



ORIGINAL ARTICLE

**Clinical and psychosocial assessment of older adults in a health care area**

Evaluación clínica y psicosocial de Adultos Mayores en un área de salud

**Raquel Pérez-González**<sup>1</sup>  , **Julio Cesar Camero-Machín**<sup>2</sup> , **Kiuvys Anuy-Echevarría**<sup>2</sup> 

<sup>1</sup>University of Medical Sciences of Pinar del Río. Raúl Sánchez University Polyclinic. Pinar del Río, Cuba.

<sup>2</sup>University of Medical Sciences of Pinar del Río."Dr. León Cuervo Rubio" Clinical Surgical Teaching Hospital. Pinar del Río, Cuba.

**Received:** July 10, 2022

**Accepted:** April 25, 2023

**Published:** July 13, 2023

**Citar como:** Pérez-González R, Camero-Machín, Anuy-Echevarría K., Evaluación clínica y psicosocial de Adultos Mayores en un área de salud. Rev Ciencias Médicas [Internet]. 2023 [citado: fecha de acceso]; 27(2023): e5713. Disponible en: <http://revcmpinar.sld.cu/index.php/publicaciones/article/view/5713>

**ABSTRACT**

**Introduction:** the aging of the world population is advancing at an accelerated pace.

**Objective:** to characterize clinical-epidemiological and psychosocial aspects present in the elderly.

**Methods:** an epidemiological, descriptive and cross-sectional research was carried out on the elderly population of two family doctor's offices (CMF), belonging to the Raúl Sánchez University Polyclinic of Pinar del Río, during the period January 2020 to January 2021. The universe was made up of 252 patients, who constitute the totality of older adults who belong to the CMF. The sample consisted of 232 older adults using a purposive sampling by criteria. A survey was used to obtain the information.

**Results:** the study showed a predominance of the female sex, between 65 and 69 years of age; schooling was primary school, and the marital status was married, living with family members and good family functioning. In terms of toxic habits, smoking predominated, and the most frequent diseases were hypertension and ischemic heart disease, for which there was a high use of medication.

**Conclusions:** the aging of the population is a palpable fact and we are approaching the greatest wave of elderly people. The high rate of elderly people with the presence of epidemiological factors related to old age was proved, and closely associated to these factors the presence of psychosocial aspects that deteriorate the life of the elderly.

**Keywords:** Aged; Aging; Epidemiology.

## RESUMEN

**Introducción:** el envejecimiento de la población mundial avanza a ritmo acelerado.

**Objetivo:** de caracterizar aspectos clínico-epidemiológicos y psicosociales presentes en la tercera edad.

**Métodos:** se realizó una investigación epidemiológica, descriptiva, exploratoria y de corte transversal, a la población de adultos mayores de dos consultorios del médico de la familia, que pertenecen al Policlínico Universitario Raúl Sánchez de Pinar del Río, en el periodo comprendido de enero 2020 a enero 2021. El universo estuvo conformado por 252 pacientes, que constituyen la totalidad de adultos mayores, de ambos sexos, que pertenecen a los consultorios del médico de la familia. La muestra estuvo constituida por 232 adultos mayores utilizándose un muestreo intencional por criterios. En la investigación se utilizó una encuesta que sirvió para obtener la información, aplicado a cada anciano.

**Resultados:** en el estudio se obtuvo predominio del sexo femenino, en las edades comprendidas de 65 a 69 años; la escolaridad fue la primaria, y el estado civil casado de convivencia con familiares y buen funcionamiento familiar. Sobre los hábitos tóxicos predominó el hábito de fumar, y las enfermedades más frecuentes fueron la Hipertensión y la Cardiopatía Isquémica, sobre los cuales hubo gran uso de medicamentos.

**Conclusiones:** el envejecimiento de la población es un hecho palpable y nos acercamos a la mayor oleada de ancianos. Se comprobó el elevado índice de ancianos con la presencia de factores epidemiológicos relacionados a la vejez, y muy asociado a estos factores la presencia de aspectos psicosociales que deterioran la vida del adulto mayor.

