

Rodrigo Marques da Silva

Wanderlan Cabral Neves

(Organizadores)

Resilience, Health and Human Aging



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PREFÁCIO

Esta obra foi desenvolvida junto a um grupo de alunos de Iniciação Científica de diferentes fases de formação dos cursos de saúde (Enfermagem, Farmácia e Fisioterapia) da Faculdade de Ciências e Educação Sena Aires, sendo, portanto, uma obra coletiva construída no Grupo de Pesquisa Trabalho, gestão e empreendedorismo em saúde, linha de pesquisa Stress, Coping e Saúde.

Além disso, pesquisadores colaboradores de outras instituições com domínio na área de envelhecimento humano foram convidados a fim de contribuir com a construção desse e- book, dando um olhar amplo, objetivo e atualizado sobre os conteúdos abordados.

Portanto, destaca-se que a obra está organizada em 5 capítulos construídos de forma cuidadosa, atualizada e detalhada, com informações sobre o assunto e com uso de uma linguagem clara e objetiva.


Desejamos uma ótima leitura a todos!

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SLEEP QUALITY IN HOSPITALIZED ELDERLY- LITERATURE REVIEW

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RESUMO: Objetivo: Analisar a produção científica sobre a qualidade de sono em idosos hospitalizados. **Método:** Trata-se de uma revisão bibliográfica realizada no período de março à

maio de 2022 na biblioteca eletrônica Scientific Electronic Library e nas bases de dados Literatura Latino Americana e do Caribe em Ciências Sociais e da Saúde. Para a busca, foram utilizadas as palavras-chave: Qualidade do sono, insônia, idosos hospitalizados. O termo booleano AND foi utilizado entre essas palavras na referida busca.

Resultados: Foram encontrados 43 artigos na busca inicial nas duas bases. Desses, 20 foram excluídos pelos critérios de elegibilidade, restando 23 artigos como amostra final de revisão. Após a leitura na íntegra e extração dos dados, os resultados foram agrupados em 4 categorias para melhor compreensão do assunto: Sono, suas etapas e importância para a saúde física e mental; Insônia em idosos hospitalizados; Fatores associados a qualidade do sono; Consequências da má qualidade do sono. **Considerações Finais:** Portanto verifica-se que o estudo da qualidade do sono é de extrema importância para garantir o bem estar dos idosos no ambiente hospitalar, e que se faz necessária a busca por medidas que melhorem a qualidade do sono, com o objetivo de promover melhorias na saúde física e mental dos idosos.

PALAVRAS- CHAVE: Qualidade do sono, insônia, idosos hospitalizados.

ABSTRACT: Objective: To analyze the scientific production on sleep quality in hospitalized elderly.

Method: This is a bibliographic review conducted from March to May 2022 in the Scientific Electronic Library and in the Latin American and Caribbean Literature databases in Social and Health Sciences. For the search, the following keywords were used: Sleep quality, insomnia, hospitalized

elderly. The term Boleyn AND was used between these words in the aforementioned search. **Results:** We found 43 articles in the initial search in both databases. Of these, 20 were excluded by the eligibility criteria, leaving 23 articles as the final sample of review. After reading in full and extracting the data, the results were grouped into 4 categories to better understand the subject: Sleep, its stages and importance for physical and mental health; Insomnia in hospitalized elderly; Factors associated with sleep quality; Consequences of poor sleep quality. **Final Considerations:** Therefore, it is verified that the study of sleep quality is extremely important to ensure the well-being of the elderly in the hospital environment, and that it is necessary to search for measures that improve sleep quality, with the objective of promoting improvements in the physical and mental health of the elderly. **KEYWORDS:** Quality of sleep, insomnia, hospitalized elderly.

INTRODUCTION

Sleep is a state we all feel and need for our survival. It is characterized by a physiological need, which has as biological functions the restoration of the organism and the conservation of energy, allowing our physical and emotional balance, so it is important that it is understood and respected (RENTE & PIMENTEL, 2004).

According to the National Continuous Household Sample Survey, the Brazilian population has maintained the aging trend of recent years and has gained 4.8 million elderly people since 2012, surpassing the mark of 30.2 million in 2017. Between 2012 and 2017, the number of elderly increased in all units of the federation, with the states with the highest proportion of elderly being Rio de Janeiro and Rio Grande do Sul, both with 18.6% of their populations within the group of 60 years or more (IBGE, 2018).

Physiologically, aging comes from successive and irreparable changes, resulting in progressive loss of function and homeostasis. Among the alterations is sleep, which, in the elderly, becomes more superficial and fragmented and, therefore, has lower efficiency and worse quality (BORGES SM et. al., 2010; FERREIRA OGL et. al., 2012). This aging, the body's natural process, modifies its physiology due to the loss of homeostasis, thus affecting the immune system. Once aged, its effectiveness in protecting the body against exogenous and endogenous agents is compromised and may trigger pathological conditions such as infectious diseases, autoimmune diseases and neoplasms in the elderly, a process called immunosenescence. As well as the immune, other systems are also impaired, among them, the endocrine and neurological, since for a proper functioning, both need to work in homeostasis. Therefore, studies are needed, since once affected they provide stress and the emergence of psychic disorders that, in addition to limiting quality of life, cause premature aging (MACENA, 2018).

Hospitalization can become frequent in old age due to increased chances of

developing chronic diseases as the population ages. Studies show that 53.3% of Brazilian elderly are hypertensive and 2.5% have neoplasms (MINISTRY OF PLANNING, BUDGET AND MANAGEMENT, 2010). The elderly are more vulnerable to chronic degenerative diseases, such as cardiovascular, cerebrovascular, cancer, mental disorders and those that affect the locomotor system and the senses (LEBRÃO ML, DUARTE YAO; 2007).

The experience of an unsatisfactory or insufficient sleep is quite unpleasant and has repercussions on performance, behavior and well-being during the activities of our daily life (GEOLIM MF et. al., 2001). In this context, health professionals face the challenge of dealing with both physiological changes in aging, chronic diseases and geriatric conditions, in addition to other factors responsible for dysfunctions and loss of independence of the elderly (GEIB LTC et al., 2003). Therefore, it is important to observe other changes in the sleep of the elderly, because the constant difficulty in sleeping can have an increased risk of fall, cognitive impairment, impairment of respiratory and cardiovascular function, increased mortality and the need for a nursing service that accompanies this elderly person (MISSILDINE K et. al., 2010).

Thus, this study aims to analyze scientific production in relation to sleep quality in hospitalized elderly.

METHOD

The methodology used to elaborate this work was the literature review. This comprises a survey of all bibliography already published in the form of books, magazines, newspapers, monographs, theses, single publications and cartographic material. Its purpose is to put the researcher in direct contact with everything that was written on a given subject (CARVALHO, 2019).

Data were collected from March to May 2022 in the Scientific Electronic Library Online (SciELO) electronic library and in the Latin American and Caribbean Literature on Social and Health Sciences (LILACS) databases. For the search, the following keywords were used: Sleep quality, insomnia, hospitalized elderly. The term Boleyn AND was used between these words in the aforementioned search.

Articles published in Portuguese (Brazil) and English available online and in full were included. Those published in other languages and without relevance with the theme were excluded. In addition, books, texts available in the libraries of public and private institutions were consulted.

Initially, an exploratory reading of the titles and abstracts was carried out to recognize

the articles that met the eligibility criteria. Then, the previously selected articles were read in full, and they were resubmitted to the inclusion and exclusion criteria. Finally, the selected materials were drawn, title, objective, results and conclusion in order to elaborate the polyoptic review table and perform the analysis of the object of this review.

RESULTS AND DISCUSSION

Forty-three publications related to the theme were found, 12 of which were eliminated by the initial reading of the titles, in the reading of the abstracts of the remaining articles according to inclusion/exclusion criteria, and 5 articles were eliminated because they were not related to resilience in higher education, 2 because they were not directly related to the theme, and 1 because it was not related to the health area. The remaining 23 articles were read and used in the final sample of the text.

Sleep, its steps and importance for physical and mental health

Sleep is a fundamental biological function in memory consolidation, binocular vision, thermoregulation, energy conservation and restoration (REIMÃO, 1996), and restoration of brain energy metabolism (FERRARA & DE GENNARO, 2001). Normal sleep varies throughout human development in terms of duration, stage distribution and circadian rhythm (POYARES & TUFIK, 2002; THORLEIFSDOTTIR, BJÖRNSSON, BENEDIKTSDOTTIR, GISLASON & KRISTBJARNARSON, 2002). The variations in the amount of sleep are greater during childhood, decreasing from 16 hours per day, on average, in the first days of life, to 14 hours at the end of the first month and 12 hours in the sixth month of life. After this age the child's sleep time decreases by 30 minutes a year until the age of five. In adulthood the amount decreases and the sleep cycle varies depending on age and external factors. With advancing age, there are losses in duration, maintenance (FERRARA And DE GENNARO, 2001) and quality (TRIBL et al., 2002) of sleep. Pain, the use of medications and different clinical conditions are examples of factors that can affect the amount and quality of sleep, especially among the elderly, who are more prone to these conditions (MCCRAE et al., 2003).

