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Lifestyle of the Elderly Receiving Home Care in Spain

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Abstract

The aim of this study is to examine the lifestyle characteristics and health status of the elderly in order to identify aspects that might help promote active ageing. Participants were 26 elderly citizens aged 75 or over who were the recipients of home care services in Vilafranca del Penedès (Barcelona, Spain). They were recruited by means of convenience sampling, and a case study approach was adopted. Fieldwork was conducted in April 2007, with a specially designed questionnaire administered in the context of an in-depth interview. Quantitative data were analyzed with SPSS 15, while qualitative data were analysed and grouped by category. The results indicated that 53.8% of the elderly interviewees perceived their health status as being regular, most did not have adequate nutrition and hydration, while 42.3% had chewing problems and 65.3% presented slight dependence. Most of them received visits at home, but did not go on leisure outings. The only exercise they took was walking. These findings highlight the need to promote and strengthen activities for healthy ageing, and to ensure that people over 75 receive adequate care. Programmes should be implemented to improve those aspects that are currently under-addressed.

Keywords: Lifestyle; Elderly; Home care; Dependence

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Life expectancy rates in Spain continue to rise, and the country currently presents the highest level of ageing in Europe. Over the last two decades the number of people entering the so-called Fourth Age (over 75) has doubled, while the Spanish Institute for the Elderly and Social Services (*IMSERSO*) reports that 7.9 million of the country's total population, that is 17.9%, were over the age of 65 as of January 2011 [1]. In recent decades, the average annual growth rate of this sector of the population has been above 3% (*IMSERSO*, 2011:37).

Disability or dependence can occur at any age, being precipitated by many factors; however, an increase in chronic diseases occurs above all with age and are most prevalent among the elderly, the sector of the population that are most in need of assistance with the basic activities of daily living (ADL) and the instrumental activities of daily living (IADL) [2,3]. It is among the members of the Fourth Age, therefore, that the likelihood of presenting a situation of dependence is highest; indeed, in Europe as a whole more than 40 million citizens are in a situation of dependence, a high percentage of which are to be found among the EU's ageing population [4]. In Spain, each year the number of requests for help from the elderly in situations of dependence increases, the demand being highest in the regions of Andalusia, Catalonia and Madrid [5].

Given these trends, achieving a healthy and active ageing – defined as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" [6] – is a major priority in many societies today. It should be stressed that the term active refers to ongoing participation in social, economic, cultural, spiritual and civic affairs and not just the ability to be physically active. The concept was first defined by the WHO in the 1990s in order to expand the concept of healthy ageing (WHO, 2002), the achievement of which can ultimately determines a good quality of life among the elderly.

The solution to healthy and active ageing lies in a person's genes, in their lifestyle choices and in their "social environment" as defined by Ursula Lehr. Among recommendations to improve longevity, researchers stress the importance of having an optimistic view of life and a sense of self-realization, avoiding a sedentary lifestyle, maintaining an intellectually stimulating life, avoiding anxiety, stress and emotional tension, protecting oneself from solar radiation, avoiding obesity by eating a hypocaloric diet (between 1500 and 2000 calories/day), not using drugs (tobacco, alcohol and others), avoiding accidents, and receiving regular health check-ups (Limón, 2002). Further factors that need to be considered include perceived health status, the quality of social and family relations and the environment which the elderly inhabit [7,8].

While the number of multi-pathological elderly patients increases [9], the promotion of a healthy lifestyle among them, based on strategies of self-care, and the teaching of habits and solutions that allow the elderly to adapt to the changes they are undergoing, can reduce or delay the onset of situations of dependence and improve their quality of life. In this regard, the year 2012 was declared the "European Year of Active Ageing and Intergenerational Solidarity", aimed at promoting active and healthy ageing throughout Europe in the context of "a society for all ages" [5]. Our goal in this paper is to describe the lifestyle and health status of elderly Spanish citizens over the age of 75 and to identify the elements that can help promote active ageing.

