

Promotion of Healthy Lifestyles in the Elderly Integrated into an Active Aging Project in the Region of Tâmega and Sousa [†]

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Abstract: Demographic aging is a problem that affects the Portuguese population, and the forecasts for the coming years are not favorable. In the context of Master of Community Nursing, an internship was carried out in which health planning methodology was developed. Having diagnosed the situation, it was possible to identify the intervention needs at the level of lifestyle of the group of elderly who were part of an active aging project. To respond to the identified problem, an intervention project was implemented, with the activities aimed at promoting a healthy lifestyle.

Keywords: aging; healthy aging; lifestyle; health promotion

1. Introduction

Demographic aging has been accentuated in recent years, particularly in Portugal [1,2]. This problem raises new concerns, particularly related to the pathologies associated with aging, which are responsible for cases of frailty, disability, dependence, and loss of quality of life. To meet this challenge, it is necessary to implement a joint and appropriate intervention in the places usually attended by the elderly [3].

More than 80% of the Portuguese elderly are overweight. Inadequate eating habits are considered the main factor contributing to mortality. Thus, it is essential to reduce the risk factors related to noncommunicable diseases [4].

One of the main risk factors for chronic noncommunicable diseases is physical inactivity. Therefore, actions that contribute to the promotion of physical activity are of paramount importance, especially in the most vulnerable groups, such as the elderly [5].

Having diagnosed the situation, it was possible to identify the intervention needs in terms of healthy eating and physical activity in the group of elderly people who were part of an active aging project. The project was developed in the places attended by the elderly and the activities were adapted to the characteristics and preferences of the participants. In addition to focusing on healthy lifestyles, the activities were intended to promote team spirit and cooperation.

The objectives were defined as follows:

- Assessment the elderly lifestyle, before and after the implementation of the intervention project, considering the overall score of the Fantastic Lifestyle Questionnaire
- Determine whether the values obtained in the total score and domains of the Fantastic Lifestyle questionnaire are significantly different after the intervention.

2. Materials and Methods

A quantitative longitudinal study was developed, pre-and post-test, using the health planning methodology.

The non-probabilistic convenience sample comprised 175 elderly people who were part of an active aging project.



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The intervention project was implemented, with the activities aimed at promoting a healthy lifestyle, between November 2016 and February 2017.

The developed activities focused on promoting healthy eating and physical activity, which were defined as the priority areas of intervention.

Before and after the intervention, the Fantastic Lifestyle questionnaire [6] was applied, which allows for exploring habits and behaviors in relation to the lifestyle appropriate for health. The data collection instrument presents 30 items, each item has three answer options, with a numeric value of 0, 1, or 2. The value corresponding to each domain is obtained with the sum of the values multiplied by two, and adding summing all the points of each domain, gives a total score from 0 to 120 points is reached. Five levels of behavior classification are distinguished: 0–46—needs to improve; 47–72—regular; 73–84—good; 85–102—very good; 103–120—excellent. The higher the need for behavior change, the lower the score. The interpretation of the results may be as follows: excellent—the lifestyle will have a major influence on health; very good—the lifestyle will exert an adequate influence on health; good—the lifestyle will bring many health benefits; regular—the lifestyle presents some health risks; needs to improve—the lifestyle has many risk factors.

All ethical and legal procedures were followed.

3. Results

Having analyzed the data, it was possible to classify the elderly under study concerning the lifestyle, as shown in Table 1.

Table 1. Classification of the lifestyle of the elderly before and after the intervention project.

	Before the Intervention		After the Intervention	
	Frequency	Percentage	Frequency	Percentage
Need to improve	2	1.1%	2	1.1%
Regular	67	38.3%	43	24.6%
Good	47	26.9%	46	26.3%
Very good	54	30.9%	71	40.6%
Excellent	5	2.9%	13	7.4%

It is noteworthy that there was an increase in the percentage of elderly, who had their lifestyle classified as very good from 30.9% to 40.6%, before and after the intervention respectively. The excellent classification was obtained by 13 (7.4%) individuals, representing an increase of 4.5% in relation to the data obtained before the intervention.

Table 2 shows the existence of a highly significant difference in the values obtained in the Fantastic Lifestyle questionnaire score, when analyzing the results before and after the intervention project (77.8 to 82.9; $p \leq 0.01$), respectively.

