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PROFILE OF INSTITUTIONALIZED OLDER ADULTS: A LITERATURE REVIEW WITH NATIONAL AND INTERNATIONAL STUDIES

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ABSTRACT

Objective: To identify the profile of the elderly who live in long-term care institutions through a narrative review of the literature, to promote attention and well-being. Material and Method: Observational study on articles from different locations. Data collection was carried out from the search in different databases and journals. Results: The collection resulted in eighteen national articles and two international articles. In the data analysis, it was found that the use of medications is the main factor of institutionalization, followed by the condition of hypertension. Regarding gender, a higher rate was observed in relation to the female gender and, in relation to the age factor, the prevalence of elderly people over 80 years of age was observed. Conclusion: A profile of the institutionalized elderly was defined, determined by demographic, social and economic characteristics. After analyzing national and international studies, it was observed that the characteristics presented can be explored in the search for the profile of the institutionalized elderly. It ends with suggestions for exploratory studies in relation to the profile of the elderly and their characteristics.

Keywords: Elderly care, Institutionalized elderly, Profile of the elderly.

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INTRODUCTION

The elderly population is growing worldwide, showing an increase in indices, such as the growth of the longevity rate and the decrease in mortality rates, which challenges global health organizations to think about planning to meet this demand (REHER, 2015; WILMOTH, 2000; MATHERS *et al.,* 2015; CRIMMINS and LEVINE, 2016). The elderly population is constantly growing, comprising 60-year-olds who have a life expectancy higher than this age.

It is estimated that, by 2050, the world population over the age of 60 should total an average of 2 billion and 80% of these elderly people will live in low-income countries (WORLD HEALTH ORGANIZATION, 2018). Emerging as an alternative to public health services, long-term health service providers, such as geriatric clinics, nursing homes, and residences, were implemented in order to reduce the number of hospitalizations of the elderly (OUSLANDER and BERENSON, 2011; ONDER, 2012).

Some aspects pertinent to aging are the less physical disposition of the elderly to seek health care and levels of care (RISSARDO and CARREIRA, 2014). Other conditions, such as geographic variations; Socioeconomic; individual needs; quality of life; level of knowledge about health, associated with the morbidity profile, are determinants in the use of health services and their frequency by the elderly population (PILGER, 2013).

In view of the scenario of increased longevity, institutionalization has a negative influence on the quality of life of the elderly. However, the use of specialized professionals, addressing the needs of each location, aims to improve the quality of life, increasing their functional capacity (MEDEIROS, 2020). In addition, the improvement of infrastructure conditions contributes to improving the quality of the environment for the elderly who have physical and mental limitations (PULST *at al.,* 2019).

In this context of institutionalization, the difference in the degrees of cognitive impairment presented by the elderly makes up a specific group, in which adverse mental health conditions influence the limitation of their activity profile (FERNÁNDEZ-MAYORALAS *et al.*, 2015).

With aging, care requires some attention, such as physiological changes that are observed more intensely or less, depending on the characteristics presented by each elderly person. The first perceived alteration is the reduction of their functional capacity, in which it is up to them to perform activities to maintain their own care regardless of their environment (MONEGO and COSTA, 2003).

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Involvement in physical, leisure, social and cultural activities, as a metric of the participatory aspect of active aging, in the midst of health, social and family networks and economic resources, have included one of the most important functions for the elderly, the quality of life to be established (PÉREZ, 2011).

Thus, this study aimed to identify and describe the profile of the institutionalized elderly, seeking national and international research. Knowing the domain of the profile of the elderly can contribute in primary health care to better welcome the elderly.

MATERIALS AND METHODS

This is a study based on a literature review, which seeks to gather research results to analyze the profile of the institutionalized elderly, in order to contribute to discussions on research methods and results. For this review, the narrative review of the literature was adopted. This type of review is compared with the systematic review, and it is understood that the narrative review presents a more open theme, not requiring a rigid protocol for its development (CORDEIRO, 2007). The selection of articles is arbitrary and subjective according to the needs of the research. For the reasons described, the narrative review has the potential for bias in the choice of research and selection sources (ROTHER, 2007). To minimize bias and make the research replicable, Figure 1 illustrates the steps taken in this narrative review for the selection of articles, based on the PRISMA method (*Preferred Reporting Items for Systematic Reviews and Meta-Analyses*) is divided into four phases: identification, screening, eligibility and inclusion (LIBERATI *et al.*, 2009).

