

ELDERLY FALLS: IDENTIFICATION OF RISK FACTORS IN HOUSEHOLDS IN A RIVERSIDE COMMUNITY LOCATED IN THE DISTRICT OF CACAU PIRÊRA, IRANDUBA- AM

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Abstract: Falls are considered an event that marks a period of limitation in the life of the elderly, being the fifth leading cause of death among these individuals, being very frequent at home, especially when there are numerous risk factors for their occurrence. Falls suffered by the elderly can lead to sequelae or even death, depending on the severity. **Goals:** to identify risk factors for falls among elderly people in households located in a riverside community; detect the most frequent causes of falls among the elderly in the study community; suggest interventions to prevent falls for the elderly in their place of residence. **Methodology:** This is an exploratory descriptive study that aimed to identify the risk factors for falls in the elderly in their homes, in a riverside community located in the District of Cacau Pirêra, in the municipality of Iranduba-Am. The data collection instrument was a form, consisting of objective, closed and open questions. Thirty families participated, which had elderly people in their constitution.. **Results:** in the analysis involving all the elderly and their home environment, it was found that 56.7% had already suffered falls in the home environment and 64.7% was due to imbalance, while only 30% considered the environment unsafe to avoid falls.

Keywords: Elderly Health, Falls, Old man, Risk factors, Prevention.

INTRODUCTION

The age considered elderly by the World Health Organization (WHO) is established according to the socioeconomic level of each nation. In developing countries, an elderly person is considered to be someone who is 60 years of age or older. In developed countries, the age extends to 65 years (BRASIL ,2019).

For Wingerter et al., (2020) aging is a natural, dynamic and progressive process in which several physical, biochemical, functional and morphological changes occur,

which reduce the capacity of functional adaptation to everyday situations, making the organism more susceptible to illnesses and the casualties of everyday life.

Aging is a process that occurs gradually for some and faster for others, depending on the variations in lifestyle, socioeconomic factors and the presence of chronic diseases. The Brazilian Institute of Geography and Statistics (IBGE) presents results of a relevant growth of the population over 65 years of age in the coming decades, and highlights that this increase will continue over the next few years, so that the forecast for the year of 2060 is that a quarter (25.5%) of the population must be above this age group (IBGE, 2018).

Furthermore, as highlighted by Madeira et al. (2016), aging is marked by a decrease in motor activities; decreased strength, flexibility, speed and maximum oxygen consumption levels, making it difficult to perform routine activities and preserve a healthy lifestyle. As a result of these losses, the elderly becomes limited to performing simple functions such as going up and down stairs, among others.

Falls are considered an event that marks a period of limitation in the life of the elderly, being the fifth cause of death among these individuals. When it happens, there is a reduction in self-confidence, which can lead to a lower frequency of physical activity, causing a reduction in muscle strength and a consequent increase in the risk of injuries (ALVES et al., 2018)

According to Brasil and Anvisa (2017), falls are among the main adverse events that can be prevented. Among elderly patients hospitalized or in home care, they are among the most common causes of injuries, causing tissue trauma, fractures and even death.

In the elderly, falls can cause physical damage, such as skin lesions, dislocations, serious fractures, leading to hospitalization. In addition to the psychological trauma with

the onset of post-fall syndrome, characterized by insecurity, fear, loss of confidence and anxiety about the possibility of another event occurring, it can also cause loss of functional capacity, influencing their autonomy and independence. subjects (MIRANDA et al., 2017).

The costs of care for elderly people who suffer a fall and are left with sequelae are high. In addition to immobility in carrying out daily activities, the occurrence of falls triggers financial problems for the public health system and for family members responsible for treating the elderly. Thus, the identification of risk factors for falls, as well as the monitoring of the type, severity, incidence and prevalence of falls, are important for the development and implementation of preventive measures and care protocols that make care more efficient (SILVA et al., 2018).

In Brazil, building your own house is a common act and is associated with traditional knowledge, the different household structures are molded according to the geographic environment in which they are inserted, in the Amazon region, which is characterized by the rainy and humid climate, the stilts are a synthesis between nature and culture, they are architectural structures with tall wooden pilasters that are submerged during the flood and surface during the ebb period. Amazonian man, realizing the water cycle, uses the stilt to adapt to his way of living in the region (BRUGNERA, 2015).

