



COMMUNITARIAN INTERVENTION IN OLDER PEOPLE WITH OBESITY

INTERVENÇÃO COMUNITÁRIA EM PESSOAS IDOSAS COM OBESIDADE INTERVENCIÓN COMUNITARIA EN LAS PERSONAS MÁS VIEJAS CON OBESIDAD

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ABSTRACT

Objective: To contribute to the reduction of the prevalence of obesity in the elderly, a parish in the municipality of Beja, southern Portugal. **Method:** Community intervention project, lasting 12 months. Anthropometry is collected in three key points: pre-intervention and six months after the end of the project, determining Body Mass Index and Abdominal circumference, and negotiating a contract for health, nursing consultation. The monitoring was performed at 4, 12 and 20 weeks, by direct interview participants. **Results:** 60% of users reported having changed some eating habits, 17.7% started and maintain regular physical activity and remain 8.8% water consumption recommended. **Conclusion:** Participants collaborated on aspects related to changes in diet showing difficulties in regular physical activity and consumption of water. **Keywords:** Aging, Lifestyle, Obesity, Health Promotion, Community Health Nursing.

RESUMO

Objetivo: contribuir para a diminuição da prevalência da obesidade nas pessoas idosas, numa freguesia do concelho de Beja, Sul de Portugal. **Método:** projeto de intervenção comunitária, com duração de 12 meses. A antropometria é recolhida em três pontos-chave: pré-intervenção, seis meses depois e no final do projeto, determinando Índice de Massa Corporal e Perímetro Abdominal, e negociando um contrato de saúde, em consulta de enfermagem. O acompanhamento foi efetuado às 4, 12 e 20 semanas, por entrevista direta aos participantes. **Resultados:** 60% dos utentes referiram ter modificado alguma prática alimentar; 17,7 % iniciaram e mantêm atividade física regular e em 8,8 % mantêm-se o consumo de água recomendado. **Conclusão:** os participantes colaboraram nos aspetos relacionados com as alterações na dieta mostrando dificuldades na prática de atividade física regular e no consumo de água. **Descritores:** Envelhecimento; Estilos de Vida; Obesidade; Promoção da Saúde; Enfermagem em Saúde Comunitária.

RESUMEN

Objetivo: Contribuir a la reducción de la prevalencia de la obesidad en las personas mayores, una parroquia en el municipio de Beja, al sur de Portugal. **Metodología:** El proyecto de intervención comunitaria, con una duración de 12 meses. La antropometría se recogen en tres puntos clave: meses antes de la intervención y seis después de la finalización del proyecto, la determinación de índice de masa corporal y la circunferencia abdominal, y la negociación de un contrato para la consulta de enfermería de salud,. El seguimiento se realizó a los 4, 12 y 20 semanas, los participantes en las entrevistas directas. **Resultados:** El 60% de los usuarios reportaron haber cambiado algunos hábitos alimenticios, el 17,7% comenzó y mantener una actividad física regular y seguir siendo un 8,8% el consumo de agua recomendado. **Conclusión:** Los participantes colaboraron en aspectos relacionados con los cambios en la dieta que muestra dificultades en la actividad física regular y el consumo de agua. **Palabras clave:** Envejecimiento, Estilo de vida, Obesidad, Promoción de la Salud, Enfermería de Salud Comunitaria.

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INTRODUCTION

The intention of this article is to present the construction and implementation of an intervention project in the community. The diagnosis of health of the elderly population of a parish in the municipality of Beja, southern Portugal, identified obesity as the primary pathology, in which 75% of the elderly population with elevated levels of Body Mass Index (BMI) and 85% had increased Abdominal circumference (PA).

In terms of public health, these two factors predispose to a higher risk of early mortality and increased morbidity, especially cardiovascular disease and diabetes by type II.1 The population target - the project are people over 65 years old residing in a parish in the municipality of Beja and entered in the respective Health Centre, with a BMI greater than or equal to 30.0 kg/m² and BP from 102 cm in men and 88 cm in women and that: express the desire to integrate design, consider the possibility of change, at least one dietary behavior deemed inappropriate, agree to participate in at least one of the measures of physical activity to develop throughout the project and are autonomous.

Health problems related to lifestyle and environment are an increasing cause of morbidity, mortality, and increased healthcare costs decline in productivity and quality of life.2 To reach a state of complete physical, mental and social, an individual or group must be able to identify aspirations, to satisfy needs and to change or cope with their environment. The process of empowering the individual to improve and manage your health is defined as promoting health.³

People should participate in activities that promote health, including: quit smoking, choose a responsible alcohol intake, get regular exercise, consisting of at least the equivalent of 30 minutes of vigorous walking three times a week, keeping weight and index appropriate body mass and eating five servings of fruits and vegetables per day, reducing salt intake and switching to unsaturated fats.

