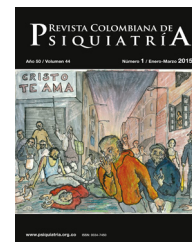




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Original article

Cognitive Stimulation of Elderly Residents in Social Protection Centers in Cartagena, 2014

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ABSTRACT

Objective: To determine the effectiveness of a program of cognitive stimulation of the elderly residents in Social Protection Centers in Cartagena, 2014.

Methods: Quasi-experimental study with pre and post tests in control and experimental groups. A sample of 37 elderly residents in Social Protection Centers participated: 23 in the experimental group and 14 in the control group. A survey and a mental evaluation test (Pfeiffer) were applied. The experimental group participated in 10 sessions of cognitive stimulation.

Results: The paired t-test showed statistically significant differences in the Pfeiffer test, pre and post intervention, compared to the experimental group ($P=.0005$). The unpaired t-test showed statistically significant differences in Pfeiffer test results to the experimental and control groups ($P=.0450$). The analysis of the main components showed that more interrelated variables were: age, diseases, number of errors and test results; which were grouped around the disease variable, with a negative association.

Conclusions: The intervention demonstrated a statistically significant improvement in cognitive functionality of the elderly. Nursing can lead this type of intervention. It should be studied further to strengthen and clarify these results.

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Estimulación cognitiva de los adultos mayores residentes en centros de protección social. Cartagena, 2014

RESUMEN

Objetivo: Determinar la efectividad de un programa de estimulación cognitiva de los adultos mayores residentes en Centros de Protección Social de Cartagena en 2014.

Palabras clave:

Trastornos del conocimiento

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Adulto mayor
Salud
Memoria
Orientación

Métodos: Estudio cuasi-experimental, con pre y post-test en grupos control y experimental. Participó una muestra de 37 adultos mayores residentes en Centros de Protección Social: 23 en el grupo experimental y 14 en el grupo control. Se aplicaron una encuesta y el test de valoración mental de Pfeiffer. El grupo experimental participó en 10 sesiones de estimulación cognitiva. Se tuvieron en cuenta las consideraciones éticas.

Resultados: La prueba de la t apareada mostró diferencias estadísticamente significativas en el test de Pfeiffer antes y después de la intervención en el grupo experimental ($p = 0,0005$). La prueba de la t no apareada mostró diferencias estadísticamente significativas en los resultados del test de Pfeiffer entre los grupos ($p = 0,0450$). El análisis de componentes principales mostró que las variables más relacionadas entre sí fueron: edad, enfermedades, número de errores cometidos y resultado de la prueba, las cuales se agruparon en torno a la variable enfermedad con una asociación negativa.

Conclusiones: La intervención demostró una mejoría estadísticamente significativa en la funcionalidad cognitiva de los adultos mayores. Enfermería puede liderar este tipo de intervenciones. Se debe continuar investigando para fortalecer y aclarar estos resultados.

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Introduction

Elderly population is in a steady climb, making organizations, both governmental and private, become interested in their welfare and improving their quality of life.¹ In Colombia, elderly is a person who is 60 years of age or older² and it is shown that 9.88% of the population is at this stage of the vital cycle.³

With age appears a series of events that, taken together, could hinder the psycho-social balance, hinder maintain harmony with oneself and the environment.⁴ That is, the capabilities of the person deteriorate.

One of these capabilities is the cognitive functionality, composed by all of the higher mental skills:⁵ Memory, the ability to retain and recall previously acquired ideas;⁵ abstract reasoning or calculation, the ability to write, read, understand numbers and perform arithmetic functions;⁵ orientation, it "refers to knowledge of personal identity and present circumstances", such as personal identification data, space and time; and general information, which includes data "of the salient events of the time."⁵

The importance of cognitive functionality is that it allows carrying out daily activities (talk, prepare a cup of coffee or handle money) and more complex tasks (reading, find the best solution to a problem or learn a musical instrument). That is, they allow the typically human features: being social and intelligent.⁴

Throughout life there might be a cognitive deficit and it is the family and the person itself who initially define whether or not the changes are pathological and seek for support.⁴ Generally, this is evident in some minor difficulties presented slow and progressively in time⁵ and has a negative impact on the quality of life, so it is appropriate to create a program that gives appropriate and favorable stimulation.⁴

Studies show that in Chile, only 59% of the elderly who participated in a study had an intact cognitive functionality⁶ and in Spain a 79.8%.⁷ In Cuba, two studies were found: one reported that 9.4% of the elderly participants in the

study showed decline in cognitive functionality⁸ and the other showed a decline of 13.8%.⁹ Also, studies in Mexico, found that 5.6% had some degree of deterioration¹⁰ and in Argentina 9.1% of the participants showed a mild impairment in cognitive functionality of amnesic type.¹¹

In Colombia there has been work on cognitive stimulation of elderly with conditions already apparent and not from the precautionary approach; most studies have moved forward with institutionalized people and using the mini-mental as one of the tools most commonly used in cognitive assessment. The results allow us to see that there has been improvement in terms of social and communicative relationships, depressive symptoms and interest in therapeutic intervention routines, apart from the cognitive processes.¹²⁻²⁰

It is also noted that group interventions were shown to be more beneficial than the individuals.¹⁵ This is consistent with the approach on the axes of therapeutic intervention proposed in gerontology: axe I, physico functional skills axis; axis II, cognitive skills; and axis III, creativity, social relationships and emotional well-being.²¹

Also, it is concluded that implementing permanent and ongoing in time programs and periodic monitoring of inputs and results in the higher cognitive abilities of patients plays an important role in order to be able to maintain these skills and slow the cognitive impairment.¹³

In Cartagena, Melguizo²² found that 47% of the residents in Social Protection Centers (SPC) of the city, in 2009, had some degree of cognitive impairment, showing association with age. It is noteworthy that of all the results of research found only three investigations were conducted with institutionalized elderly^{7,22,23} perhaps showing the need to work with this specific population.

The changes in cognitive functionality are presented in different ways and with different intensity among people.²² Cognitive functionality is associated with: visual functionality,^{24,25} diet,⁷ female gender, age over 65 years, low educational level, number of siblings and number of children.¹¹ Some studies showed that women have a higher frequency of deterioration than men.^{11,25}

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