It is imperative to observe and promote the adjustments that are necessary to build a safe environment, but always remembering that it is in a private environment, where cultural particularities and family values of this elderly person must be respected (BRASIL, 2016). Given these observations, the following issue emerged: "What are the risk factors for falls among the elderly found in a home environment in a riverside community?"

GOALS

GENERAL GOALS

To identify risk factors for falls among elderly people in households located in a riverside community.

SPECIFIC OBJECTIVES

1. To detect the most frequent causes of falls among the elderly in the study community;
2. To identify possible risk factors for falls present in the elderly person's place of residence;
3. To suggest interventions to prevent falls for the elderly in their place of residence.

METHODOLOGY

SEARCH TYPE

This is a non-experimental, qualitative, exploratory, descriptive field research with a cross-sectional design, as it was carried out in a single space of time and took place in a riverside community, whose families are registered in the Basic Health Unit.

Qualitative research can be defined as that which is mainly based on qualitative analysis, characterized, in principle, by the non-use of statistical instruments in data analysis (VIEIRA;ZOUAIN,2006; BARDIN,2011).

Exploratory research, according to Gil (2016), is developed with the aim of providing an approximate overview of a given fact. This type of research is carried out especially when the chosen topic is poorly explored and it becomes difficult to formulate precise and workable hypotheses about it.

According to the same author, descriptive research aims to describe the characteristics of a population, a phenomenon or experience for the study carried out without the intervention of the researcher. The cross-sectional study is defined by observational research, which analyzes data collected over a period of time. This survey can be in a sample population or in a predefined subset.

The research was carried out at the Cidade Nova Basic Health Unit, located in the district of Cacau Pirêra, Iranduba - AM. This Unit performs activities in collective health care, family health and is integrated into the Municipal Health Department of the Municipality of Iranduba.

It works 15 hours a day, due to emergency services. Among the services offered by the UBS, the following stand out: medical and nursing consultations, nutrition services, social worker, speech therapy and physiotherapy, it also offers inhalations, dressings, vaccines, dental treatment, distribution of basic medicines, referral to specialties, scheduling by Regulation System (SISREG).

The study population consisted of elderly people, who agreed to participate in the research, signing the Informed Consent Form.

After the Basic Health Unit manager agreed, through the signature of the Research Intent, the project was sent to the Ethics and Research Committee (CEP). Data collection was carried out after CEP approval, with CAAE: 47234121.0.0000.5512, and signature by the research subject of the Informed Free Commitment Term, as determined by CNS Resolution 466/12, II.4 of the National Commission of Ethics and Research-CONEP.

The researchers undertook to maintain confidentiality about the information obtained from the subjects, according to Resolution 196/96, of the Ministry of Health.

The data collection was preceded by a form, during the collection, 30 questionnaires were delivered, all of which were returned and answered, consisting of objective, closed and open questions, consisting of two parts: the first was aimed at the sociodemographic characterization of the participants, considering the following variables: age, sex, marital status, occupation and whether medication is used. The second contained some objective open questions, but most

with 'yes' or 'no' items, which allowed not only to detect the occurrence of falls in the elderly, but also to identify risk factors for their occurrence. The following questions were taken into account: 1. Did the elderly person fall at home and what was the cause? 2. Identification in the place of residence of possible risk factors for falls, in which the following aspects will be considered: a) existence of clear locomotion areas; b) lighting is sufficient to brighten the entire walking surface inside each room, including steps; c) lighting is sufficient to brighten the entrance door and the external environment; d) switches are accessible in each room; e) the elderly person sleeps in a hammock and this is well tied; f) are the bathroom and toilet inside or outside the house? if away from home, how far? g) does the ladder have a handrail? h) is the ladder in good condition?

RESULTS

The **Table 1** shows the sociodemographic characterization of the elderly participants in the study (n=30) in which the majority are female (56.7%), with a predominance of the age group from 60 to 69 years (53.3%). Regarding marital status, most participants reported being married (46.7%).