Methodology

Adopting a case study approach, we conduct an analysis that is firmly rooted within the theoretical framework provided by Talcott Parsons' role theory and Elaine Cumming and William Henry's theory of disengagement. Our study population comprises elderly citizens over the age of 75 (chosen on the grounds of their greater dependence and care needs) that were included in the *ATDOM* home care programme run by the primary health care services in Vilafranca del Penedès (Barcelona, Spain). Permission to work with the sample and conduct this study was provided by the primary care centre of Alt

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Penedès (Catalan Institute of Health, Autonomous Community of Catalonia). However, note that given the specific characteristics of our study (the recording of patient experiences and opinions), permission did not have to be sought from the Catalan Institute of Health's ethics committee.

We selected 10% of the total population (individuals over the age of 75 and resident in Vilafranca del Penedès included on the *ATDOM* database, aiming to retain as far as possible the structural characteristics of this database. Thus, we sought to represent all strata (age groups and genders) in a sample that presented the same weighting as that of the overall *ATDOM* population. However, we should stress that our sample is not fully representative and, as such, the results cannot be extrapolated. Individuals were selected from the *ATDOM* database in adherence with the criteria of systematic sampling. The eventual sample comprised a total of 26 people aged 75 and older weighted in favour of women (61.5%), given that they comprised a higher proportion of the population.

The variables considered in the study were: a) socio-demographic data; b) health status and dependence levels; and c) aspects of lifestyle, including food consumed, mastication ability and causes of difficulties with mastication, the number of meals eaten daily, daily hydration, alcohol consumption, physical activity, social relations and leisure activities.

The individuals included in the sample were interviewed face-to-face, in the person's home (their permission having first been obtained to record these conversations). Interviews were conducted after first arranging an appointment with the individuals using the data provided by the *ATDOM* service. We used a specially designed questionnaire including socio-demographic questions, open-ended questions, and a number of validated scales (Table 1). Survey questions were validated by the Centre for Sociological Research and the World Health Organization [10]. A pilot test was run before conducting the interviews with our 26 home care recipients (Table 1).

The interviews, conducted in 2007, had duration of around 30 minutes. In the case of qualitative answers and opinions, the survey data were examined using content analysis and responses were subsequently grouped by categories. In the case of quantitative data we used SPSS 15 software, and frequencies and percentages were calculated.

Results

Socio-demographics

A total of 26 respondents were interviewed (16 women and 10 men), with a mean age of 84.5 years (ranging from 75 to 99 years old and a standard deviation of 6.1). Of the interviewees, 46.2% were married, 38.5% widowed and 15.3% single; twenty-two of them had children. Two of the elderly home care recipients lived alone, while the others lived with members of their immediate family. The individuals in the sample received a pension ranging between 300 and 600 Euros per month and presented, on the whole, a low level of education (57.5% reporting no education).

Health status and degree of dependence

The respondents were asked to give a subjective rating of their perceived health status: half perceived their health as being "regular", while a significant number did **not** perceive their health status as being "bad" (n=18) (Table 2).

A comparison of perceived health by gender and age showed that in the 75-79 age range the women's perceptions of their health status were worse than the men's perceptions, while in the 85-89 age range the men's perceptions were worse. Of the elderly participants, 88.4% presented comorbidity with combinations of the following conditions: endocrine, pulmonary, neurological, digestive, sensory and psychological problems. Female participants presented more bone disorders while males presented more cardiovascular problems. Of the home care recipients, 96.2% reported that they did not self-medicate. However, most were taking several prescription drugs, which meant they required help controlling the dose and timing of their medication.

The Katz Index of Independence in Basic Activities of Daily Living (ADL) showed that the elderly care recipients required most help when bathing or showering, while the Lawton Instrumental Activities of Daily Living (IADL) Scale showed they needed most help from the caregiver when shopping.

Assessment of the elderly participants using the Barthel index (Table 3) revealed an average score of 74, indicating a moderate functional dependence (>60 points). There were no significant differences by gender, but we observed an increasing dependence with age (Table 3).