Experts point out that quality sleep improves the physical, mental and emotional balance of the human being, strengthens the immune system, helps prevent diseases and has great importance for the proper functioning of the brain. According to pulmonologist Luciana Palombini, there are two main functions of sleep: the rest of the body and the preparation for the next day. "When we sleep, there is the cleansing of toxins that are accumulated during the day. It's not just rest. The brain goes through a type of preparation so that we can act well after waking up", he says, noting that studies also point to the

great potential of sleep for memory preservation. “During the stages of sleep, there is an organization of memory in which less useful memories are discarded, so to speak, so that there is a brain reserve for conservation of others.” According to Luciana, today science considers that toxins accumulated when the person does not sleep can increase the risk of dementia (PERES, 2016).

When we sleep, we usually go through five distinct phases of sleep: stages 1, 2, 3, 4 and REM (rapid eye movement). These stages progress in a cycle, from stage 1 to REM sleep, and then the cycle begins again with stage 1. On average, 50% of the total sleep time in stage 2 is spent, about 20% on REM sleep and 30% in the other stages. Unlike adults, infants spend about half of their sleep time in REM sleep (MAGALHÃES, et al; 2007).

During stage 1, which is superficial and fleeting, we plunge into sleep, turn to wakefulness and can be awakened with ease. In the EEG, this stage is characterized by the presence of low amplitude and frequency waves from 3 to 7Hz (theta waves). The eyes move very slowly and muscle activity gradually becomes slower. When we awaken from this stage, it is often possible to have fragmented memories of environmental events that occurred in the period. Many people have sudden muscle contractions, known as ‘hypnic myoclonus’, often preceded by a feeling of falling. These sudden movements are similar to the shudder that happens when we get scared. When you’re in stage 2, your eye movements stop, and your brain waves become slower. The so-called K complexes appear, which are accompanied by occasional surges of 5 to 7 waves of 12 to 15Hz, in the form of growing-decreasing, the so-called ‘sleep spindles’. In stage 3, extremely slow waves (0.3 to 2Hz) begin to appear, so-called delta waves, interspersed with smaller, faster waves. In stage 4, the waves are almost exclusively delta frequency. It is very difficult to wake someone up during stages 3 and 4, which together are called delta stage or deep sleep. At this stage, there is no eye movement or muscle activity. People awake during deep sleep do not immediately orient themselves and often feel disoriented for a few seconds after they awaken. It is common, in children, the occurrence of nocturnal enuresis, night terror or sleepwalking during deep sleep. Stages 1, 2, 3 and 4 are called joint non-REM sleep (NREM) (JANSEN, et al; 2007).

When we move on to REM sleep, our breathing becomes faster, more irregular and shallower. Heart rate and blood pressure become variable. Muscle atony occurs, which affects the entire body musculature, except the diaphragm and oculomotor muscles. The eyes move in several directions, in rapid outbreaks, at regular intervals, and in men, penile reaction occurs. When people are awakened during REM sleep, they often describe bizarre and unjust stories that make up their dreams. In EEG, REM sleep is characterized by waves in the mixed frequency range, with low voltage, within the theta range. The desynchronization

of the EEG results from the activation of the mesencephalic reticular formation. The tit waves take on at times an aspect similar to saw teeth. Alpha activity also occurs (usually 1 to 2 cycles lower than alpha wakefulness activity). The first period of REM sleep usually occurs about 70 to 90 minutes after the onset of sleep. A complete sleep cycle lasts between 90 and 110 minutes. The first sleep cycles each night contain relatively short periods of REM sleep and long periods of deep sleep. As the night goes by, REM sleep periods increase while deep sleep periods decrease. In the morning, people spend almost their entire period of sleep in stages 1, 2 and REM (JANSEN, et al; 2007).

Insomnia in hospitalized elderly

Sleep and rest are essential for the physical and mental health of the individual, constituting one of the physiological needs among the hierarchical Basic Human Needs (SCHLUTER JD, et al;1989). When deprived of sleep the body can suffer numerous consequences, such as: drowsiness, fatigue, irritability, difficulty concentrating, impaired performance for complex activities, increased sensitivity to pain and discomfort, impairment of vital processes such as healing of bone and tissue losses (influenced by growth hormone that is released during sleep) (MAILLOUX-POIRIER, et al;1995).

It is common, during hospitalization, for patients to complain about not being able to sleep and rest, because in this period he is subject to an unknown environment, with new routines, has limited independence and feels pain and discomfort (MAILLOUX-POIRIER, et al;1995). There is also the finding that the main obstacles to sleep in the ICU are activity, noise, pain, physical condition, nursing procedures, lights and, sometimes, hypothermia itself motivated by the cold of air conditioning (CARPENITO,1997).

The International Classification of Sleep Disorders conceptualizes insomnia as a “Sleep Onset and Maintenance Disorder”, which can be transient (lasting days or weeks) or chronic (persisting for months) and have as symptoms the difficulty to start sleep, to remain asleep (at night or early in the morning) and the feeling of tiredness or daytime sleepiness (DREYFUS, 1994). According to data from the World Health Organization (WHO), released by the Brazilian Sleep Society, this is the most prevalent sleep disorder in Brazil, reaching 40% of the population, and is now considered a public health problem (BRAZILIAN SLEEP SOCIETY; 2002). There is an increased risk of developing the disorder with age: people over 65 years are 1.5 times more likely to have insomnia than younger people (ROTH, 2000). It was also found that the percentage of people who report poor sleep is less than 5% among young people and reaches 20% among the elderly (DREYFUS, 1994).

With aging it is normal that changes occur in the sleep pattern of the individual, such as: increased frequency and duration of nocturnal wakefulness (increasing fatigue and

daytime naps); lower tolerance to changes in sleep/wake programming; greater sensitivity to environmental noise; longer time to reconcile sleep; reduction of daily sleep needs from 8 (average sleep time for adults) to 6 hours daily (MAILLOUX-POIRIER, et al; 1995).

All these alterations predispose the elderly to the development of insomnia, with an increased risk when common diseases are added in the elderly, i.e.: cardiovascular (angina, congestive heart failure, hypertension); respiratory (chronic bronchitis, asthma); digestive tracts (gastroesophageal reflux, dyspepsia, flatulence); genitourinary (urinary incontinence, nituria); endocrine (diabetes); (Alzheimer's disease, Parkinson's disease, stroke); psychiatric conditions (depression, anxiety); (RHEUMATOID ARTHRITIS)(MAILLOUX POIRIER, et al; 2000).

Thus, it is understood then why the disorder is so common in this age group and that hospitalization may negatively intensify this situation, requiring specific interventions from nursing both in order to treat, as well as to prevent this sleep disorder. However, often what is observed in practice is inattention to the patient's sleep, such as lights on at night, noise of the staff inside the ward, lack of respect for the patient's privacy and individuality, among others, something that goes against one of the nursing duties that is to provide comfort, sleep and rest to the patient (COSTA ML, et al; 2004).

Factors associated with sleep quality

It is during sleep that the body performs the main restorative functions of the body, such as tissue repair, muscle growth and protein synthesis. During this time, it is possible to reset energies and regulate metabolism, essential factors to keep body and mind healthy. Sleep is essential for the body, because it is at this time that there are several important reactions such as the regulation of endocrine functions, restoration of energy and brain metabolism, tissue repair, in addition to memory consolidation. (FERNANDES, 2019).