In the **Graph 1** the distribution regarding the use or not of medication is observed, it was found that 63.3% (n=19) use any medication, while 36.7% do not use.

It is verified in the **Table 2**, the sample is distributed according to the identification of the history of falls, where 56.7% (n=17) suffered a fall in the home environment, the table also shows the factors that led to the fall, where 64.7% (n= 11) caused by imbalance, 17.6% (n=03) by falls from the stairs, 11.8% (n=02) falls from the hammock and 5.9% (n=01) from falls from the bed.

The graph 2, indicates the place of residence and risk factors for falls, where 70% (n=21) of

the elderly report that the locomotion areas of the residence are free, and 90% (n=27) consider the indoor lighting to be sufficient and 90% (n=27) consider the switches to be accessible, and also 90% consider the external lighting to be sufficient and of the elderly people interviewed, 30% (n=9) responded that they sleep in a hammock.

The graph 3, shows the identification of the home environment and the characteristics of risk factors for falls, it appears that 33.3% of the elderly who sleep in a hammock (n=03) consider that their hammock is not well tied. Of the residences visited, 16.7% (n=05) have a bathroom outside the home, of these 80% (n=04) are from 1 to 25 meters away from the residence. Also according to the distribution, 66.7% (n=20) of the stairs do not have a handrail, and 43.3% (n=13) of the stairs are not well preserved.

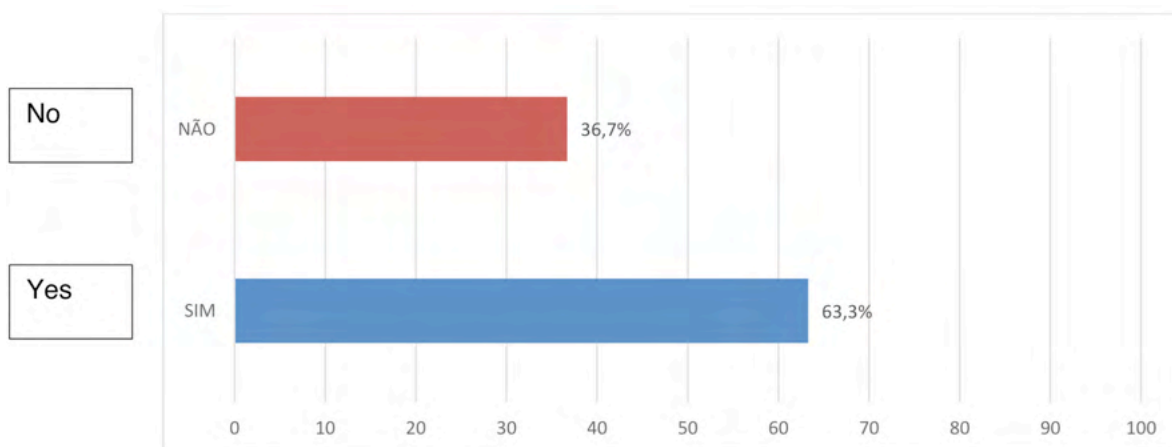
ANALYSIS AND DISCUSSION

According to Santos et al (2019), falls can be considered an event of great repercussion in the life of the elderly, thus, it is pertinent to discuss it as a public health problem, considering that they are over 75 years old and females have a higher incidence in cases of falls, a factor that is explained by the greater frailty, consumption of medications and longevity of women compared to men.

Regarding the survey conducted, 53.3% of the elderly were aged between 60 and 69 years. For Sturmer et al (2017), there is a wide discussion in the literature about the relationship between the risk of falling and advancing age, because, biologically, there is a decrease in motor functions and cognitive abilities during the aging process. For Teixeira et al (2019), the occurrence of falls is a common event and a result of the interaction between intrinsic and extrinsic factors, the most prevalent extrinsic factors, such as impairment and irregularity in the

