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Research Article

Sociodemographic and clinical profile of the elderly in a microarea in Seridó Potiguar

Perfil sociodemográfico e clínico de idosos em uma microárea no Seridó Potiguar

Perfil sociodemográfico y clínico de personas mayores en una microárea en el Seridó Potiguar

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Abstract

Introduction: Population aging is a globally consolidated process. As the population ages, new health needs arise, leading health services to renew and improve their capacity to comprehensively care for the elderly. In Brazil, the role of Primary Care, with an emphasis on the Family Health Strategy, stands out. Recognizing the population of its assigned area enables health care planning that addresses the needs of its population. **Objective:** To investigate the health conditions of the population in a microarea in Seridó, characterizing the sociodemographic and clinical profile of these elderly people and identifying prevalent health conditions. **Methods**: This is an observational study conducted in a microarea located in Seridó Potiguar. The study subjects were elderly people aged 60 years or older residing in the aforementioned microarea and with an active medical record. The research instrument was based on the Elderly Health Record. Data were analyzed using descriptive statistics, with IBM SPSS Statistics software, version 20. **Results:** The dependent variable was polypharmacy, and the chi-square test and prevalence ratio were calculated. Data were collected from 49 elderly people, most of whom were female, single, had children, and had no disabilities. Hypertension was the prevalent health condition in the population; polypharmacy appeared in 32.7% of participants and was significantly higher in individuals over 71 years of age (PR=0.260; 95% CI=0.073;0.928). **Conclusions:** This study showed that polypharmacy is more frequent in older individuals. As people age, they become more exposed to diseases, especially Noncommunicable Chronic Diseases, making them more susceptible to using a greater number of medications.

Keywords: Aging; Health of the Elderly; Primary Health Care; Public Policy; Polypharmacy.

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Resumo

Introdução: O envelhecimento populacional é um processo consolidado mundialmente. À medida que a população envelhece, novas necessidades em saúde surgem, fazendo com que os serviços de saúde se renovem e se capacitem para atender à pessoa idosa em sua integralidade. No Brasil, destacamos o papel da Atenção Primária, com ênfase na Estratégia Saúde da Família. Reconhecer a população de sua área adscrita possibilita um planejamento no cuidado em saúde que contemplem as necessidades de sua população. **Objetivo:** Investigar as condições de saúde da população de uma microárea no Seridó, caracterizando os perfis sociodemográfico e clínico desses idosos e identificando as condições de saúde prevalentes. **Métodos:** Estudo observacional desenvolvido em uma microárea localizada no Seridó Potiguar. Os atores do estudo foram idosos com 60 anos ou mais residentes na microárea mencionada e com prontuário ativo. O instrumento de pesquisa foi criado com base na Caderneta de Saúde da Pessoa Idosa. A análise foi por meio de estatística descritiva, utilizando-se do *software* IBM SPSS Statistics versão 20. **Resultados:** A variável dependente foi polifarmácia, sendo aplicado o teste do χ^2 e o cálculo da razão de prevalência. Foram coletados dados de 49 idosos que, em sua maioria, são do sexo feminino, solteiros, com filhos e sem deficiência. A hipertensão arterial foi a condição de saúde prevalente na população; a polifarmácia apareceu em 32,7% dos participantes e foi significamente maior em indivíduos com mais de 71 anos (RP=0,260; IC95% 0,073–0,928). **Conclusões:** O presente trabalho evidenciou que a polifarmácia tem maior ocorrência em indivíduos mais velhos. Conforme o indivíduo envelhece, ocorre maior exposição a doenças, com destaque às doenças crônicas não transmissíveis, estando mais suscetível ao maior uso de medicamentos.

Palavras-chave: Envelhecimento; Saúde do idoso; Atenção Primária à Saúde; Política pública; Polimedicação.