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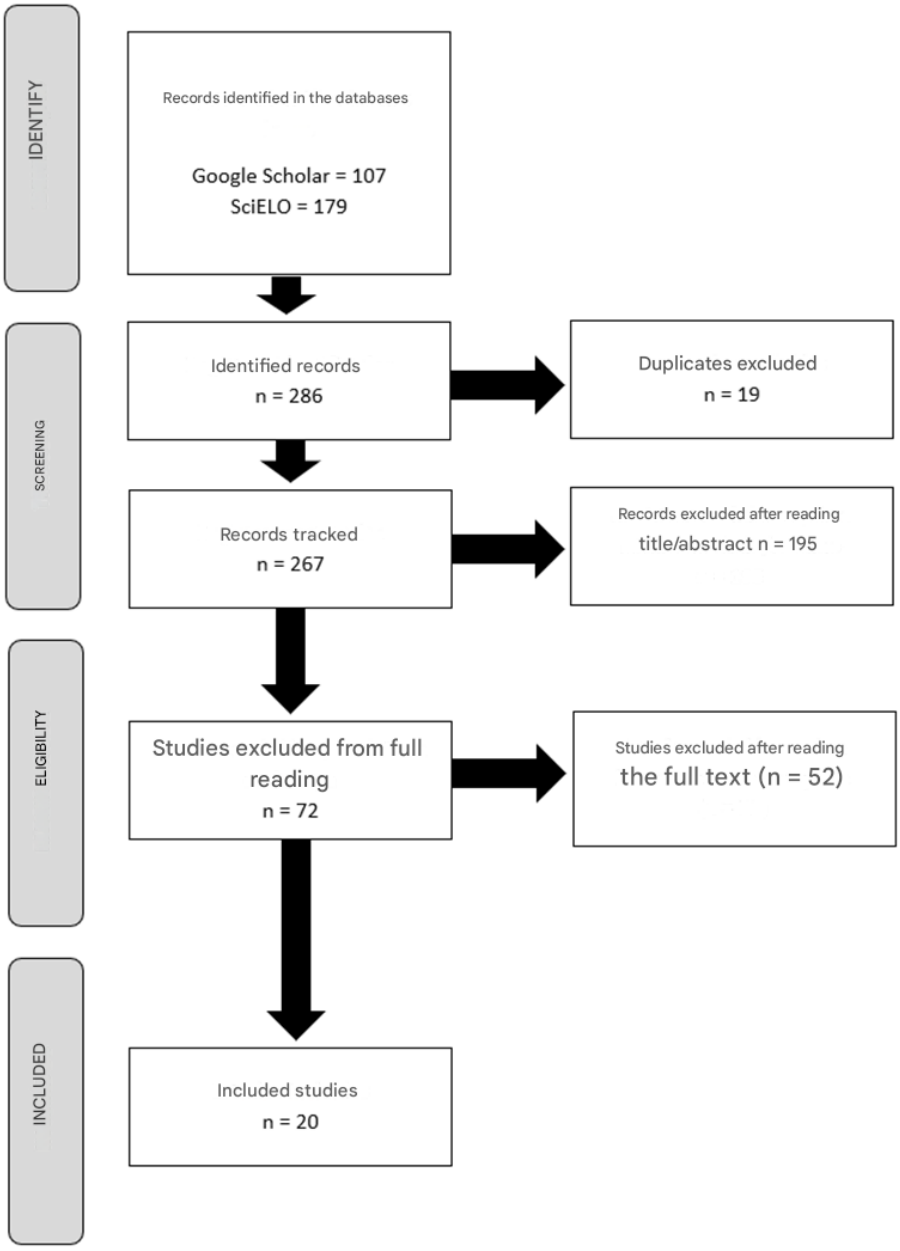
FIGURE 1. FLOWCHART OF THE SELECTION OF STUDIES, BASED ON LIBERATI ET AL. (2009).



Data collection was carried out using the search in the Google Scholar search engines and in the SciELO *(Scientific Electronic Library Online)* database, from 2010 to 2020. The foundations were laid due to the large volume of scientific publications portrayed.