Variable		N	%
Gender	Male	13	43,3
	Female	17	56,7
Age	60 to 69 years	16	53,3
	70 to 79 years	06	20
	Over 80 years	08	26,7
Marital status	Single	04	13,3
	Married	14	46,7
	Divorced	04	13,3
	Widow	08	26,7
Position	Retiree	23	76,7
	Free lancer	04	13,3
	Housewife	03	10

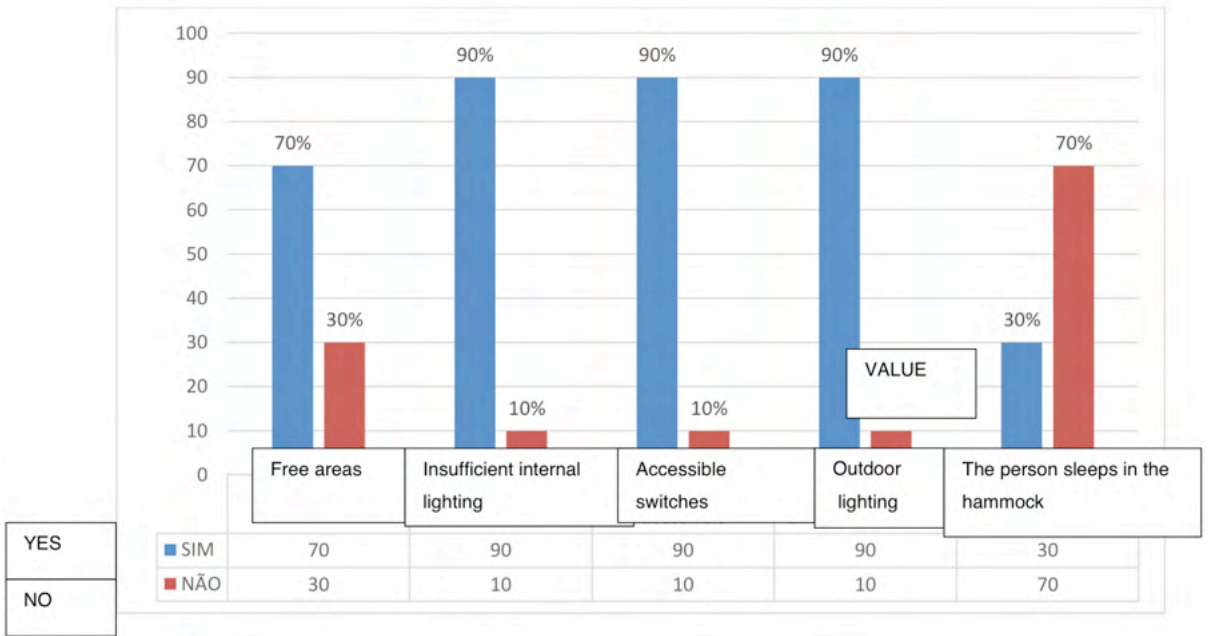
Table 1. Distribution of number and % of elderly people according to sociodemographic characteristics. Iranduba - AM, 2021.



