

Frailty in Elderly People in Primary Health Care in Brazil: An Integrative Review

Fragilidade em Pessoas Idosas na Atenção Primária à Saúde no Brasil: Uma Revisão Integrativa

Fragilidad en Personas Mayores en Atención Primaria de Salud en Brasil: Una Revisión Integrativa

RESUMO

Objetivo: Analisar a produção científica sobre fragilidade em pessoas idosas na Atenção Primária à Saúde no Brasil. **Método:** Estudo de revisão integrativa realizado na Biblioteca Virtual em Saúde, sendo utilizados os descritores para a busca: "idoso" AND "fragilidade" AND "atenção primária à saúde" OR "atenção básica à saúde", no período de 2019 a 2024. Os resultados foram avaliados por meio da técnica de análise temática proposta por Minayo (2010). **Resultado:** A amostra foi composta por 12 artigos. As categorias que caracterizam a produção científica sobre fragilidade em pessoas idosas na APS no Brasil compreendem "Determinantes sociais", "Autopercepção da saúde" e "Promoção da saúde, prevenção e na APS". **Conclusão:** Os resultados encontrados demonstraram que a fragilidade da pessoa idosa na APS é um fenômeno complexo e multifatorial, interligado a processos heterogêneos de envelhecimento.

DESCRIPTORIOS: Fragilidade; Idoso; Atenção Primária à Saúde; Determinantes sociais; Políticas Públicas.

ABSTRACT

Objective: To analyze the scientific production on frailty in elderly people in Primary Health Care in Brazil. **Method:** An integrative review study conducted in the Virtual Health Library, using the following search descriptors: "elderly" AND "frailty" AND "primary health care" OR "basic health care," covering the period from 2019 to 2024. The results were evaluated using the thematic analysis technique proposed by Minayo (2010). **Result:** The sample consisted of 12 articles. The categories that characterize the scientific production on frailty in elderly people in Primary Health Care in Brazil include "Social determinants," "Self-perception of health," and "Health promotion, prevention, and in Primary Health Care." **Conclusion:** The findings demonstrate that frailty in elderly individuals in Primary Health Care is a complex and multifactorial phenomenon, interconnected with heterogeneous aging processes.

DESCRIPTORS: Frailty; Elderly; Primary Health Care; Social Determinants; Public Policies.

RESUMEN

Objetivo: Analizar la producción científica sobre fragilidad en personas mayores en la Atención Primaria de Salud en Brasil. **Método:** Estudio de revisión integrativa realizado en la Biblioteca Virtual en Salud, utilizando los descriptores para la búsqueda: "anciano" AND "fragilidad" AND "atención primaria de salud" OR "atención básica de salud", en el período de 2019 a 2024. Los resultados fueron evaluados mediante la técnica de análisis temático propuesta por Minayo (2010). **Resultado:** La muestra estuvo compuesta por 12 artículos. Las categorías que caracterizan la producción científica sobre fragilidad en personas mayores en la APS en Brasil comprenden "Determinantes sociales", "Autopercepción de la salud" y "Promoción de la salud, prevención y en la APS." **Conclusión:** Los resultados encontrados demostraron que la fragilidad en personas mayores en la APS es un fenómeno complejo y multifactorial, interconectado con procesos heterogéneos de envejecimiento.

DESCRIPTORIOS: Fragilidad; Anciano; Atención Primaria de Salud; Determinantes sociales; Políticas Públicas.

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Integrative Review

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INTRODUCTION

Accelerated population aging has a major impact on the epidemiological profile and demands for health services, representing a significant challenge for public policies. In 2010, the elderly population in Brazil was 10.8%, while in 2022, this portion represented 15.6% of the population.¹

The aging process entails inevitable, progressive and heterogeneous changes, which are not always pathological, being influenced by biopsychosocial determinants and conditions.² Multimorbidity and disabilities can contribute to the vulnerability of older people, resulting in the consequent development of frailty and a decline in health status.³

Frailty is considered a complex geriatric syndrome and a serious public health problem.⁴ Conceptually, frailty comprises a dynamic and multifactorial clinical state, which results in an imbalance of homeostatic reserves and a reduction in the capacity to respond to minimal damage, triggering cumulative declines and undesirable situations for the organism.⁵⁻⁶

The Unified Health System (SUS) is deficient in identifying frail elderly people, which is a challenge for Primary Health Care (PHC) teams that need to look at elderly people in a multidimensional way. In this way, minimizing the progression of frailty and reducing adverse events, enabling the maintenance of the functional capacity of the elderly person.⁷

PHC plays a fundamental role in

the health of elderly people, considering their specific needs and the complexity of aging. The relevance of the topic and the need for studies that address the frailty of elderly people are justified, especially in PHC, with a view to ensuring and maintaining their functional capacity. Thus, the objective of this study was to analyze the scientific production on frailty in elderly people in Primary Health Care in Brazil.