Resumen

Introducción: El envejecimiento poblacional es un proceso consolidado a nivel mundial. A medida que la población envejece, surgen nuevas necesidades de salud, lo que lleva a los servicios de salud a renovarse y mejorar su capacidad para atender de manera integral a las personas mayores. En Brasil, se destaca el papel de la Atención Primaria, con énfasis en la Estrategia de Salud de la Familia. Reconocer a la población de su área adscrita permite una planificación del cuidado de la salud que aborde las necesidades de su población. **Objetivo:** Investigar las condiciones de salud de la población de una micro área en Seridó, caracterizando el perfil sociodemográfico y clínico de estos ancianos e identificando las condiciones de salud prevalentes. **Métodos:** Estudio observacional desarrollado en una micro área ubicada en Seridó Potiguar. Los sujetos del estudio fueron ancianos de 60 años o más residentes en la micro área mencionada y con historial médico activo. El instrumento de investigación se basó en el Cuaderno de Salud del Anciano. Los datos fueron analizados mediante estadística descriptiva, utilizando el software IBM SPSS Statistics versión 20. **Resultados:** La variable dependiente fue la polifarmacia, aplicándose la prueba de chi-cuadrado y el cálculo de la razón de prevalencia. Se recopilaron datos de 49 ancianos, la mayoría de los cuales eran mujeres, solteros, con hijos y sin discapacidades. La Hipertensión Arterial fue la condición de salud prevalente en la población; la polifarmacia apareció en el 32,7% de los participantes y fue significativamente mayor en individuos mayores de 71 años (RP=0,260; IC 95%=0,073;0,928). **Conclusiones**: Este estudio evidenció que la polifarmacia tiene mayor incidencia en individuos mayores. A medida que la persona envejece, aumenta la exposición a enfermedades, especialmente a las Enfermedades Crónicas No Transmisibles, lo que los hace más susceptibles al uso de una mayor cantidad de medicamentos.

Palabras-clave: Envejecimiento; Salud del Anciano; Atención Primaria de Salud; Política Pública; Polifarmacia.

INTRODUCTION

Life is a constant variable. In recent times, Brazil has been undergoing a process of demographic and epidemiological transition, as in many places around the world, with a decline in birth and mortality rates, while life expectancy increases. Thus, the current population scenario is characterized by a larger number of elderly people.[1]

The aging of the Brazilian population is a well-established process and is occurring at a faster pace compared to other countries. With aging and changes in the epidemiological profile—marked by a decline in infectious diseases and an increase in chronic-degenerative conditions – it is essential to ensure that elderly individuals receive healthcare capable of promoting, for example, their autonomy, healthy aging, risk prevention, and, above all, the ability to meet their needs.[1-3]

In Brazil, where the marginalization of the elderly prevailed during the first decades of the 20th century, the enactment of the Federal Constitution of 1988 was the first step toward elderly care by emphasizing that every citizen has the right to health. The first policy specifically aimed at the elderly

population emerged in 1994 with the creation of the National Policy for the Elderly (PNI) through Law No. 8,842. One of the advances introduced by the PNI is the prioritization of keeping the elderly with their families instead of the previously recommended institutional care model.[2,4]

In September 2023, Ordinance No. 561 was published in the Official Gazette of the Union, establishing the Program "Aging in the Territory", which aims to guarantee the elderly population the right to age and have their fundamental rights ensured in their territories through intersectoral coordination across the three levels of management.[5]

The decade from 2021 to 2030 has been designated by the World Health Organization (WHO) as the "Decade of Healthy Ageing". The objectives of the Decade of Healthy Ageing include the full guarantee of civil rights without distinctions; the right to better living conditions, including health, education, and culture; and the fight against ageism and violence, to be achieved through multisectoral actions and the shared responsibility of civil society and governments.[6]

Primary Health Care (PHC) is the entry point for users into the Health Care Network (HCN). Through health care in the territory, with a focus on the Family Health Strategy (FHS), it is expected that both individual and collective demands will be better addressed and provided according to the profile of the assigned area. Despite this potential, PHC shows weaknesses in the care provided to the elderly.[7,8]