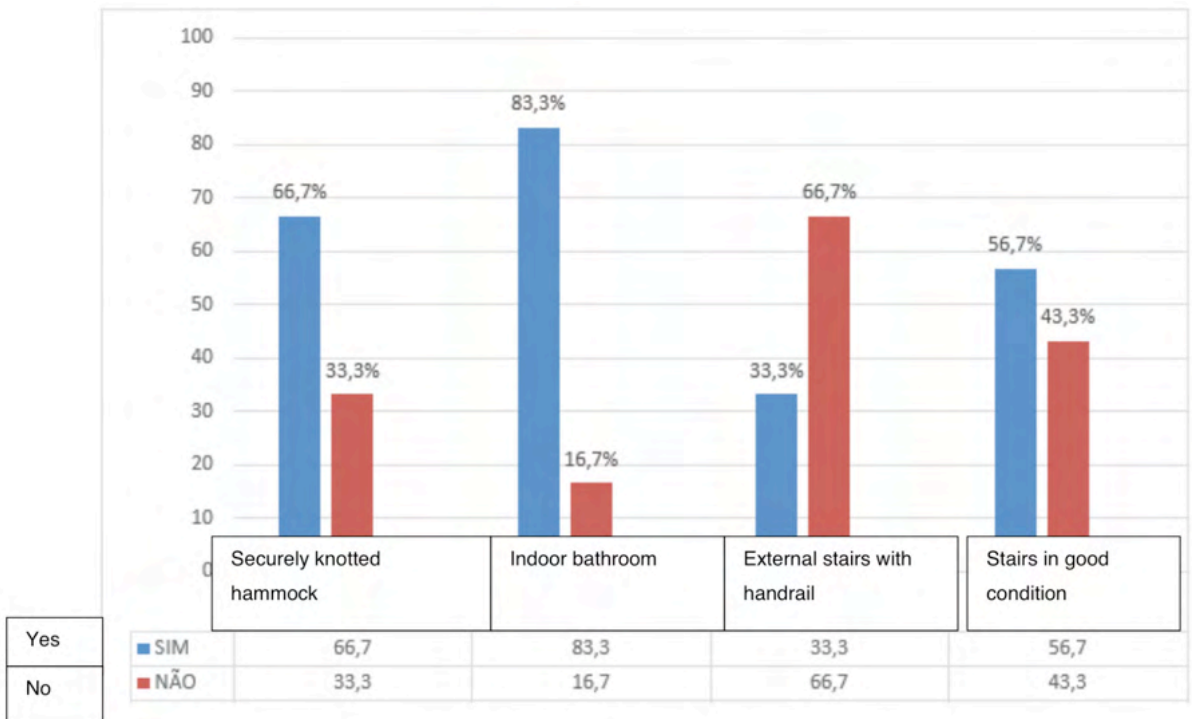
Graph 1. Distribution regarding the use or not of medication by the elderly. Iranduba - AM, 2021.

Variable		N	%
Fall history	Yes	17	56,7
	No	13	43,3
Causative factor	Lack of balance	11	64,7
	Staircase	03	17,6
	Hammock	02	11,8
	Bed	01	5,9

Table 2. Statement of the history of falls in the home environment and the causative factor. Iranduba - AM, 2021.



Graph 2. Distribution of identification of the place of residence and risk factors for falls. Iranduba (AM), 2021.



Graph 3. Distribution of identification of the home environment and characteristics of risk factors for falls. Iranduba (AM), 2021.

environment in which they live.

Regarding marital status, 46.7% of respondents are married, however, the situation of elderly people who do not live with a partner is higher, with 26.7% widowed, 13.3% single and 13.3% separated. According to Gullinch, Cordova (2017), the main hypothesis is that the marital status of elderly people who do not have a partner would be a factor that increases the risk of falls. For Silva et al (2019), the marital relationship is a determining factor in the health conditions of the elderly, the best social support characterized by the feeling of company, care, sharing of feelings and fears is greater among elderly people who have partners, which provides a better physical and emotional well-being compared to those without partners.

As for occupation, 76.7% of the elderly are retired, 13.3% are self-employed professionals and 10% are housewives. According to Tavares et al (2021), socioeconomic factors influence social conditions and economic status, elderly people who have lower incomes, females who live alone or in rural areas, who do not have any work-related occupation tend to remain at home performing housework, these activities generate a risky behavior for falls considering the biological changes that occur with advancing age, such as decreased muscle strength and postural instability. Freitas et al (2017), considers that the expectations regarding work and retirement reveal that many elderly people fear boredom and feel the need to remain active, however, for society, the retirement benefit is related to the termination of work activities, justifying the permanence in the home environment for a long time, dedicating himself only to rest and family.

Among the elderly people interviewed, 63.3% use some medication. For Raissa et al (2017), the use of medication by the elderly population is considered a common

practice, but adverse effects such as dizziness, drowsiness and increased frequency of urination are relevant when considering the causative factor in the rate of falls. A study organized by Falleiros (2021) indicates that advancing age also increases the rate of diseases that require the use of medications, therefore, a careful study is needed when prescribing medications for the elderly population, since, adverse effects increase the risk of falls.