METHOD

The study is characterized as an integrative review, which is the broadest methodological approach in relation to the types of literature review. In this way, it allows the inclusion of experimental and non-experimental research, with the aim of providing a complete understanding of the object of study.⁸ To this end, the process of constructing this study followed the six steps for integrative review studies.⁸

The database used was the Virtual Health Library (VHL). In the research carried out in the VHL, in August 2024, the Health Sciences Descriptors (DeCS) were used as search terms: “elderly” AND “frailty” AND “primary health care” OR “basic health care”, so that these words should be present in the abstract of the manuscripts.

The inclusion criteria were: articles on frailty in older adults in Primary Health Care in Brazil; full text available; published in Portuguese, English or Spanish; and published be-

tween 2019 and 2024. The exclusion criteria were: theses, dissertations and final papers; letters to the editors; experience reports; review articles; and studies on other topics.

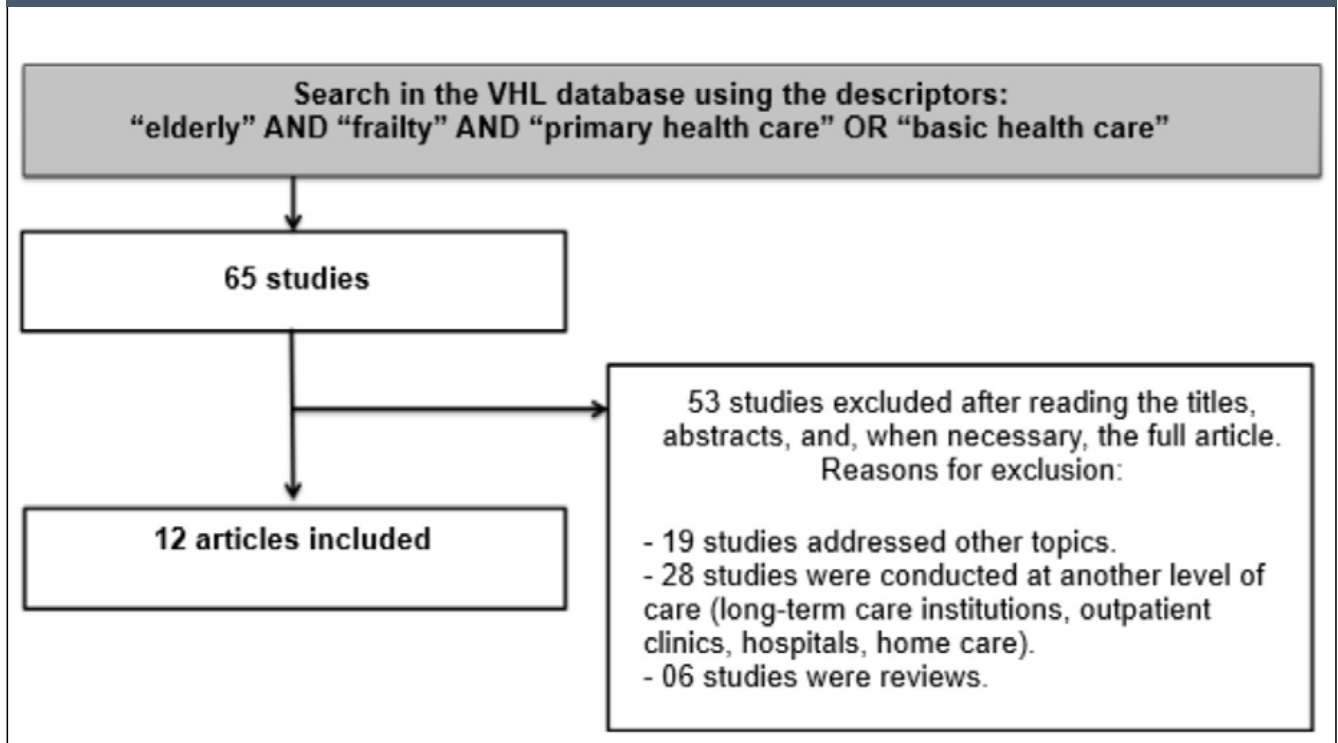
After searching for articles in the databases, according to the research question — “What is the scientific production on frailty in older adults in Primary Health Care in Brazil?” — and the inclusion criteria, the titles and abstracts of the studies were read, and the articles were read in full when necessary. After this stage, articles that met the exclusion criteria were excluded, as well as duplicate articles.