The profile of elderly individuals attended to in PHC is characterized by the prevalence of non-communicable chronic diseases (NCDs), such as diabetes and hypertension; often, these individuals have more than one comorbidity.[8] Since PHC is the main means of care for this population, it is necessary to change the work process, as well as the training of health professionals, so they can provide comprehensive care that meets the needs of this aging population.[9]

The Elderly Health Handbook (CSPI), a valuable tool for comprehensive elderly health care, is a complete and accessible instrument for use in the Family Health Strategy (FHS) setting. Its structure allows for the collection of personal data, monitoring of health conditions, and the use of assessment tools such as the Vulnerable Elders Survey (VES-13), as well as providing information on health education.[10]

Considering the potential of the CSPI for identifying the health conditions of the elderly, this research was motivated. Engagement with this topic occurred during the territorialization process in a micro-area of Seridó Potiguar, where the Basic Health Unit (UBS) was covered by the Multiprofessional Residency in Primary Care at the Multicampi School of Medical Sciences of Rio Grande do Norte. On this occasion, it was possible to observe a micro-area marked by a context of social vulnerability distinct from the others in this territory.

This study aimed to investigate the health conditions of the elderly population in a micro-area of Seridó Potiguar, characterizing the sociodemographic and clinical profiles of elderly individuals living in a socially vulnerable micro-area and identifying the prevalent health conditions within this group.

Addressing this topic is relevant for recognizing the situation of elderly individuals in a socially vulnerable area, providing the team with necessary information to monitor this population according to the identified profile. Additionally, it serves as a basis for planning actions to be carried out in this area.

METHODS

This is an observational study conducted in a micro-area of Seridó Potiguar. The study participants were elderly individuals aged 60 or older residing in the mentioned micro-area with an active medical record. Elderly individuals with medical records containing insufficient data were excluded from the study.

The initial survey identified 68 registered elderly individuals, from whom data were collected from 49 medical records. The study losses included: three elderly individuals who passed away, six who moved to another territory, six who could not be located during the data collection period, three who were not yet 60 years old, and one due to insufficient data in the medical record.

The project was approved by the Research Ethics Committee of the Faculty of Health Sciences of Trairi (CEP/FACISA) on February 12, 2023, under opinion No. 5.889.263, and was conducted in accordance with Resolution No. 466/12 of the National Health Council.[11] The participants were informed about the study and signed the Informed Consent Form (ICF).

Data collection was carried out by reviewing active medical records within the team, using a research instrument based on the Elderly Health Handbook (CSPI). The instrument consisted of the following sections: Part A – participant characterization, with seven questions; Part B – health conditions/diagnoses, divided into primary care-sensitive chronic conditions, common conditions, and other conditions/diagnoses; and Part C – medications, herbal medicines, supplements, and vitamins in use, categorized by name of the medication, dosage and frequency, duration of use, and presence of polypharmacy.

After data collection, the information was organized in Excel spreadsheets and analyzed using descriptive statistics with IBM SPSS Statistics version 20. The dependent variable was polypharmacy, and the chi-square (χ^2) test and prevalence ratio (PR) calculation were applied, considering a 95% confidence interval (CI). Associations with $p<0.05$ were considered statistically significant.

RESULTS

Analyzing the sociodemographic profile of the participating elderly individuals (Table 1), we found that the most represented gender was female, the majority of the elderly are single with children, and do not have disabilities.

Table 1. Sociodemographic characteristics of the elderly. Caicó (RN), 2023.

Variable	n	%
Sex		
Male	18	36.7
Female	31	63.3
Marital status		
Single	22	44.9
Married	18	36.7
Widow/Widower	09	18.4
Children		
Yes	35	71.4
No	14	28.6
Disability		
Yes	06	12.2
No	43	87.8

Source: research data.

Regarding health conditions (Table 2), hypertension (HTN) was the most prevalent, diagnosed in 69.4% of the participants, aligning with the studies by Linard *et al.*;[12] Neves Júnior *et al.*;[13] and Luz, Silva-Costa e Griep.[14] Diabetes mellitus and mental disorders were found in 34.7% and 36.7% of the participants, respectively.