**Palabras clave:** Adulto Mayor/Clasificación; Envejecimiento/Anciano; Epidemiología.

## INTRODUCTION

Aging is defined as a dynamic, progressive and irreversible process involving multiple biological, psychological and social factors, which are interrelated. In pathological aging or senility, at the biological level there is decompensation in diseases with frequent hospitalizations. On the psychological level, there is a progressive and irreversible loss of psychic processes, poor coping with stress, pessimism and negative self-esteem. At the social level, there is total loss of roles without substitution, absence of social support, dependence, loneliness, generational conflicts and inactivity; unlike normal aging or senescence where there is more synchronism in the structure of the organs, more psychological compensation and social support.<sup>(1)</sup>

Aware that the aging of the Cuban population is an irreversible process, with a model similar to that of developed countries, and that the old people of 2025 are already walking around the archipelago, the health authorities are preparing for the long race to welcome in their services an increasing number of elderly people, with care for their life (prolonging it, increasing their life expectancy and quality of life).<sup>(2)</sup>

Ranked as the fourth most aged country in Latin America, preceded by Uruguay, Argentina and Barbados, Cuba is nevertheless the one with the fastest pace, since in 2015 it rose to be one of the first and by 2025 it will have already doubled the current proportion of elderly and one out of four people will be over 60 years old. <sup>(1,2)</sup>

Demographic aging is a phenomenon observed worldwide and particularly in the Cuban population. Cuba has an accelerated aging, which means that the number of people over 60 will double in a period of 25 years, as opposed to 100 years, which is the time it took in European countries; these have aged slowly and in better conditions. At the end of 2019, the population aged 60 years and over in Cuba was 2,307,647; which is equivalent to 20,6 % of the total population projected for that year.<sup>(3)</sup> The prospects for the elderly in the coming years will be as follows: globally, according to WHO data, people over 60 will increase from 613,6 million in 2000 to 1207,6 million in 2025, 70 % of which will be in developing countries. The increase in the quality of life of the population and higher life expectancy at birth is closely related to the sociodemographic characteristics. According to statistical data, the province of Pinar del Río is the fourth most aged province in Cuba with 21,3 % of its population in the 60 years and older age group.<sup>(3,4)</sup>

Taking into account these demographic aspects, that in the area of health, the rate of population aging is a palpable phenomenon and is not far from the projections of the United Nations and its crucial epidemiological transition has allowed a high life expectancy in Cubans; Moreover, due to the multicausality of problems in the elderly, a prudent medical and political will is required to induce a drastic change to reform the medical assistance to face this wave of people over 60 years old, so it is decided to carry out a study on the elderly that includes some clinical-epidemiological, social and psychological aspects; being these aspects of interest at this age of life.

Given this problem of aging, and the reason that there is no other study in the area of health that places equal emphasis on the clinical and epidemiological issue, as well as on the psychological factors, a research is carried out to try to answer how the elderly perceive the psychosocial factors of their aging, given the need to continue raising the level of health of our population, particularly in the elderly.

## METHODS

An epidemiological, descriptive, exploratory and cross-sectional research was carried out in order to characterize the elderly according to clinical-epidemiological variables and to identify the most frequent psychosocial factors at this age, through their self-perception; in two CMF of the basic work group (GBT) Celso Maragoto, which belong to the University Polyclinic Raul Sanchez of Pinar del Rio Municipality, in the period from January 2020 to January 2021.

The working universe was made up of 252 patients, who constitute the totality of older adults (MA), of both sexes, who are distributed in the CMFs of the GBT located within the Celso Maragoto Popular Council, of the Municipality of Pinar del Río.

The sample consisted of 232 older adults using a purposive sampling by criteria.

**Inclusion criteria:** All the elderly aged 60 years and over, belonging to the two CMF.

**Exclusion criteria:** Those elderly who had a certain degree of disability (deafness, dumbness, mental retardation and blindness) were taken into account. In addition, those who did not have voluntariness and those with cognitive impairment that prevented communication or comprehension.

Twenty elderly were excluded, including: two who died during the period, three with a high degree of disability, five without voluntariness, five who were hospitalized and five outside the area. There were no patients with cognitive impairment.

Empirical methods were used in the research, including the survey method. In addition to the questionnaire of psychosocial factors of the elderly, which has a score of 100 points and was adjusted taking into account the group of elderly. In order to obtain the information, the survey was applied to all the elderly in the sample, in a personalized way and with the help of nurses from the family medical offices. The questions in the questionnaire were simple and accessible to any level of schooling of the elderly.

An observation guide with instructions was applied in a structured, indirect, conscious, guided and planned manner. The interviews were carried out in the patients' homes, with total privacy, using a previously elaborated questionnaire.