The selected articles were then read in full to extract the following data from each study: title, journal, year of publication, authors, study objective, methodological design and main results. The results were evaluated using the thematic analysis technique⁹, seeking to answer the research question.

RESULT

The summary of the results obtained in the search stages for articles in the VHL is presented in Figure 1. Therefore, the sample of this review study was composed of 12 articles.

Figure 1: Search strategy in the VHL.



Source: Research data (2024).

From the articles selected for this integrative review, a table was developed (Table 1) presenting the characteristics according to the database, main author, year of publication, journal, study title, method and sample (number of elderly people evaluated). The articles were

published between 2019 and 2023, and the total sample of the studies consisted of 53,152 elderly people. Regarding the method, cross-sectional and quantitative studies prevailed, which indicates a need for longitudinal studies on the evolution of frailty.

Regarding the risk of frailty, the studies indicated a prevalence that

ranged from 30.6% to 68.1% and in relation to frail elderly people, the research indicated a prevalence that ranged from 6.6% to 45.5%. Furthermore, two studies jointly analyzed the prevalence of risk of frailty/presence of frailty and described a prevalence that ranged from 30.6% to 50.4%.

Table 1: Selected Articles (n=12).

Author	Year	Journal	Title	Method	Sample	Prevalence of risk of becoming frail and frailty
Barra et al. ¹⁰	2023	Revista de Saúde Pública	Frailty and spatialization of elderly people in the city of Uberlândia with CFVI-20	Observational, quantitative study	47182	30.6% at risk or fragile
Silva et al. ¹¹	2021	Revista de Pesquisa (Univ. Fed. Estado Rio J., Online)	Frailty profile of elderly individuals treated in primary health care	Cross-sectional, quantitative study	118	32.2% at risk and 27.9% fragile
Ribeiro et al. ¹²	2021	Revista Brasileira de Enfermagem	Frailty in the elderly: screening possibilities in Primary Health Care	Cross-sectional, quantitative study	396	44.2% fragile
Tavares et al. ¹³	2021	Cogitare Enfermagem	Access and use of health services among community-dwelling elderly	Cross-sectional, quantitative study	1611	50.4% at risk or fragile

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Maia et al. ¹⁴	2021	Revista de Saúde Pública	Impact of matrix support for the elderly in primary care: a randomized community trial	Community randomized controlled trial	197	45.5% fragile
Ribeiro et al. ¹⁵	2020	Revista Mineira de Enfermagem	Psychometric properties of the Clinical-Functional Vulnerability Index 20 in Primary Health Care	Analytical, quantitative study	396	42.4% at risk e 12.6% fragile
Santos et al. ¹⁶	2020	Revista de Enfermagem do Centro-Oeste Mineiro	Clinical and functional profile of the elderly in Primary Health Care in Belo Horizonte	Cross-sectional, quantitative study	396	42.4% at risk e 12.7% fragile
Feitosa et al. ¹⁷	2020	ABCS Health Sciences	Prevalence and associated factor with frailty syndrome in the Brazilian elderly attended in primary care facilities: a cross-sectional study	Cross-sectional, quantitative study	823	68.1% at risk and 23.8% fragile
Melo et al. ¹⁸	2020	Revista Brasileira de Enfermagem	Frailty, depression and quality of life: a study with elderly caregivers	Cross-sectional, quantitative study	40	52.5% at risk
Freitas et al. ¹⁹	2020	Ciência & Saúde Coletiva	Frailty in elderly people in Primary Health Care: an approach based on geoprocessing	Analytical study	183	43% at risk 16,6% fragile
Maia et al. ²⁰	2020	Ciência & Saúde Coletiva	Frailty in elderly people assisted by primary care teams	Cross-sectional, quantitative study	1750	32.2% at risk e 20.1% fragile
Lima Filho et al. ²¹	2019	Revista Kairós-Gerontologia	Profile of elderly people participating in community groups in basic health units in the city of Santa Cruz, RN, Brazil	Cross-sectional, quantitative study	60	6.6% fragile

Source: Research data (2024)

From the results of the thematic analysis, 3 categories emerged (Figure 2) that characterize the scientific production on frailty in elderly people in

-PHC in Brazil: “Social determinants of frailty”, “Self-perception of health as a marker of frailty” and “Health promotion, prevention and management of frailty in PHC”.

The categories are interrelated in the context of healthcare for the elderly in PHC.