Table 2. Health conditions of the elderly in a micro-area located in Seridó Potiguar. Caicó (RN), 2023.

Diagnosis	n	%
Musculoskeletal diseases		
Yes	15	30.6
No	34	69.4
Hypertension		
Yes	34	69.4
No	15	30.6
Chronic kidney disease		
Yes	5	10.2
No	44	89.8
Thyroid disorders		
Yes	5	10.2
No	44	89.8
Diabetes mellitus		
Yes	17	34.7
No	32	65.3
Lipid metabolismo disorders		
Yes	14	28.6
No	35	71.4
Neurological diseases		
Yes	2	4.1
No	47	95.9
Eye diseases		
Yes	4	8.2
No	45	91.8
Circular system diseases		
Yes	15	30.6
No	34	69.4
Mental disorders		
Yes	18	36.7
No	31	63.3
Respiratory diseases		
Yes	7	14.3
No	42	85.7
Smoking		
Yes	14	28.6
No	35	71.4

Source: research data.

By performing the $\chi 2$ test and the Prevalence Ratio (PR) in the cross-tabulation of health diagnosis variables with others, it was found that hypertension (HT) is significantly higher in older individuals (Table 3).

Table 3. Simple frequency values (%) of hypertension in elderly individuals in a microregion of Seridó Potiguar. Caicó (RN), 2023.

Variable	Yes		No		χ^2	PR	P value	CI
Sex	**n**	**%**	**n**	**%**				
Male	11	32.4	7	46.7	0.918	0.338	0.547	0.158–1.895
Female	23	67.6	8	53.3				
Age (years)								
≤70	14	41.2	12	80	6.299	0.012	0.175	0.42–0.737
>71	20	58.8	3	20				
Marital status								
Single	17	50	5	33.3	1.169	0.280	2.000	0.564–7.098
Married or widow(er)	17	50	10	66.7				

Source: research data.
PR: Prevalence Ratio; CI: confidence interval.

Among the medications in use (Table 4), according to the Anatomical Therapeutic Chemical (ATC) Classification, 73.5% use medications for the cardiovascular system, followed by 42.9% for the nervous system.

Table 4. Medications used by elderly individuals in a microregion of Seridó Potiguar. Caicó (RN), 2023.

ATC Classification	n	%
Cardiovascular system		
Yes	36	73.5
No	13	26.5
Nervous system		
Yes	21	42.9
No	28	57.1
Digestive system and metabolismo		
Yes	15	30.6
No	34	69.4
Respiratory system		
Yes	4	8.2
No	45	91.8
Blood and hematopoietic organs		
Yes	8	16.3
No	41	83.7
Systemic hormonal preparations, excluding sex hormones and insulins		
Yes	2	4.1
No	47	95.9
Musculoskeletal system		
Yes	2	4.1
No	47	95.9

Source: research data.

Table 5 shows a significant association between sex and the use of medications for metabolic diseases, with females having a higher likelihood of risk. However, no significant associations were found between age or marital status and the presence of metabolic diseases.

Table 5. Simple frequency values (%) of medication use for metabolic diseases in elderly individuals in a microregion of Seridó Potiguar. Caicó (RN), 2023.

Variable	Yes		No		χ^2	PR	P value	CI
Sex	**n**	**%**	**n**	**%**				
Male	1	7.1	17	48.6	7.385	0,007	0.081	0.010–0.692
Female	13	92.9	18	51.4				
Age								
≤70	8	57.1	18	51.4	0.131	0,717	1.256	0.361–4.391
>71	6	42.9	17	48.6				
Marital status								
Single	5	35.7	17	48.6	0.668	0,414	0.588	0.164–2.112
Married or widow(er)	9	64.3	18	51.4				

Source: research data.
PR: Prevalence Ratio; CI: confidence interval.

Polypharmacy, which according to the CSPI is characterized by the use of five or more medications, is present in 32.7% of the participants. By performing the $\chi 2$ test and the RP, it was found that polypharmacy is significantly higher in older individuals (Table 6). The variables “sex”, “marital status”, “number of children”, and “disability” did not show significance.