For many elderly, napping during the day can be beneficial and there are reports of waking up more willing and rested. It is recommended that naps do not exceed 30 minutes so as not to impair night sleep. In people with difficulty sleeping, naps should be avoided. (SLEEP INSTITUTE, 2021)

Proper sleep helps the body recover from diseases and injuries, facilitates the production of growth hormone, reduces stress, controls appetite, improves mood, memory and reasoning, facilitates oxygenation of cells, improves intellectual activity, among others. (VALMIR, 2018)

Studies show that, for the adult individual, the normal average is 7 to 8 hours. Children and adolescents need longer sleep time because, among other things, sleep is important for growth, since there is a great release of growth hormone during sleep. (SILVEIRA, 2020)

It is very important, the child sleeps early, the adolescent has on average need 9 to 10 hours of sleep. The sleep pattern from the child to the adolescent changes a lot, the adolescent has what is called “phase delay”. He tends to sleep later and wake up later, however we have a school routine that starts very early. So if teenagers go to sleep too late and wake up too early, they end up having sleep deprivation. And the other day at school, they have drowsiness, low income. With aging, this amount of sleep decreases. But ideally, if you had 7 to 8 hours of sleep, remembering that a sleep needs to be quality. (SILVEIRA, 2020)

Consequences of poor sleep quality

With aging, sleep complaint becomes more frequent, with a prevalence ranging from 15-62% depending on the geographic region and the population studied. Despite the high frequency, sleep disorders cannot be considered “normal” for the elderly. (BARRETO, 2020)

The main diseases related to poor sleep quality in the elderly are: depression, mood and anxiety disorders, heart disease, diabetes, chronic obstructive pulmonary disease, chronic pain, gastrointestinal disease, Alzheimer’s and Parkinson’s disease. (PEREIRA AND CEOLIM, 2011)

Sleep is characterized by specific behavioral, neurophysiological, and biochemical changes. In terms of behavior, there is a reduction in motor activity, decreased response to external stimuli, stereotyped posture and easy reversibility. (BARRETO, 2020)

Sleep problems in older adults happen due to natural changes in lifelong physiology. The factors that contribute to this can be grouped into four categories: physical discomfort, environmental factors, emotional discomfort and changes in sleep pattern. (PERSONO, 2021).

FINAL CONSIDERATIONS

Patient assessment regarding the need to sleep and rest is still performed superficially, something that could compromise care planning. This situation, in turn, points to the need for permanent training of professionals. The therapeutic and preventive actions for insomnia described by professionals focus on promoting comfort, reducing anxiety and administering drugs.

Therefore, it is up to the professional responsible for the care of these patients to assess not only immediate aspects such as pain and illness, but also to expand their assessment, also including the quality of sleep of these elderly people, which may be compromised, indicating that the need for adequate rest must be met.

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RESILIENCE IN THE ELDERLY AND ASSOCIATED FACTORS

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RESUMO: Objetivo: avaliar a resiliência em idosos e os fatores associados segundo a literatura científica. **Método:** Trata-se de uma revisão bibliográfica realizada no período de março à

maio de 2022 na biblioteca eletrônica Scientific Eletronic Library e nas bases de dados Literatura Latino Americana e do Caribe em Ciências Sociais e da Saúde. Para a busca, foram utilizadas as palavras-chave: “resiliência em idosos”, “aspectos da resiliência”, “resiliência psicologia”, “resiliência econômica” e “resiliência e o envelhecimento”.

Resultados: O processo de envelhecimento é cercado por adversidades que influenciam o idosos a desfrutar do bem-estar e da tranquilidade. Esse fenômeno é natural, universal, irreversível e não ocorre da mesma forma em todos os seres humanos. Envelhecer faz parte da vida e, visto à luz dos conhecimentos atuais, não há nada que se possa fazer para alterar esse processo. O presente estudo objetivou avaliar a resiliência em idosos e os fatores influenciadores, bem como as potencialidades que se constituem em mecanismo mediador dessas questões, como a resiliência biológicas, psicológicas, sociais e econômicas, que reflete a capacidade em lidar com situações críticas apesar dos desafios e a de garantir um envelhecimento saudável. A metodologia adotada baseia-se em uma revisão bibliográfica de estudos e pesquisas anteriormente publicados e na coleta de dados, parâmetros e sobre idosos. **Conclusão:** O processo de envelhecimento é cercado por adversidades que influenciam o idosos a desfrutar do bem-estar e da tranquilidade. Esse fenômeno é natural, universal, irreversível e não ocorre da mesma forma em todos os seres humanos. Envelhecer faz parte da vida e, visto à luz dos conhecimentos atuais, não há nada que se possa fazer para alterar esse processo.

PALAVRAS-CHAVE: Resiliência; Fatores Associados; Idosos.

ABSTRACT: Objective: to evaluate resilience in the elderly and associated factors according to the scientific literature. **Method:** This is a bibliographic review conducted from March to May 2022 in the Scientific Electronic Library and in the Latin American and Caribbean Literature databases in Social and Health Sciences. For the search, the keywords were used: “resilience in the elderly”, “aspects of resilience”, “psychology resilience”, “economic resilience” and “resilience and aging”. **Results:** The aging process is surrounded by adversities that influence the elderly to enjoy well-being and tranquility. This phenomenon is natural, universal, irreversible and does not occur in the same way in all human beings. Aging is part of life and, in the light of current knowledge, there is nothing you can do to change this process. The present study aimed to evaluate resilience in the elderly and influencing factors, as well as the potentialities that constitute a mediating mechanism of these issues, such as biological, psychological, social and economic resilience, which reflects the ability to deal with critical situations despite challenges and to ensure healthy aging. The methodology adopted is based on a literature review of previously published studies and research and on the collection of data, parameters and on the elderly. **Conclusion:** The aging process is surrounded by adversities that influence the elderly to enjoy well-being and tranquility. This phenomenon is natural, universal, irreversible and does not occur in the same way in all human beings. Aging is part of life and, in the light of current knowledge, there is nothing you can do to change this process.

KEYWORDS: Resilience; Associated Factors; Elderly.

INTRODUCTION

In recent years, the world’s elderly population has increased significantly. These demographic changes are evident both in developed and developing countries, such as Brazil. According to studies by FAPES (2016), the country has about 11 million people over 60 years, and by 2025 Brazil is expected to have the sixth largest population in the world in this range.

In Brazil, the growth of the elderly population has been more expressive than in the global scenario, in 1950, the rate of elderly people aged 60 years or more was 2.6 million, rose to 29.9 million in 2020 and is expected to reach 72.4 million in 2100. Absolute growth was 27.6 times (ALVES, 2020).

In relative terms, the elderly population aged 60 years and over represented 4.9% of the total inhabitants of 1950, rose to 14% in 2020 and should reach the impressive percentage of 40.1% in 2100. In the last two decades of the 21st century the absolute number of elderly people will decrease. However, the percentage of elderly people will continue to rise, bringing new challenges and new opportunities. (ALVES, 2020)

Population aging has been a reality in much of the world in recent decades. According to Celade (2012, p. 11), “the living conditions of the population and advances in medicine in

the fight against diseases have reduced early mortality and contributed to longevity.”

Demographic changes are related to the aging process. It is a phenomenon that increases biological, economic and social risks and difficulties. Along with this, there is a decrease in personal and social resources that allow controlling or dealing with these changes, this reduction in the elements of management of adverse situations negatively influences the increase in the possibilities of developing damage to psychological well-being and good health and quality of life. (WHO, 2005)

In this sense, the aim of this study was to evaluate resilience in the elderly and associated factors according to the scientific literature.

METHOD

The present study is a bibliographic review of the literature, which seeks to synthesize results of previously published research and draw conclusions from a literature, thus leading to the contribution of discussions on methods and research results, as well as providing reflections that offer future investigations. (Creswell, 2010)

The practice addressed allows evidence-based development and the use of research results in practice. In the meantime, researchers in the health area run into the amount and complexity of information found, thus emerging the need for review methods such as that demonstrated in the present study. Thus, it is a research method that allows the search, critical evaluation and collection of available evidence on the theme investigated, with the objective of its final product the current state of knowledge of the subject, opening the possibility of effective interventions in health care and cost reduction (Mendes, Silveira, & Galvão, 2008).

Data were collected from March to May 2022 in the Scientific Electronic Library Online (SciELO) electronic library and in the Latin American and Caribbean Literature on Social and Health Sciences (LILACS) databases. For the search, the keywords were used: “resilience in the elderly”, “aspects of resilience”, “psychology resilience”, “economic resilience” and “resilience and aging”.

We included articles published in Portuguese (Brazil) available online and in full, as well as dissertations, books, book chapters, reviews and theses. Those previously found in the same database and those without relevance to the theme were excluded.

Initially, an exploratory reading of the titles and abstracts was carried out to recognize the articles that met the eligibility criteria. Then, the previously selected articles were read in full, and they were resubmitted to the inclusion and exclusion criteria. Finally, the selected materials, title, objective, results and conclusion were extracted in order to obtain the data

related to the object of this review.

RESULTS AND DISCUSSION

Forty-two publications related to the theme were found, 12 of which were eliminated by the initial reading of the titles, in the reading of the abstracts of the remaining articles according to inclusion/exclusion criteria, 8 for not having a direct relationship with the theme, and 2 for not being related to the theme. The remaining 20 articles were read and used in the final sample of the text.

Biological resilience

The aging process is defined as a dynamic and progressive process in which there are both morphological and functional, biochemical and psychosocial changes that begins from conception and, which we can determine being the progressive loss of the individual's ability to adapt to the environment. (Maciel and Silva, 2012)

It can be observed that the growth in the elderly population is associated with decreased birth rates and infant mortality, and improvement in the treatment of infectious diseases and basic sanitation and access to health services for a larger number of individuals (KALACHE, VERAS E RAMOS, 1987).

