

Habits of life give youth and their reflections in the elderly: the elderly population of a long-term institution (ILP)

Abstract

The elderly population expectancy has increased in recent years, and the aging process may be accompanied by a decline in the functional, physical and cognitive capacities of the elderly. In this sense, the importance of maintaining healthy habits makes routine and, especially, old age pass more calmly and without so many obstacles. However, it is not always easy to talk about quality of life and its reflexes in old age, so the objective of this study was to verify the relationships that the elderly of a long-stay institution, make between their choices and lifestyle in the past and the perceptive reflexes nowadays. It is an exploratory study of a quantitative nature, in which 29 elderly women, aged ≥ 60 years, living in a long-term institution (ILP), located in the city of Recife /PE, participated. The evaluation was composed by a questionnaire structured by questions related to the problems in question, based on the Quality of Life Assessment: SF-36. Through this study, we could observe as results when they were questioned that the elderly had an inadequate diet in youth 12.76%, when referring to financial security for the future 41.37% say they never cared about the subject, already on information about having a healthy lifestyle 62.06% state that they did not obtain information about the former practice of physical activity 58.62% say they did not perform, and what it is about difficulties in accessibility to places in general 48.27% say they currently have this deprivation. In view of this functional evaluation, the elderly rehabilitation phases and the systematized nursing care, through which the nurse is inserted in the multidisciplinary team and acts with the elderly, together with his/her family as an important indicator about quality of life, individually. It is important to know how to live as young people, to take care of themselves as young people, to become healthier and more potentially active adults living with a preserved identity, receiving and offering to society the teachings that were accumulated during the walk through life and on top of these aspects enjoy the welfare so desired.

Keywords: quality of life, elderly, nursing, lifestyle

Introduction

Aging can be conceptualized as a set of morphological, physiological, biochemical and psychological changes that determine the progressive loss of the individual's capacity to adapt to the environment, being considered a dynamic and progressive process.¹ In this sense, the increase in the number of elderly people has been occurring very rapidly and progressively, with the speed of this process coming a series of crucial issues related to health issues, such as the increase of chronic diseases and diseases typical of age, the which influence the quality of life (QoL) of the elderly. Thus, according to the World Health Organization (WHO) QOL is defined as: "the individual's perception of their position in life, in the context of the culture and value systems in which they live and in relation to their goals, expectations, patterns and concerns."² Concern with quality of life in old age has gained relevance in the last 30 years, therefore, active participation in the community and the formation of social support networks are factors that can significantly influence the QoL of the elderly.³ Considering the physical domain that has a negative impact on the quality of life, the nurse can contribute significantly to the implementation of nursing actions in the attention to the elderly through group educational activities, in nursing consultations and home visits, or through the expansion of social interaction social.⁴ In this context, the participation sites of activities reinforce the predominance of actions directed to the elderly with Hypertension and

Diabetes mellitus, since HIPERDIA activities should be implemented in health units.⁵ Thus, regular physical activity should be systematized by performing physical exercises, which has been shown to be able to minimize the deleterious effects of aging, by reducing its muscle mass, and by helping to maintain the physical capacity and autonomy of the elderly.^{6,7}

Thus, questions related to guidelines such as "practice regular physical exercises", "avoid alcoholic beverages", "eat fruits", "do not smoke", are commonly disseminated among people, and directed by health care services (Leonardo Pitta, 2013 s / p). Still according to Pitta, aging does not have to be summed up to watch the passage of time, because there is a difference between successful aging, and aging perceived only as gradual reduction of physical and mental capabilities "due to losses in the functional reserves of organs and systems". Therefore, when the process is more careful, the effects of time as well as functional losses are minimized. Within this context, the study was able to verify the relationships that the elderly of a long-stay institution make between their choices and lifestyle in the past and the perceptible reflexes at the present time. It is necessary to relate the main factors that influence the quality of life of the elderly, considering the choices and lifestyle in the past; Identify the relationship that the interviewed elderly people make between their choices, lifestyle in the past, and the reflexes they perceive in their current health conditions; and reflect on the implementation of

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nursing actions through the area of Health Education, in the experience of public health programs, with the population in general, in order to promote improvements in the quality of life of the elderly.

