

# **INCIDENCE OF ANOREXIA AND MALNUTRITION AMONG INDIGENOUS ELDERLY RESIDENTS IN URBAN CONTEXT, IN CAMPO GRANDE – MS**

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**Abstract:** The aging process is commonly accompanied by poor appetite and decreased food intake. This condition, called aging anorexia, may be due to psychological, sociological and physiological factors. Anorexia is mainly associated with poor prognosis in old age. It leads to weight loss, increased risk of protein-energy malnutrition, immunosuppression, sarcopenia and frailty. Therefore, it must be identified and treated immediately. It is with this objective that this research was developed, to track cases indicative of anorexia and malnutrition, in elderly indigenous people, living in the indigenous community in an urban context, located in Campo Grande - MS. The indigenous people were chosen because they are a population at risk, which has been little studied in relation to anorexia and all its complications. The research was carried out, via What's app, by collecting data from the simplified nutritional appetite questionnaire (SNAQ), whose four variables are: appetite, taste, satiety and quantity. It showed reproducibility, was able to demonstrate changes when they occurred and when the answers were compared, 93.8% understood the question correctly in the validation of the questionnaire into Portuguese. However, the questionnaire had not yet been used in vulnerable populations such as indigenous people, which shows how much this research contributes to greater reproducibility and effectiveness of the instrument. As a result, 20 people participated in the survey, reaching the expected sample within the community. It was found that almost half of the respondents had an SNAQ below 14, which means that, in a period of 6 months, there is a high risk of losing at least 5% of body weight, which can serve as an alert for the need for medical care and follow-up to prevent possible implications arising from the occurrence of anorexia and/or malnutrition. Based on these results, we

guided the leadership towards a dialogue with the local primary health service, in order to obtain adequate and free health treatment for those who were identified with the pathology. The study, therefore, will be able to contribute to the community as a way to promote more health to the indigenous population living there and generate epidemiological parameters with other communities living in Campo Grande - MS.

**Keywords:** Health of indigenous populations; Anorexia, Nutrition for the elderly.

## INTRODUCTION

The aging process is commonly accompanied by poor appetite and decreased food intake. This condition, called aging anorexia, may be due to psychological, sociological and physiological factors. Anorexia is mainly associated with poor prognosis in old age. It leads to weight loss, increased risk of protein-energy malnutrition, immunosuppression, sarcopenia and frailty (WYSOKINSKI, 2015). The prevalence of malnutrition is reported to be around 25% in community-dwelling elderly and 62% in hospitalized patients. Nursing home environments have the highest prevalence of 85% (COX, 2019).

However, even with such numbers, this problem is little studied in a population at risk in Brazil, the indigenous population. In Brazil, there is little information about nutritional aspects and eating habits, environmental and sanitary conditions and behavioral problems, such as alcoholism and the practice of physical activity of the indigenous population and, in most cases, they are carried out with children or the adult population (BORGHI, 2015).

In view of this, there is a situation of vulnerability, in the urban context, towards this population, because since there has been a migration of inhabitants from rural villages to urban communities, marginalization has

surrounded such people and brought with it all their problems, mainly, the lack of care and access to health.

The departure of the Terena people to urban centers had serious consequences for the indigenous people, because such a change removed them from access to the DSEI (Special Indigenous Sanitary District), a service that, despite being often precarious, was still exclusive to indigenous care and became proved to be more efficient than the unified health system (SUS), which migrants now depend on to have access to health services, in a way that generates even more capacity for the public health plan and, consequently, its precariousness together with the lack of resources (BATISTOTI, 2019).

The importance of specifically assessing loss of appetite is to enable simpler interventions, such as meal adjustments and supplementation, before the onset of weight loss and the risk of malnutrition. The most effective and quick way to assess this problem is through the Simplified Nutritional Appetite Questionnaire (SNAQ). It was developed as a smaller version of the Nutrition Council's Appetite Questionnaire (CNAQ), with the aim of monitoring appetite and identifying people at risk for weight loss. The SNAQ is a 4-question screening tool validated in community-dwelling and institutionalized older adults, as well as among younger adults. The questions cover information about self-perception of appetite, satiety after meals, food taste and number of meals consumed daily (ZUKERAN, 2020).

In view of these considerations, the relevance of this study focuses on the sociocultural and scientific context as knowledge production, aiming to provide information to health professionals, especially physicians, to strengthen and evaluate actions aimed at promoting the health of the elderly Terena, which corroborates the planning of

intervention strategies to improve the living and health conditions of this population.

