method: the study is characterized as descriptive, reflective, of a qualitative nature, of the experience report type. Result: The Elderly Monitoring Program, through all the actions developed and explained in this experience report, brought numerous benefits to the assisted elderly, the main ones being the resumption of social activities by many who lived alone, as well as the prevention of institutionalization prevention, reduction and prevention of falls with consequent reduction of hospitalizations, adequate control of polypharmacy, improvement of autonomy and maintenance of independence from activities developed by the program. Conclusion: Thus, the quality of life of these elderly people was increasingly present, but for greater evidence of these data, it is necessary to apply more effective and quantitative studies of this applied model.

**DESCRIPTORS:** Home care services; home visitors; Health care models; Health services for the elderly; Old man.

## RESUMEN

Objetivo: describir y reflexionar sobre la experiencia vivida en la comunidad del Programa de Acompañamiento al Anciano del Municipio de São Paulo-Brasil. Método: el estudio se caracteriza por ser descriptivo, reflexivo, de naturaleza cualitativa, del tipo relato de experiencia. Resultado: El Programa de Acompañamiento al Anciano, a través de todas las acciones desarrolladas y explicadas en este relato de experiencia, trajo numerosos beneficios a los ancianos asistidos, siendo los principales la reanudación de las actividades sociales de muchos que vivían solos, así como la prevención de la institucionalización, reducción y prevención de caídas con la consiguiente reducción de hospitalizaciones, control adecuado de la polifarmacia, mejora de la autonomía y mantenimiento de la independencia de las actividades desarrolladas por el programa. Conclusión: Así, la calidad de vida de estos ancianos estuvo cada vez más presente, pero para mayor evidencia de estos datos, es necesario aplicar estudios más efectivos y cuantitativos de este modelo aplicado.

**DESCRIPTORIOS:** Servicios de atención domiciliar; visitadores del hogar; Modelos de atención de la salud; Servicios de salud para personas mayores; Anciano.

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## INTRODUCTION

**R**egarding the epidemiology of the elderly in Brazil, it is estimated that 212 million Brazilians, 14.04% will be elderly in 2022,<sup>1</sup> with a growth of the elderly population of 97.6% for 2030 and 258.5% for 2060.<sup>2</sup> In this light, it is believed that there will be a drop in fertility and mortality rates and an increase in the life expectancy of individuals. At the same time, the demand for care for the elderly tends to increase not only quantitatively, but also due to the complexity of this care, considering the profile of multimorbidity, disabilities, and the polypharmacy of the Brazilian elderly.<sup>3</sup>

The aging process is considered an adaptive stage, as several physiological changes take place in the individual's body, such as changes in motor, cognitive and reflex abilities, among others. For this reason, it is extremely important to monitor the development of this individual, to ensure that he goes through this process in a healthy way, and that his independence and ability to perform self-care are stimulated.<sup>3</sup>

The significant increase in population aging has influenced the expansion of studies and research aimed at the elderly. The growing concern is related to a society unprepared to meet the needs of the elderly, and end up reflecting a greater demand for Long Stay Institutions for the Elderly.<sup>4</sup>

Currently, the National Health Surveillance Agency (ANVISA) regulates and defines inspection actions for Long Stay Institutions for the Elderly (LSIE) and is conceptualized by this body as

institutions that can be governmental or non-governmental, to characterize a place of residence or collective domicile for people aged 60 or over, with or without family support, but who are in a condition of dig-

recent decades, among them are private LSIEs, known as nursing homes, residence hotels for the elderly, among others.<sup>6</sup> In general, this modality has a broad structure in the comparison of multiprofessional care and varieties of interactivity when compared to philanthropic ones.

Elderly people residing in LSIE are usually longer-lived, frail, with comorbidities in advanced stages, and maintain contact with many people, such as caregivers and other elderly people, and stay in a closed environment for a long time, and specialized nursing care is important to ensure quality care for this target audience.<sup>7</sup>

In addition, there is also the Elderly Care Program (PAI - Programa de Atenção ao Idoso) is a type of biopsychosocial home care for the elderly in a situation of clinical fragility and social vulnerability, which provides the provision of services by health professionals and caregivers of the elderly, aiming at rehabilitation, maintenance/development of self-care and socialization. It was created with the objective of providing comprehensive health care for dependent and socially vulnerable elderly people, with difficulties in accessing the health system and social isolation or exclusion, mainly due to insufficient family or social support.<sup>8</sup>

The elderly assisted by the PAI are accompanied by a multidisciplinary team, allocated in a Basic Health Unit (BHU), composed of a coordinator, a doctor, a nurse, two nursing assistants/technicians, an administrative assistant and ten elderly companions. Among the competences common to PAI professionals, actions to prevent diseases and promote health

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nity, citizenship and freedom.<sup>5</sup>

There are several types of institutions that offer support and care to the elderly, gaining greater visibility and space in

stand out; conducting assessments, care plans, and home visits; and matrix actions, shared management and permanent education.<sup>8</sup>

In this sense, this research brings up the discussion regarding the contributions of the Elderly Care Program (PAI) and the articulation with the support network for the health of the elderly.