Strategies to combat obesity, calorie expenditure of a mild to moderate exercise is not enough to lose weight, if one is not simultaneously practicing a regimen of calorie restriction, because only those who lose weight on calorie balance is negatively maintained. Due to the expertise and continuous contact with clients, nurses have a unique opportunity to gain leadership in promoting the health of individuals, families and communities, while it is constituted as a

key element in helping satisfaction basic needs of the individual, to enable him means favorable to the creation of your project health and lives.

OBJECTIVES

- To contribute to the improvement of lifestyles and to reduce the prevalence of obesity in the elderly residing in a parish in the municipality of Beja, southern Portugal.
- To improve the knowledge of older obese about healthy eating; identify changes in eating patterns recommended;
- To encourage changing some eating habits (increased number of meals and water consumption);
- To improve the knowledge of the elderly with obesity on the benefits of physical activity;
- To identify changes in the patterns of daily practice of physical activity;
- To encourage regular physical activity of older adults with obesity;
- To decrease by at least 5% of the initial weight of the elderly participants, given that a weight loss of between 5 and 10% of the initial value during the first years after the onset of a weight control program is an appropriate goal for most people.

METHOD

Community intervention project lasting 12 months in people over 65 years old with obesity. In the elderly population 53 individuals were diagnosed with obesity, accounting for 25.9% of total elderly. Agreed to participate in the project 45 individuals; membership therefore had a participation rate of 84.9%. The user group obese participants in the project was composed of 45 elements, 30 were female (66.7%) and 15 males (33.3%).

The working group consists of the project manager - Community Health nurse specialist, a nutritionist, a psychologist, two nurses rehabilitation, two technicians and a Supreme Sports Physical Education teacher. For its development on the ground, the project plan was submitted to all stakeholders.

The partnership models have proven to be very effective in areas with limited resources and insufficient numbers of care health providers. This intervention involved the local political powers, municipal and local institutions, technicians; its adherence to project was full. Initially, it was ensured the participation of entities, given its fundamental importance to support the project, then, was guaranteed technical collaboration in the areas of nutrition,

physical activity and psychology (taking into account the measures that presuppose based design processes of change).

The monitoring project was conducted by the project manager, with partners and other technical working group in order to evaluate the performance of each of the measures defined in the development and assumed at the beginning of the project, through interviews with each one of the representatives of the institutions and technicians. The municipality, together with the technical sport, inventoried all means acquire and respective budgets for the definition, in the parish, the footpaths. Funding for the purchase of such materials was the question being put forward.

The courses listed, with difficulty differentiated into three levels, intended to complete the walk, it was assumed by the technicians of the sport make functional assessments for each participant for prescription of physical activity recommended, after the marking of footpaths. The Rehabilitation Nurses took to incorporate more elements of the target population of the project at its meetings, besides the three already attending.

As for Nutrition and Psychology were held group sessions, large group of 45 people was divided into three smaller groups, each of 15 participants and a session was held with each group. This first session had as its main objective the evaluation of knowledge and behaviors of the elderly in relation to food as well as the barriers to change in lifestyles, raising awareness for improving the health of participants. To complement the initial diagnosis of health determination was performed pre-intervention anthropometric parameters (weight, height, and waist circumference and body mass index) later repeated in two more times: at six months of project duration and at the end of it.

Anthropometry was performed on users without shoes, wearing light clothing, and in a standing position with feet together. It was always used the same anthropometric scale and tape measure to the same circumference measures. The following data were obtained: weight in kilograms, and submitted to a decimal number, height - in feet, and presented to two decimal numbers, waist circumference (PA) - in centimeters, defined as the smallest measurement of the circumference at the level of the scar cord at the end of the expiratory movement and body mass index ($BMI = \text{weight} / \text{height}^2$). All seniors and individuals who have been diagnosed with obesity were invited by letter

to participate in the presentation of the project.

Upon presentation of the project was given to each participant the technical documentation in individual folders and succinctly and in language accessible to the characteristics of the target group, the presentation was made by your project manager. Later, the word was given to each of the coaches, so to speak out against the project and planned activities. Thus, we conducted a group session that consisted in explaining the leaflets which give participants the necessary information so that they can improve their diet (in terms of number of daily meals and water consumption) as well as participation in physical activity regular character (with guiding exercises, to be held in their own home, sitting or standing). The demonstration was made from 12 individual exercises included in the folder, the technical sport, with active participation of elements of the group of elderly patients with obesity. As the final session was signed a letter of the commitment from individual participation in the project by the elderly members.