Methods

The present study is of the exploratory type with quantitative data analyzes. Thirty-nine elderly people enrolled in the Spiritist Shelter Lar de Jesus, located in the city of Recife, Brazil, between October and November of 2015. The shelter has a total of 30 elderly people, since one of them returned to their home. Their families. Twenty-nine women aged ≥ 60 years of age, female, conscious and oriented in time and space, signed the Free and Informed Consent Form and did not participate in the elderly with < 60 years of age, male, disoriented and not to accept the Term of Consent. Participants were not exposed to any physical hazards, i.e. with questionnaire application, the risks are usually minimal. The benefits of this study contribute to the knowledge of promoting health education actions in young people on the impacts that the present experience and the choices made may affect the future life. For this, a structured questionnaire containing 30 objective questions was applied. The data analysis was organized and tabulated using the Microsoft Word version 2014 program. The research was submitted and approved by the ethics and research committee of Salgado de Oliveira University and approved by CAEE: 48553315.90000.5289.

Results and discussion

The elderly participants in this study ranged in age from 61 to 109 years old, with age groups ranging from 70 to 80 years old with 48.27%, from 61 to 66 years old with 13.79%, from 90 to 91 years with 10.34%, and 109 years with 3.44%, where 37.93% lived in the metropolitan region of Recife. Among the elderly, the majority of them are between 60 and 90 years of age, with 37.93% being widows and 31.03% with complete primary education. The study was also able to show that when asked to the elderly what was QL 58, 62% answered that it was to be able to grow old without getting sick, within that context Alves et al., (2012), cites that quality of life is related to health status, that is, absence of disease, better access to health services and possession of financial resources, resulting from a "good salary" to practice physical activity and to maintain a healthy, rich and varied diet. According to what is mentioned above, when asked the elderly how they evaluate their current QOL 51.72% answered that it is regular, and,⁷ has come to complete the definition of this condition, describing that the quality of life is a beneficial state or condition of life considering physical, mental, emotional and social well-being which, being uncontrolled, can interfere, implying well-being in different dimensions and contexts, making it difficult to define it in a single concept. The multidimensionality of the person does not always present the ideal balance and must be perceived according to the real possibilities of each subject. Still about the QoL of the elderly women, when asked about their previous relationship with the family members, they answered that they spent a lot of time with them, and together with this idea⁸ adds to the report that the family context is a fundamental element for the well-being of the elderly, who find in this family environment the support and intimacy for the different situations they face. It also points out that the contemporary family has undergone transformations in relation to the emergence of new roles, and that longevity has provided the intergenerational coexistence found up to four generations in the same residence. And this panorama demonstrates that the family, despite the changes

facing different situations, remains a place of extreme importance to nurture affections and protection to the elderly. In this regard, the elderly, after much contributing to the family life of their children, is now in need of special care and assistance from family members. And this relationship between the elderly and the family emphasizes the ties of affection and solidarity, as well as building strong and solid traits between generations.⁹ Table 1 presents the factors that influence the QoL of the elderly women from a PLI in Recife / PE, from October to November 2015, where it was noticed that, as for the use of alcoholic beverages, 62.06% of the tobacco is perceived that 65.51% never smoked, while the difficulty to live well 48.27% refers to the accessibility to the places, in physical activity 58.62% means that it did not practice it, and as for the current physical activity 34, 48% do not think it necessary to perform activities, as for sleep 34.48% slept about 6-8 pm-night.

However, with regard to the use of alcoholic beverages mentioned in Table 1, Jorge et al.¹⁰ reports that alcoholism is one of the most serious public health problems today, attracting the attention of medical and health authorities in several countries, where alcohol consumption is considered a disease, in most cases, when it renders the individual incapable of assuming his social and family obligations. On the use of tobacco according to the Organization Ministry of Health - WHO (2009) is considered the leading cause of preventable death in the world. The organization estimates that one-third of the world's adult population, i.e. about 1 billion and 200 million people, are smokers. According to the World Health Organization (WHO), five million people die every year from cigarettes. And in 20 years, that number will reach 10 million if consumption of products like cigarettes, cigars and pipes continue to increase. Ricci, et al. (2005) reported on the factors influencing the QoL of the elderly, citing that the functional capacity evaluation is important indicative of the quality of life of the elderly. As performance in daily life activities is a widely accepted and recognized parameter, since it allows healthcare professionals a more precise view of the severity of the disease and its sequels (RICCI et al., 2005 p.14). In this context of QoL, physical activity also has its importance and,¹¹ comments that the reduction of the time spent for the practice of physical activities in the young population results from the increasing increase of the time spent in sedentary activities as watch TV and use computer. Regarding current physical activity, Silva¹² points out that regular physical activity is capable of stimulating changes in the behaviors and habits of the elderly, postponing the appearance of non-transmissible chronic diseases and contributing to healthy and long-lasting aging.