## METHODOLOGY

The study was a quantitative survey, with a descriptive characteristic, which sought to identify the epidemiological profile of the resident population of the Novo Dia indigenous community, regarding the levels of anorexia and malnutrition in the participants, in a way that took into account the aspects expanded clinic.

An authorization was obtained from the leadership of the Novo dia community, to carry out the project with its population, in which the research was explained verbally and in writing. This community is inserted in the urban context of Campo Grande - MS, thus not requiring legal procedures related to FUNAI or DSEI. The Novo Dia community, located in the Bosque Santa Mônica subdivision, in the urban region of Imbirussú, emerged in 2006 as an urban indigenous settlement and recently received, in 2019, the title of community from the city hall. There are 280 people there, a number reported by the community leadership, 64 families, in all age groups, with 20 seniors in all.

The project was registered on the Brazil platform, where the Research Ethics Committee (CEP/CONEP) can evaluate it in accordance with the norms of CNS resolution 466/12.

Data collection was carried out using a validated questionnaire, so that the research participants authorized and digitally signed, through the consent form, the use of data generated in their work, in order to maintain their secrecy and privacy.

Collections were made on all days of the week and at all times, after approval by CONEP, via what's app, with the community health agent in the Santa Mônica neighborhood, which serves the community.

The calculation of the sample size was based on the equation derived from the estimation of the population parameter, for which the size of the elderly population of the Novo Dia indigenous community, in Campo Grande - MS, in the year 2020 ( $N=20$ ), degree of 95% confidence and 5% sampling error. The formula is  $n=N.no / N + no$  ( $no = \text{first approximation to sample size} - 1/\text{error}^2$ ). A number of 20 participants was estimated for the sample. In all, we had 20 questionnaires answered.

The selected participants were those over 60 years of age, of both sexes and not previously diagnosed with anorexia or malnutrition in the last 3 months. Those who have already been diagnosed with malnutrition or anorexia will be excluded from the study, because the study is about tracking new cases, in search of the incidence of anorexia and malnutrition.

The research was carried out by collecting data from the simplified nutritional appetite questionnaire (SNAQ), in which the four variables are: appetite, taste, satiety and quantity. It showed reproducibility, was able to demonstrate changes when they occurred and when the answers were compared, 93.8% understood the question correctly in the validation of the questionnaire for Portuguese (ZUKERAN, 2020). However, the questionnaire had not yet been used in vulnerable populations such as indigenous people, which shows how much this research contributes to greater reproducibility and effectiveness of the instrument.

## RESULTS

The Simplified Nutritional Assessment Questionnaire (SNAQ) (Appendix A) was applied to 20 respondents. The analysis of the collected data obeys a distribution in categories, with absolute and relative evaluation (NORMANDO; TJÄDERHANE; QUINTÃO, 2010).

Firstly, regarding age, there was an age group between 60 and 91 years old, with the majority of respondents (15%) being 66 years old. Of the remainder, 30% were 61 years old (10%), 71 years old (10%) and 78 years old (10%) (Figure 1).

Regarding the gender of the respondents, the classification obeyed the traditional binary, having been verified that 60% of the sample is composed of females, while 40% belong to the male gender, which demonstrates that respondents are mostly male. female, over 60 years of age – that is, elderly.

It was also verified that only 5% of the respondents claimed to have received a diagnosis of anorexia and/or malnutrition in the last 3 months, and the majority (30% of the total number of respondents), when asked about their appetite, answered “Good”. Of the rest, 25% answered “Average”; 20%, “Very good”; 15%, “Bad”; and 10%, “Very bad” (Figure 2).

As for the taste of the food, the majority (50%) answered “Average”, while 25% answered “Good”; 15%, “Very good / I prepare food the way I like it”; 10%, “Bad” (Figure 3).

Questioned about when they feel satisfied after eating, the majority (35%) answered that this does not happen, because they eat everything, they rarely feel satisfied. Of the remainder, 30% responded that they felt satisfied after eating most of the meal; 20%, less than half, or about 1/3 of the meal; 10%, more than half of the meal; and 5% after ingesting a few spoonfuls or forkfuls (Figure 4).

Regarding the amount of daily meals, the majority (55%) reported having two meals a day. Of the rest, 30% indicated that they have 3 meals a day; 10% more than three meals a day; and 5% just one meal a day (Figure 5).

As for the respondents’ SNAQ scores, it was found that the majority (60%) had SNAQ > 14. However, 40% of respondents scored

below 14 (Figure 6).