Table 2. The lifestyle of the elderly before and after the intervention project.

Before the Intervention		After the Intervention		t	p
A	SD	A	SD		
77.8	14.2	82.9	14.4	13.6	≤ 0.01

With the development of the intervention project, there were statistically significant improvements in the “Nutrition” and “Physical activity”, these domains were targeted for intervention within the project. There was also a significant increase in the scores for the domains: “Family and friends”, “Alcohol and other drugs”, “Sleep and stress”, “Work/personality type”, “Introspection”, and “Health and sexual behavior”. The results obtained in each of the domains of the Fantastic Lifestyle questionnaire are presented in Table 3.

Table 3. Domains of the Fantastic Lifestyle questionnaire before and after the intervention.

Domain	Before the Intervention		After the Intervention		t
	A	SD	A	SD	
Family and friends	3.8	3.3	4.1	3.3	2.6 *
Physical activity	6.2	3.1	8.0	3.1	10.4 *
Nutrition	4.7	2.5	5.5	2.8	8.1 *
Tobacco	7.9	1.0	7.9	1.0	a
Alcohol and other drugs	21.6	2.5	21.9	2.5	3.4 *
Sleep and stress	6.8	3.0	7.4	3.2	5.7 *
Work/Personality type	7.4	2.7	8.0	2.5	5.9 *
Introspection	7.6	3.1	8.2	2.9	5.3 *
Health and sexual behavior	4.3	4.0	4.5	3.9	2.9 *
Other behaviors	7.5	1.2	7.5	1.2	1.4 ^{ns}

* $p \leq 0.01$; ns = not significant.

The domain in which the difference in results was highlighted was “Physical Activity”; there were statistically significant differences before the intervention (A = 6.2; SD = 3.1) and after (A = 8.0; SD = 3.1), these data were confirmed by Student’s t-test for paired samples ($t_{(174)} = 10.4$; $p \leq 0.01$).

Regarding the “Nutrition” domain, an improvement in means was observed after the intervention (A = 5.5, SD = 2.8), relative to the mean before the intervention (B = 4.7, SD = 2.5). Student’s t-test for paired samples revealed an extremely significant difference between the two evaluations ($t_{(174)} = 8.1$; $p \leq 0.01$).

4. Discussion

Regarding the overall rating of lifestyles, it should be noted that the most representative percentage of the rating of the elderly under study after the intervention was “Very good” with 40.6%. This result is in agreement with another study [7] in which it was observed that the participants presented 48.1%, in another study [8], a very good lifestyle was found in 52.30% of the participants.

The average score obtained using the Fantastic Lifestyle questionnaire (77.8; 82.9) before and after the intervention, respectively, allows classifying the overall lifestyle as “Good”, while in another study [7] the participants presented an average 94.1, classified as “Very good”.

The results indicate an improvement after the intervention in the “Physical activity” domain (A = 6.2 vs. A = 8.0), a better result than the other study [7], in which the values after the intervention were lower (A = 6.4 vs. A = 6.7).

Regarding the “Nutrition” domain, despite the improvement achieved between the evaluations (A = 4.7 and A = 5.5) before and after intervention, the score still fell below that reported in other study [7], with 8.2 in the first evaluation and 7.1 in the second one.

5. Conclusions

The implementation of the intervention project in which activities aimed at promoting healthy lifestyles were carried out allowed for intervention in the identified health problems, within the scope of the focus on empowering groups, specifically in this study a contribution was made to the improvement of lifestyles and healthier aging.

It is important at community level to have institutions to support vulnerable groups, so that health units establish partnerships, in order to develop health promotion activities for older people.

Nurse Specialist in Community Nursing—In the area of Community Health Nursing and Public Health Nursing develop specific skills that allow them to assess the health status of a community and contribute to the empowerment of groups and communities. In their specialized practice, nurses consider the complexity of the health problems of a

given community or group and act in a systematized way by adopting the health planning methodology.

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Informed Consent Statement: Informed consent was obtained from all the subjects involved in the study.

Data Availability Statement: Data available in a publicly accessible repository that does not issue DOIs were analyzed in this study. These data can be found at <http://hdl.handle.net/10348/8744>.

Conflicts of Interest: The authors declare no conflict of interest.

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