According to age, the World Health Organization (WHO) considers elderly people aged 65 years or older, and in developing countries 60 years or older, in developed countries. Applied to social or physiological aspects, although uncertain, chronological criteria are most commonly used to define whether an individual has reached old age. (Jorgemar Soares Felix (PUC-SP).

We can describe biological aging as vulnerability to the attack of the internal and external environment and, therefore, greater susceptibility to cells, tissues and organs, devices and systems. Based on this, the elderly work in the same basic conditions as younger adults, however, the differences are manifested in the need to use homeostatic reserves, which are more vulnerable in the elderly. In addition, each organ or system has a different age. Therefore, variability increases with age. (Maciel, Silva, 2012)

Psychological resilience

Aging is considered one of the main psychological factors of the elderly, as it is accompanied by limiting factors that, in most cases, by the effect of frustrating the will and generating frustration.

It is worth mentioning that the elderly becomes introspective, observes more what manifests itself and has to be idle, this is directly related to the limits that the body suddenly

has to impose, making it difficult, for example. This cuts the relationship between will and response in older people and can cause fear to move.

There are diseases considered psychosomatic, which are those in which an emotional factor ends up determining the appearance of some ulcer injury and hypertension are examples of this type of disease. Authors have already made a report in which they state that the social and family environment has a strong influence on the improvement or worsening of behavioral processes; they assert that the physical limitation of the elderly is not confounded with their ability to make decisions, in addition, to prevent them from exuding such faculties or exercise them for it – this is called social paternalism – goes against the factors related to psychic well-being, that is, autonomy and independence.

However, studies mitigate the common belief that older adults tend to retract and depress or become more rigid, and report that depression would be linked to the personality dimension, which would be a permanent disposition, capable of better assessing mood disorders than time as a life circumstance. (NICKLETT, TAYLOR, ROSTANT, JOHNSON E EVANS, 2017).

In addition, the authors demonstrate that this observed rigidity has been influenced by the sociocultural experiences of their own and that it is possible to observe a decline in this and increased sociocultural flexibility of young adults, providing ease of adaptation to the challenges of aging for the new elderly.

Scientific research focused on aging positively proves that physical activities are great allies in combating the effects of aging from a psychological point of view. For the aging process to occur with an impact on the daily life of the individual, it is essential to follow-up associated with healthy habits. (NICKLETT, TAYLOR, ROSTANT, JOHNSON E EVANS, 2017).

Resilience can be defined as a universal capacity that enables the person, group or community to prevent, minimize or overcome the harmful effects of adversities, including leaving these situations strengthened or even transformed, but not unharmed (GROTBERG, 1995). Psychological resilience is the most important not only for the elderly, because it is through this resilience that they can cope with all the weight of aging and with this they will be able to deal with all the problems arising from this stage of life. (BARRIER AND NAKAMURA, 2006)

Social Resilience

The emotional health of the elderly can be affected by the lack of social interaction it is, thus making it one of the greatest challenges faced in society. In today's hectic life, most people do not have the patience or time to talk to their elders, hearing that and respecting

their time, given this, inclusion in the environments is important for them to feel good and comfortable to tell their stories and it is important to point out that the lack of socialization affects physical and cognitive health (FONTES E NERI, 2015).

There are situations in which the elderly are abandoned and inserted in nursing homes, and although they offer all the necessary structure to ensure the well-being and quality of life of the elderly, in some cases, the elderly end up being abandoned by their relatives, who will not even visit them, which can generate emotional discomfort. For the elderly who live in nursing homes, the constant visit of their relatives is very important to feel welcomed and loved, however, this does not happen with the desired frequency. (AIRES, PAZ E PEROSA, 2009)

Family support at this stage of life is very important, as the elderly tend to be more emotionally sensitive and, therefore, the attention needed is essential so that they can feel loved and welcomed. (ANGST, 2008).

For the elderly, the greatest difficulty encountered is the inability to perform their daily tasks, and become dependent, and this relationship brings with it the emergence of more serious diseases, especially the increase in chronic-degenerative diseases, changing the panorama of health conditions of the Brazilian population. (DANTAS E SANTOS, 2017).

With advanced age, health problems often appear, often due to adopted lifestyles, habits, poor diet and lack of physical activities throughout life. Among the most common challenges are chronic diseases, degenerative diseases, cognitive abilities and the difficulty of balancing that compromise the quality of life of the elderly. (BRASIL, 2007).

As can be seen, the challenges that the elderly face in society are many, however, there is no reason for them to give up. And with the advancement of modern society there are many activities that they can perform to feel independent and strong and of course with help, this process will become much easier (DANTAS E SANTOS, 2017).

Therefore, the greatest social resilience found by the elderly is not to allow abandonment, leave and neglect with their new condition on the part of family members, so it should not be saved on affection and love and demonstrates how special this person is for the family, surely you will see that this attitude will make all the difference.

Economic resilience

Given the country's economic scenario, most of the elderly are forced to continue working, according to the National Continuous Household Sample Survey (Pnad), prepared by IBGE, points out that the elderly are the group with the lowest market share, but this percentage is increasing. In 2012, the percentage of active elderly was 5.9%. In 2018, the rate increased to 7.2%, according to IBGE, which represents 7.5 million elderly people

working as a labor force. (IBGE, 2012)

However, the same study showed that unemployment among the elderly increased significantly from 40.3% in 2018 to 18.5% in 2013. Often, these numbers reflect prejudice against the elderly (IBGE, 2012).

One of the great challenges faced by the elderly is the prejudice of the labor market, given this, they need to be resilient to face adversity. In general, misinformation is one of the causes for prejudice. Many young professionals still believe that the elderly do not have full physical and cognitive capacity to perform certain professional activities. (PORTAL DO ENVELHECIMENTO, 2019)

There is another widespread prejudice that creates great resistance to the insertion of the elderly in the labor market: the idea that they no longer have the strength for certain professional activities, especially when the profession requires some kind of attribution. (PORTAL DO ENVELHECIMENTO, 2019)

There are many reasons for an old person to decide where to return to the labor market, such as the low value of retirement, an income supplement to help meet the needs of the grandchildren of other family members, the possibility of paying medical insurance, debts in took during the death of the partner, among others (ALVES E CAVENAGHI, 2019).

When the elderly obtains a taste for the work they have done throughout their lives, they end up with the feeling that this can give meaning to their life, will and need to stay active, and everything leads them to believe that it is the only way to maintain bonds of friendships, to feel useful towards the family, community and society. (KROTH ARAÚJO, CORRÊA CARDOSO, PEREIRA MOREIRA, WEGNER E COUTINHO AREOSA, 2012)

Therefore, it is necessary to invest in policies capable of stimulating the inclusion of the elderly in the labor market with respect, a sense of collaboration and without differentiating them from people of other age groups, combating prejudices related to the ability of those who have passed 60 years, giving them opportunities to enter the market in a dignified way and build their own income, not being held hostage to donations from family members. (RAMOS, SOUZA E CALDAS CP, 2008)

CONCLUSION

Drawing a study on resilience in the elderly and the associated factors is a challenging and attractive project, both for the need to learn and talk more about them, and by the very nature of creating a better understanding on this subject.

Starting from the knowledge generated and validated by the movement of

evidence-based research, a methodological approach has been developed closer to the multidisciplinary characteristics necessary to deal with the natural course of aging.

For this reason, and because it is a subject of interest to the population, developing studies under this paradigm is of great value for the knowledge of family members and caregivers, always considering the possibility of learning and critical construction, respecting the need of the elderly.

It is known that the aging process causes great stress to individuals, either by not accepting the natural process or because they feel foreant to society and family members. Therefore, research aimed at clarifying, comparing, and defining a new trajectory for aging can improve quality of life and understand the challenges faced by the entire population.

However, it is necessary to understand that resilience should not always be seen as a positive factor in the aging process, as it contributes to the resistance to acceptance of the whole process, and this can interfere in the professional, family, psychological and social spheres leading the elderly to face challenges in social life.

Resilience is a tool to be researched in nursing, aiming to improve the methodologies and approaches of the elderly population, so that they feel welcomed and heard. Nursing plays a fundamental role, because most of the time it is primary care, and therefore it is important to know the aspects that can be resilienceced by the elderly population to be able to assist in treatments when necessary, advise follow-ups of other multidisciplinary teams, reserving them a job of caring and being cared for.