In the distribution of the history of falls, 56.7% of the elderly interviewed had already suffered falls within the home environment, the main causative factor was imbalances with 64.7% resulting from changes in gait, slipping and stumbling, it is also a variable considered to be number of falls on stairs 17.6%, followed by falls caused by hammocks 11.8% and bed 5.9%. According to Silva et al (2017), the aging process leads to functional and cognition deficits, which contributes to the risk of falls, associated with extrinsic factors, these risks become even more potential. For Pimenta et al (2017), despite being a common event in the life of the elderly population, the occurrence of falls is a public health problem that often causes irreversible damage, negatively affecting health, autonomy and quality of life, many elderly people who they have already suffered falls and report fear of a new similar episode, causing emotional damage and insecurity to perform activities of daily living.

Asked about the characteristics of the home environment, 70% consider that the areas of the home are unobstructed, that is, they are free for safe circulation, while 30% do not consider the environment to be free. For Teixeira et al (2019), the occurrence of falls in the home environment is higher than falls that occur outdoors, the architectural characteristics and conditions of the physical environment influence this index, the lack of adequate lighting, presence of obstacles,

absence of bars. support are risk factors for falls. In the research by Rosado et al (2021), the occurrence of falls due to imbalance is associated with environmental characteristics such as slippery floors, presence of excess and non-slip rugs, objects or other obstacles that alter the elderly's gait.

As for lighting 90% consider it sufficient for the indoor and outdoor environment, 90% also consider the switches accessible. According to Alves et al (2016), poor lighting is one of the extrinsic factors related to the environment that enables the risk of falling, as it affects the ability to identify the characteristics of the environment. Paiva et al (2020), corroborates that with advancing age, visual acuity decreases, impairing depth perception and identification of contrasts, thus influencing the ability to maintain balance, adequate environmental lighting provides greater safety for the elderly during walking, making the recognition of obstacles and preventing the occurrence of falls.

Regarding rest, 30% reported sleeping in a hammock at night, 33.3% of this distribution do not consider their hammock to be safe, which reflects the risk of falls, having previously noted that 11.8% of falls were as a result of the use of hammockworks. A study developed by Nascimento et al (2015), the Amazonian man, known as riverside, has as indigenous heritage the use of hammocks to rest the body during the day or night for deep sleep. However, no scientific studies were found that correlate falls in the elderly with the use of hammocks.

As for the location of the bathroom, 83.3% report being located inside the house, while 16.7% are located outside the home, among those located outside, 80% have a distance of 1 to 24 meters away from the residence and 20% at a distance of 25 to 50 meters. A study organized by Lima et al (2021), referring to falls in the bathroom, reported that the

majority of falls at home by the elderly occurred in this location, being identified as the most accident-prone room in a home. For Teixeira (2019), the bathroom is the main room with the highest rate of recording of falls, the absence of support bars, slippery floor and the lack of non-slip mats make up an inadequate structure for the safety of the elderly and make the environment favorable to falls.

The survey found that 66.7% of the access stairs to homes do not have a handrail, as well as 43.3% are not in good condition. For Gasparotto (2014), stairs present a high risk of falling when they have unfavorable structures, such as the absence of handrails and non-slip plates, poorly designed steps, height and inclination that impair the elderly's body balance. Fonseca et al (2020), in their study states that falls associated with the use of stairs are among the factors that have the highest incidence in identifying the causes of falls in the home environment, even though it is the predominant factor, it is highlighted that the influence of the environment it is not enough to become the only factor for the occurrence of falls.

With the increase in the elderly population, the Ministry of Health (2021) considering the physical and cognitive changes that come with advancing age, the home environment must also be modified to monitor the mobility needs and ensure the health of residents. In this sense, it suggests that some changes in the structure of the environment can offer greater reduction in risk factors for falls, including so that falls resulting from imbalance can be avoided, it is necessary to place mats made of non-slip rubberized material, or fixed, that prevent stumbling and slipping, support bars must also be placed to help during locomotion in corridors and when using the toilet, in addition to non-slip floors in the bathroom.