DISCUSSION

The heterogeneity of the elderly population entails different demands, in which all elderly people require an assessment based on knowledge of the aging process and its particularities, adapted to the sociocultural reality.²²

Frailty is understood as a complex multifactorial syndrome, influenced by several factors, including social determinants.²³ Jesus et al.²⁴ described that there was an indication that the highest percentage of elderly people with severe frailty were located in areas of high social vulnerability and with a prevalence of females. The feminization of aging is associated with several socioeconomic and health factors, resulting in longer aging, but with higher incidences of

Figure 2: Thematic categories.



Fonte: Dados da pesquisa (2024).

chronic diseases and financial, emotional and social vulnerabilities.²⁵

Another factor associated with frailty is low education. A study indicated that elderly people with low education have a higher prevalence of frailty and tend to have less access to health information and preventive practices, which contributes to impaired functional capacity.²⁶ Added to this, low education levels suggest an unfavorable socioeconomic situation, with consequences for social inequalities.²⁷ Older people with lower incomes generally have a higher prevalence of frailty, compounded by health problems, limited access to care and a higher burden of chronic diseases.²⁸

Social and family networks play a fundamental role in the fragility of elderly people, offering emotional, instrumental and affective support, especially in contexts of social vulnerability. Studies show that healthy family and social networks contribute to strengthening the health of elderly people, reducing the impact of disabilities associated with aging.²⁹

Regarding access to health services, PHC plays a central role, as it facilitates initial and ongoing access to essential preventive and therapeutic care for frail older adults. Home care is also an important modality, especially for older adults with reduced mobility, providing continuity of care and reducing avoidable hospitalizations.³⁰

Self-perceived health is a relevant measure for assessing the health conditions of elderly people. This concept encompasses physical, cognitive, and emotional aspects, as well as factors related to well-being and satisfaction with one's own life.³¹

Frailty has a negative relationship with the quality of life of elderly people, that is, its presence implies a reduction, of different magnitudes, in the quality of life of elderly people.³²

Functional capacity, a multidimen-

sional concept, is defined as the ability to perform activities of daily living independently and autonomously. Studies indicate greater dependence on frail elderly people to perform these activities.³³

Overall health satisfaction, one of the components of life purpose, is also related to frailty. Studies indicate that high levels of life purpose are associated with a lower risk of disability, regardless of the presence of frailty.³⁴

In the context of PHC, the line of health care for the elderly presented by the Ministry of Health³⁵, It presupposes that health teams: know, monitor and evaluate the health needs of elderly people, based on their functional capacity and the heterogeneity of aging; establish the path of care according to the needs and different functionality profiles; establish flows between levels of care for the elderly; and promote the ongoing education of RAS professionals.

Continuing education (EPS), already highlighted in the line of health care for the elderly in PHC³⁶, is considered essential for qualifying care for frail elderly people in PHC. Therefore, it is strongly suggested that the topic of frailty be included in the discussion agenda of PHC teams.

Based on this, in order to identify frail elderly people, it is suggested that a multidimensional health assessment of elderly people be carried out, using the instruments in the manual of the National Council of Health Secretaries.³⁷ After identifying the frail elderly person, we begin to develop Singular Therapeutic Projects, involving the multidisciplinary PHC team and, if necessary, the other levels of the RAS in an integrated and continuous manner. For this, the Manual of the National Council of Health Secretaries can be used as a guide.³⁷ and the health care line for the elderly in the PHC.³⁵

It is important to highlight the urgency of recognizing the fragility

of elderly people in PHC in order to organize the teams' agendas, allowing them to act in prevention and health promotion, in the coordination of care, in the identification of risk factors and, above all, in the longitudinal monitoring of elderly people, considering their particularities and health needs.³⁷

CONCLUSION

Based on the results of this integrative review article, which aimed to analyze the scientific production on frailty in elderly people in PHC in Brazil, we conclude that publications on the subject are based on social determinants, self-perception of health, and strategies for promoting, preventing, and managing frailty in PHC.

The concepts and perspectives found here demonstrate that frailty in elderly people in PHC is a complex and multifactorial phenomenon, interconnected with heterogeneous aging processes. There is a need for longitudinal research on the management of this syndrome by PHC teams, especially with regard to a comprehensive and effective line of care within the SUS health care network.

As a contribution, an integrative review study presents the current situation of scientific production on frailty in elderly people in PHC in Brazil from 2019 to 2024. The search for articles in only one database can be considered a limitation of this study, with the mapping of Brazilian studies published in international databases being interesting, which would allow investigating a more detailed scenario of frailty in elderly people in PHC.

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