In the SciELO database, the following search terms were used: "*institutionalized*", "*institutionalized elderly*", "*nursing home*", "*demographic*" and "*sociodemographic*".

In the Google Scholar database, a specific search was used. Publications of the following terms were accepted: "*institutionalized*", "*institutionalized elderly*", "*nursing home*", "*demographic*", "*sociodemographic*" and "*profiles*".

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Initially, all publications that did not deal with issues related to the health of the elderly were eliminated. Next, publications that dealt with the health system, but on subjects not related to institutionalization and that did not illustrate the data on the elderly, were excluded. Articles that only contained basic demographic data, which did not cover the diseases presented by the elderly, were not considered for this study.

Clinical information was selected based on sociodemographic characteristics, taking into account aspects such as age, gender, age, marital status, and conditions related to individual quality of life (FERNÁNDEZ-MAYORALAS *et al.,* 2015).

The sample size analyzed several studies, totaling 2637 elderly people in the 18 national articles and 2 international articles found, containing data collected through a kind of questionnaire applied in all Long-Term Care Institutions for the Elderly (LTCFs), resulting in numerous records. The analysis of the results was carried out involving descriptive analysis, manipulating the data in the Microsoft Excel statistical program and comparatively evaluating the distributions of the variables. The search was carried out in national and international studies, in order to present the prevalence of the profile of institutionalized older adults, up to the year 2020.

Independent demographic variables were analyzed, including the following variables: sex (male and female), age group (trichotomous, starting from 60 to 69 years, after 70 to 79 years, and 80 years or older). Social characteristics include marital status (single, married, divorced, widowed and other), whether they have children (yes or no), their education (trichotomous, coming from illiterate, starting to have elementary education and having high school or college), declare having a retirement and, at the end, their race (yellow, white, black and brown).

RESULTS

The study involved eighteen national articles showing demographic and clinical characteristics, with the application of different survey forms. Likewise, studies from other countries were sought, which resulted in two international articles also with different characteristics, with the objective of verifying the profile of the elderly. Chart 1 brings together the eighteen published national studies, with the descriptive and cross-sectional study method used in 55% of the articles, and the observational, prospective, retrospective, exploratory, and cross-sectional study method used in 45% of the articles. In this study, all Brazilian regions are considered.

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Table 1. Summary of national studies.

Authors	Objective	Method	Conclusion
(LINI *et al*., 2014)	To determine the prevalence of dementia among institutionalized older adults and to investigate the main reasons alleged for living in institutions.	This is a descriptive study with 250 institutionalized older adults in the city of Passo Fundo, Rio Grande do Sul.	Practically half of the elderly evaluated have dependence, requiring specialized care, often in a comprehensive way, standing out as a triggering factor for institutionalization.
(ROSA *et al*., 2016)	To determine the sociodemographic and clinical-functional profiles of institutionalized older adults in relation to dizziness.	This is a prospective cross-sectional study with institutionalized elderly people over 60 years of age.	It was found that 48.9% of the elderly had dizziness.
(ALENCAR, *et al*., 2012)	To outline the clinical-functional profile of the elderly in a long-term care institution for the elderly (LTCF).	This is a descriptive study, applying a questionnaire with sociodemographic information, with 47 elderly people from a LTCF in Belo Horizonte-MG.	The profile of the population of institutionalized elderly is in accordance with the literature in terms of clinical and demographic aspects.
(SILVA *et al*., 2013)	To determine the epidemiological, sociodemographic and clinical profile of institutionalized older adults, as well as the prevalent diseases and medications used.	This is a descriptive study with a quantitative approach, carried out in a Long-Term Care Institution for the Elderly (LTCF) in a municipality in Minas Gerais, Brazil.	The study helps to determine the typology of institutionalized elderly in this municipality and suggests the need for a policy of quality care in LTCFs.
(CLÁ *et al*., 2016)	OBJECTIVE: To evaluate the change in the profile of the elderly in a long-term care institution in the city of Goiânia, Brazil, from 2004 to 2014.	This is a retrospective descriptive study through the analysis of medical records and files of the Physical Education sector.	There was a relevant change in the profile of the elderly, with a significant increase in age, mental disorders (depression) and wheelchair use, with significant loss of functional capacity.
(BARBOSA et al., 2018)	The study sought to outline the sociodemographic and clinical profile of the elderly in a Community Center.	This is a cross-sectional, descriptive and observational study, with a quantitative approach.	There was a predominance of women, low education, widowhood, physical exercise, presence of chronic diseases, high functional independence, and low rates of depressive symptoms.
(DA ROSA et al., 2011)	The objective of this study was to determine the profile of elderly people living in nursing homes in the Northwest region of the state of Rio Grande do Sul, Brazil.	This is a descriptive and cross-sectional study with a quantitative approach, developed in municipalities that have an asylum institution belonging to the Alto Jacuí region, located in the northwest of the state of Rio Grande do Sul.	The predominant population is white, female, over seventy years of age and with high functional limitation.