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DEPRESSIVE SYMPTOMS AND ASSOCIATED FACTORS IN BRAZILIAN ELDERLY

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RESUMO: Objetivo: Analisar a produção científica sobre Sintomas depressivos e fatores associados em idosos brasileiros. **Método:** Trata-se de uma revisão bibliográfica realizada no período de março a maio de 2022 na biblioteca eletrônica Scientific Eletronic Library e nas bases de dados Literatura Latino Americana e do Caribe em Ciências Sociais e da Saúde. Para a busca, foram utilizadas as palavras-chave: “fatores”, “sintomas depressivo”, “idoso”. **Resultados:** O envelhecimento trás consigo diversas mudanças na vida do idoso, as quais podem afetar sua saúde e qualidade de vida. Nesse sentido, os fatores relacionados aos sintomas depressivos em idosos incluem o afastamento familiar, que causa a sensação de perda; a aposentadoria, o idoso se sente isolado e incapaz de acompanhar a evolução e avanço atribuídos a rotinas de trabalho; e as mudanças nas atividades do dia a dia. **Conclusões:** Entre os problemas que afetam os idosos, a depressão é uma preocupação maior, devido a incidência e consequências negativas a qualidade de vida dos

idosos. A depressão é uma morbidez de difícil medição, pois o quadro depressivo é composto de sintomas que traduzem estados de sentimentos que diferem.

PALAVRAS CHAVE: Fatores. Idoso. Saúde. Depressão. Melhoria. Sintomas.

ABSTRACT: Objective: To analyze the scientific production on depressive symptoms and associated factors in Elderly Brazilians. **Method:** This is a bibliographic review conducted from March to May 2022 in the Electronic Library Scientific Electronic Library and in the Databases Latin American and Caribbean Literature on Social and Health Sciences. For the search, the following keywords were used: “factors”, “depressive symptoms”, “elderly”. **Results:** Aging brings with it several changes in the life of the elderly, which can affect their health and quality of life. In this sense, factors related to depressive symptoms in the elderly include family leave, which causes the sensation of loss; retirement, the elderly feel isolated and unable to follow the evolution and progress attributed to work routines; and changes in day-to-day activities. **Conclusions:** Among the problems affecting the elderly, depression is a major concern, due to the incidence and negative consequences of the quality of life of the elderly. Depression is a morbidity that is difficult to measure, because the depressive condition is composed of symptoms that translate states of feelings that differ.

KEYWORDS: Factors. Old. Health. Depression. Improvement. Symptoms.

INTRODUCTION

The world today is going through many stages and situations that have been aggravating the health of all, be it physical or emotional, an example experienced and the pandemic, due to the social isolation necessary to prevent further losses and dissemination, events that have contributed to affect the emotional of the whole world, expressing their emotions causing depressive symptoms and factors that are associated with the elderly, due to age. The focus is to clarify the doubts, and to raise awareness of the meaning of each action and the factors that need to be recognized through such a broad subject and with the need for greater attention due to the target audience (elderly), all that involves understanding, and come to ensure the right of each one, in order to seek improvements to take care of health, and to dedicate activities focused on the well-being of the body and mind (ARAÚJO et al., 2015; COSCO et al., 2019).

Aging is a continuous process during which there is a progressive decline of all physiological processes, affecting the biological, social and psychic spheres. The increase in the rate of associated diseases in the elderly population influences mental health as well as the function of the central nervous system, contributing to the emergence of psychic disorders, such as depression (GABRIEL, 2013).

The Brazilian elderly population is growing significantly seen to monitor technological advances, and the way to follow the evolution and changes that are notorious within the elderly population that ends up giving the feeling of lack, and leaving the high estimate very low (ARAÚJO & SILVA, 2017).

In this sense, the aim of the study was to analyze the scientific production on depressive symptoms and associated factors in Elderly Brazilians.

METHOD

The methodology used to elaborate this work was the literature review. This comprises the survey of all bibliography already published in the form of books, magazines, newspapers, monographs, theses, single publications and cartographic material. Its purpose is to put the researcher in direct contact with everything that was written on a given subject (CARVALHO, 2019; GABRIEL, 2013; NOGUEIRA et al, 2014).

Data were collected from March to May 2022 in the Scientific Electronic Library Online (SciELO) electronic library and in the Latin American and Caribbean Literature on Social and Health Sciences (LILACS) databases. For the search, the following keywords were used: factors, elderly, health, depression, symptoms.

Articles published in Portuguese (Brazil) and English available online and in full were included. Those published in other languages and without relevance with the theme were excluded. In addition, books, texts available in the libraries of public and private institutions were consulted.

Initially, an exploratory reading of the titles and abstracts was carried out to recognize the articles that met the eligibility criteria. Then, the previously selected articles were read in full, and they were resubmitted to the inclusion and exclusion criteria. Finally, the selected materials, title, objective, results and conclusion were extracted in order to perform the analysis of the object of this review.

RESULTS AND DISCUSSION

In research essearching articles on websites and journals relevant to the subject in question, with the exposure of pictures with information from follow-ups of patients with depressive factors, a reality in Brazil that is concerned because the elderly population has been growing, and with this the problems expands to the social environment. The increase in cases of depression in the elderly is also a public health problem with factors associated with lack of resources and preparation, with care that is directed to the prevention of depressive symptoms (IBGE, 2012).

The mood has a variable duration from a few hours to a few days, and may reflect feelings of exaltation, happiness, sadness, anguish, among others. Mood can also vary in intensity, involving different states, five negative: tension, depression, anger, fatigue and confusion and one positive: vigor (BRANDT et al, 2014).

The act of expressing feelings is a possible point in evaluating the expressiveness of the individual, about the positive or negative factors led to a depressive condition, the elderly in turn end up being well affected, the way in which mood swingstates vary due to the way in which limitations come over this stage of natural life, it is a process that requires respect, dedication, understanding of all involved a challenge that favors the improvement of life as they age (MACIEL E SILVA, 2012).

Mental stress

Mental stress is a chronic factor that ends up causing premature aging, affecting both the organization and leaving expressions visible by the body, its effects are more noticeable in the face by prolongation of tension and dark circles (FERREIRA, 2020).

Data show that in Brazil the aging population grows in an accelerated way attributed to the factors that end up contributing to this situation, be passed on as a concern, with the

need for policies and interventions that will meet the demand and provide quality health to the elderly population (RUTTER, 2007).

Social Support

Social support has also been associated with several other measures, such as personal competence, behaviors of health treatment, coping strategies, perception of control, sense of stability and psychological well-being, among others. In addition to the constructs mentioned above, there is evidence that social support is considered as a factor of impact reduction of stressful events and various psychiatric/psychological disorders, such as depression, anxiety disorders and schizophrenia, and may also be associated with the development, treatment and prognosis of these problems (Langford, Bowsher, Maloney & Lillis, 1997; Lovisi, Milanil, Caetano, Abelha & Morgado, 1996).

Social support is framed as a way to explain the perception of behavior that the individual expresses with his individual and collective actions also, consequent to the lack of stimulation and opportunity to participate in activities that are provided with prolonged self-esteem always to control anxiety and thus promote well-being. The elderly population ends up choosing to isolate themselves and limit themselves from activities, placing themselves as unable to produce and thus performing them giving rise to factors that lead to stress and depression (COSTA, GUERRA, BARRETO & GUIMARÃES, 2000).

Social support works together with the family in the importance they both have in supporting and caring for the elderly, a readaptation to the routine of life, with the actions of offering care and affection the reflection of improvement on depressive factors will no longer prevail, and with this the health of the elderly gains quality (COSTA, GUERRA, BARRETO & GUIMARÃES, 2000).

Social support, as well as family support, is very important for maintaining mental health and coping with stressful situations, in addition to the adequacy of maternal behaviors in relation to children. Alvarado and collaborators report that social support and personal resources can reduce the appearance of emotional distastes in life events (DESSEN & BRAZ, 2000).

Depressive symptoms in the elderly

Aging produces changes in the body, such as body pain, lack of appetite, insomnia, lack of interest in performing activities aimed at social interaction, leading to the lack of manifestation of pleasure by the practice of simple actions, the routine of life, which are often indicative of depressive conditions (DE MORAES, 2008).

One of the important factors about depressive symptoms in the elderly is family

leave, which causes the feeling of loss, and soon retirement, the elderly feel isolated and unable to follow the evolution and progress attributed to work routines and day-to-day activities (CHARLES, 2010).

Chronic and disabling diseases are risk factors for depression. Feeling of frustration at unfulfilled life longings and the subject's own history marked by progressive losses - of the partner, of affective ties and work capacity - as well as abandonment, social isolation, inability to re-engage in productive activity, absence of social return from school investment, retirement that undermines minimum survival resources, are factors that compromise quality of life and predispose the elderly to the development of depression (PACHECO, 2002).

