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Pressure ulcers in older adults in a permanent geriatric stay

Summary

We call human aging a gradual and adaptive process of a biological, psychological and social type, produced as a consequence of genetically programmed changes, history, lifestyles, environment and social conditions to which the person was exposed. On the other hand, old age is a stage of life whose beginning is established by society, which is why the United Nations Organization agreed that, in developing countries, people aged 60 and over are classified as older adults.

In institutionalized older adults, the prevalence of pressure ulcers is a worrying issue in the development of nursing care plans. Prolonged bedridden, reduced mobility, malnutrition, physiological alterations, incontinence, among others, are causes that can cause pressure ulcers, as well as aspects related to current strategies and practices for their prevention in patients at a social health center. This is considered important because during aging structural and functional changes occur in different organs and systems. For this reason, as health professionals, we must know the normal morphological and functional changes of physiological aging, and thus guide the elderly to adapt and improve their lifestyle.

Keywords: aging, stay, ulcers, elderly

Volume 8 Issue 1 - 2023

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Received: March 04, 2023 | **Published:** March 27, 2023

Introduction

The prevalence of pressure ulcers is a matter of concern for the personnel who care for institutionalized patients through a detailed and constant evaluation to prevent risks and treat those that are present. Within the present work, it is intended to obtain a diagnosis in which the current situation of the patients of a permanent geriatric stay located in Irapuato, Guanajuato is shown. This institution offers a type of permanent stay with two modalities: the first is the shared room and the other option is the private room; These modalities will depend on whether the older adult enters with a free program or if they can pay for a program with a monthly payment of $3,000.00 pesos, respectively. Visiting hours are from 9:00 a.m. to 6:00 p.m. Here, offer services for adults with physical disabilities, adults with mental disabilities, or abandoned adults. This population is offered a food supervision service, which is served three times a day, daily monitoring of vital signs, therapies and recreational activities, daily cleaning, chapel, access to gardens and proportion of wheelchairs if necessary.

For this reason, as health professionals, we must know the normal morphological and functional changes of physiological aging, and thus guide the elderly to adapt and improve their lifestyle.

Background

The world economy is currently not prepared for the increase in the population of older adults and the needs that will develop as the demand for health services, new research in gerontology has determined that older adults are vulnerable groups in terms of education and development in society being a group of interest, where General Practitioners, Nurses, Psychologists, Social Workers, Geriatricians, must work together to provide comprehensive quality care.[1]

A preparation on aging must be provided to the new generations through healthy habits from the early stages of life, it is required that the man be seen in a holistic way to attend and foresee a future of the elderly with adequate medical attention.[2]

Allevato and Gaviria, 2008, affirm that aging is not only a chronological phenomenon, but that it is a multifactorial phenomenon that inevitably affects all levels of organization at the molecular level in organs and systems, due to the fact that the average life expectancy has increased in the last century to an average of 65 years and over and continues to rise. In low and middle income countries, mortality has decreased in childhood, births and infectious diseases have been reduced, thanks to health promotion programs and in the elderly, health problems are due to the appearance of diseases chronic due to unhealthy habits, which are frequent, coupled with little coverage in social security and health services.[3] The current need related to population aging is the maintenance of health and quality of life. Since life expectancy at birth increased 40 years since the twelfth century and 50% of people who were born in the year 2000 will live in the year 2072, men dying first, caused by lifestyle.[4]

In Mexico there has been a rapid demographic growth from the years 1930 to 1970 characterized by the demographic transition with a broad base and towards the upper portion with narrowness. The growth rate for 1970 was the highest in the country's history with an average fertility of 7 children per woman, which led to the spread of family planning campaigns placing women in the workplace (Mendoza, 1998 in Ortiz Álvarez and Mendoza). According to the population pyramid in the state of Guanajuato, an increase in the age group of Older Adults of 6.5% in the year 2000 and 13.9% in the year 2015 was visualized, and where it will be most notable for its speed will be in the corridor Industrial that includes the city of León, Irapuato and Celaya. The most frequent health problems are: diabetes, cancer, pneumonia.