They were semi-structured in-depth interviews, which allowed the interviewee to express him/herself freely, without interruptions, judgments or evaluations, and the responses of the elderly were encouraged. In addition, individual clinical histories were used to obtain the information in each interview. The methods of descriptive statistics were used, from which the data are presented in tables and graphs. The percentage method was used for the statistical analysis.

## RESULTS

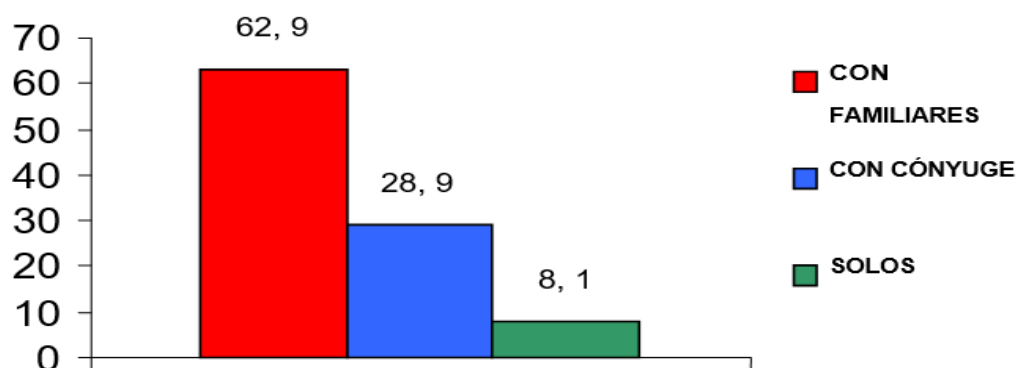
When using the statistical analysis, it was obtained that there is a predominance of elderly people in the 65 - 69 years old group with 60 patients, which represents 25,9 %, followed by the 60 to 64 years old group, with a total of 54 patients, for 23,3 %. (Table 1) Regarding sex, a greater influence was found in women, with 121 patients, for 52,2 %.

**Table 1.** Distribution of older adult patients according to age and sex. Raúl Sánchez University Polyclinic in Pinar del Río, in the period from January 2020 to January 2021

Age group (years)	Sex				Total	
	Female		Male		No.	%
	No.	%	No.	%		
60 - 64	28	23,1	26	23,4	54	23,3
65 - 69	33	27,3	27	24,3	60	25,9
70 - 74	23	19,0	22	19,8	45	19,4
75 - 79	15	12,4	17	15,3	32	13,8
80 - 84	13	10,7	11	9,9	24	10,3
85 and over	9	7,2	8	7,2	17	7,3
<b>TOTAL</b>	<b>121</b>	<b>52,2</b>	<b>111</b>	<b>47,2</b>	<b>232</b>	<b>100</b>

The distribution of the study sample according to the family cohabitation of the elderly is shown (Figure 1).

### DISTRIBUCIÓN DE ANCIANOS SEGÚN CONVIVENCIA FAMILIAR



**Fig. 1** Distribution of patients according to family cohabitation.

The study showed that there is a great predominance of older adults who live with family members, represented by 146 patients (62,9 %).

**Table 2.** Distribution of older adults according to the diseases they suffer from.

Most frequent chronic diseases	Absolute frequency	Relative frequency
Arterial Hypertension	171	73,7
Diabetes Mellitus	21	9,1
Ischemic heart disease	157	67,7
Cerebrovascular disease	9	3,9
Osteoarthritis	154	66,4
Cáncer	7	3,0
Obstructive pulmonary disease	29	12,5
Heart Failure	96	41,4
Other	47	20,3

With respect to the behavior of chronic diseases, arterial hypertension was in first place, with 73,7 %, followed by ischemic heart disease, with 67,7 % (Table 2).