In view of the proposed, problems related to poor quality sleep favor the difficulty in maintaining a good family and social relationship, an increase in the incidence of pain, a tendency to poor self-rated health, reduced capacity to perform daily tasks and increase the use of health services.⁸⁻¹³ For Table 2, the nutritional factors influencing the QoL of the elderly of an ILP in Recife / PE from the period of Oct to Nov / 2015 were collected, where it was noticed that for food 82.75% say they prefer homemade food, currently offered 86.20% is very good and while the diet without salt, fat and sugar 75.86% is accepted easily. According to Ferreira,¹⁴ good nutrition is one of the factors that lead to healthy aging, and maintaining adequate nutritional status should not be understood as a strategy to obtain greater survival, but as a factor that interferes positively so that a greater number of people approach its maximum cycle of life. According to the World Health Organization (WHO), one of the ways to promote the improvement in the quality of life of the elderly is to develop community-based health

programs that will promote the health of the elderly and must have nutrition as one of the priority areas. However, on the current diet offered by Luz et al.,¹⁵ emphasizes that the largest expenditures of the elderly are with food, and it is interesting to mention that in relation to the elderly consumer there is a growing concern about health, which leads to the search for healthier foods, making the study of the elderly diet very relevant. The growth of the elderly population represents a large market for food consumption, a fact that requires food adequacy to allow a longer life for these consumers. Consequently, this generates a reduction of costs for the state and society, since an improvement in the condition of life through healthier food can help in the prevention of illness and maintenance of the health of its elderly.

Table 1 Factors influencing the Quality of Life of the elderly of an ILP in Recife (PE), Brazil. Oct to Nov / 2015

Variables	n=29	(%)
Alcoholic beverage		
Used	3	10,34
Used socially	8	27,58
Never used	18	62,06
Tobacco		
Used a lot	6	20,68
Used from time to time	4	13,79
Never used	19	65,51
Daily situations and difficulty		
food	2	6,89
Physical exercise	12	41,37
Accessibility to sites	14	48,27
Communication	4	3,44
Physical activity		
Did not practice	17	58,62
Practiced daily	2	6,89
I used to practice once in a while	8	27,58
Practiced academy	1	3,44
Others	1	3,44
Regarding current physical activity		
Make me willing	5	17,24
I like it but I feel pain	4	13,79
I like it but I do not have anyone to help me	5	17,24
Do not like it, because I have pains	5	17,24
Do not think it's necessary	10	34,48
Sleep		
Always reconcile	6	20,68
6 to 8 p.m. night	10	34,48
I slept poorly	5	17,24
I do not remember	7	24,13
Others	1	3,44

Regarding the restricted diet, that is, without salt, fat and sugar, which were pointed out in greater consumption by the elderly, Barbosa et al.,¹⁶ and mention that nutrition; health and aging are closely related. The maintenance of an adequate nutritional state and

the balanced diet, consequently, are associated to a successful aging, providing quality of life. In addition, environmental characteristics, diet, lifelong eating habits, risk factors, such as smoking, alcohol, obesity, cholesterol, among others, have an impact on the physiological and physiological aspects. Metabolism of the aged organism. It is known that nutritional disorders are common among the elderly, and nutritional status is both a risk factor and a marker of disease, but in the elderly, nutritional status is a reflection of past eating habits that can be influenced by various long-term effects. It can then be inferred that it is possible to pursue healthy aging through health promotion and disease prevention while maintaining functional capacity for as long as possible. According to the author mentioned above, it is pointed out that in order to have a successful old age, it is necessary that the physical and alimentary patterns are adapted to the individual needs in each period of the life. Therefore, it is important to promote health during all stages of life, since aging does not begin at age 60, but it is the accumulation and the result of behaviors produced in the social environment, through the choices that are throughout the life cycle. Table 3 shows the relationship between the lifestyle in the past and the reflexes in the current health of the elderly women of a PLI in Recife / PE in the period from Oct to Nov / 2015, it was verified that when questioned whether the ingestion of alcoholic beverage causes damage to health, where 55.17% reported that it may cause some health damage when the intake is in excess and that it has nothing related to diseases.