CONCLUSION

Dealing with such a relevant issue within the lives of many is a great challenge, which still needs to be reviewed by the authorities related to health and well-being, the elderly population in Brazil, a view that is well affected for the provision of funds to adapt them and carried out what presents today.

In order for depressive factors and all the problems that come to be resolved, it is necessary to change the look, to provide for equal access to programs that are a positive solution in the aging factor with health and quality of life, a participation of all involved in order to succeed in the goal in discourse.

It is worth emphasizing the importance that the family carries within this stage of life of the human being, that is, aging, since the elderly are already with their health vulnerable and weakened, so it becomes so important to maintain affective bonds and the expression of feelings passing confidence and safety, simple factors that can change the situation and evolution of the elderly's life.

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RESUMO: Objetivo: Entender a importância da qualidade de vida e cuidados com a saúde ao envelhecer segundo a literatura científica. **Método:** Trata-se de uma revisão bibliográfica realizada no período de março à maio de 2022 na biblioteca eletrônica Scientific Electronic Library e nas bases de dados Literatura Latino Americana e do Caribe em Ciências Sociais e da Saúde. Para a busca, foram utilizadas as palavras-chave: , “envelhecimento”, “saúde” “alimentação” “inclusão e exclusão do idoso”. **Resultados:** O maior desafio é assegurar o envelhecimento vivo e ativo a população, procurando uma sociedade para que os idosos possam se envolver na vida social, lutando com os fatores que envolvem o envelhecimento

ativo como: maus tratos, abandono, doenças da velhice entre outros. **Conclusão:** O processo de envelhecimento da população é crescente, trazendo consequências tanto na vida do idoso, quanto na dos entes queridos, interferindo no estilo de vida. A necessidade de um planejamento e atitudes de intervenções mais rigorosas afim de encontrar a melhora para assim ter uma melhor qualidade de vida.

PALAVRAS-CHAVE: Envelhecimento, Saúde, Alimentação, Cuidados, inclusão e exclusão do idoso.

ABSTRACT: Objective: To understand the importance of quality of life and health care when aging according to scientific literature. **Method:** This is a bibliographic review conducted from March to May 2022 in the Scientific Electronic Library and in the Latin American and Caribbean Literature databases in Social sciences and Health. For the search, the following keywords were used: , “aging”, “health” “food” “inclusion and exclusion of the elderly”. **Results:** The greatest challenge and ensure living and active aging the population, seeking a society so that the elderly can get involved in social life, struggling with factors that involve active aging such as: maltreatment, abandonment, diseases of old age among others. **Conclusion:** The aging process of the population is increasing, bringing consequences both in the life of the elderly and in that of loved ones, interfering in the lifestyle. The need for more rigorous planning and attitudes of interventions in order to find the improvement in order to have a better quality of life.

KEYWORDS: Aging, Health, Food, Care, inclusion

and exclusion of the elderly.

INTRODUCTION

This article presents the importance of offering quality of life when aging, with the concern to maintain the health of the body and mind of the human being, while passing through the various natural phases of life until reaching the old phase, working upon the capacity and development of each with its limitations, and care. The focus and plan a simple approach where each one will demonstrate their functional capacity, and the best way to integrate into the social environment with routines that reinforce the proportion of well-being. (Costa et al., 2000)

The elderly population increases significantly, thus presenting a challenge to the competence of professionals regarding the understanding of their specific problems (Costa et al., 2000)

The choice of the theme is justified due to the great relevance in the health field, in the aid to include healthy habits that lead to permissore paths the quality of life, among three approaches: understanding the attention and significant inclusion, demonstrating that there is in fact the viability of a transformation towards the quality of human life (Débet, 1999; Lima, 2003; Lima, Silva & Galhardoni, 2008).

According to Neri and Guariento (2011), it is important to improve socioeconomic conditions, especially in emerging countries, such as Brazil, to enable a good quality of life for the elderly in their old age.

Include a routine with healthy habits in the life of the human being, (the elderly phase) and experience, participate from day to day, and observe the opportunities to employ and give conditions that lead to quality of life, and thus helping to delay diseases that arrive along with this phase of life, or even in the prevention and control of the manifestation of a condition will be more serious for the health of the elderly who already is vulnerable due to advancing age.

The continuous process of working on suggestive actions to attribute improvements to human health, highlights within health the various instruments used to programs aimed at meeting the problems that accompany all stages of human aging, points that affect the health and quality of life of the elderly, a disease that gains prominence and sedentary lifestyle, which compromises several functions on health, such as: memory problems, chronic diseases, oral health, and some activities selected to social life and mood swings, even with the evolution and participation of the elderly, to a simple and healthy routine that is sedentary lifestyle. (FREITAS. 2007)

According to Zimerman (2009), the aging process although difficult for many, is something that happens naturally, bringing along with it some changes. According to the author, the research of the Brazilian Institute of Geography and Statistics (IBGE) conducted in 2003, in Brazil, in 2020, the elderly will reach 25 million people, a population of 219.1 million representing 11.4% of the population. In addition to changes in the body, aging brings to humans a series of psychological changes, according to Vecchia et al. (2005), which may result in difficulty adapting to new roles, lack of motivation and difficulty planning for the future, need to work on organic, affective and social losses, difficulty adapting to rapid changes, psychic changes that require treatment, depression, hypochondria, somatization, paranoia, suicides and, finally, low self-image and self-esteem.

The performance of physical activities conditions the knowledge of the various factors and the rich of each problem that affects the health of the elderly, with this involvement is associated with difficulties presented by the body itself, the relationship of monitoring and activities and enable a conviviality that will have quality of life effects, employing self-esteem, encouraging the practice free of routine activities that establish affective bonds, which in a way prevents the elderly to isolate themselves, and for lack of stimulation park in difficulties of locomotion and groupings for the most diverse social developments, which contributes greatly to the health of the body and mind of the individual when aging.

METHOD

The present study is a bibliographic review of the literature, which seeks to synthesize the results of previously published research and draw conclusions from u thus leading to the contribution of discussions on methods and research results, as well as to provide reflections that offer future investigations. (Creswell, 2010)

Data were collected from March to May 2022 in the Scientific Electronic Library Online (SciELO) electronic library and in the Latin American and Caribbean Literature on Social and Health Sciences (LILACS) databases. For the search, the following keywords were used: "Aging", "Health", "Food", "Care", "inclusion and exclusion of the elderly". We included articles published in Portuguese (Brazil) available online and in full, as well as dissertations, books, book chapters, reviews and theses. Those previously found in the same database and those without relevance to the theme were excluded.

We included articles published in Portuguese (Brazil) available online and in full, as well as dissertations, books, book chapters, reviews and theses. Those previously found in the same database and those without relevance to the theme were excluded. In addition, books, texts available in the libraries of public and private institutions.

Initially, an exploratory reading of the titles and abstracts was carried out to recognize the articles that met the eligibility criteria. Then, the previously selected articles were read in full, and they were resubmitted to the inclusion and exclusion criteria. Finally, the selected materials, title, objective, results and conclusion were extracted in order to obtain the data related to the object of this review.

RESULTS AND DISCUSSION

The results obtained in this article are submitted to several observations on the most diverse aspects of research and solutions aggregated the quality of life when aging, due to being a very important and broad subject in a growing way through the population and the reality of life, expanded through the social environment, applied to the monitoring and evolution given the life of the individual.

Aging is a biopsychosocial phenomenon being an existential dimension like all human situations. Thus, it is verified the importance of care for aging, that is, for the completion of the natural cycle of the life phase of the human being, in the factors that add the importance of the resources coming with health care, and construction to provide longevity. (BEAUVOIR, 1990 apud SILVA, 1998).

According to the World Health Organization (WHO), that individual aged 65 years or older in developed countries and 60 years or more in developing countries is considered elderly, since, in these regions, life expectancy is still low when compared to developed countries. In Brazil, the Statute of the Elderly, Law No. 10,741, of October 1, 2003, is intended to regulate the rights granted to persons aged 60 (60) years or older.

The food and health of the elderly

It discusses this approach on the concept of healthy eating highlighting its strong association with biological/metabolic vision, based on scientific recommendations on the intake of nutrients necessary for life and health. The World Health Organization recommends that countries take steps to achieve nutrient intake “within the recommended limits. (Creswell, 2010)

It highlights the importance of a healthy diet for an aging with quality of life and very rich in nutrients necessary to supply all the necessary to the body and the mind, associated with the objective of adapting activities that reflect on top of everything that will be considered positive to a healthy diet. (Creswell, 2010)

Aging and quality of life

In this aspect, the statement is emphasized: “when the age criterion is used to make negative adjustments, which devalue or disqualify, stereotypes are installed (from the Greek *stereós* = solid or firm + *týpos* = model, symbol or exemplar)”. However, age prejudice is not based so on negative stereotypes. Positive prejudices like “all the elderly are wise and experienced”, may exist. (NÉRI, CACHIONI AND RESENDE, 2002.)