Assessment on the Braden Scale, which predicts the risk of pressure ulcers, revealed an average score of 19 points, indicating that

Dimensions	Items
Socio-demographic data	Gender Age Relationship Residence Marital status Children Employment Qualifications Income Studies
Health status	Subjective perception (Very good, Good, Regular, Bad, Very bad) Illnesses Self care
Dependence levels	Katz Index: Measures Activities of Daily Living Barthel Test: Measures dependence. Lawton Index: Measures Instrumental Activities of Daily Living Braden Scale: Measures risk of developing pressure ulcers. Hours of informal care required
Quality of life (QOL)	Food (Mini-Nutritional Examination) Problems mastication Physical activity Social activities Social and leisure

Source: Extracted from the study: Care and Quality of Life in Vilafranca de Penedès, 2007

Table 1: Survey conducted with individuals aged 75 and over treated by the primary home care services of Vilafranca del Penedès (Barcelona, Spain).

Health Status Perception	%	nº
Very good	-	-
Good	15.4	4
Regular	53.8	14
Bad	19.2	5
Very bad	11.6	3
Total	100.00	26

Source: Extracted from the study: Care and Quality of Life in Vilafranca de Penedès, 2007

Table 2: Health perception of individuals aged 75 and over treated by the primary home care services of Vilafranca del Penedès (Barcelona, Spain).

Levels	%	nº
Autonomous	-	-
Slight Dependence (> 60 points)	65.3	17
Moderate Dependence (60/40 points)	34.7	9
Severe dependence (35/20 points)	-	-
Full dependence (<20 points)	-	-
Total	100.00	26

Source: Extracted from the study: Care and Quality of Life in Vilafranca de Penedès, 2007

Table 3: Levels of dependence among elderly according to the Barthel Index.

the respondents were not at risk of developing pressure sores. Only one individual presented a score indicating risk. Note that the average number of hours of informal care provided by caregivers to the elderly was 6.7 per day.

Lifestyles

Chewing problems affected 42.3% (n=11) of the elderly care recipients, the most frequent causes being the state of their teeth or their not having any teeth. This means that a large number of the elderly participants have difficulty in eating certain foods. We noted that those reporting problems of mastication tended to consume less fruit and vegetables.

The vast majority of the care recipients (96.1%) eat three to four meals a day, so that in principle the frequency of their food intake is adequate. Most of the main protein foods appear in their diets; however, their diets are not fully balanced given that they should consume two portions of both fruit and vegetables a day, but more than half consume only one of each, as is shown in table 4.

Only 38.5% (n=10) of the participants were overweight. The hydration status of the elderly care recipients was somewhat precarious, given that 73% (n=19) drank fewer than five glasses of water a day (i.e., less than one litre when the recommended amount is one and a half litres a day). In the case of alcohol consumption, 46.2% (n=12) reported consuming wine daily with their meals, the men consuming more alcohol than women. Most reported dinking cava, a local sparkling white wine (produced in the *champenoise* traditional method) on Sundays and at other times during the weekend.

As for social relations, 92.3% (n=24) of the elderly participants received visits in their home, indicating that they did not suffer a high degree of social isolation. However, 65.4% (n=17) did not leave the home with any great frequency to participate in leisure activities; only 15% (n=4) went out on a daily basis. A high percentage (92.3%; n=24) of cases did not go out with a partner or in larger groups of elderly individuals, indicating that social relations occurred primarily in the home.

Discussion

The elderly women in our sample were the main recipients of informal care. This outcome is consistent with studies that find that women present greater life expectancies at all ages [5,11,12], a difference that would appear to be attributable to different behaviours, habits and lifestyles according to gender, and to employment and social roles in which men are exposed to greater risks [5].

The perceived health status of the elderly interviewees is generally "not bad", yet the majority present more than one chronic disease. The elderly present multiple conditions, the most common being bone diseases in women and cardiovascular disease in men [9,13,14]. A high percentage of the elderly exhibit a moderate dependence in activities associated with hygiene and shopping, where they require most assistance from the caregiver. Other studies report similar findings especially in those aged over 80 (the fourth age), where the degree of dependence increases [5,15].