Table 2 Nutritional factors that influence the Quality of Life of the elderly of an ILP in Recife (PE), Brazil. Oct to Nov / 2015

Variables	n=29	(%)
Food (n*=188)		
Pasta	20	10,63
Fry	20	10,63
Candy	23	12,23
salty	19	10,10
Regional food	23	12,23
Salad	18	9,57
Vegetables	22	11,70
Sausages	18	9,57
Homemade food	24	12,76
Others	1	0,53
Food currently offered		
Very good	25	86,20
Inappropriate times	-	-
Tasteless	4	13,79
Rejection of consistency	-	-
Diet without salt, fat and sugar		
Easily	22	75,86
Difficultly	7	24,13
Do not want	-	-
Did not care about diet	-	-
He ate in the street	-	-

*n= multiple answers

Table 3 Relationship between the lifestyle in the past and the reflexes of life in the current health of the elderly of an ILP in Recife (PE), Brazil. Oct to Nov / 2015

Variables	n=29	(%)
Intake of alcoholic beverage		
No, it damages the health	1	3,44
No, ingested	2	6,89
Ingested	2	6,89
Did not answer	8	27,58
Others	16	55,17
Smoke affects health		
Does not affect	-	-
Only when you smoke a lot	12	41,37
When you have respiratory diseases	1	3,44
Affects not interfering with health	9	31,03
Others	7	24,13
Religious Belief in Youth		
Ever	23	79,31
Not much	3	10,34
Only in old age	-	-
Never	3	10,34
Others	-	-
Youth Experience		
Balanced and constructive	13	44,82
Were not healthy	1	3,44
Never cared about the future.	14	48,27
Others	1	3,44
Condition of hypertensive and diabetic disease		
Genetics	1	3,44
Nutritional	3	10,34
Various reasons	3	10,34
Did not answer	11	37,93
Nega HAS and DM	11	37,93
Interference of previous lifestyle and impacts on current QOL		
I was far from worried	8	27,58
always maintained a well-ruled life	2	6,89
never had information on the subject	18	62,06
Others	1	3,44
Earlier financial concern for the future		
I always wanted to have a better future.	2	6,89
Did not have the support to grow in life	11	37,93
Never cared	12	41,37
Others	4	13,79

As for smoking, 41.37% say that it will affect their health only if they smoke a lot; already about the relation of religious belief in youth 79.31% say they have always been very religious. The elderly women also talked about the experience in the youth and a possible concern with the future 48, 27%, where of these they spoke that lived the youth without worrying or thinking about the future. Regarding the possible causes for the condition of hypertensive and diabetic disease in the current life of the interviewed women, 48.27% commented that they did not see a relationship between the issues, i.e., genetics, food or physical inactivity. In the context of previous lifestyle interference and impacts on current QoL 62.06% cited that they had never had information on this subject when asked about their previous financial concern for the future 41.37% said they never cared. Thus, with regard to alcoholic beverage intake, excessive alcohol consumption interferes in many ways with the adequate nutrition of the elderly, as it competes with the nutrients from their ingestion to their absorption and use. The higher the participation of alcohol in the diet, the lower the nutritional density and quality of food.¹⁷

Given the context, Carvalho¹⁸ relates to smoking established by the elderly, and reports that smoking is the main cause of chronic obstructive pulmonary disease (COPD) and lung cancer, where exposure to tobacco smoke can induce and aggravate asthma bronchial, especially in childhood, and smoking is therefore a risk factor for pulmonary tuberculosis and the main risk factor for X histiocytosis. On religious belief in youth, Assis et al.,¹⁹ comments that spiritual health is an essential requirement for achieving quality of life in the third age and, in the wake of such conceptualization, some studies point to religiosity as a possible factor to guarantee quality of life in the elderly. Relating again to the physical part, i.e. a condition of hypertensive and diabetic disease, Novais and Leite²⁰ portray that the risk factors can be divided between the possible and non-modifying by the individual. Eating habits, physical activity, and smoking are each one's choices, while aging and inherited health conditions are immutable. Risk factors are directly related to unfavorable changes in body functioning which, in turn, contribute to the development of various diseases. Inadequate diet and lack of physical activity can lead to obesity and hypertension, for example, and can also trigger hyperglycemia (elevated sugar levels) and increase blood cholesterol levels. These factors, in turn, contribute to the development of more chronic diseases, such as ischemic heart disease, diabetes and other cardiovascular diseases.