**Table 3.** Distribution of older adults according to groups of most used medications.

Group of most used drugs	Absolute frequency	Relative frequency
Analgesics and anti-inflammatory drugs	166	71,6
Digitalis	85	36,7
Antihypertensives	171	73,7
Psychopharmaceuticals	158	68,1
Oral antidiabetics	18	7,8

It is observed that there is a more frequent use of antihypertensive drugs, representing 73,7 %. There was also a high use of analgesics and anti-inflammatory drugs (71,6 %) and psychotropic drugs (68,1 %). (Table 3)

**Table 4.** Distribution of psychological factors reported by older adults.

Psychological factors	Absolute frequency (n =232)	Relative frequency
Fear of illness and death	219	94,4
Concern about loss of family and friends	212	91,4
Manifestations of restlessness, uneasiness	154	66,4
Manifestations of sadness, crying	167	71,9
Feelings of loneliness	109	46,9
Inadaptation to retirement	45	19,4
Need to be listened to	185	79,7
Feelings of grief due to loss of authority	97	41,8

The following is the distribution of the sample according to the psychosocial aspects that mostly interfere in the elderly identified by their own perception. The main psychological factors were: fear of illness and concern about loss of family and friends, representing 94,4 % and 91,4 %, respectively. In addition, there were problems with the need to be listened to (79,7 %), manifestations of sadness, crying and fear of death (71,9 %). (Table 4)

**Table 5.** Distribution of social factors reported by older adults.

Social factors	Absolute frequency (n = 232)	Relative frequency
Poor community support	147	63,4
Dificultades para crear la recreación	196	84,5
Need for social communication	224	96,6
Difficulties with housing	199	85,8
Difficulties in purchasing medicines	114	49,1
Difficulty in acquiring food outside the basic food basket	62	26,8
Presence of architectural barriers	209	90,0
Problems in family dynamics	207	89,2
Lack of medicines	203	87,5
Insufficient income	202	87,1

On the social factors self-perceived by the elderly, the need for social communication was observed to reach 96,6 %, especially with people of their age, children and grandchildren. Of the elderly surveyed, 52 were widowed, considered a social and behavioral risk factor in their way of life. (Table 5)

The presence of architectural barriers 90 %, problems in family dynamics (89,2 %) and lack of medicines (87,5 %), followed by insufficient economic income, difficulties in achieving recreation, difficulties in acquiring food outside the basic food basket, difficulties in housing and in the purchase of food were aspects to be considered.

## DISCUSSION

There is a proven worldwide trend regarding the increase of the elderly population. In the city of Pinar del Río, there were 731,256 people as of June 2007. If we analyze the number of people over 60 years of age in the city, which is represented by 113,320 elderly people, this means a population aging index of 15,4 %, which is in accordance with the health area studied. World forecasts, according to UNO projections, show an ostensible increase in this stage of life.<sup>(3)</sup>

Statistics show that in Cuba, at the end of 1999, 13,9 % of the population (slightly more than 1,5 million people) was in the 60 years and over age group; in 2000, 14 % of the population was over 60 years of age; by 2010 it will be 16,7 % and according to population projections, it is expected that in 2025, 24 % of the population will be included in this group; it is estimated that one out of four Cubans will be 60 years of age or older. The growth of the elderly population has not been homogeneous, with a higher relative growth in rural areas and with a higher proportion of elderly people in the western and central provinces than in the eastern provinces.<sup>(2,3)</sup>

When comparing the group of 60-70 years old with other studies, it was possible to appreciate similarities with respect to the results; it coincided with national and international statistical figures, since the world tendency is the vertiginous growth of this group of population. These results can be explained by the fact that life expectancy in Cuba is 76,2 years, after this age mortality increases and the population of this age group decreases.<sup>(5)</sup>

It is considered that the female sex has a longer life expectancy due to the protective factor of estrogens and less exposure to risk factors for chronic diseases.<sup>(6,7)</sup>

The results coincided with the reported that male mortality is higher than female mortality at almost all ages and therefore the percentage of women increases with age and the male numerical advantage disappears with time. There is a certain female genetic superiority in relation to longevity, data not yet conclusive; others emphasize the social role of each sex and the environmental influences that surround men and women.<sup>(8)</sup>

In Cuba the older adult (of advanced age) does not live marginalized nor alone, neither without filial support, aspect of great importance to achieve a physiological longevity because for the old man the community with his children, spouse and relatives has great significance. The need for companionship, to be interpreted in their convictions, values, feelings and other aspects of life have a positive influence on the final stage of their lives.<sup>(9)</sup>

According to Alfonso Figueroa L and colls,<sup>(9)</sup> arterial hypertension constitutes an important risk factor for the cardiovascular system and becomes more worrisome because it tends to increase with age, associated with other epidemiological components in the elderly.