Thus, the overvaluation of positive attributes can induce false beliefs and create false expectations of competence, which can give rise to frustrations. Other forms of prejudice favor paternalistic practices and end up highlighting physical, psychological dependence and disability, contributing to the strengthening of negative evaluations. The labeling of attributes or characteristics that categorize a particular social group, such as that of the elderly, is learned throughout life and transmitted by education. (Rutter M, 2007).

The research article is subdivided into categories of unique and individual characteristic highlighting the target audience, too many to various research references that lead to determine the quality of life when aging, of how the elderly can avoid and control diseases at this stage of life, through the adequacy of habits that provides healthy aging.

Not being an exception, the quality of life in aging is considered an intriguing, challenging and complex process, diverging according to culture and self-perception of quality of life for the old person. Several questions and themes have been studied on quality of life and aging, however, more research is required by the Human sciences to better understand the quality of life of the elderly person (BLESSMANN; GONÇALVES, 2015).

It is perceived that the preparation and training of human resources in Gerontology are essential in health care and promotion of healthy aging, besides promoting cultural changes that affect social conceptions about old age. As Néri points out, knowledge about opinions and stereotypes related to the age condition can facilitate the generation of policies of approximation between young and old, contributing to the formation of a more solidary culture. (Martins, 2007).

The research is limited to explaining positive points that will offer quality of life to human aging, all of which are raised within the most diverse situations raised to obtain work acts that bring quality of life, to increase and highlight the incentives raised to social programs and policies towards society. (Menezes,2008).

Thus, it is important to raise and analyze the scientific production on aging and quality of life, with the objective of verifying how the subject has been studied in different areas of knowledge, since the theme is interdisciplinary. Scientific journals are considered the best support for the communication of knowledge of the various areas, through the articles that

are published after rigorous peer evaluation.

From the analysis of the researches, the results found and with the observation of the need that the elderly have to direct themselves to contexts that use quality of life, delaying in a controlled way the advance of some diseases that arrive with this natural phase of the individual's life. The need for professionals to always be up to date in serving the individual directed to aging with health and especially with quality, and fundamental and necessary because it is a growing phenomenon worldwide. (GONÇALVES, 2020)

CONCLUSION

To deal with the quality of life human aging, and a challenge with the need to seek the participation of the elderly to programs of stimulation and social support, in the inclusion of value building to attitudes that enrich human aging, that eliminates all problems for old age.

It is worth emphasizing the importance of affirming a follow-up to the public something, with the proportion of encouraging and supporting the needs that come with the challenges of chronic diseases inevitable with the age. That is why the affective bond of the professional with the patient, of social work, by accompanying and proposing everything that favors and conditions of quality of life to human aging, is so important.

Nor can we forget the relationship between the research theme and the good parameter comparison and solution to so many well-placed studies with the same objective as that of opportunistic quality of life in aging, on top of real data within the daily life of the whole world, attributed to evaluations that will build knowledge and action so that it can avoid losses, and suffering over life. All this directed to a unique and very quiet planning to the target audience, more with the joint action producing a qualitative phenomenon in producing healthy habits that determines in fact the health of the body and mind of the elderly with responsibility, affection and necessary care.

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RESUMO: Objetivo: Analisar as produções científicas sobre Síndrome de Burnout em Idosos.

Método: Realizou-se uma revisão bibliográfica utilizando-se a base de dados da MedLine, Scielo, American Psychiatry Association, EvidenceBased Mental Health, American College of Physicians, Agency for Healthcare Research and Quality, National Guideline Clearinghouse e da Organização

Mundial da Saúde no período compreendido entre 1985 e 2006. **Resultados:** Foi apresentado é desenvolvidos os estudos ao longo dos anos, as principais definições e a descrição do contexto e dos comportamentos relacionados à Síndrome de Burnout em Idosos. O presente trabalho buscou contribuir para a compreensão da Síndrome de Burnout em Idosos é auxiliar no embasamento de futuras investigações e elaboração de estratégias de intervenção efetivas, analisando artigos científicos. **Conclusão:** Apesar de ser uma síndrome frequente em diferentes grupos sociais, há pouca literatura sobre a prevalência e os fatores de risco para Burnout entre idosos. Assim, pesquisas primárias neste campo ainda são necessárias para entender melhor a ocorrência e os fatores que contribuem para o Burnout em idosos, bem como as estratégias de manejo da Síndrome.

PALAVRAS-CHAVE: Burnout; Estresse Psicológico; Idosos

ABSTRACT: Objective: To analyze the scientific productions on Burnout Syndrome in the Elderly. **Method:** A literature review was carried out using the MedLine, Scielo, American Psychiatry Association, EvidenceBased Mental Health, American College of Physicians, Agency for Healthcare Research and Quality, National Guideline Clearinghouse and World Health Organization databases. period between 1985 and 2006. **Results:** Studies developed over the years, the main definitions and description of the context and behaviors related to Burnout Syndrome in the Elderly were presented. The present work sought to contribute to the understanding of

Burnout Syndrome in the Elderly and to assist in the foundation of future investigations and the elaboration of effective intervention strategies, analyzing scientific articles. **Conclusion:** Despite being a frequent syndrome in different social groups, there is little literature on the prevalence and risk factors for Burnout among the elderly. Thus, primary research in this field is still needed to better understand the occurrence and factors that contribute to Burnout in the elderly, as well as the Syndrome management strategies.

KEYWORDS: Burnout; Psychological stress; Seniors

INTRODUCTION

The themes chosen for this study were based on the importance of the high complexity factors associated with aging burnout syndrome impacted by stress and disease as the elderly with dementia increase, to identify issues in the clinical analysis of patients, either to maintain their quality of life and reduce psychological and physical stress, it is important to give voice to the elderly who need help with some physical activity to understand how they see themselves in this health practice, when the process is fraught with difficulties is a greater focus during the study period so that exhaustion does not occur, according to Codo and Vasques-Menezes (1999, p. 237) defined as “a chronic state of discouragement”, complications are anxiety, irritability, aggressiveness and difficulty concentrating.

Specialized care for chronic stress, lack of whole-hearted investment to accommodate extended family members practicing activities with help due to initial problem mainly human resources capable of developing qualified care according to the needs of the service and the specific needs of each elderly, in learning and developing geriatric syndrome invigorating healthy practice in adjuvant therapy. It studies the level of syndromes through treatment recommendations, creating confidence in the elderly during care enough to consider that patients not only seek solutions to health problems, but also relief and personal comfort, avoiding interventions for low-level syndromes such as dispersonality is disintegration. In the presence of a caregiver, the patient loses the mental or physical capacity to even have direct contact with family members and close people, even temporarily, is deprived of contact with society, its activities and daily life, and has to communicate with society new changes is style, The term Burnout was used by Freudenberg (1974) to define a feeling of failure and exhaustion caused by excessive energy exhaustion, strength or resources of some professionals.

In different treatment scenarios, most family members state that the elderly suffer some kind of overload, facing other patients, sometimes worse than their own, in addition to other factors that end up creating a syndrome with the so-called risk, which exposes them to becoming more vulnerable and their emotional state becomes weaker. Some needs and rights of patients need to be respected and cared for, such as personality, privacy,

the presence of family members and professionals who welcome them and make them as comfortable as possible, respect their beliefs, culture and treatment about them, and clarify their doubts. In view of the above, Freudenberger (1974) defined the syndrome as a state is not as a process with the objective of analyzing scientific productions on Burnout Syndrome in the Elderly.

METHOD

The methodology used to elaborate this work was the literature review. This comprises a survey of all bibliography already published in the form of publications of articles.

The search was conducted in the following databases: SciELO (Scientific Electronic Library Online) and Web of Science. The descriptors were obtained from the DeCS (Descriptors in Health Science) and MeSH (Medical Subject Headings) and were: stress, exhaustion, age and dementia.

Articles published in Portuguese (Brazil) were included, available online and in full. Those published in English and irrelevant with the theme were excluded.

Initially, an exploratory reading of titles and abstracts was performed to recognize the articles that met the eligibility criteria. Then, the articles were previously selected to be read in full, and these were resubmitted to the inclusion and exclusion criteria.

We included articles that focused, we selected the studies that dealt with descriptions of burnout syndrome in the elderly, which addressed data collection on populations affected by it were excluded. Then, the authors were chosen and the most commonly mentioned studies in the bibliographic survey, it is performed the description of the elements addressed about burnout syndrome in the elderly. Articles or literature reviews, essays, dissertations and monographs on the elderly in the asylum Initially, an exploratory reading of the titles and abstracts was performed to recognize the articles that met the eligibility criteria.