According to what is being said, regarding the interference of the previous lifestyle and impacts on the current QoL, Ribeiro²¹ says that the younger ages are intuitively more focused because the children are in a school context where the educational intervention is more accessible, and where educational objectives include areas of health, usually associated with lifestyle (or life skills, to use the language of health promotion). The goals can be linked to food, exercise, consumption of substances such as tobacco, control of aggression, sexual health, among many others. On the previous financial concern for the future Francischetti et al.,²² concludes that financial education can be understood as a process that stimulates the search for knowledge in how to apply and invest money in our daily life, to be able to turn that money into wealth and financial security into the future by enabling people to cope with their income, money management, spending and loan management, savings and short- and long-term investments. Table 4 presents the nursing actions in the promotion of the improvement in the QoL of the elderly women of an ILP in Recife / PE from the period of Oct to Nov / 2015, where

41.37% report that they seek with any pain the search for nursing care, when they were questioned. In this sense, the Order of Nurses Mateus (2008) brings that whenever the nurse foresees the occurrence of pain or evaluate its presence, it should even intervene by adapting the strategies of relief or reduction to data levels considered acceptable by the person. Therefore, it is up to the nurse to evaluate, diagnose, plan and execute the necessary interventions.²³⁻³⁰

Table 4 Nursing actions to promote the improvement in the QoL of the elderly of an ILP in Recife (PE), Brazil. Oct to Nov / 2015

Nursing care search	n=29	(%)
With any pain	12	41,37
Only with severe pain	6	29,68
Do not usually search	11	37,93

Conclusion

From the present study, it was possible to conclude that the aging process is influenced by factors such as: food, financial security, disinformation about healthy lifestyle, difficulties in daily situations and physical activity. Therefore, these factors are directly related to the quality of life of the elderly. Regarding the positive expectation about the health demonstrated by all the elderly women after hospitalization, it was observed that the nutritional intervention of the ILP positively influenced the way of thinking of the elderly about food and health, thus serving as an aid in the search for improvement in the quality of life, where they associated the satisfaction with the service before the aspects of the care and attention that they received. Still on the QoL of these elderly women, there is a need to perform nursing actions through the area of Health Education and the experience of public health programs; the activities of HIPERDIA, nursing consultations, home visits and the expansion of social life, are some examples of how one can promote improvements in the quality of life of the elderly. Despite the nursing actions, it is very important to perform regular physical activity, as it slows the physiological changes of aging and when associated with other care contributes to the prevention of certain diseases, such as respiratory infections, which decreases the use of medications.

Within the context of the factors that influence some reflexes in the current life of the elderly of the ILP, in which they were mentioned above, it can be affirmed that with the advent of the change of the social structure the woman goes from housewife to the worker, that is, they began to prepare themselves more by studying and investing in the development of their own career, no longer being financially dependent on a male provider, in order to reflect the paradigms of what the past was like and what women have become. Along with these positive changes in the present, there is still an old problem mentioned by the elderly, which are the daily situations and difficulty of the elderly with accessibility to the places in general, and can be discussed among the population that lives in the city and that is a user of this space, together with the public power that must reduce social inequalities, promote social justice and the quality of urban life. By doing so, more possible solutions, simple and relatively inexpensive cost. Given the relevance of the theme that was proposed, it is suggested that the study of this theme be extended to other elderly people and be supported by the public power to defend them in their right to have quality of life independent of social class. It is known that for this to occur it is necessary to have a multidisciplinary team

with professionals qualified and competent to help this segment so exposed the fragilities of this phase of the life cycle. Regarding the role of the nurse in the multidisciplinary team, she is focused on the educational process with the elderly and their families, aiming at their functional independence, the prevention of secondary complications, their adaptation and the family to new situations. Remember that every elderly person has his or her own life history, unlike any other, and what can mean quality of life for him may be different from what it is for the health professional.

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Conflicts of interest

The author declares there is no conflict of interest.

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