The strategies and actions were directed to the improvement of lifestyles, including the need to make 5-6 meals a day, drink 1.5 liters of water a day and practice regular physical activity. Measures taken - sessions of health education on healthy eating, physical activity and behavior change, practice of physical exercise in the parish and at home as well as the walk - aimed at increasing knowledge, rationalizing the consumption of food and water as well as increase the energy expenditure of the participants, stimulating the processes of change.

This whole process took into account the conditions and limitations of individuals, their motivation, respect their personal rhythms. Moreover, the planning of the project also provides for the monitoring of participants in the project to the 4th, 12th and 20th week, by telephone or domiciliary visits to each of the elements in order to investigate the development of their activities, adjusting individually enhanced by responding to the needs expressed customized taking into account the objectives outlined, providing encouragement, support and requiring response to this effort.

It is important to evaluate the whole process behavior, changes in demand seen as necessary in the lifestyles of the participants. Regarding users, the procedure used was the interview by the script applied prepared for this purpose. Data from the interviews are presented as results of the project. The

change processes depend on voluntary action for every individual, but it can and should be promoted by the Community Health nurses and other technicians participants.

Knowledge of models of partnership working and the skills to be implemented effectively, it is useful for community nurses who coordinate services that are accessible, available and acceptable to the people of rural areas they are attributed.

In Portugal, the level of Primary Health Care, and the contributions of nursing care have contributed to promote the longevity of users, favoring the treatment it was not easy for users to access prevention and surveillance activities by nurses. However, the process of reform of primary health care (PHC), begun in 2005 and continuing through the Decree-Law No. 28/200812, has given the necessary legal framework for the creation of groupings Health Centers (ACES), composed of a network of functional units to provide health care.

The differentiation into all these units will better response to problems or potential of individuals / family / community, especially as regards Community Health Nursing, since contemplates that in each center function, in addition to others, Community Care Units (CCU). These UCC composed of technical staff and differentiated in their functions coordinated by a specialist nurse and with actual experience in the respective professional area represent in the future, a real asset to the community level, the development of interventions for health promotion and prevention disease.

RESULTS

The first session of the monitoring project conducted to assess the degree of development and achievement of the measures defined by technical partners and was considered generally quite positive: there sharing contributions and knowledge, spirit of teamwork and motivation professionals and institutions.

On the other hand, there were also some limitations for some measures, such as the budget constraints in the acquisition of materials for footpaths in the parish and the loss of a superior technical collaboration sports shortly after the beginning of the project, which made with one of the very important steps - walk organized - would eventually not be held until the first review of this same project. Also sessions for Nutrition and Psychology, initially planned as individual consultations, for technical and operational reasons, were transformed into group

sessions. With the pre-intervention anthropometric assessment of the elderly population of the parish studied were obtained the following results:

For the Body Mass Index (BMI), 46.3% of this total population, BMI \rightarrow 25.0, \leq 29.9 kg / m², a total of 95 individuals were in a situation of excess weight, 25.9% of total population with BMI \geq 30.0, obesity had a total of 53 individuals.

As for the abdominal girth (PA), verified based on the data obtained that: the older males in the neighborhood study, PA had increased 25.8% and 48.4% PA showed much increased and this is the category with the highest frequency, or is about three-quarters of men had excess abdominal girth. In elderly women, 7.1% had increased PA and PA 87.5% had greatly increased, and this is the category with the highest frequency. It was found thus that excess abdominal girth is a problem that affects almost all women. Taking into account the criteria established for the project were integrated in the target population, all elderly individuals who had a BMI \geq to 30.0 kg / m², and presented at the same time, greatly increased waist circumference (\geq 102 PA cm in men and \geq 88 cm PA, in women).

Of the total elderly population were thus selected and invited to participate in the project 53 elderly subjects with obesity, accounting for 25.9% of the total elderly population. Agreed to participate in the project 45 individuals, 30 were female (66.7%) and 15 males (33.3%). Membership therefore had a participation rate of 84.9%, being higher in women than men. The age group is represented more of 75-84 years, both genders.

Regarding marital status, married people receive the highest frequency in both sexes. With regard to education, more than half the total population of elderly obese adhering to project presents educational void, with a special relevance females compared to males. Most of these individuals suffering from cardiovascular diseases, particularly hypertension, frequent in females. In the first follow-up session was conducted an interview based on a script prepared for this purpose, to evaluate the following aspects: interest in continuing the project; changing habits after the start of the project (number of daily meals, water intake and conducting exercise); goals for the next 3 months (commitment to behavior change).

The results obtained from the interviews were all participants reported considering the valid project, expressing interest in continuing the same.

Food - 60% of users reported having modified any aspect related to their eating habits (some considered eating less food, while others reported having spent doing another daily meals), however, 40% of users reported not being able change anything in their usual diet. It is found that 64.4% of clients already perform 5 or more meals a day (to keep the situation).