After the selection of the final sample, the following variables were extracted from the publications and composed the sinoptic table in order to inform the symptoms with review: publication, articles, journal, language, objective, method, results and conclusions.

After data extraction, these were typed into a spreadsheet in the Microsoft power point program, and the variables year of publication, journal webqualis, journal, publication journal, language analyzed through absolute and relative frequencies. The objective, method, results and conclusions of each study were evaluated by analyzing articles.

RESULTS AND DISCUSSION

We found 36 publications related to the theme, which dealt with descriptions of burnout syndrome in the elderly, and 6 were eliminated by the initial reading of the titles because it addressed the survey of data on the population, in the reading of the abstracts of the remaining articles according to inclusion/exclusion criteria, 5 articles were eliminated because it was not related to resilience in higher education, 2 because it has no direct relationship with the theme and 1 because it has no relation to the health area. The remaining 22 articles were read and used in the final sample of the text.

Definition and history Burnout syndrome

Burnout syndrome can be described as a condition of emotional and mental exhaustion, where lack of preparation is feelings of anguish can impair the performance of the elderly in activities. Burnout syndrome can have physical effects in the elderly due to long working hours, such as headaches, muscle ado, sleep disorders and loss of appetite. Older adults have prominent symptoms of moderate to severe depression, anxiety and stress disorders. A possible solution to this situation is to reduce day-time work activities and provide a safe environment, Dejours (1994) argues that work can be freely chosen or organized, would become a means of relaxation, joy and pleasure.

In the 1970s, burnout syndrome had a primary definition in terms of identifying physical and emotional exhaustion and resulting from the mismatch between the nature of work and the person who performs it is defined by Maslach and Leiter (1999), according to researchers, developed most often from a series of chronic stressful phenomena, becoming an increasingly common condition nowadays, by the Ministry of Health was considered as a mental and behavior disorder, related to the work environment.

Most patients do not seek to understand the current process, and most of the time the problem is not solved, which begins with the experience of chronic stress and reaches exhaustion, depersonalization is not treated adequately because the man discusses the statement that “work means man”, as a notion that it would be a preponderant condition for the realization of the individual Weber (1967).

The future planning of the professional who initiates the treatment is planned for future failures. By using the definition of Sartre’s existential item, we try to emphasize theoretically elucidating the relevance of the definition of the existential item for development processes in order to advance the understanding of this complex phenomenon, transformations such as cultural, social and political that have occurred in history, generated technological advances enabling the globalization of the economy, the acceleration of the work rhythm is

the focus on productivity (Assis, 2006).

Burnout Measures Instrument

Considered a response to chronic stress, this syndrome had Maslach (1979) as a pioneer who characterized the syndrome by exhaustion, physical or psychological attitudes, apathetic and depersonalized with demotivating feelings were developed instruments with the task should be understood with participatory democratic change, identifying and solving problems and consolidating group dynamics to increase the worker's confidence psychological demands of work. For all these reasons, we believe diversification of professional tasks, precise definition of work, rotation of tasks, promotion possibilities.

Burnout syndrome is believed to be a possible reason for the current lack of motivation among the elderly to address pressure, stress at work and burnout syndrome, explaining the characteristics of the latter that define it, variables that influence its appearance, symptoms and preventive measures. Actions can be performed on a personal level, strive to improve resources protect or resist a high pressure situation. Cognitive and Behavioral Technologies, Restructuring cognition, self-regulation or control, time management, Better social skills, supervision, "only from 1976 the studies acquired a scientific character, period in which theoretical models and instruments were constructed capable of recording and understanding this chronic feeling of discouragement, apathy and depersonalization" (Carlotto & Câmara, 2008, p. 153).

Adapt the organization to the needs of the Working Organization. At the level of the support group, insist on not discussing work, but with its professional relationship with factor, to face burnout, social ties between workers at the institutional level, care support procedures must be implemented for the team itself. It consists of a team of experts trained to maintain confidentiality, efficiency and disciplinary action. In turn, say Services provided by the Elderly Occurrence team in Brazil with the objective of organizing, avoiding frustration and monotonous work Cherniss, (1980)

Occurrence of Burnout in the Elderly in Brazil

Benevides-Pereira (2002) indicates that information on the causes is consequences of Burnout Syndrome, the needs of the elderly have arisen not only on the high cost for the country, but only if health, quality of life, autonomy and independence of this part of the population have emerged. Aging requires policies consistent serious questions about the aging process, we find some loss of autonomy and independence, facilitates the occurrence of falls in the elderly, the elderly population in the world is increasing, the incidence of cases of Burnout Syndrome is also increasing, as the disease progresses, special care is needed

by the nursing team, a group is very vulnerable to stress, working with the elderly, tired, repeated is consecutive.

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Factors related to Burnout in the Elderly

Given the vulnerability of this age group, identifying events is factors associated in the elderly can help prevent these events from occurring the burnout syndrome factor has been defined as one of the most pronounced consequences of occupational stress, characterized by emotional exhaustion, especially in occupations with a high level of interpersonal interaction. Therefore, there is a need to study burnout syndrome in formal caregivers of institutionalized elderly, who are considered a risk group.

The most reported factors were dealing with the vulnerability of the other, the impact of death, interpersonal conflict, insufficient social support, overinvestment at work and not meeting expectations. The increase in competitiveness that is accompanied by *combrança* has this rhythm ended up generating changes in human behavior in relation to work-related conditions (Carlotto & Gobbi, 2000).

Interventions for burnout management in the elderly

The aim of this study is to present the development is the impact assessment Brief interventions to prevent burnout syndrome of the elderly. On the other hand, there are some stress factors in organizational environments, such as conflict of roles and ambiguity at work, eventually generating an intercession during treatment so we must seek the best possible of the causes for the onset of the disease, Schaufeli, & Leiter, (2001).

The syndrome causes the onset of symptoms, as a feeling of physical exhaustion is emotional, focusing on individual evaluation of each elderly person. Participated in the intervention of elderly with advanced syndrome with the studies of mppi hospitalized Intervention, 15 people did not participate. The result shows the brief intervention had a positive impact, as it reduced the level of laziness and Guilt, in addition to helping to reduce perceptions of role conflict, Saranson (1983), who emphasized as a determinant of burnout

the impact of society, overlapping individual and organizational issues.

CONCLUSION

The themes chosen for this study were based on the importance of these factors with high complexity associated with burnout syndrome of the elderly affected by stress causing the disease. Complications are anxiety, irritability, aggressiveness and difficulty concentrating.

During the study, symptoms associated with the disease have to be studied some diseases associated with Syndrome that helps the patient's condition worsens such as the increase of patients with Alzheimer's, the clinical analysis of patients to identify problems, either to maintain their quality of life and decrease psychological and physical stress, it is important to give voice to the elderly who need help with some physical activity to understand how essential the good treatment in this case. When the process is fraught with difficulties, activities that leave stress aside a little during this treatment is essential to avoid burnout.

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WANDERLAN CABRAL NEVES - Atualmente Coordenador do Curso de Enfermagem do UNICEPLAC, membro do NDE, atualização do PPC e criação da nova Matriz. Mestre em Gerontologia pela UCB de Brasília (2020). cursando Psicanálise clínica. Especialista em Ensino EaD (2018). Licenciatura do ensino Técnico (2011) e Docência superior (2010). Especialista em Gestão e Orientação Educacional (2009). Enfermeiro Graduado pela Faculdade de Ciências e Educação Sena Aires (2007). Atuou como coordenador, professor e membro do NDE do Curso de Enfermagem do Centro Universitário do Planalto do Distrito Federal ? UNIPLAN (2014 a 2020), atuou como coordenador, supervisor e professor membro do NDE de 25 Cursos Técnicos no IESB pelo programa PRONATEC/MEC (2013 a 2015), atuou como professor, supervisor de estágio, membro do NDE e Coordenador de estágio da CETESA e FACESA SA (2012 a 2013), professor de prática, supervisor de estágio, e sala de aula da Faculdade ICESP/PROMOVE de Brasília (2010 a 2014). Atuou como professor, supervisor de estágio, RT e coordenador na escola vila das crianças - ISMAB uma ONG Americana em Brasília de (2008 a 2011). Atuou como professor, membro do NDE e Coordenador de Estágio na Faculdade IESGO-Formosa-GO, implantando prática e estágio na IES de (2009 a 2011). Possui uma agenda de contato para abertura de convênios junto a hospitais particulares e secretarias de saúde do Goiás e Brasília. Participou como membro da CIES, pela FEPECS, representando as escolas Técnicas de Brasília no planejamento e elaboração de projetos para definição de políticas de saúde no DF (2008 a 2012).

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