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(MURAKA and SCATTOLI, 2010)	OBJECTIVE: To investigate the functional independence and quality of life (QoL) of institutionalized older adults and the relationship between these concepts.	The research was exploratory with a quantitative approach. It was conducted in an asylum institution in the city of Sorocaba (São Paulo, Brazil) with subjects of both sexes, aged 60 years or older, who had lived in the institution for at least three months.	The correlations indicate that functional independence is directly correlated with QoL, suggesting that all actions aimed at promoting functional independence can optimize the QoL of institutionalized older adults.
(REIS and TORRES, 2011)	To analyze the influence of pain in terms of duration, location and intensity on the functional capacity of institutionalized older adults.	This was a cross-sectional study based on a sample of 60 elderly people.	Pain negatively interferes with the functional capacity of the elderly.
(OLIVEIRA and MATTOS, 2012)	OBJECTIVE: To evaluate the prevalence of functional disability and associated factors in institutionalized older adults.	This was a cross-sectional study with 154 elderly people (over 60 years of age) in long-term care institutions in the city of Cuiabá-MT, Brazil, from November 2009 to January 2010.	The prevalence of dependence for Basic Activities of Daily Living (ADL) in institutionalized older adults was 6.4 times higher than that observed in community-dwelling older adults, and dependence in Instrumental Activities of Daily Living (IADL) times higher.
(DANTAS *et al*., 2013)	OBJECTIVE: To describe the functional performance and presence of chronic diseases in 164 elderly people living in Long-Term Care Institutions in Recife-PE, Brazil.	This is a descriptive, cross-sectional study with a quantitative approach, carried out with residents of 5 LTCFs (3 philanthropic, 2 public).	Elderly people were dependent for daily activities and had chronic diseases, requiring specific care.
(BORGES *et al*., 2015)	To describe the sociodemographic and clinical characteristics of institutionalized older adults.	This is a cross-sectional, descriptive study with a quantitative approach, carried out in a public LTCF in the city of Fortaleza-CE.	Need for care provided by a multidisciplinary team, especially nurses, who should use knowledge about the characteristics of the elderly to promote individualized, more effective and efficient care.
(LINI *et al.,* 2016)	To identify the factors associated with the institutionalization of the elderly.	A population-based observational study was conducted with 387 older adults.	Cognitive impairment and dependence on basic activities of daily living were more strongly associated with institutionalization.
(CAROLINA *et al*., 2011)	To identify the epidemiological profile of older adults kept in long-term care institutions and the main causes of institutionalization.	This is a cross-sectional descriptive study through the analysis of medical records in two long-term care institutions, mixed and private, in the Federal District.	Higher prevalence of institutionalized women with a higher degree of dependence when compared to the male group, especially in the older age group.
(MENEZES *et al*., 2011)	OBJECTIVE: To analyze the evolution of multidimensional aspects of the health of institutionalized older adults in	Prospective longitudinal observational clinical study.	The areas of vulnerability of the institutionalized elderly in Goiânia and the need for effective actions in the

