Incidencia del síndrome de caídas en el hogar, estudio realizado en personas mayores en el rango de edad de 60 a 80 años

Syndrome incidence of falls in the home, study elderly at an age range between 60 and 80 years

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Resumen

Las personas mayores sufren un cambio drástico en su vida al sufrir una caída, sus expectativas cambian desfavorablemente pues dejan de ser independientes y se vuelven dependientes. El presente estudio tiene como objetivo identificar la incidencia de fracturas como consecuencia de caídas en personas mayores. La metodología utilizada es de enfoque cuantitativo, con alcance descriptivo, diseño no experimental y transversal. La información se obtuvo en un periodo de doce meses, con 300 personas mayores, dentro de un rango de edad de entre 60 y 80 años, quienes acudieron al Centro de Rehabilitación de Educación Especial (CREE) de la Ciudad de San Francisco de Campeche, Campeche, México. Los resultados fueron que las personas mayores que sufren caídas, en 63.30 % se fracturan.

Conclusiones: existe falta de sensibilización por parte de familiares y la misma persona mayor para evitar las barreras arquitectónicas en el hogar. Por ello, la intervención gerontológica en caídas también debe realizarse a través de la educación en temas de salud.

Palabras clave: caídas, persona mayor, salud.

Abstract

Older people have a drastic change in his life after falling. Expectations change unfavorably, go from independence to dependence. It aims to identify the incidence of fractures in falls of older persons. The methodology is quantitative approach, descriptive scope, not experimental, cross-sectional design. The information was obtained in a period of twelve months, with 300 senior people, within a range of 60 to 80 years old, who attended the Center for Rehabilitation of Special Education (CREE) of the City of San Francisco de Campeche, Campeche, Mexico. Results: people suffer in 63.30 % fall fracture. Conclusions: family and awareness among the elderly missing to avoid architectural barriers in your home, and gerontology intervention falls is important to do it through education in health issues.

Key words: falls, elderly person, health.

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Introduction

Falls are a real clinical problem in the aging population, due to its high frequency and its physical, psychological and social consequences. Often the biggest fallers live isolated

from any help they can get. The World Health Organization (WHO) in one of its publications noted that Mexico ranks second in America in terms of falls in elderly people.

Syndrome falls is subject must be present between the staff area of health, to be a recurring problem. The fall in the elderly person is almost always related to fractures, especially hip fracture. When a person suffers a fall becomes dependent, demanding more attention from their families.

Bermudez (2004) states that the bones are the system that supports the human body, is always reabsorbing old bone and making new bone; this process is always done when the body and have a good balance of new and old bone. Bone loss occurs when old bone more than the new that is created is reabsorbed. is also aware that sometimes bone loss occurs without any known cause, and at other times it is by inheritance

In the aging process, the body can absorb calcium and phosphorus from bones instead of keeping these minerals, making bones weaker. When this process reaches a certain stage is called osteoporosis. Often people do not know they have bone loss and find out when a bone; when this has happened it is because it is in a severe stage of high risk.

The greatest risk of osteoporosis occurs in women over 50 years of age and men over 70 years old. One major cause of bone loss in women is due to the decrease in estrogen in the time of menopause and men decreased testosterone as they age (Lewiecki, 2000).

Old age is considered from the 65-year-old is a stage in which we must be very careful because they are more prone to falls, which are a serious problem in the stage of old age as they require hospitalization, rehabilitation and long-term care, and perhaps lead to death (Garcia, 2000).

The fall of a person is an unpredictable event; in most cases it is due to maladjustment to the environment where one lives caused by various factors such as abnormal gait, shuffling, and orthostatic hypotension (Calkins, 2011). The risk of falling increases with age, this

being one of the main factors, so that older people have a higher risk of death or serious injury from falls.

In a study conducted by the Ministry of Health in 2008, entitled "Prevention of Falls in the Elderly in the first level of care in Mexico" it expressed that falls account for 30% of the causes of death in people over 65 years; 62% of these occur at home and 26% on public roads, these figures between 10 and 25% suffer fracture, and 5% require hospitalization (Millan, 2006). A fall can cause injuries, sprains, fractures and damage to the head or spine. These lesions originate hospital admission, immobility, temporary or permanent disability and fear of having another fall. Among the factors that may predispose to falls they are: age, chronic degenerative diseases (diabetes, arthritis, depression, hypertension, urinary incontinence, obesity, impaired vision and hearing), and lack of regular exercise.