According to the Official Gazette of the Federation, the conditions of vulnerability of the elderly have worsened due to the rapid growth of the population of the elderly, this causes an increase in the demand for services that provide assistance, therefore, it must be improve care effectively, governing the care of the elderly with the NOM-167-SSA1-1997, on social assistance. Provision of social assistance services to adults and older adults in situations of risk and vulnerability, being mandatory throughout the national territory in both the public, private and social sectors.

It becomes a problem in the mercantilist and productive society, when the individual can no longer work, coupled with a predominant nuclear family system, rejecting the adult generations to condemn them to reside independently from the rest of the family. Many times they are helped financially by their children, losing their authority in the family, sometimes they are admitted to nursing homes that provide them with the necessary care, where they are rarely visited, being expelled from the family bosom. Being more characteristic in urban and rural areas to preserve their place within the family.[4]

According to Lugo, et al,.[5] it is expected that by the year 2020 the number of older adults will increase, which is why it is necessary to have the creation of companies to care for them, and with this a growth in the areas of nursing, optometry, dentistry and specialties. medical centers focused on the elderly, one could think of nursing homes, nursing homes or day centers for the elderly that function as day care centers but also carry out recreational activities for their health care, the personnel in charge must have the scientific-human knowledge for the best care with quality and warmth, I believe that in this world that has entered into globalization it would be one of the best options to be able to generate jobs.

Reference framework

Provision of social assistance services in homes and shelters for the elderly. The provision of services in homes and shelters for the elderly must include:

1) Accommodation through infrastructure and facilities planned and designed with the spaces required by the elderly, so that they lead a dignified, safe and productive life.
2) Homes and shelters for the elderly will include the following areas:
3) Health Care: offices, and observation room.
4) Recreation and Training: workshops, religious services, multipurpose room, TV room, where appropriate, exhibition room and sale of articles.
5) Bedrooms: you can have individual rooms, group rooms with no more than six beds and double rooms.
6) Sanitary Men and Women: WC, sinks, urinals and showers.
7) Adjust areas with specific furniture and equipment. should be considered
8) Promotion of family and community participation in the user care process.
9) For the distribution of spaces in the house, the different movements must be analyzed of personnel, user, public, interrelation of areas to facilitate the self-sufficient movement of the elderly.
10) In access squares, avoid steps as much as possible, use non-slip materials, and where there are stairs, use railings at a height of 90 cm with round tubular handrails 5 cm in diameter and ramps 1.55 m wide with a slope no greater than 6 %.
11) In common areas of multiple uses, avoid unevenness in the floor and corridors; place 5 cm diameter tubular handrails on walls at a height of 75 cm above the finished floor level.
12) Have telephone devices, up to the mark and distributed in such a way that older adults can receive calls with the necessary privacy.

Feeding

1) The user will have the right to receive three meals a day with an interval of six to seven hours between one meal and another.
2) Food must be of good taste and appearance, in sufficient quantity for adequate nutrition and served in decent utensils.

Medical attention

Essential medical equipment must be available, including:

a) First aid kit
b) Binaural stethoscope
c) Blood pressure cuff
d) Diagnostic kit with ophthalmoscope
e) Vaccum cleaner

The medical care provided to the elderly must be based on scientific, ethical and social principles; It includes preventive, curative and rehabilitation activities, which are carried out by the doctor, nurse, gericologist, psychologist and physical-occupational therapist.

The preventive activities will include the following actions

1) Education and health promotion of the elderly.
2) Promotion of a culture of dignification of the elderly, which implies the dissemination of gerontological precepts that allow knowing and understanding the aging process.
3) Timely detection of risk factors and diseases to prevent disabling sequelae.