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	the city of Goiânia at a two-year follow-up.		promotion and maintenance of health were highlighted.
(SOUSA *et al.*, 2014)	OBJECTIVE: To identify the association between nutritional status and functional dependence of institutionalized elderly people in Uberlândia, Minas Gerais, Brazil.	This was a cross-sectional study with 233 older adults.	The profile of institutionalized older adults is characterized by a predominantly female population, widowed, illiterate or with few years of schooling, and living in philanthropic institutions.
(OLIVEIRA and NOVAES, 2013)	OBJECTIVE: To describe the socioeconomic, epidemiological and pharmacotherapeutic profile of 154 elderly people from five Long-Term Care Institutions in Brasília.	This is an epidemiological, cross-sectional, descriptive and exploratory study conducted with elderly people living in five long-term care institutions in the Federal District.	The quality and efficacy of drug therapy is related to the profile, indicating the need to implement pharmacotherapeutic follow-up.
(CRUZ *et al.*, 2020)	To estimate the prevalence and describe the factors associated with difficulties in accessing health services among non-institutionalized older adults.	This is a cross-sectional study nested in a population-based cohort among community-dwelling older adults in Montes Claros, Minas Gerais State, Brazil.	High perception of difficulty of access, determined by social and physical aspects inherent to aging, which can be enhanced by characteristics of public services.

Chart 2 presents a summary of the review articles, containing two published international studies, which show relevant data from the United States country, composed of all states.

Table 2. Summary of international observational studies.

Authorship	Objective	Method	Conclusion
(HARRIS-KOJETIN *et al.*, 2019)	Present the most current national results from the National Study of Long-Term Care Providers. United States.	Searches in the National Center for Health Statistics and administrative records from the Centers for Medicare and Medicaid Services in home health agencies, hospices, and nursing homes.	Sectors differed in ownership and chain status, and supply varied by region. Users of long-term care services varied by sector in their demographic and health characteristics and functional status.
(HOLUP *et al.*, 2017)	Know the characteristics of nursing home residents admitted directly from home. United States.	Descriptive and bivariate analyses and use of *Minimum Data Set* (MDS) for automaton nursing homes.	Residents served directly from home and their disposition to discharge had substantial variations at the state level.

Charts 1 and 2 summarize the information from the articles selected and studied in the narrative literature review, helping to construct Tables 1 to 5, which present the characteristics of the profile of institutionalized older adults, the objective of this research.

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Table 1 shows the analysis of the demographic and social characteristics of the articles referring to the data in Brazil covered by the study, characterized by data presented in Long-Term Care Institutions for the Elderly.

Table 1. Demographic and social characteristics related to national data.

Independent Variables		**number of elderly**
Demographics		
Sex	Male	1030
	Female	1607
Age*	60 to 69 years old	491
	70 to 79 years old	467
	80 or more	762
Social characteristics		
Marital status	Single	925
	Married	428
	Divorced	150
	Widower	430
	Other	17
He has children	Yes	557
	No	296
Schooling	Illiterate (a)	696
	Elementary School	766
	High School or Higher Education	110
Retirement	Receives aid	509
Race	Yellow	9
	White	123
	Negress	44
	Brown	63

* There were records that presented only the mean age.

Table 2 presents the demographic and social characteristics of the articles referring to international data.

Table 2. Demographic and social characteristics related to international data.

Independent Variables		**number of elderly**
Demographics		
Sex	Male	472376
	Female	868797
Age*	Under 65 years old	221781
	65 to 74 years old	214606
	75 to 84 years old	309937
	85 years or older	455825
Ethnic group	Hispanic	71682
	Non-Hispanic white	914778
	Non-Hispanic Black	168182
	Non-Hispanic Other	67620

* There were records that presented only the mean age.

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After the study, evidence was sought in the clinical characteristics for the profile of the elderly in LTCFs. For this, a spreadsheet was prepared listing the clinical characteristics and the social and economic characteristics. From Tables 1 and 2, it was possible to identify the demographic and social characteristics of the selected articles, making it possible to observe the profile of the elderly.

Tables 3, 4 and 5 indicate the clinical and social variables of the selected articles, grouped by diseases and adding the number of elderly people who had the disease. However, there are high rates in certain diseases, which are the most common among the elderly.

Table 3. Clinical characteristics obtained from national studies.