The above is explained due to age-related cardiovascular changes such as: stiffness of the arteriolar tree present with or without contribution of atherosclerosis; arteries tend to lose their elasticity, which increases resistance to blood flow; consequently, an increase in blood pressure. According to reports by international authors such as Carrasco, elderly people have a higher prevalence of arterial hypertension than younger people, in the order of 60 to 70 %.<sup>(10)</sup>

Most cases of geriatric hypertension are of primary cause, although secondary causes such as renovascular hypertension due to atherosclerotic plaque of the renal artery and primary hyperaldosteronism can be identified. In these cases hypertension presents suddenly or is resistant to treatment.<sup>(11)</sup> The relationship of blood pressure and risk of Cerebrovascular Disease events is continuous, consistent and independent of other risk factors. The higher the blood pressure, the greater the likelihood of Myocardial Infarction, Heart Failure, Stroke and Chronic Kidney Disease.

Cardiovascular diseases have their maximum expression at geriatric ages, since the prevalence of the main affections in this apparatus increases as the years go by. The presence of drugs in the elderly is a reality, given this situation due to the pluripathology and many of the elderly resort to polypharmacy.<sup>(12)</sup>

At this age, physiological modifications due to aging bring about alterations in the pharmacokinetics and pharmacodynamics of drugs. It is still a problem to rationalize and stratify the use of drugs in the elderly when, far from being beneficial, it is very harmful as it causes important adverse effects.<sup>(7)</sup>

A study by Ramos Toro M,<sup>(13)</sup> states that more than 50 % of the elderly used antihypertensives and analgesics as first-line drugs for hypertension and joint pain, in addition to being easy to administer and dose, without the need for specialized personnel.

The aspects that had greater significance such as fear of getting sick and concern for the loss of family and friends, as well as fear of death are very frequent elements in the elderly, especially when they reach the most fragile stage of their lives, which is after 75 years of age, accompanied by symptoms of anxiety and depression. They are conditioned by the practice of repeated medical check-ups and an excessive preoccupation with the thought that it will soon be their



turn to die. An example of this is their systematic attendance to medical consultations and their strict behavior in receiving and complying with their medication.<sup>(14)</sup>

Regarding the need to be listened to by the family and the community, it was the most frequent that could be influenced by the speed of modern life, lack of time, intergenerational problems, lack of affection and understanding<sup>(10,11,12)</sup>

The problems in the family dynamics, important social factors result in the lack of understanding of the elderly, less availability to take care of them due to the incorporation of women to work, migrations, reduction of the birth rate. Because of these psychosocial aspects, it is important to highlight the work of the family physician in the incorporation of the elderly in the activities of the grandparents' club, where they relate to each other and their problems dissolve. The elderly feel more useful, inserted in society, and feelings of depression decrease. This helps to raise the self-esteem and quality of life of the elderly.<sup>(9)</sup>

It is concluded that the aging of the population is a palpable fact and we are approaching the greatest wave of elderly people. In the health area, the high rate of elderly people with the presence of epidemiological factors closely related to old age was proved, and closely associated to these factors the presence of psychological and social aspects that deteriorate the life of the elderly.

#### Conflicts of interest

The authors declare that there is no conflict of interest.

#### Authors' contribution

**RPG:** performed data curation, methodology, supervision, validation, and Original draft-writing, and drafting-revising and editing.

**JCCM:** performed conceptualization, software, data curation, research, methodology, formal analysis, project management, supervision, original draft-writing, and drafting-revising and editing.

**KAE:** performed data curation, formal analysis, research and original draft-writing.

#### Funding

None

#### BIBLIOGRAPHIC REFERENCES

1. Cantillo Bustillo J, Rodríguez Pérez Y, Martínez Cantillo YM, Padilla Martínez F. Evaluación funcional del adulto mayor. Rev Ciencias Médicas P del Río [Internet]. 2019 [citado: 20/12/2022]; 23 (6): 976-983. Disponible en: <http://revcmpinar.sld.cu/index.php/publicaciones/article/view/3950>
2. Amaro MC. El envejecimiento poblacional en Cuba, desde el prisma de la epidemiología social y la ética. Anales de la Academia de Ciencias de Cuba [Internet]. 2016 [citado: 20/12/2022]; 6 (2):30-45. Disponible en: <https://revistaccuba.sld.cu/index.php/revacc/article/view/340>
3. Ministerio de Salud Pública. Anuario estadístico de salud [Internet]. La Habana: Ministerio de Salud Pública; 2019 [citado 21/02/2022]. Disponible en: <http://www.sld.cu/sitios/dne/>