Maintain the functionality and autonomy of the individual, among which are:

a) Arterial hypertension.
b) Mellitus diabetes.
c) Disease of the musculoskeletal system.
d) Atherosclerosis.
e) Malnutrition.
f) Cancer.
g) Other cardiovascular diseases.
h) Depression.
i) Respiratory diseases.
j) Visual diseases.
k) Ear diseases.
l) Stomatological diseases.
m) dermatological diseases

Integral rehabilitation

The rehabilitation activities will be developed according to the particular needs of the users, with the interdisciplinary participation of health workers, the family and the community in general, in the cognitive, affective and psychomotor sphere.

For the design, execution, monitoring and evaluation of physical, psychological, occupational, labor training, cultural and recreational rehabilitation programs, the following activities are included:

1) Psychomotor coordination, gross and fine.
2) Prevention and care of physical deformities.
3) Maintaining awareness of your body schema.
4) Maintenance of awareness of space.
5) Functionality of your senses.
6) Elaboration of manual works.
7) Social activities.
8) Selfcare activities.
9) Occupational and recreational activities.

Social work

Social work activities in relation to the elderly are:

1) Prepare the income socioeconomic study.
2) Follow-up of the case in relation to the family nucleus to promote their social reintegration.
3) Support referral to health care units.
4) Support legal and administrative procedures.
5) Support recreational and cultural activities.
6) Manage discounts and concessions

Lifestyle of older adults

A sedentary lifestyle and a low physical condition mean that many older subjects are subjected to maximum levels of demand during their daily activities. In these, a small decrease in their degree of physical activity can lead them from a state of functional independence to a state of incapacity to carry out their daily activities, requiring external assistance or help to carry them out. Physical activity is a very effective means of preventing and delaying the inevitable deterioration of functional capacity in older subjects. The degree of physical condition available to a subject determines her ability to function independently and to have a full and independent life. The assessment, through tests.

Pressure ulcers

The prevalence of pressure ulcers in institutionalized elderly is a worrying issue in the development of nursing care plans. Pressure ulcers are the result of a set of factors: prolonged bed rest, reduced mobility, malnutrition, physiological alterations, incontinence, etc. Wound care is, without a doubt, one of the most daily actions in healthcare and social healthcare activity carried out by healthcare professionals in different care contexts. The old age-incontinence binomial Martínez E,[6] clearly and relevantly facilitates the appearance and development of these lesions. In the study by Martínez et al. Regarding urinary incontinence, it is stated that, in institutionalized patients older than 65 years, the percentage of suffering from urinary incontinence is from 40% to 60%.

Nix D, refers that there are not many data about the incidence of fecal and mixed incontinence, although it is estimated that they can affect 2% of the population with an increased risk in institutionalized patients. According to Ersser S, it is estimated that suffering from fecal incontinence represents a 22% increase in the risk of suffering from pressure ulcers. Doreen Norton developed the first pressure ulcer assessment scale (EVRUPP) in 1962, which included incontinence as an important factor in suffering from these lesions. All the scales that have appeared subsequently and that are derived from the Norton have included urinary and fecal incontinence as risk factors. Since the studies carried out by Jordan et al. and Jordan and Clark, multiple studies have been carried out on the location and stages of pressure ulcers.

Approximately one third of older people living in the community fall each year. In institutionalized people the incidence and prevalence of falls is even higher.

It must be borne in mind that these percentages could be higher, since the actual incidence of falls is often difficult to ascertain because on many occasions a fall is considered a "normal episode in relation to age" and is not reported, and, therefore, On the other hand, sometimes the patient himself does not refer them for fear of suffering restrictions.

It has also been described that between 13–32% of the elderly do not remember falls suffered in the previous months. Any fall in an elderly person during daily activities is a vital sign that indicates an unidentified medical problem or an unresolved need, and must be properly assessed.