## CONCLUSION

From the results obtained here, it was verified that, among the elderly indigenous people living in an urban context, in Campo Grande - MS, it was verified that, although only one of the respondents had assumed a diagnosis of anorexia and/or malnutrition, adding the SNAQ scores of the respondents, it was found that almost half of the respondents had an SNAQ below 14. This means that, in a period of 6 months, there is a high risk of losing at least 5% of body weight, which can serve as a warning for the need for medical care and follow-up to prevent possible implications arising from the occurrence of anorexia and/or malnutrition.

The results showed something that was already expected, such as the general lack of knowledge about this pathology by the participants, who often thought that the signs and symptoms were part of the feeding process.

We guide the leadership towards a dialogue with the primary local health service, in order to obtain adequate and free health treatment for those who have been identified with the pathology. The study, therefore, will be able to contribute to the community as a way to promote more health to the indigenous population living there and generate epidemiological parameters with other communities living in Campo Grande - MS.

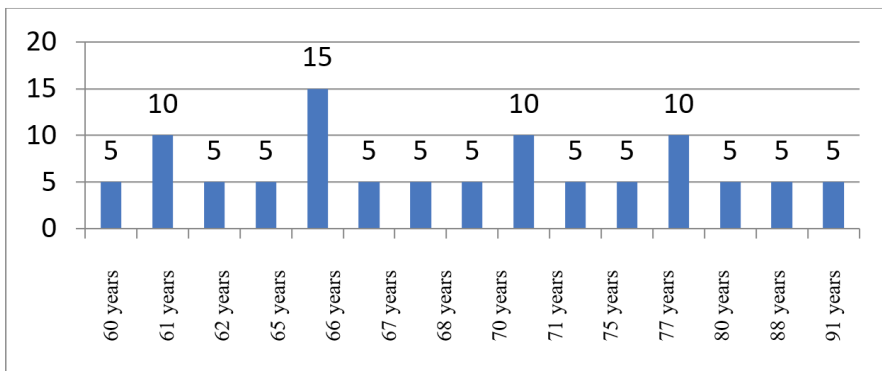


Figure 1 – age of respondents

Source: coleta dos dados

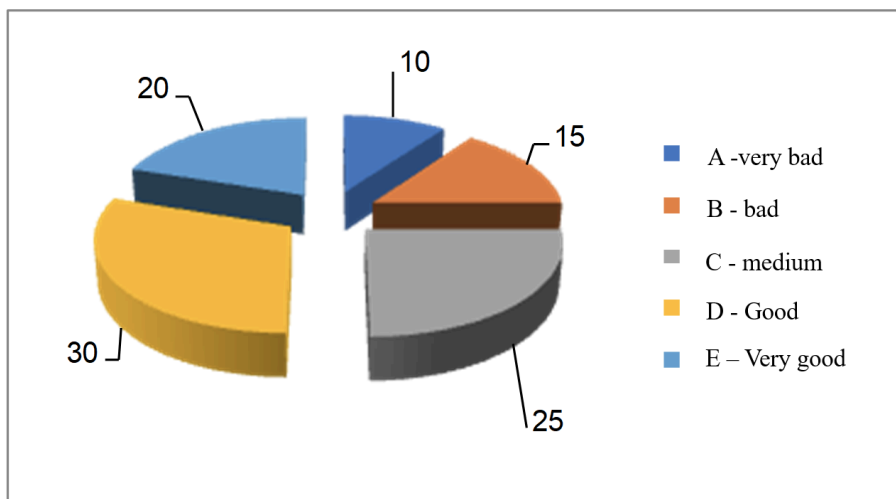


Figure 2 – Appetite.

Source: elaborated by the author.

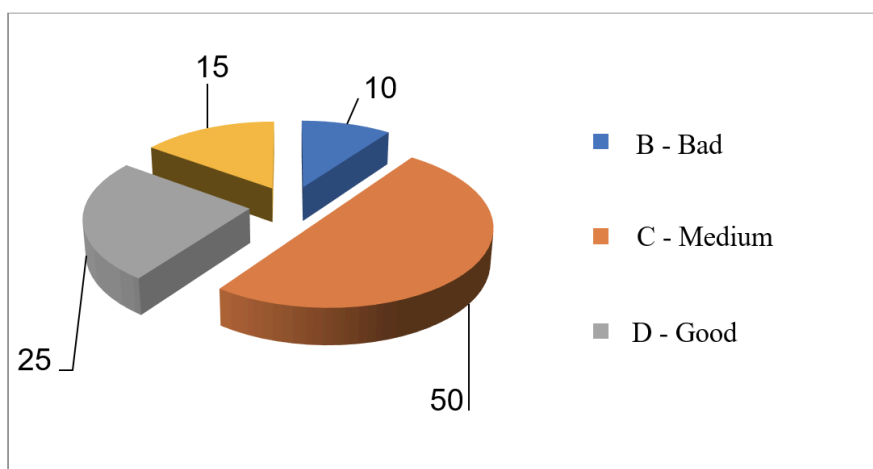


Figure 3 – Food savor.

