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BETWEEN FRAGILITY AND RECOVERY: THE IMPACT AND FACTORS ASSOCIATED WITH HOSPITALIZATIONS ON COMMUNITY-DWELLING ELDERLY

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Background: The increasing elderly population presents a significant challenge to health and social systems worldwide. Frailty is recognized as a condition that can substantially impact the quality of life, autonomy, and independence of older adults, elevating the risk of adverse events and hospitalization.
Objectives: To identify the impacts and factors associated with hospitalization among elderly individuals living in the community.
Methods: This is a cross-sectional, descriptive, and observational study conducted in a community assisted by a Family Health Team. The sample consisted of 202 elderly individuals, aged 60 years or older, of both sexes. Structured questionnaires developed by the researchers were used to collect data on personal information, socio-environmental factors, and risk factors for frailty. Physical assessments were conducted using tests based on frailty conceptual models, including Fried's phenotype and the Edmonton Frail Scale. Statistical analysis was performed using the Spearman correlation test.
Results: Of the 202 patients evaluated, 39 (19.3%) had been hospitalized in the previous 12 months, with an average of more than one hospitalization (1.69). It is important to highlight that the group of patients with hospitalizations had more falls (average of 2.61 versus 0.72) in the last 12 months, lower handgrip strength (24 kg/f versus 27 kg/f), and lower walking speed (1.38 m/s versus 1.51 m/s). In addition, significant correlations were found between hospitalizations in the last 12 months and the number of falls, forgetting to take their medication, unintentional weight loss, difficulty in carrying out daily activities, inability to carry out their tasks, number of medical appointments, and having a caregiver.
Conclusion: From this sample, it can be stated that having had hospitalizations in the last year can significantly affect the adaptability capacity, possibly with major impacts on the perception of quality of life, and on functional aspects and risks of falls, with worse outcomes and higher risk for a new hospitalization. Furthermore, for this sample, the number of hospitalizations was directly related to the fact of having a caregiver.
Implications: In physiotherapy practice, the need for integrated post-hospital interventions stands out, encompassing functional rehabilitation, fall prevention strategies, and emotional support, in addition to preventing re-hospitalizations, with a focus on Primary Health Care. Health management should prioritize continuous care for older adults with a history or risk of hospitalizations, implementing programs for muscle strengthening, mobility, and disability prevention. Physiotherapy professionals' training should adopt an approach that considers the physical, psychological, and social aspects of patients. Finally, public policies need to strengthen support for caregivers, recognizing their crucial role in the recovery and well-being of this population.
Keywords: Aging, Frail Elderly, Hospitalization

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STRENGTH, MASS AND PHYSICAL PERFORMANCE OF ELDERLY PEOPLE WITH AND WITHOUT RISK OF SARCOPENIA

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Background: Sarcopenia is a geriatric syndrome characterized by progressive and generalized loss of strength and muscle mass, most commonly associated with age. Because it is related to reduced mobility, a greater number of falls and fractures, with consequent loss of independence, it is essential to identify the relationship between the risk of sarcopenia, muscle strength, and functional variables to prevent or delay the progression of the syndrome and the associated negative outcomes.
Objectives: To identify the relationship between the risk of sarcopenia, muscle strength and functional variables in elderly people followed at a geriatric outpatient clinic.
Methods: This is a cross-sectional and quantitative study, in which elderly people of both genders, aged 60 years or older, who were waiting for consultation at a geriatrics outpatient clinic were evaluated. According to the 2019 European Working Group on Sarcopenia in Older People (EWGSOP2) algorithm, the risk of having sarcopenia was initially assessed using the SARC-CalF questionnaire (risk group, RG, N = 8 and no risk group, SG, N = 8), muscle strength through handgrip dynamometry, Bioelectrical Impedance (BIA) to assess muscle mass, and finally the Short Physical Performance Battery (SPPB) instrument was applied to obtain the functional variables.
Results: The groups were homogeneous regarding age (RG, 74.5 $\pm$ 3.82, SG, 71.1 $\pm$ 8.37) and there was a predominance of men in the risk group (31.3%, n = 5). In the comparison of muscle strength, there was no significant difference between the groups (RG, 24.0 $\pm$ 7.46, SG, 20.13 $\pm$ 8.96; -3.88; p = 0.363; Cohen = -0.470). Regarding the physical performance score, no significant differences were observed, although there was a moderate effect size (RG, 9.13 $\pm$ 0.99, SG, 8.0 $\pm$ 2.61; -1.13; p = 0.275; Cohen = -0.568). The measurement of muscle mass showed a significant difference in favor of the non-risk group (RG, 6.64 $\pm$ 0.89, SG, 8.06 $\pm$ 0.73; 1.43; p = 0.004; Cohen = 1.749).
Conclusion: Elderly people at risk for developing sarcopenia have lower muscle mass, however no significant differences were observed between the groups for muscle strength and physical performance, even though measures were expected to be different due to the higher risk for sarcopenia, which can be explained by the sample size.
Implications: Monitoring the variables presented in the present study can help identify changes that indicate an increased risk for sarcopenia, which allows the development of effective prevention and intervention strategies.
Keywords: Aged, Sarcopenia, Geriatric Assessment

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