Diseases	**Number of elderly people**
- Musculoskeletal System Disease	
Osteoporosis	119
Arthrosis	62
Musculoskeletal System	55
Sequelae of trauma	2
Joint problems	57
Osteoarticular disease	257
Difficulty walking	120
Back problems	30
- Cardiovascular System Disease	
Sequela/History of Stroke	153
Cardiovascular problems	144
Circulatory system	71
Hypertension	953
Vascular insufficiency	11
Heart failure	24
Heart disease	12
Poor circulation (varicose veins)	23
- Degree of Dependence	
Degree of dependence I	412
Degree of dependence II	205
Degree of dependence III	165
Degree of independence (independent)	133
Performs physical activity	168
- Respiratory System Disease	
Respiratory system	9
Chronic obstructive pulmonary disease	21
Respiratory disease	9
Asthma	5
Respiratory problems	20
- Nervous System Disease	
Nervous system	91
Mental disorder	41

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Mental disorder	141
Depression	31
Dementia	77
Retardo mental	31
Psychiatric Disorder	5
Déficit cognitivo	24
Another dementia	28
Cognitive impairment	180
Dementia syndrome	22
Psychiatric disorders	5
Mental problems/dementia	75
Alzheimer	73
Parkinson	30
Senile	9
- Digestive System Disease	
Digestive Tract	72
Constipation	12
Gastrointestinal problems	18
- Urinary System Disease	
Genitourinary tract	29
Urinary Incontinence	13
- Sensory System Disease	
Eyes and Appendages	25
Eye problems	36
Visual deficit without correction with the use of orthosis	36
Cataract	28
- Metabolic Disease	
Diabetes	131
Diabetes Mellitus Tipo II	25
Diabetes Mellitus	90
Dyslipidemia	44
Malnutrition	1
Endocrine	53
Anemia	6
Obesity	13
- Oncological Diseases	
Neoplasia (tumor)	49
Cancer	27
- Other comorbidities	
Use of medications	1252
Infectious and parasitic	5
Blood	5
Chronic Diseases	71
Pain report	24
Last 6 months left	6
Declines in the last year	29
Sickness	9
Other	6
Other pathologies	42
Multiple comorbidities	26

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Presence of morbidities	86
Rheumatism	20
Insomnia	26

Table 4. Social and economic characteristics of national studies.

	Number of elderly people
Social and Economic Characteristics	
Economic problems	7
Need for social interaction	10
There was no one to take care of it	16
Primary support problems	27
Mistreatment	3

Table 5. Clinical characteristics obtained from international studies.

	Number of elderly people
- Musculoskeletal System Disease	
Diagnosed with arthritis	324833
Diagnosed with osteoporosis	159289
- Respiratory System Disease	
Diagnosed with COPD (chronic obstructive pulmonary disease)	10295
- Cardiovascular System Disease	
Diagnosed with heart disease	484083
Diagnosed with high blood pressure or hypertension	851049
Stroke	8768
- Nervous System Disease	
Diagnosed with Alzheimer's disease or other dementias	559855
Diagnosed with depression	565178
Mental health diagnosis	1168
Behavioral problems	11729
Parkinson	4552
- Urinary System Disease	
Urinary incontinence	30350
Diagnosed with chronic kidney disease	3126
- Digestive System Disease	
Fecal incontinence	18864
- Metabolic Disease	
Diagnosed with diabetes	424169
- Oncological Disease	
Cancer	8066
- Sensory System Disease	
Visual impairment	21753
Hearing impairment	22936
- Dependence for day-to-day activities	2072

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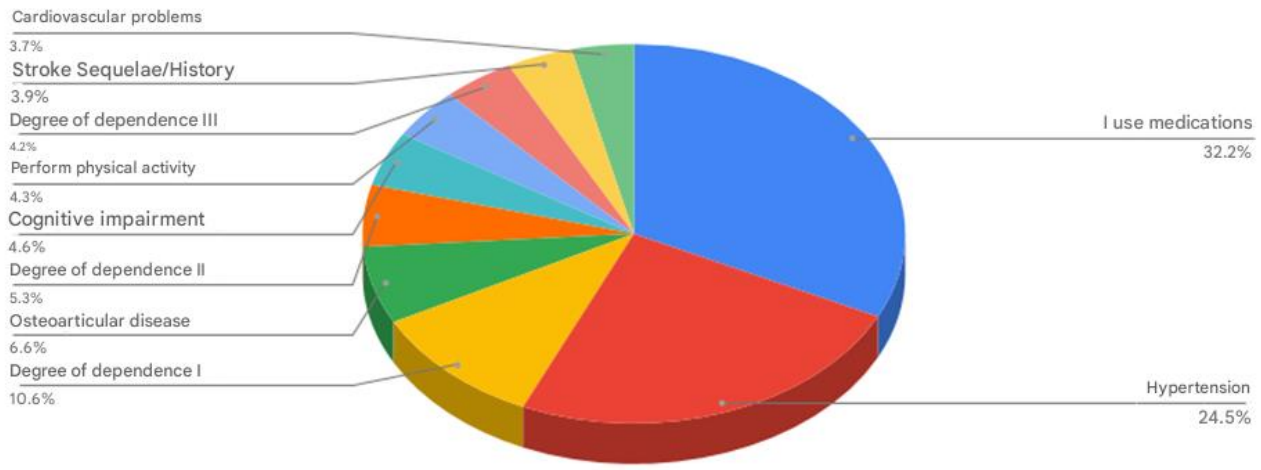
DISCUSSION