Source: elaborated by the author.

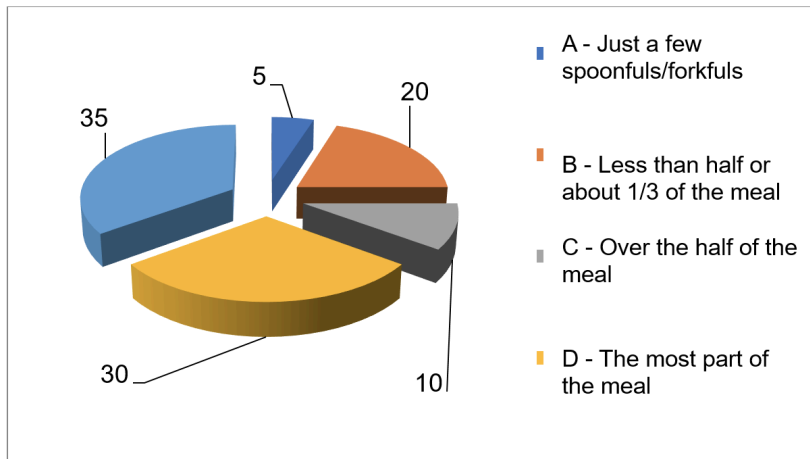


Figure 4 – Satiety after eating.  
Source: elaborated by the author.

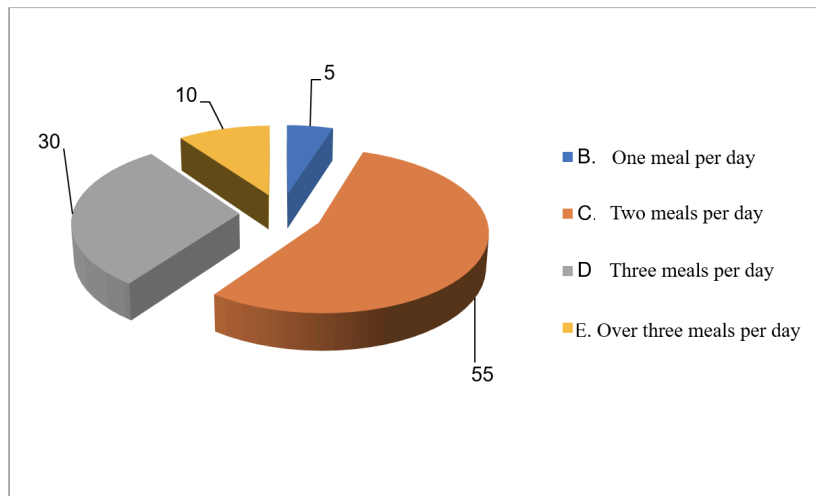


Figure 5 – Number of daily meals.  
Source: elaborated by the author.

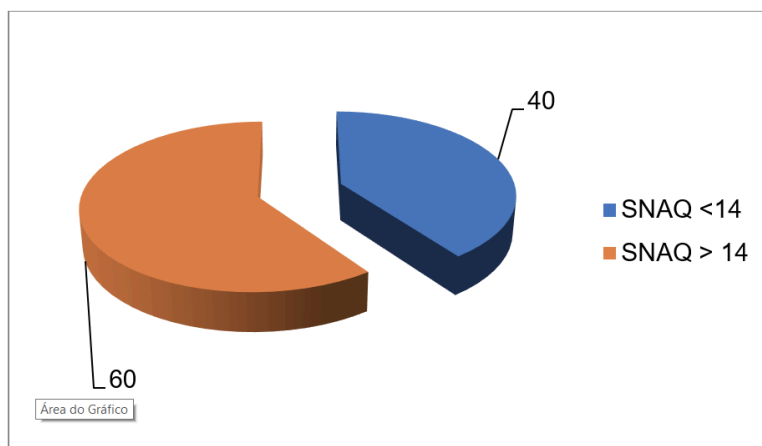


Figure 6 – Respondents' SNAQ score.  
Source: elaborated by the author.



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