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The institutionalized elderly: sociodemographic and clinical-functional profiles related to dizziness^{☆,☆☆}



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KEYWORDS

Elderly;
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Dizziness

Abstract

Introduction: Dizziness is among the most common complaints in the elderly population.

Objective: To determine the sociodemographic and clinical-functional profiles of institutionalized elderly people related to dizziness.

Methods: Cross-sectional prospective study with institutionalized elderly people aged 60 or more years. A questionnaire on sociodemographic and clinical-functional characteristics was applied, and an anamnesis of occurrence of dizziness was held, as well as the Dizziness Handicap Inventory questionnaire.

Results: 48.9% of the elderly subjects had dizziness. The mean numbers of diseases and medications associated with dizziness were, respectively, 4.5 diseases and 7.8 medications. We found a significant association between the occurrence of dizziness and diseases of the musculoskeletal system, sub-connective tissue and genitourinary system, as well as the use of medications for the musculoskeletal system. The scores for handicap degree in functional DHI were significantly higher among elderly subjects who needed walking aids, who had suffered falls, and those manifesting anxiety.

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PALAVRAS-CHAVE

Idoso;
Instituição de longa
permanência para
idosos;
Perfil de saúde;
Tontura

Conclusion: Our sample included subjects of advanced age, primarily women, who were institutionalized less than five years, with multiple diseases and polypharmacy users. They presented long-standing short-duration mixed dizziness, that occurred more than once a month and affected mainly the functional aspect.

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O idoso institucionalizado: perfis sociodemográfico e clínico-funcional relacionados à tontura

Resumo

Introdução: A tontura está entre as queixas mais comuns da população idosa.

Objetivo: Determinar os perfis sociodemográfico e clínico-funcional de idosos institucionalizados com relação à tontura.

Método: Estudo prospectivo transversal, com idosos institucionalizados com ≥ 60 anos de idade. Foi aplicado um questionário referente às características sociodemográficas e clínico-funcionais, assim como foi feita anamnese sobre a ocorrência de tontura, e aplicado o questionário *Dizziness Handicap Inventory*.

Resultados: 48,9% dos idosos apresentaram tontura. As médias do número de doenças e medicamentos associados à tontura foram, respectivamente, 4,5 doenças e 7,8 medicamentos. Houve associação significativa entre ocorrência de tontura e doenças do sistema osteomuscular, do tecido subconjuntivo e do aparelho geniturinário, bem como uso de medicamentos para o sistema musculoesquelético. Os escores do grau de handicap no DHI funcional foram significativamente maiores para os idosos que necessitavam de auxílio à marcha, para os que tiveram queda e para os que apresentaram ansiedade.

Conclusão: Amostra caracterizada por mulheres de idade elevada, com menos de cinco anos de institucionalização, com múltiplas doenças e medicamentos. Apresentam tontura mista, de curta duração, com surgimento há anos, manifestando-se mais de uma vez ao mês, prejudicando principalmente o aspecto funcional.

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Introduction

Human aging compromises certain skills of the central nervous system (CNS), and affects areas responsible for signal processing from the vestibular, visual and proprioceptive systems. These sensory systems are essential for maintaining body balance and when affected, negatively impact the ability to change adaptive reflexes,¹ responsible for postural control and orientation of the body relative to space.²

Dizziness is among the most common complaints in the elderly and may be characterized as a sense of giddiness, a feeling of "light-headedness", a sense of imminent fall, instability, a floating sensation, vertigo, a tendency to deviate when walking, body imbalance, falls, and spatial disorientation, among others.³ These changes may result in fractures, loss of mobility and dependence on others to perform daily activities.⁴

In the world's population, 10–15% of people have dizziness, and this complaint ranks seventh place among those most frequently found in women, and is the fourth most common complaint among men. After 65 years, balance

changes are considered to be the most common symptoms in the geriatric population, reaching a prevalence of 85%.⁵ Three out of four Americans aged 70 or older have postural balance problems.⁶ The causes of dizziness may be associated with organic and/or psychic dysfunction, which have extra-vestibular (visual, neurological, emotional) or vestibular origin.^{7,8}

In order to quantify interferences from physical and functional/emotional dizziness on daily activities of a subject suffering vertigo, a specific questionnaire called Dizziness Handicap Inventory (DHI) was developed and validated by Jacobson and Newman,⁹ with the aim of evaluating the self-perception of the incapacitating effects caused by dizziness.¹⁰ In a study in which DHI was applied, all elderly subjects tested showed changes in quality of life; physical aspects were the most affected, and functional aspects were the most affected in older individuals.¹¹

People with dizziness usually report difficulty with mental concentration, memory loss and fatigue. Besides generating physical insecurity, these symptoms can lead to psychic insecurity, irritability, loss of self-confidence, anxiety, depression, or panic.¹²

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