4. Fariñas L. Problemas de la edad (II) [Internet]. La Habana: Granma Digital; 2017 [citado 11/01/2022]. Disponible en: <http://www.granma.cu/todo-salud/2017-01-22/problemas-de-la-edad-ii-22-01-2017-21-01-03>
5. Fernández Seco EA. Envejecimiento poblacional de Cuba. Retos del sistema de salud. Conferencia. XV Seminario Internacional Longevidad. Abril 2018. La Habana: Palacio de Convenciones; 2018.
6. Tejeda Castañeda E, Hernández González G, Durán Morera N. Dinámica demográfica en la provincia de Villa Clara (2002- 2014). Medicentro Electrónica [Internet]. 2016 [citado 13/04/2022]; 20(2):118-28. Disponible en: [http://scielo.sld.cu/scielo.php?script=sci\\_arttext&pid=S1029-30432016000200005&lng=es](http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1029-30432016000200005&lng=es)
7. Martínez-Pérez T, González-Aragón C, Castellón-León G. El envejecimiento, la vejez y la calidad de vida: ¿éxito o dificultad? Revista Finlay [Internet]. 2018 [citado 06/06/2022]; 8 (1): 59-65. Disponible en: <http://www.revfinlay.sld.cu/index.php/finlay/article/view/569>
8. Benítez Pérez M. Population Aging: Present and Future. Medisur [Internet]. 2017 [citado 13/1/2022]; 15(1):8-11. Disponible en: [http://scielo.sld.cu/scielo.php?script=sci\\_arttext&pid=S1727-897X2017000100003&lng=es](http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1727-897X2017000100003&lng=es)
9. Alfonso Figueroa L, Soto Carballo D, Santos Fernández NA. Calidad de vida y apoyo social percibido en adultos mayores. Rev Ciencias Médicas [Internet]. 2016 [citado 13/2/2022]; 20(1). Disponible en: [http://scielo.sld.cu/scielo.php?script=sci\\_arttext&pid=S1561-31942016000100012&lng=es](http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1561-31942016000100012&lng=es)
10. Dos Santos Souza A, Menezes MR, Hisako Takase Gonçalves L. El abordaje antropológico y el cuidado de la persona anciana hospitalizada. Index Enferm [Internet]. 2017 [citado 25/02/2019]; 26 (1-2): 62-66. Disponible en: [http://scielo.isciii.es/scielo.php?script=sci\\_arttext&pid=S1132-12962017000100014&lng=es](http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1132-12962017000100014&lng=es)
11. Sánchez Barrera O, Martínez Abreu J, Castel Florit Serrate P, Gispert Abreu E de los a, Vila Viera M. Envejecimiento poblacional: algunas valoraciones desde la antropología. Rev Méd Electrón [Internet]. 2019 May-Jun [citado: 13/2/2022]; 41 (3): 708-724. Disponible en: <http://www.revmedicaelectronica.sld.cu/index.php/rme/article/view/3363/4369>
12. Sir Retamales HN. ¿Hay algún afuera del trabajo? Biomedicina, trabajo y vejez en Chile. Sociológica (México) [Internet]. 2018 [citado 13/4/2022]; 33(94): 203-34. Disponible en: [http://www.scielo.org.mx/scielo.php?script=sci\\_arttext&pid=S0187-01732018000200203&lng=es&tlng=es](http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0187-01732018000200203&lng=es&tlng=es)
13. Ramos Toro M. Estudio etnográfico sobre el envejecer de las mujeres mayores desde una perspectiva de género y de curso vital. Rev Ciencias Sociales e Investigación Social [Internet]. 2018 [citado 06/06/2019]; (21): 75-107. Disponible en: <http://revistaprismasocial.es/article/view/2448>
14. Rodríguez Sotomayor Y, Pardo Fernández A. Concepción epistemológica emergente de equidad de género en el envejecer de las mujeres. Rev Inf Cient [Internet]. 2018 [citado 25/05/2022]; 97(4): 732-43. Disponible en: [http://scielo.sld.cu/scielo.php?script=sci\\_arttext&pid=S1028-99332018000400732&lng=es](http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1028-99332018000400732&lng=es)