CREE states that 30% of people over age 65 suffer a fall, this percentage increasing with age, the most common site being home to 26.7%. This information is approximate because not all people suffering falls are reported.

Samter (2011) states that falls are accidental events that make lose balance and fall to the floor or other firm surface that stops the body. In the case of the elderly, due to the aging stage they are in, they gradually lose the reflexes and caused the loss of balance. Shepherd (2005) explains that it is important to pay attention to the podiatric problems because predispose to falls, so it is important to properly care for your feet and choose the shoe. They should take care of all the elements to maintain independence and welfare, basic elements for a good quality of life in the elderly.

Castro (2005) explains that up to 80% of falls happen in the home of the person and the consequences or injury depend on their state of health prior to the fall.

Rodriguez (2006) has pointed out the difference between intrinsic and extrinsic factors. In the first it includes the physiological and pathological features characteristic of the person, such as age, history of falls, altered state of consciousness, alterations in the ability of

sensory perception, impaired motor ability, mobility, balance, postural maintenance, asthenia , impaired mental faculties, difficulty or inability to control sphincters existence of communication barriers, nutritional disorders such as obesity, nutritional deficiencies, vitamin deficiency and dehydration. Extrinsic factors are architectural barriers, such as poor lighting, slippery floors, uneven surfaces, tight spaces, inadequate furniture; there are also factors such as adverse weather conditions, an unfamiliar environment, topography of the space in which it operates, access roads, inadequate shoes or clothes, bad prescription lenses, and hearing aids in poor condition or not placed satisfactorily.

Materials and methods

The approach selected for this research is quantitative with descriptive scope, not experimental, cross-sectional design.

The applied instrument is called risk assessment fall, developed and validated by the Center for Rehabilitation of Special Education (CREE), and composed of ten aspects: the patient's condition before the accident, medicated, previously identified as risk patient, measures previous security level of dependency, scene of the accident, reason for the fall, consequences of the accident (crash), injuries after the accident.

The information was obtained in a period of twelve months, with 300 older people within an age range between 60 and 80 years, who attended the Rehabilitation Center Special Education (CREE) of the City of San Francisco de Campeche, Campeche , Mexico. A study subjects were released the objective of the research through reading the informed consent letter, asking them to end their signature authorization.

Seniors inclusión.- criteria within the age range of 60 to 80 years, who come to BELIEVE to be served by diagnosis of falls and who agree to participate in the study.

Exclusion.- criteria Elderly outside the age range, ie younger than 60 and older than 80 years. Diagnosed different from falls and not agree to participate in the study.

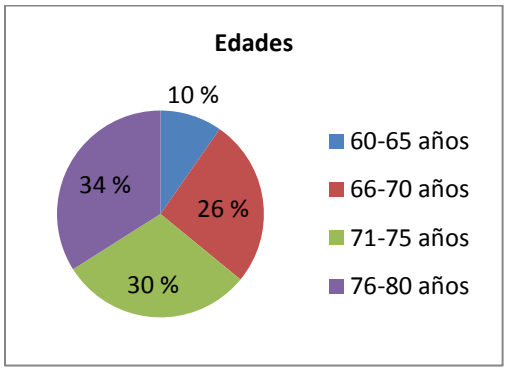
Elimination.- criteria Seniors who did not return to CREE or not filled well the instrument.

Analysis of data

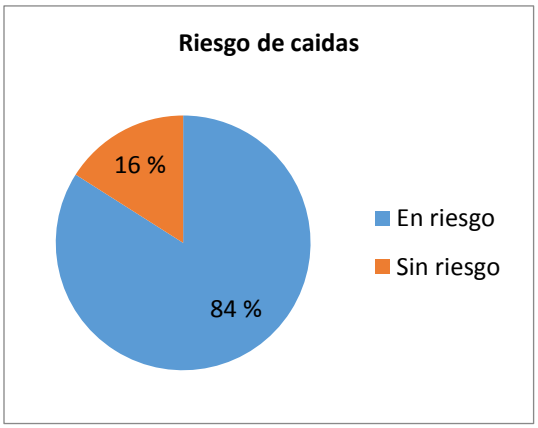
The data obtained were captured in a spreadsheet and processed. The results were measured in absolute numbers and central tendency. They were analyzed: age frequency, risk of falling, catchment area, consequences and injuries again.