Table 6. Simple frequency values (%) of polypharmacy in elderly individuals in a microregion of Seridó Potiguar. Caicó (RN), 2023.

Variable	Yes		No		χ^2	PR	P value	CI
Sex	**n**	**%**	**n**	**%**				
Male	4	22.2	14	77.8	1.408	0.452	0.235	0.120–1.703
Female	12	38.7	19	61.3				
Age								
≤70	5	19.2	21	80.8	4.538	0.260	0.033	0.073–0.928
>71	11	47.8	12	52.2				
Marital status								
Single	10	45.5	12	54.5	2.975	2.917	0.085	0.848–10.038
Married or widow(er)	6	22.2	21	77.8				
Children								
Yes	10	28.6	25	71.4	0.928	0.533	0.335	0.147–1.933
No	6	42.9	8	57.1				
Disability								
Yes	2	33.3	4	66.7	0.001	1.036	0.970	0.169–6.349
No	14	32.6	29	67.3				

Source: research data.
PR: Prevalence Ratio; CI: confidence interval.

DISCUSSION

The predominance of females aligns with the results of studies by Ferreira Neto,[15] also conducted in a neighborhood of the same municipality in Seridó Potiguar, Coutinho and Tomasi,[16] and Neves Júnior et al.[17] Women live longer than men, and one of the reasons for this difference is that women tend to seek more health prevention measures. Women's aging differs from men's because, in addition to the biological factors of senescence, they are also exposed to gender disparities in various aspects of life.[18]

Regarding marital status, the findings of this study differ from those found in Neves Júnior et al.,[17] in which there was a predominance of elderly individuals who were married and/or living with a partner. Their study was conducted in an area with high unemployment, crime rates, low income, and educational attainment. However, it was a study conducted in the capital of the state of Rio Grande do Norte, which represents a reality different from that of the interior of the state.

On the global and national levels, Non-communicable Diseases (NCDs) are the leading causes of mortality and, consequently, the highest health expenditures.[19] Leite et al.[20] identified a higher prevalence of individuals in the northeastern population diagnosed with two or more NCDs compared to other regions. Areas with greater social vulnerability may also show an association with NCDs, as demonstrated by Melo et al.[21]

HT is the most prevalent NCD in the world, with multifactorial causes, including modifiable factors such as diet and lifestyle habits, and non-modifiable factors such as race and family history. As individuals age, the chances of developing hypertension increase due to changes in the circulatory system.[22]

The Risk and Protection Factor Surveillance System for Chronic Diseases by Telephone Survey (Vigitel), in the 2023 survey, indicated that in the 26 Brazilian capitals and the Federal District, the number of people aged 18 or older with a medical diagnosis of systemic arterial hypertension (SAH) is 27.9%, with a higher prevalence among women.[23]

The analysis showed that individuals over 71 years old, representing 58.8% of the sample, are more affected by hypertension, with a higher prevalence in females, accounting for 67.6%. This higher incidence in females highlights the importance of considering sociocultural factors in the elderly population, as the life expectancy of women is generally higher than that of men.

In the study by Esperandio et al.,[24] hypertension in females showed a direct relationship in individuals aged 70 or older, similar to the results obtained in this study, conducted in a microregion of Seridó Potiguar. Other variables were mentioned, such as being a former smoker and having a higher body mass index (BMI).

Oliveira et al.[25] showed that 60.7% of elderly individuals over 75 years old had hypertension, compared to 55.3% of elderly individuals under 74 years old. The research associates the increase in hypertension with factors such as diabetes, heart diseases, health status, advanced age, a higher number of children, and a higher BMI.

The onset of hypertension in the elderly is related to multiple factors: as highlighted in studies, the increase in the population's longevity results in the accumulation of other risk factors that compromise the quality of life in the elderly.[24] Therefore, a more comprehensive approach is essential, considering both biological and sociocultural aspects in the management of hypertension in elderly women.