Figures 2 and 3 show the most recurrent diseases in the studies carried out in the related studies.

Figure 2 shows the clinical characteristics of the elderly in Brazil and it was found that 32.2% of the elderly use some type of medication in the data analysis. In relation to international studies, shown in Figure 3, it highlights that 18.3% of the elderly use medications. This factor is related to a need to control the use of medication, since a significant proportion of elderly people have multiple comorbidities that require the use of medication simultaneously to control these comorbidities (FRANCISCO *et al.,* 2017). These situations are common among the elderly, especially in those who have a higher prevalence of chronic diseases and who seek health services more frequently (VERAS, 2009; GALATO *et al.,* 2010; ROZENFELD *et al.,* 2008).

FIGURE 2. MOST RECURRENT CLINICAL CHARACTERISTICS OF NATIONAL STUDIES.



Systemic arterial hypertension or high blood pressure is a chronic condition that causes a decrease in the quality of life and life expectancy of the population (FRANCISCO *et al.,* 2018). The analysis presented in Figure 3 determines that 20.3% of the elderly abroad have high blood pressure or hypertension.

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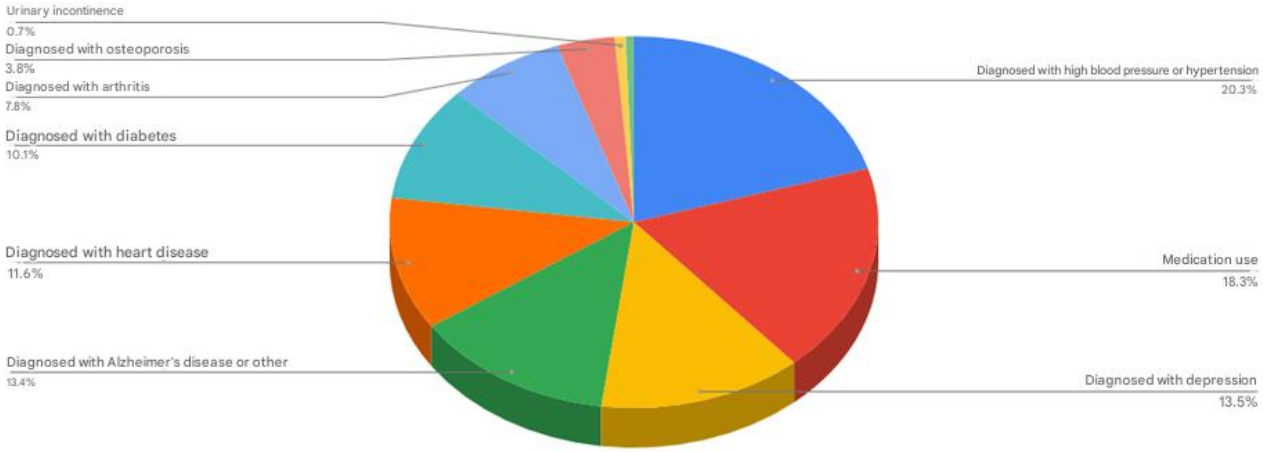
FIGURE 3. ANALYSIS OF THE MOST RECURRENT CLINICAL CHARACTERISTICS OF INTERNATIONAL STUDIES.



When analyzing the indicators of hypertension and medication use, there is a high prevalence of hypertension among the Brazilian elderly (24.5%) and the international elderly (20.3%). This superiority may be related to the high elderly population, emotional factors and exposure to risky behaviors (BENTO *et al.,* 2013).