Problem statement

Until before the 1970s, Mexico lacked a defined public policy that dealt with the problem of the elderly. During the colonial era, the reform and revolutionary and post-revolutionary Mexico, old age was conceived as a natural and individual condition of human beings, whose attention corresponded to the private family sphere, where assistance institutions, especially religious, were involved only in those cases of extreme vulnerability, abandonment and helplessness. In this sense, the social response, which was not governmental, was based on the commandments of faith and charity. From the Porfiriato, history tells of the efforts of the State to take care of dependent populations (elderly, minors, handicapped).1 Thus, care for the elderly is in charge of Public Welfare.

The National System for the Integral Development of the Family, DIF, became a specialized, autonomous and decentralized arm of the health sector and the National Social Assistance System was formed, which in addition to the sectors traditionally cared for children and women, added young people and to the old (Youth Integration Centers, National Institute for Senectud) and created branches throughout the country, at the state and municipal level, with their own management of resources. Social assistance became a complex system with commitments, strategies, laws and agreements.

Therefore, the following question arises: Is there a presence of pressure ulcers in older adults in a permanent geriatric stay?

Justification

At present, the increase in average life has caused the development of degenerative diseases that occur more frequently, causing states of disability. Currently, 8 million older adults live in Mexico and the UN estimates that if these trends continue by the year 2025, older adults in Latin America and the Caribbean will constitute 14.1% of the planet's population, reaching 22.6% in 2050. Our Society relegates the elderly causing low self-esteem, physical deterioration and social isolation, in some cases mistreatment, generating depression.

With the latest advances in medicine and public health, the average life span of people has increased, and although death is not avoided, it is vitally important to reach a quality adulthood, this demographic change will create consequences at a social, demographic, family and economic.

One of the health problems of this population group will be the chronic diseases with the highest prevalence that occur due to multiple factors, which is why the family and society have the responsibility to offer opportunities for the elderly to have the skills to achieve satisfactory self-care through nursing interventions.

Methods and methodology

It is intended to work with geriatric patients ranging from 45-90 years, which in turn are divided into Presenile 45-60 years, Gradual senescence 60-70 years, declared Old Age 70-90 years, longevity over 90 years, which are the patients who are in a permanent geriatric center, to determine the integumentary and nutritional status of the elderly through the Braden scale, to measure pressure ulcers, the data will be filled out in graphics in Excel to show the demographic and state data of health. The work is transversal, descriptive.

Ethical considerations: The research was considered "without risk" in accordance with the Regulation of the General Health Law on Health Research 25, in force at the time of the study, since no interventions were made on the physiological or psychological variables of the participants. , nor was sensitive information collected, so the participation of the subjects was not subject to obtaining their written informed consent.

Results

When taking the general data of the elderly, the following results were obtained: 13 male patients representing 45% and 16 female patients representing 55%.Patient sex (Figure 1).

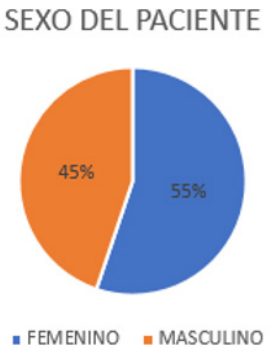

Figure 1 Patient sex.

When obtaining the data of the 29 geriatric patients, the following results were obtained; 3 patients (10%) are within the age group of 40-59 years, 8 patients (28%) are within the age group of 60-79 years, and 18 patients (62%) are within the age group from 80-99 years (Figure 2).

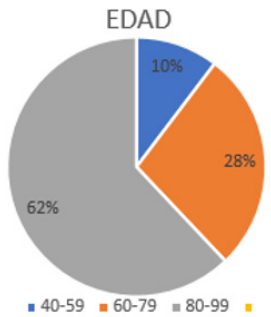

Figure 2 Age.

When collecting the general data of the older adults who are within the institution «Casa hogar la Paz, the following results were obtained regarding their religion: there is a higher prevalence of patients with a Catholic religion with a number of 28 patients representing 95% in comparison with the Christian religion presenting 5% with 1 patient (Figure 3).