In the case of diet, it appears that the elderly care recipients include most of the high protein foods in their diets. However, they do not eat the daily recommended number of portions of fruit and vegetables. According to the respondents, they tend to eat little fruit because of chewing problems. These results reinforce the importance of having a healthy mouth, as this facilitates better diet and the enjoyment of food, ultimately lowering the risk of mortality [16].

However, the elderly eat less meat and fewer foods with saturated fats than are eaten by those in other age groups, as noted in the 2006 report on the habits of the elderly [17]. Food and diet seem to be closely related to the health of people and their mortality, since a poor diet can lead to various diseases, including heart disease, strokes, obesity, diabetes, certain cancers, etc. Moreover, a poor diet combined with inactivity are linked to increased mortality [18], while the proportion of individuals presenting obesity or overweight as a result of poor dietary behaviour increases with age among the 50-74 age group. However, this rate falls again among the elderly (75 and over). Yet, the elderly are often associated with a worse health status or are on strict diets owing to illness [19]. These reports are supported by our findings as none of our participants were obese.

Our results regarding hydration, show that 73% of the elderly do not maintain an adequate level of hydration, a finding that is consistent with other studies [20,21].

According to the Spanish National Health Survey, 35.8% of the elderly consume wine almost every day. Another study similarly shows that 56.4% of people aged over 65 consume wine with their daily meals [22]. In our study, the percentages were similar (46.2%). It should be borne in mind that in the Penedès Region wine is usually drunk with meals and *cava* (sparkling wine) on special occasions [14].

The main form of physical activity practiced by at least half the elderly care recipients comprised going out for walks and walking around the house. Compared with the elderly in other countries, the Spanish spend more time walking, probably reflecting the country's better climate. As for leisure activities, our results show that a high percentage of activities were not carried out outside the home, but rather involved receiving visits from family and friends. In a 2006 report on the elderly, it is concluded that the elderly spend much of their time at home [9,17]. Among the elderly, more than half the time remaining to them after they have satisfied their physiological and personal care needs is free time that they dedicate to leisure and personal relationships. In turn, almost half of this time (some three hours) is spent watching television, while roughly an hour is devoted to passive leisure activities, that is, to resting and to do nothing in particular. In this regard, several studies have claimed that ageing is

Food	%
Eggs and vegetables once or twice a week	92.3
Meat, fish or poultry daily	88.5
Two portions of both fruit and vegetables daily	38.5
Milk products daily	100.00

Source: Extracted from the study: Care and Quality of Life in Vilafranca de Penedès, 2007

Table 4: Diet of elderly dependents.

associated with a reduction in social connectedness and a greater risk of isolation [23,24].

It should be borne in mind that social function is an important element of life satisfaction and impacts on the assessment of lifestyle and the quality of life of these elderly care recipients. Cumming and Henry's disengagement theory (1961) seeks to explain why the elderly gradually disengage from society and become less active socially, while at the same time society offers them fewer possibilities of social engagement [25]. The role acquired by the elderly and infirm is that of increasing dependence, which is to be expected given that their social relations are gradually eroded with age. Thus the saying in the Penedès "*Si vols viure sa, envellir aviat*" (If you want to live healthily, get old early) reflects the perception of ageing and the associated deterioration in health, albeit that in our sample the elderly had a perception of their health status that was not bad. Yet despite this, it also affects their self-care attitudes and behaviours [26] and the *ATDOM* nurses are in a good position to promote self-care among the elderly who think they should not have to take charge of themselves because of their advanced age.

Conclusions

The study highlights, first, the need to promote and strengthen activities identified as being able to foster healthy and active ageing among those aged 75 and over and, second, the need to implement programs that can enhance certain aspects of the lifestyle of the elderly and which are currently being neglected, most notably their hydration, nutrition, oral care, physical exercise and leisure activities.

Although the study has been conducted in a relatively small sample that prevents us from drawing any general conclusions, our results certainly reinforce evidence regarding essential aspects of the health and lifestyle of the elderly that can guarantee healthy and active ageing and, in this way, we are able to contribute to a growing body of evidence in this field.

In sum, *ATDOM* nursing staffs are uniquely qualified for conducting biopsychosocial assessments of the needs of those aged 75 and over, and for promoting a better lifestyle among them.

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