Elderly people with HIV living with AIDS in the context of functional capacity*

ABSTRACT
The Acquired Immunodeficiency Syndrome (AIDS) in old age is more of a chronic disease that can compromise autonomy and independence, and affect functional capacity of the elderly carriers. From this perspective, this study aimed to discuss the functional capacity of carriers of the Human Immunodeficiency Virus – HIV / AIDS - aged 60 years or more, based on an incursion into the Brazilian bibliography, with the purpose of stimulating new production, diminishing the shortage in the literature and to provide knowledge for professionals and service managers and health policies for the elderly.

Keywords: Aged; HIV; AIDS; Activities of daily living; Psychomotor performance

RESUMO
A Síndrome da Imunodeficiência Adquirida (Aids) na velhice é mais uma doença crônica que pode comprometer a autonomia e a independência e aferar a capacidade funcional dos portadores idosos. Nesta perspectiva, este estudo visou a discutir sobre a capacidade funcional dos portadores do Vírus da Imunodeficiência Humana – HIV/Aids com 60 anos ou mais, baseado na incursão da bibliografia brasileira, com a finalidade de estimular novas produções, diminuir a lacuna na literatura e fornecer conhecimento aos profissionais e gestores de serviços e políticas de saúde do idoso.

Descritores: Idoso; HIV; Aids; Atividades cotidianas; Desempenho psicomotor

RESUMEN
El Síndrome de la Imunodeficiencia Adquirida (SIDA) en la vejez es una enfermedad crónica más que puede comprometer a la autonomía y la independencia y afectar la capacidad funcional de los portadores ancianos. En esta perspectiva, este estudio tuvo como objetivo discutir sobre la capacidad funcional de los portadores del Vírus de la Imunodeficiencia Humana – VIH/SIDA con 60 años o más, fundamentado en la incursión de la bibliografía brasileña, con la finalidad de estimular nuevas producciones, disminuir la laguna en la literatura y ofrecer conocimiento a los profesionales y gestores de servicios y políticas de salud del anciano.

Descritores: Anciano; VIH; SIDA; Actividades cotidianas; Desempeño psicomotor

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Received article 08/01/2012 and accepted 13/06/2012

INTRODUCTION

Defining functional capacity is quite complex because it involves other concepts, such as impairment, disability, handicap, as well as autonomy and independence. Nevertheless, in practice, what has been most applied is the concept of capacity/incapacity (1).

It is considered that functional capacity is the performance of activities, defined by the degree of preservation of basic and instrumental activities of daily life. On the other hand, functional incapacity is understood as some limitation or due to lack of ability. When this is because of an inability, it causes a limitation in performing an activity within the time range considered normal in social environment. This condition is often associated with age, gender and cultural factors and therefore defined as disadvantage which may compromise a person’s health (2).

Thus, health for the elderly is related to the overall functionality, the result of an individual’s capacity to manage and take care of their own lives. The elderly are considered active when they are able to be independent and autonomous to perform their everyday activities, even when they have some disease (3).

Given the multidimensional nature of complex problems which might affect the functional capacity of the elderly, Human Immunodeficiency Virus (HIV) and cases of Acquired Immunodeficiency Syndrome (AIDS) infection is highlighted among Brazilians over 60 years.

It is a disease which develops limitations with a clinical condition by simple manifestations, that can be evolve to the group of severe chronic conditions which may compromise the functional performance of the elderly and affect, significantly, their quality of life.

The present study aimed to discuss the importance of assessing the functional capacity of patients with HIV/AIDS at the age of 60 years or more, based on Brazilian literature, in order to generate knowledge to professionals and service managers and the elderly health policies and stimulate new scientific productions.

HIV/Aids, The elderly and functional capacity

AIDS is in its third decade, and since its inception, it has been associated with homosexual men, injecting drug users and sex workers. However, recently, the epidemiology of the disease has shown a significant increase of cases in the group people aged 60 years or more, in both genders.

In Brazil, reports of the first cases in this age group occurred at the end of the last century. Between 1980 and 1997, 2844 cases of AIDS were reported among the elderly, with 2190 males and 654 females. Regarding the cumulative number of 12,067 cases in June 2010, a significant increase in both sexes was found. The male group rose to 7989 cases and 4077 for females. The incidence rate of infection in males in 2006 was 1.76 cases per 100,000 inhabitants, rising to 10.8 in 2010, and among women, the incidence rate in 2006 was 1.65, and in 2010 it was 6.4 (4).

In regional profile, in 1996, there were three infected elderly for every 100,000 inhabitants in the North, in 2006 this rate rose to 13; in the Northeast, this rate rose from 2.8 to 7.6; in the Southeast, from 10.9 to 18.3; in the South, from 7.1 to 22.9; and in the Midwest, from 6.8 to 14.1. The predominant mode of transmission in the age group above 60 years, occurred through heterosexual both in females (90.4% of cases) and in males (29.7%). Among men, the second main form of transmission was the homosexual relationship (20.7%), followed by injection drug use (19%). In the case of women, injecting drug occupied second place among the modes of transmission, being the cause of the disease in 8.5% of cases (4).

Parallel to the growing incidence of AIDS cases in the elderly, this epidemic is now considered a chronic disease, due to its successive and/or simultaneous clinical manifestations with the possibility of neuropsychiatric complications, memory injuries, and motor cognition and functional, which predispose the body to plurimetabolic disorders, including the side effects of antiretroviral therapy (5-6).

Thus, there is a significant effect on course of HIV and AIDS among older subjects, nonetheless, there is relatively few data directly related to the question of the possible synergism between these possibilities.

In this case it is necessary to assess morbid events in HIV/AIDS and systemic changes related to senescent or senile aging to identify that this relation may vary among individuals with the same or different ethnic patterns, gender, age, social, economic, cultural, with the aim of providing subsidies to both caring for patients and for the development of actions in prevention programs (5-7).

Wide systematic and continuous geriatric and/or gerontological assessments, with a focus on functional capacity, can be performed with people who have HIV/AIDS in the age groups between 60 and 69 years and those over 70 years of age who have survived with successful or not, as the carrier. It is noteworthy that the epidemiological outcome of patients with HIV is different from AIDS patients, and that age is an important factor to consider due to this profile.

Therefore, functionality is the main aspect in the clinical assessment of the elderly, and it has a direct relation with the autonomy to make decisions which depend on cognition and mood, as well as the independence to perform the activities of their daily life that rely on mobility and communication (8-3).
For the functional capacity assessment, mental status tests of basic and instrumental activities of daily living, as well as the screening of mood are sensitive for detecting cognitive deficits, functional and emotional changes, because they provide consistent and reliable answers among professionals.

In this sense, assessing and maintaining functional capacity are, in essence, multidisciplinary activities, for which, there are physicians, nurses, physiotherapists, occupational therapists, psychologists and social workers (1,9).

REFERENCES