

# Older adult exercising as informal caregiver: case report

## Abstract

**Introduction:** Due to the phenomenon of population aging, more and more older adults are taking care of other older adults, which is why as professionals we must take care of both the dependent person and their caregiver. The objective of this case report is to reflect on the impact generated in the health of a senior adult to be an informal caregiver.

**Case report:** 79-year-old woman with arterial hypertension, repeated urinary infections, neurogenic bladder using permanent urinary catheter. Her main caregiver is her 82-year-old husband who has high blood pressure, illiterate, retired, references that before his wife's illness he attended church and did sporadic work, but currently he is completely dedicated to his care, to the application an intense overload is obtained from the Zarit scale.

**Conclusions:** The characteristics of the caregiver should be identified to avoid the loss of functionality, especially in the elderly who are engaged in informal care. In turn, we must identify and strengthen the protective factors that identify each home visit, use the agreed plan, be part of the people in making decisions about their health and well-being. As a health team, we must work with the family as being caring and not only with the person in a situation of dependency, because the care they will receive depends directly on the health of the family unit.

**Keywords:** caregivers, idoso, nursing, geriatrics

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## Introduction

For the World Health Organization (WHO) a person is older when their age ranges from 60 to 80 years, whose period of life requires a social adaptation because of the physical changes generated by age (1). The world population is experiencing a progressive aging, that is, an investment of the population pyramid is developed. The number of older adults in Latin America and the Caribbean will increase from 42 million in 2000 to 100 million in 2025.<sup>1</sup>

The fundamental characteristic common to the aging process is the loss of functional reserve, which conditions a greater susceptibility to external aggression by decreasing the response mechanisms and their effectiveness in preserving the balance of the internal environment. As the functional reserve is lost, the susceptibility is greater, increasing the possibility that any causal noxa will trigger loss of function, disability and dependency.<sup>2</sup>

In Chile, home visits are a feature that is incorporated in different programs and in the work of professionals since the early 30<sup>3</sup> where the home visit has been defined as "A strategy of service delivery Integral health with promotional and preventive focus (primary, secondary and tertiary prevention) carried out at home, aimed at individuals and their families at biopsychosocial risk, based on the construction of a support relationship between the interdisciplinary health team and the family to promote healthy biopsychosocial development. Including the promotion of better environmental and relational biological conditions, it is inserted within the framework of an action plan defined by the head health team, with specific objectives that command the corresponding actions, which are exposed to the family during the process of attention, and are built between the health team and the family and / or caregivers and carried out by professionals and / or technicians with the required competences".<sup>4</sup>

The increase of older adults, added to the progressive loss of functionality, is a topic that concerns us as a health team, especially in primary care to prevent complications and thus avoid the use of advanced health devices, through home visits these people.

Due to the phenomenon of population aging, more and more older adults are taking care of other older adults, that is why as professionals we must take care of both the dependent person and their caregiver. The objective of this case report is to reflect on the impact generated in the health of a senior adult to be an informal caregiver.

## Case report

A 79-year-old woman with high blood pressure, recurrent urinary tract infections, neurogenic bladder using a permanent urinary catheter. The annual visit of Nursing is performed, the user stays in bed, gets up only to the dining room of the home with the help of her caregiver, does not mention interest in getting up or leaving the house, she is ashamed to be seen with the bladder catheter. A physical assessment is observed in regular general conditions, conscious, cooperative, is observed uneasy and distressed, to inquire about the cause refers discomfort by using the permanent urinary catheter. At the physical examination the findings were; epiphora that hinders his vision and painful abdomen to the palpation in right iliac fossa referring to ENA 7/10, which is exacerbated when eating fatty foods. Diuresis by tube, refers difficulty in the depositions and use of laxatives. Vital signs are within normal ranges except for blood pressure (148/100 mmHg). The application of the Barthel scale results in severe dependence, presents a high risk of falls according to the Downton scale and low risk of pressure ulcers according to the Braden scale. Incomplete basic education.

Usuaria currently lives with her husband, sister and a nephew, has 2 daughters who visit her occasionally. Her primary caregiver is her

82-year-old husband, who has controlled arterial hypertension in his Family Health Center, is illiterate, and is currently retired. He says that before his wife's illness he attended church and performed sporadic jobs, but is currently engaged in completely in her care, because she does not want to stay alone or with other people. To the application of the scale of Zarit an intense overload is obtained.

## Discussion

Projections from the National Institute of Statistics indicate that by 2020 the life expectancy of Chileans will be, on average, 79.7 years: 82.1 years for women and 77.3 for men.<sup>5</sup> The greater longevity of the population implies not only a higher prevalence of chronic and degenerative diseases, but also a higher prevalence of disability and functional limitations that affect independence in the daily activities of older adults.<sup>6</sup>

The increase of older adults with dependence requires the presence of a caregiver, that is, a person who performs direct care.<sup>7</sup> In most cases, this care is taken over by a family member, who is dedicated exclusively and who does not receive help to carry out this work.<sup>8</sup> The average age of informal caregivers of dependent older adults is 40 to 50 years<sup>9-11</sup> in them the stress generated by taking on this responsibility is present, leading them to the mismanagement of their time and neglecting their health, which makes you vulnerable to illness.<sup>12</sup> This is exacerbated when the person providing the care is also an older adult, since they are more likely to have comorbidities and loss of functionality due to aging of the systems, so taking care of another means neglecting their own health in case of not present a significant support network and a positive link with the health team.

Health systems try to meet the needs of care by focusing their attention on maintaining functionality.<sup>13</sup> Caring will always be essential for the maintenance of society, it is the pillar of the nursing profession, but it also has a non-professional component, family care at home, which is considered a moral obligation.<sup>14</sup>

There are barriers that diminish the capacity to deliver the necessary care; when the person giving the care is also elderly, because it is mostly the spouse and may have disabilities that limit the type of help that can be provided; Families are small so there are fewer people with whom to share care; the participation of women in the workplace means that they have less time to grant assistance; the greater number of divorces has also weakened family ties and can diminish available help, among others.<sup>15</sup>

In Chile, ministerial policies include the prevention of loss of functionality, community rehabilitation and home care for the dependent elderly. The latter is considered a difficult task, due to poverty, the lack of knowledge of the caregiver, and the lack of resources at the level of community health centers to follow up, so that the networks of social and family support acquire special importance.<sup>16</sup> The health centers carry out training, support and assist in a technical way, through home visits, which ensure the condition and quality of care within the home. Its purpose is to improve the quality of care for the dependent person and reduce the caregiver's burden.<sup>3</sup>

## Conclusion

It is essential to identify the characteristics of the caregiver in order to carry out an individualized care, which avoids the loss of functionality, especially in the elderly who dedicate themselves to

informal care. In turn, we must identify and strengthen the protective factors that we identify in each home visit, using the agreed plan, involving people in making decisions about their health and well-being. As a health team, we must work with the family as a caregiver and not only with the dependent person, because the care they will receive depends directly on the health of the family unit.

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## Conflict of interests

Authors declare that there is no conflict of interest.

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