For adequate lighting, fluorescent lamps can be replaced by LED lamps, which have white light, increasing the range of lighting and facilitating the identification of the structure of the environment, in addition to the switches must be installed at the entrance of the environment so that they do not it is necessary to walk in the dark to reach it, fluorescent switches help to identify in the dark (FONSECA, MATUMOTO, 2020).

For Nascimento (2018), stairs are part of the main factors for falls in the home environment of the elderly, and must therefore be adequate to minimize risks during their use. movement that allows the descent or ascent can favor the safety of the elderly. The presence of a handrail on the stairs is also a safety factor, as it serves as support during use, and stairs must have good lighting and uniform steps and free of objects that pose a risk of falling (TAVARES et al, 2021).

CONCLUSION

Considering the data found, through the study, it is concluded that currently falls among the elderly are one of the concerns, both due to the frequency and consequences in relation to quality of life. Due to the physiological changes acquired by the aging process, this type of incident can be considered more serious, it is a fact that can be considered a long-standing problem, since the population is constantly increasing.

By observing the analyzed aspects, it was found that among the elderly at high risk of falling, females predominated, as women are prone to falls due to the physiological level, it is expected that the woman's bone mass decreases faster than the that for men, in addition, the fall is more frequent among women because this population segment is more affected by chronic diseases. Thus, women have a higher prevalence of functional limitations. Regarding the marital variables

of the elderly, it is noteworthy that with the absence of a spouse, they tend, more often, to live alone, being entrusted with tasks that, associated with functional instability, can generate different risk situations for falls.

From this perspective, falls among the elderly are currently a concern, both because of the frequency and the consequences in terms of quality of life. Prevention is important to minimize secondary problems arising from falls. Its occurrence can be reduced with simple care such as health promotion and prevention, medication review, changes in households, promotion of safety inside and outside homes, multidisciplinary intervention. This must raise awareness in the population that it is necessary to provide direct and more qualified care than is currently offered to this portion of the population. This project becomes of great importance not only for the identification of risk factors that contribute to a fall in the home environment, but mainly, going through the aging process with quality of life. Therefore, it is concluded that there is a large amount of material in the literature about how to eliminate risk factors and prevent falls, but the biggest challenge is how to transmit this information and awaken the real interest and importance of this topic in the population.

FINAL CONSIDERATIONS

This study sought to know the main risk factors for falls suffered by the elderly in the home environment. Within this context, disabilities can arise that increase the degree of dependence of the elderly, thus leading to a change in family dynamics. The issue of falls and their consequences within this age group took on such significant proportions, which today is considered a public health problem, as they generate extremely high expenses for public coffers, long hospital stays and a high rate of morbidity and mortality.

In view of this, there was a need to suggest that public policies aimed at the health of the elderly be put into practice, seeking to reduce the occurrence of these accidents and their consequences. Thus, making preventive actions essential in this process of reducing and controlling these injuries. Prevention must be worked on at all its levels, but mainly at the primary level, where it is intended to promote health in order to avoid the onset of a disease/disease. In this context, health education emerges as a key element, as by demonstrating to the population the need and importance of the proposed actions, it assumes an important participatory role in this process.

It is extremely important that activities are carried out in which the elderly can interact with society to reduce social isolation, the feeling of being incapable, in addition to encouraging regular physical activities to promote muscle strengthening, improve gait and locomotion, as long as they are performed in an appropriate way, as each elderly person has their particularities and activities must be carried out in a way that helps the elderly

person's life. Health professionals, especially nursing professionals, must guide the family regarding, if the environment has stairs that are safe and with handrails, non-slip floors, the environment needs to have good lighting, the areas of locomotion must be clear in order to avoid occurrences of elderly falls. It must be proposed that professionals perform physical activities with the elderly, lectures that address the topic of falls in the elderly so that individuals can understand how frequent this event is and thus, together with the community, falls can be prevented, reducing the high rates of hospitalization of the elderly and the consequences that this fall can bring to the elderly.

Therefore, it is concluded that, to reach the ideal point of fall control, it is necessary that the elderly receive multidisciplinary support, it is then up to professionals in the area to pay attention to this scenario, each acting in their own specificities, and all collaborating for the best condition. of life of elderly individuals.

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