With regard to gender, there was a female prevalence. As for the superiority of the female sex, it occurs due to the gradual rise of gender in the elderly population (CRUZ *et al.*, 2020). The results of the female gender presented in Tables 1 and 2 are congruent with this information. Males have a higher risk of mortality compared to females, as data indicate that men have habits that pose a greater risk to health, such as the use of tobacco and alcohol and the low demand for health services, so their life expectancy is lower than that of women (CONFORTIN *et al.,* 2020). The female gender has a higher total life expectancy, but also higher expectations of comorbidities compared to the male gender, which indicates a higher rate of institutionalization of the female gender (GUIMARÃES and ANDRADE, 2020).

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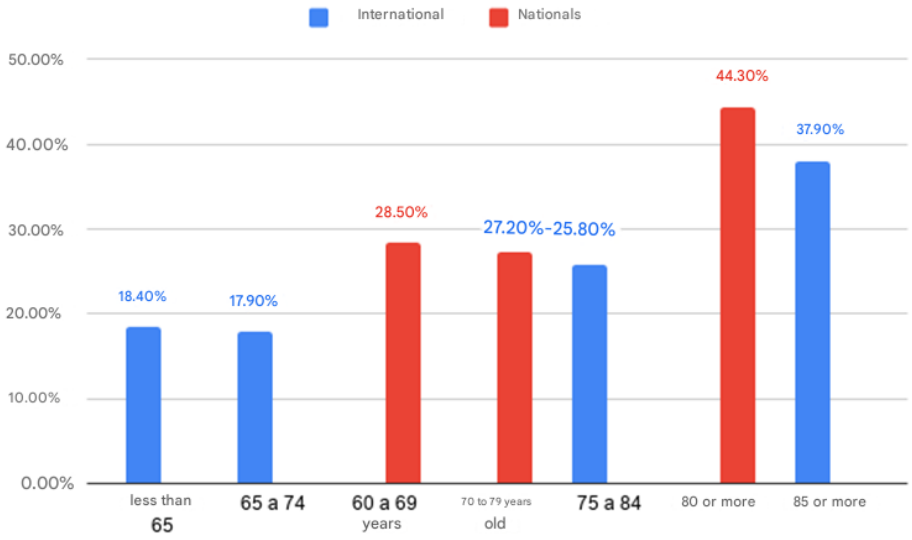
FIGURE 4. AGE FACTOR: NATIONAL AND INTERNATIONAL STUDIES.



In this study, a high number of elderly people, as shown in Fig. 4, were over 80 years of age. However, age, as an isolated context, cannot be considered a determining factor for the institutionalization of the elderly. However, health conditions should be evaluated, considering functional capacity and cognitive deficit compared to loss of independence and autonomy (GÜTHS *et al.*, 2017).

The increase in the institutionalization rate of the elderly, in general, is related to the change in family care habits. In the past, women played the role of caregivers, remaining at home to care for older family members. Currently, women increasingly perform other functions and jobs, not being available to care for the elderly (WORLD HEALTH ORGANIZATION, 2015).

CONCLUSION

The study allowed a comparison between national and international articles on demographic and clinical characteristics, with the application of different research forms described in the articles. The analysis of demographic data and the social and economic characteristics of institutionalized older adults at the national and international levels was also observed. Although the studies did not contain the same items analyzed, it contributed to the basis of a profile of the elderly in the condition of institutionalized.

Regarding the profile of the institutionalized elderly, the factor of age, use of medications and hypertension were the most common and identified causes that led to the institutionalization of the elderly. The fact that the elderly depend on medications to control

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hypertension and other diseases means that institutionalization has better control in relation to schedules and administration of medications.

Considering the studies carried out in Chart 1, thirteen articles were published between 2010 and 2015 (72.2%), leaving five for the period from 2016 to 2020, indicating a gap in studies and publications that attempt to identify the characteristics of the elderly. As for the study carried out in Chart 2, with two selected articles, pointed out by a high number of records, the results found are relevant for a comparison with the characteristics of Chart 1 and, thus, to be explored in the search for the profile of the elderly.

Regarding the limitations of this study, it is suggested to search databases with different journals, relevant to the area, which were not consulted. This new search may present different approaches and other forms of analysis of institutionalized older adults.

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