The studies by Neves *et al*.[26] and Azevedo *et al*.[27] support the prevalence of cardiovascular medication use in the elderly, showing 42.9% and 67.7%, respectively, in the studied population. The prevalence of cardiovascular medications aligns with the Brazilian epidemiological profile.

The presence of medications for the nervous system as the second most used class by the elderly reflects the mental health needs of this population, which mostly has greater contact with the Family Health Strategy (ESF). Therefore, it is essential that primary care professionals are trained to provide support, identify, refer, and follow up with elderly individuals who have any mental disorder.

In the management of NCDs in Primary Health Care (APS), we encounter the difficulties elderly individuals face in managing their medications, especially those using polypharmacy. In addition to the quantity, illiteracy is a barrier to the proper use of medications, as it hampers their ability to distinguish between medications and understand the prescribed medical instructions.[28]

Gama[29] points out that many elderly individuals do not understand why a particular medication is being used, having a limited understanding of their own clinical condition for which the medication was prescribed. This is associated with low treatment adherence and also exposes the person to unsafe use of medications.

The existence of polypharmacy in older adults[28,30] is associated with the presence of multiple comorbidities: the older the individual, the more exposed they are to illness and the development of chronic conditions. The practice of medicalizing life needs to be evaluated, given the high number of medications prescribed without considering non-pharmacological approaches.[31]

Regarding polypharmacy, the most prevalent medications were those for cardiovascular diseases, with hypertensive and diabetic individuals having the highest medication consumption. As APS is the entry point to the health care network, it is urgent to develop studies for the follow-up of individuals with NCDs, especially the elderly, ensuring the rational and safe use of medications, and non-pharmacological approaches within the Unified Health System (SUS). It is important to highlight the role of the pharmacist as a member of the multidisciplinary team in APS.[32]

A risk for the elderly occurs when polypharmacy happens inappropriately, which can be seen in the practice of self-medication. It is important that care for the elderly is provided in a multidisciplinary manner, with knowledge of the risks and benefits of medications, as well as their pharmacodynamics and drug interactions.

CONCLUSIONS

The sociodemographic profile of the elderly participants in the study was predominantly composed of females, single, with children, and without disabilities. Regarding health conditions, hypertension was the most prevalent diagnosis among the studied group. Although diabetes mellitus and mental disorders did not affect the majority of the participants, they deserve attention as conditions that are becoming more frequent in health services.

Regarding medication use, cardiovascular medications are the most commonly used by the elderly, followed by those for the nervous system. Polypharmacy was identified in 32.7% of the elderly. In this group, being over 71 years old was significant for the presence of polypharmacy. When compared with the literature, we find the relationship between aging and illness: older individuals are affected by more diseases and, therefore, use more medications.

Understanding the profile of the elderly population residing in the areas covered by the Family Health Strategy (ESF) allows health care to be better directed. That is, planning for this population will be based on their needs. This recognition is also essential for monitoring health conditions, enabling the evaluation of individual responses to therapeutic interventions carried out by the team.

A limitation of this study is the lack of information in the medical records, reflecting inefficient documentation by health professionals. Data such as skin color, sexual orientation, literacy, and occupation were not recorded, even though there was space allocated for such information. Users who were attended to by professionals from the Multi-professional Residency Program had more detailed records of their medical and personal histories.

The study was conducted in only one microarea, chosen for its characteristics of social vulnerability and difficulty in direct access due to drug trafficking disputes. However, further research is needed in other microareas to gather the sociodemographic profile of all the elderly individuals attended by the Family Health Strategy (ESF) in this neighborhood, in order to provide quality care based on the real needs expressed by the elderly..

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

LSDS: Concept, Data Curatorship, Formal Analysis, Methodology, Writing – First Draft , Writing – Review and Editing. LNS: Data Curatorship, Formal Analysis, Writing – First Draft, Writing – Review and Editing. ESP: Data Curatorship, Formal Analysis, Writing – First Draft, Writing – Review and Editing. EESL: Concept, Data Curatorship, Formal Analysis, Methodology, Writing – First Draft, Writing – Review and Editing.

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