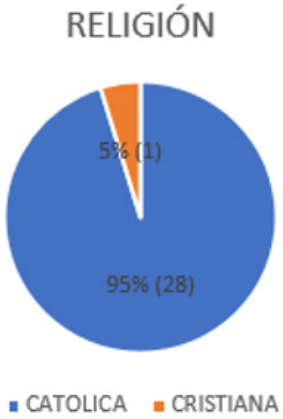

Figure 3 Religion.

When interviewing patients about the medical service they have, it was found that 16 people (56%) have IMSS, 11 people do not have rights (38%), 1 person has a military hospital (3%) and another 3% to ISSSTE (Figure 4).

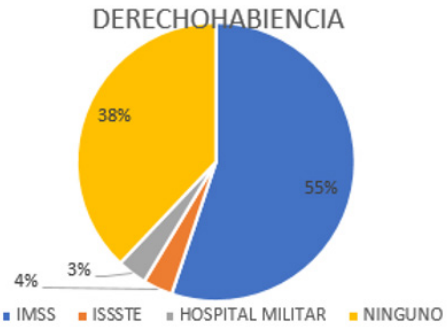

Figure 4 Legal holding.

With respect to the data obtained in the investigation of the elderly, the following data was obtained regarding their marital status: representing the majority, 19 people are single, representing 66%, 7 people are widowed with 24%, 2 people are divorced , with 7% and 1 person is married to 1% (Figure 5).[19–25]

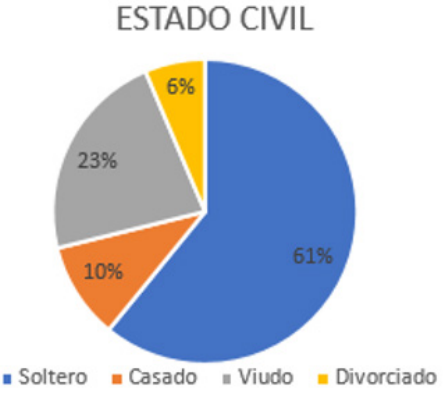

Figure 5 Civil status.

Citation: Sanchez CMC, Benavides JEM, Arias EB, et al. Pressure ulcers in older adults in a permanent geriatric stay. *MOJ Gerontol Ger.* 2023;8(1):22–27. DOI: 10.15406/mojgg.2023.08.00304

When evaluating the Braden scale in the elderly, it was found that 21 patients (72%) have Low Risk, 6 patients (21%) have Moderate Risk and 2 patients (7%) have High Risk (Figure 6).[25–32]

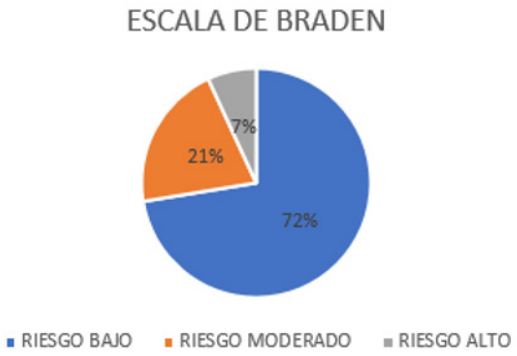

Figure 6 Braden Scale.

Conclusion

Up to 95% of cases of pressure ulcers are preventable with timely and systematic care of skin integrity.[7–18] We must direct our actions in a systematic way, using current scientific evidence, to reduce the interdisciplinary variability of care practice in the care of this pathology, adopting the best decisions regarding the detection and management of pressure ulcers at different levels. of care, since these deteriorate the quality of life of patients and their families, increasing the social cost, increasing the consumption of health resources and currently have an important legal connotation for the health team, since they represent a complication of the health care that must not be exclusively attributable to nursing care.

Develop and strengthen technical knowledge in the Prevention of Pressure Ulcers and the skills for the application of safe practices by the health team responsible for the treatment and care of patients, in order to prevent and reduce their incidence.

Acknowledgements

None.

Conflicts of interest

The author declares that they have no direct or indirect conflicts.

Funding

None.

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