Thus, in view of this theme, the objective was to describe and reflect on the experience lived in the community of the Elderly Care Program in the Municipality of São Paulo- Brazil.

## METHOD

The desire to report the practical experience with working with the elderly was born in the course Aging in the 21st century: Challenges for care, offered by the University of São Paulo (USP), held between September and October 2021.

In this course, we experience a rich time listening, interacting and studying about many aspects of aging, and we analyze in a deeper way about all the support networks and the Long Stay Institutions for the Elderly (LSIE's).

However, the study is characterized as descriptive, reflective, of a qualitative nature, of the experience report type, about the knowledge experienced from the practice with the elderly in an Elderly Companion Program in the state of São Paulo - Brazil.

The study scenario was a support service for the Primary Health Care (PHC) network of an institution located in the East Zone of the state of São Paulo, which has a total of 120 elderly people registered and fully monitored, with medical care provided by a nurse and a social worker at home, as well as the collection of various exams and the monitoring of nursing assistants and elderly companions who help with activities of daily living and in various activities on the street, such as medical appointments and shopping in supermarkets, various types of workshops are also carried out, such as cognitive, digital and bakery workshops according to the

annual schedule of the program carried out by the nurse, coordinator and doctor in order to provide the best service to users that year.

The Elderly Care Program (PAI) is a relatively new model of care for the elderly created and implemented by the city of São Paulo with care exclusively by the Unified Health System (SUS). This service is a reference in the municipality.

As for the time issue, it is limited to the professional experience lived from October 2016 to March 2019, where the home consultations lasted an average of 60 minutes, and the workshops were held in an average time of 90 to 180 minutes.

These elderly people were monitored, with a total of 17 professionals in different areas of training, being 2 nursing assistants, 1 nurse, 1 doctor and 10 elderly companions, 1 coordinator (social service training), 1 driver and 1 receptionist.

The Program registered a maximum of 120 elderly people from a given region, usually a region of three to four Basic Health Units or Family Health Strategy, and these are the ones who refer the elderly with greater need, fragility, to be monitored by the program.

The report was based on the experience of one of the authors, who is a nurse, with experience in health care for the elderly, as well as his experiences associated with carrying out comprehensive and multiprofessional care for the elderly and practical workshops.

The data reported here translates the face-to-face experience, which emerged from reports, observations during the performance of practical health activities, and the contributions of studies and discussions among professionals in the internal structure of the institution where the practices were developed.

As this is an experience report, submission to the Research Ethics Committee was not necessary. Even in the case of this type of study, all ethical principles were followed in accordance with resolution 510/16, in accordance with national and international research recommendations.

## RESULTS

The experience in care at the PAI begins with the inclusion of the elderly, so the inclusion criteria in the PAI were carried out according to the guiding document of the Program, and the professionals who worked in Primary Health Care, who referred this elderly person to the program, it is necessary to fill in the MAE (Multidimensional Assessment of the Elderly).

The MAE/PC (Multidimensional Assessment of Elderly People/Primary Care) is a multidimensional assessment tool used in Primary Health Care in the city of São Paulo to classify the functional risk of elderly people. In addition to assisting in the construction of the register of elderly users, MAE/PC favors the organization of care in the network and the elaboration of care plans; qualifies the demand of the elderly in the public network and aims at planning and managing the care of the elderly.

In this way, through the multidimensional evaluation, it was possible to introduce in Primary Care a care perspective, directed to aging issues. At the same time, the MAE-PC constitutes an important instrument for management, as it allows diagnosing the situation of the elderly population in the micro and macro territory and, thus, planning individual and collective actions with greater specificity. After the home visit was carried out to evaluate the elderly by the technical team (doctor, nurse and coordinator) of the PAI, through an inclusion profile according to the program's guiding document, the inclusion was carried out and the MAE/PC were carried out periodically according to the fragility of the elderly, every 6 months or 1 year.

During this report, we sought to highlight the main points developed by the PAI that brought several positive aspects reported by the elderly themselves while they were accompanied by the program.

A strong point of the assistance provided at PAI, was the potential of the workshops, in this context it is worth emphasizing the "digital" workshop whose

main objective was to teach the elderly in the use of cell phones and especially WhatsApp, guiding and helping through an application whose function is to enlarge the letter so that they could see it better. Moments were offered to clarify individual doubts. This workshop deserves to be highlighted because it was held just before the pandemic, with this the elderly were able to communicate better with other people in this moment of isolation that we experience regarding the pandemic.

The Program also provided the experience of seniors teaching other seniors, as in the example of the “Baking Workshop”. A specific place in the community was provided by our team, with a structured kitchen; where one of these elderly women was the “great advisor” who in her youth worked with bakery and confectionery and dreamed of teaching other people how to make bread and sweets, many learned and started to feel more motivated with this experience, and the same action was carried out twice in the same year.