The relative frequency of women (51.2%) is much higher than for men (13.2%). However, there were 35.6% of users with a need to increase the number of daily meals (change the situation). The relative frequency of males (20.0%) is higher than among women (15.6%).

Individual sensitizations were made this group to the importance of increasing the number and thus decrease the amount of food per meal, in order to make a more rational distribution of the feed throughout the day. Thus, the elements that make 4 meals per day were offered an increase of over one meal a day, aim for the next 3 months. The remaining elements, which carry only 3 meals a day, were offered in order to increase 2 meals (traded in 2 times, i.e., increasing a meal within 3 months and then another over the following quarter).

Water consumption - 8.8% of participants with a quantity ≥ 1.5 liters of water per day, with equal distribution in both sexes (4.4% each) (to maintain position); 91.2% eats less than 1.5 gallons of water per day, with Women predominated (62.2%) over men (29.0%) (the position change).

The importance of increased daily water consumption was expressed to each of the users and was, in each case, and admitted to trading strategies to increase their consumption. Some users have asked questions like "Can I warm water to drink?" Or "Can I drink tea instead of water?" Which were accepted as a strategy for behavior change in relation to water use. Thus, those elements which need to increase their consumption of around 0.5 liters were offered this increased amount within 3 months. The other elements that need to raise additional 1 liter of water per day, were offered in order to increase 2 times, i.e., increasing 0.5 liters within 3 months and then the same amount in the following quarter.

Physical activity - 17.7% of users engage in regular physical activity (situation to keep). 82.3% do not exercise regularly, 60.0% did not start while 22.3% of participants practiced sporadic physical activity (change the situation).

In the group of participants who had not started or performing physical activity sporadically sought to ask yourself what you would have missed it, the reasons given were more refer to the pain they feel, lack of will, being bored, have a spouse sick / bedridden / hospitalized, having to leave home, not having appreciated the physical exercise at your age, among others.

Once reported wanting to remain in the project, was reinforced the importance of daily physical exercises contained in the folder individual project at home, standing or sitting in a chair. The proposal appears to have received no response, generally positive; its effectiveness will be evaluated at the next session of the monitoring project.

DISCUSSION

The outlook for behavior change is always relative. Expected to change, but we must give time to the users that are able to make and implement. It always appreciate the changes that each of the players can make, even if those changes do not result in weight loss, which we know is not always easy to achieve.

The main problems faced by the elderly to lead us rooting habits, lack or insufficient knowledge, cultural issues relating to what is supposed to be done or not, and some fear of being criticized by others (notably in relation to the practice of physical).

As a facilitating factor for change in the user's perspective, was the fact that a project be "who cares for us"; importance is given the investment made by each of the users, and the relationship that health professionals can establish, understood the difficulties they feel and help to overcome them.

The fact benefit from a design made specifically for older people with obesity have been very important for the accession thereto for membership changes negotiated between the technicians and the users individually and availability to participate in several sessions.

It is also necessary to appreciate, recognize and continue to monitor the users who have already made effective changes in their patterns of behavior in order to continue working in this direction. It will also be important, for users more resistant to change, which makes a more individualized, realizing what the greatest difficulties and what the constraints to change.

Sometimes going to a stadium where no one considers the behavior modification to one in which we think about this change and look for information on how to make is of

equal importance and value. Such activities should have some frequency and should have a more practical approach based on "know-how". In the first intervention becomes difficult to have the perception of the knowledge acquired. Such evaluation will be developed over time.

Moreover, given that the project was developed in this community, it is only valid in that context; the results cannot be extrapolated to a wider universe. However, in response to the problems of obesity in the elderly, can develop this project in itself, be replicated in other realities.

CONCLUSION

The development of this community intervention project responded to a need among elderly residents in a village in the municipality of Beja, southern Portugal, associated with a high prevalence of obesity. The first follow-up session allowed the project to verify a high adherence to the project on the part of the elderly population of this rural parish.

The participation of partners and technicians in general was very positive, however, there were some constraints in the development of planned measures that have limited the scope of the project.

Changes in the daily diet were those in which participants collaborated better which encourages all stakeholders in this project in terms of behavior change on the part of the elderly population.

The low adherence to regular physical activity shows that users showed difficulties in taking a more active behavior, it is necessary to continue to invest with each one of the participants who failed to start or who still do sporadically. The greatest difficulty was experienced by participants in water consumption amount sufficient to physiological needs of each individual daily. Will be discussed with participants and coaches with new approaches in relation to this important aspect of health.

Was negotiated with each element to its strategy to change behavior in relation to lifestyles, by stages, the degree of effectiveness of health promotion actions will be evaluated at the next follow-up session.

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