Results

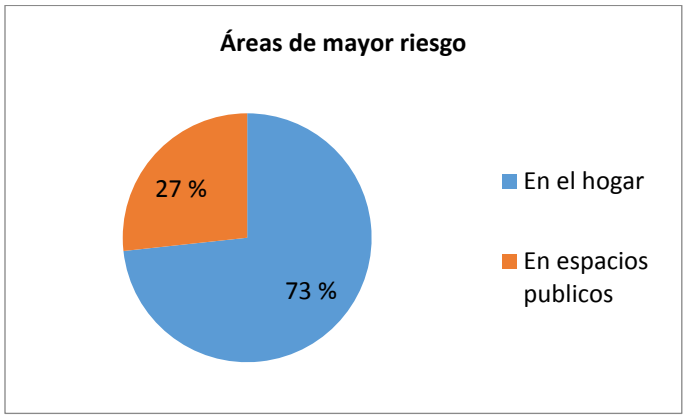
To analyze the frequency of age of the 300 seniors who participated in the study, they were divided into age ranges, with the following values: 10% are between 60-65 years, 26.70% are between 66-70 years, 30 % have 71-75 years and 33.30% are between 76-80 years of age.



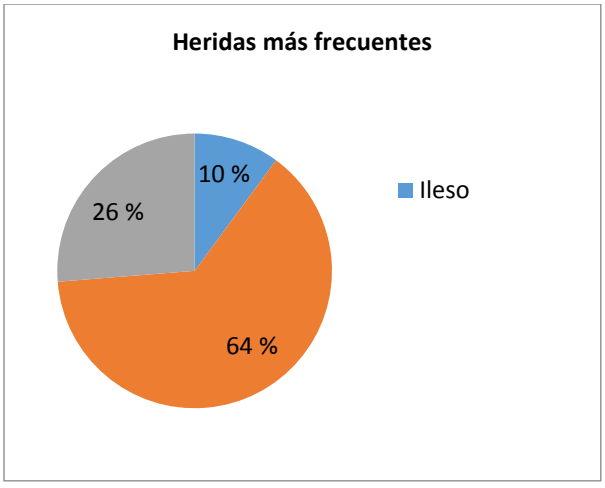
The 83.30% of the study subjects are at risk of falling again due to lack of information on the subject and coexist with intrinsic and extrinsic factors of risk.



The 26.70% of falls occurred in the home of study subjects and 73.3% during ambulation occurs in public spaces.



In the aspect of the consequences suffered by the fall, it fractured 63.30%, 10% had zero consequences to be unharmed after the fall and 26% resulted in contusions, bruises, injuries or loss of consciousness.



Of 63.30%, percentage of study subjects who suffered fracture, 50.00% had a fracture in a lower limb and 13.30% on a lower limb.

Discussion

Contrary to the assertions Castro (2005), who explains that up to 80% of falls happen in the home of the person, in this study it was found that only 26.70% of falls occurred in the home of study subjects and 73.3% occurred during ambulation in public spaces.

The figure obtained in the study also remained well below the results of the study by Millan (2008), 62% occur at home, 26% in public places, amounts invested according to the study in the CREE. With regard to fractures resulting from falls, the study Millan (2008) notes that in a range of between 10 and 25% suffer fracture, and the study CREE 63.30% suffered fractures.

Conclusión

The results of this study are:

- When analyzing these figures you get older that there is increased risk of falls; 90% of people who have suffered from falls was 66 years.
  - 83.30% of the study subjects are at risk of falling again.
  - 73.3% during ambulation occurs in public spaces.
  - 63.30% broke.

Recommendations

- The gerontological intervention is needed in these processes of health education, to sensitize the elderly and their families in the areas of architectural barriers.
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- • Follow up study subjects and their relatives to risks with whom they live are identified and eliminated or adapted to prevent further falls and more serious damage.

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