To stimulate the cognitive part, workshops were held with board games, cards and dominoes, seeking to actively maintain the memory of the elderly participants. They were not required to participate in the workshops to remain in the program, but many sought to be present also through social interaction.

Several partnerships were established with society to maintain some actions; there was an episode in which a local bus company provided free transport to all the elderly people interested and registered in the program for an excursion, where they were taken to visit the planetarium in Parque do Carmo, for many it represented a day of great joy and knowledge, being considered a unique day in their lives.

During the work at the PAI, I realized that all these actions, developed with great commitment by the entire team, brought countless benefits to the assisted elderly, the main ones being the resumption of social activities by many who lived alone, as well as the prevention of early institutionalization, the reduction and prevention of falls with a consequent decrease

in hospitalizations, the adequate control of polypharmacy, the improvement of autonomy and maintenance of independence from activities developed by the PAI. With this, the quality of life of these elderly people was increasingly present, but for greater evidence of these data, it

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is necessary to apply more effective and quantitative studies of this applied model.

## DISCUSSION

According to the MAE/PC score, the elderly are classified as healthy (zero to 5 points), pre-frail (6 to 10 points) and frail (greater than 10 points).<sup>9</sup> Thus, MAE-PC has become the main instrument for iden-

tifying needs and referrals to the various points of the care network, 8 including for the PAI and from the PAI for the other points of the Network, with medical specialties, IPGG, URSI and others.

The capital of São Paulo has URSI's (Reference Unit for Elderly Health) these units are specialized in the care of people over 60 years old and who need specific care because they have more complex diseases, the objective of the URSI's is to guarantee integral attention to health of the elderly, acting in the treatment and care of problems inherent to aging.<sup>10</sup> The state also contributed to the IPGG - Paulista Institute of Geriatrics and Gerontology, created in 2001 as CRI East (Elderly Reference Center - East). This institution operates in a differentiated way, as it provides outpatient medical care in line with spaces for coexistence activities.<sup>11</sup>

The predominant profile of the elderly included in the program are: women, who lived on the outskirts of São Paulo, and in a situation of greater socioeconomic vulnerability. The feminization of the elderly assisted by the PAI was also found in the article Health profile of the elderly assisted by the Elderly Companion Program in the Health Care Network of the Municipality of São Paulo, with a total of 77.6% of those surveyed being female.<sup>12</sup>

Part of the elderly people monitored by the program lived alone and did not have any ties and family structure, such as informal network support, and relied only on the PAI to help them with activities of daily living. According to data from the Health, Welfare and Aging (SABE - Saúde, Bem-Estar e Envelhecimento) study, of the more than 1.8 million elderly people in the city of São Paulo, 290,771 (16%) live alone, with 22,680 of them aged 90 or over.<sup>13</sup>

It should be noted that the elderly, in many cases, do not have a family network, however, when the family can be present, it is the main provider of care for its most dependent members, however, this reality is changing as a result of structural changes in the family context, such as: significant drop in fertility rates, progressive

entry of women into the labor market, changes in union structures and family compositions.<sup>14</sup>

In a survey, they found that 15.3% of the elderly population in Brazil lives alone. The main characteristics of this population are being female, poorer people and living in the richest regions of the country. Elderly people who live alone had a worse epidemiological profile, with a greater complaint of not having social activities and being sick in the last 2 weeks.<sup>6</sup>

For many patients, the PAI was the only support network they could count on, as there was no other formal social support network in the community close to their homes, or physical conditions of locomotion to the nearest basic health unit, thus reinforcing the importance of home care, which was often essential to life. As a program nurse, there were moments of immediate inclusion, for example one of the cases in which a home visit (HV) to an elderly woman during the physical evaluation was identified pulmonary and cardiac

overload, requiring immediate medical intervention, where the possibility of a heart attack was identified if there was not a correct and fast service, as she lived alone.

The results of this study highlight the importance of specialized care for the elderly, because despite population aging being something already known, unfortunately there is little visibility and appreciation of this portion of the population. There is a continuous prejudiced, stigmatized and stereotyped view that this population currently suffers.<sup>15</sup>

Thus, with the results of this study and based on the literature, the importance of LSIEs and PAI, within the State of São Paulo, is highlighted as being places to assist the elderly and especially to help the family in this process. It should be noted that in Brazil, as in most countries, the family is assigned the role of caring for the elderly. However, the current scenario has shown that the greater demand for care is accompanied by a reduction in the potential supply of family caregivers, given the

changes in the family profile and in the role of women.<sup>16</sup>

## CONCLUSION

Thus, the Elderly Companion Program in the Health Care Network of the Municipality of São Paulo is extremely important, due to the increase in the population's life expectancy and mainly due to the care support that these institutions provide to the elderly, guaranteeing them greater autonomy and independence in order to stay longer in their homes and in the community.

In addition, to the elderly who are not able to be alone and in situations that family members cannot assist in the care, The role of Long-Term Care Institutions for the Elderly becomes important, as they guarantee adequate care for this population, allowing comprehensive and longitudinal health care within the scope of the Unified Health System (SUS).

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