

**ELDERLY WOMEN'S HEALTH:
QUALITY OF LIFE AND EPIDEMIOLOGICAL PROFILE****SAÚDE DA MULHER IDOSA:
QUALIDADE DE VIDA E PERFIL EPIDEMIOLÓGICO****SALUD DE LA MUJER MAYOR:
CALIDAD DE VIDA Y PERFIL EPIDEMIOLÓGICO**

Bianca do Amaral Rodrigues¹, Samara Araújo de Bulhões², Ana Laura Carvalho Leite Medeiros³, Cristina Wide Pissetti⁴

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ABSTRACT

Objective: To assess the quality of life (QoL) and characterize the clinical-epidemiological profile of elderly women without cognitive impairment. **Method:** This was an observational and quantitative study conducted at a university hospital between June 2022 and May 2023. Data were collected using three questionnaires—one sociodemographic and two QoL assessments, the WHOQOL-BREF and WHOQOL-OLD. Descriptive statistics were used for data analysis. **Results:** The sample was predominantly composed of non-white, widowed, Catholic women with low education levels, who were sedentary, overweight, non-smokers, non-drinkers, and had a low to lower-middle income. The highest quality of life scores were in the domains of social relationships (WHOQOL-BREF) and sensory functioning and intimacy (WHOQOL-OLD). **Conclusions:** These results are expected to contribute to a better understanding of the factors affecting the quality of life of elderly women, supporting decision-making processes that promote the well-being of the elderly population.

Descriptors: Quality of Life. Women's Health. Health of the Elderly. Health Profile. Epidemiology, Descriptive.

¹ Medicine Course/Center of Medical Sciences/Federal University of Paraíba.

² Medicine Course/Center of Medical Sciences/Federal University of Paraíba.

³ Lauro Wanderley University Hospital/Federal University of Paraíba.

⁴ Geriatrician. Medical Residency in Geriatrics at the Getúlio Vargas Hospital, in Recife/PE. Master's degree in Gerontology from the Catholic University of Brasília, Medical Residency in Clinical Medicine from the Federal University of Rio Grande do Norte and Specialization in Palliative Care from the Federal University of Paraíba. <https://orcid.org/0000-0002-8112-3250>

⁵ Graduated in Biomedicine from the Faculty of Medicine of Triângulo Mineiro, master's and doctorate in Clinical Pathology from the Federal University of Triângulo Mineiro. Assistant professor in the Department of Obstetrics and Gynecology of the Center of Medical Sciences of the Federal University of Paraíba. <https://orcid.org/0000-0002-5534-8544>

RESUMO

Objetivo: Avaliar a qualidade de vida (QV) e caracterizar o perfil clínico-epidemiológico de mulheres idosas, sem comprometimento cognitivo. **Método:** Pesquisa observacional e quantitativa, realizada em um hospital universitário, entre junho de 2022 e maio de 2023. Os dados foram coletados a partir de três questionários – um de caráter sociodemográfico e dois de QV, WHOQOL-BREF e WHOQOL-OLD. Para análise de dados, foi realizada estatística descritiva. **Resultados:** A amostra foi composta predominantemente por mulheres não brancas, viúvas, católicas, com baixa escolaridade, sedentárias, em sobrepeso, não fumantes e não etilistas, com renda mensal entre baixa e média-baixa. As melhores pontuações de qualidade de vida foram obtidas nos domínios de relações sociais e funcionamento do sensorio e intimidade, respectivamente, para WHOQOL-BREF e WHOQOL-OLD. **Conclusões:** Espera-se que esses resultados possam contribuir para melhor compreensão dos aspectos que comprometem a qualidade de vida de idosas, subsidiando as tomadas de decisão que promovem o bem-estar da população idosa.

Descritores: Qualidade de Vida. Saúde da Mulher. Saúde do Idoso. Perfil de Saúde. Epidemiologia Descritiva.

RESUMEN

Objetivo: Evaluar la calidad de vida (QoL) y caracterizar el perfil clínico-epidemiológico de mujeres ancianas sin deterioro cognitivo. **Método:** Se trató de un estudio observacional y cuantitativo realizado en un hospital universitario entre junio de 2022 y mayo de 2023. Los datos se recolectaron utilizando tres cuestionarios: uno sociodemográfico y dos evaluaciones de QoL, el WHOQOL-BREF y el WHOQOL-OLD. Se utilizaron estadísticas descriptivas para el análisis de los datos. **Resultados:** La muestra estaba compuesta predominantemente por mujeres no blancas, viudas, católicas, con bajos niveles educativos, sedentarias, con sobrepeso, no fumadoras, no consumidoras de alcohol, y con ingresos bajos o medio-bajos. Los puntajes más altos de calidad de vida se encontraron en los dominios de relaciones sociales (WHOQOL-BREF) y funcionamiento sensorial e intimidad (WHOQOL-OLD). **Conclusiones:** Se espera que estos resultados contribuyan a una mejor comprensión de los factores que afectan la calidad de vida de las mujeres ancianas, apoyando los procesos de toma de decisiones que promuevan el bienestar de la población anciana.

Descritores: Calidad de Vida. Salud de la Mujer. Salud del Anciano. Perfil de Salud. Epidemiología Descriptiva.

INTRODUCTION

The aging process of the population is a phenomenon observed on a global scale. In Brazil, this reality is increasingly present at an accelerated pace, hindering the necessary social adaptation and reorganization.¹ This transformation of the population profile is influenced by factors in the biological, psychological, social and economic spheres, as well as lifestyle habits.^{2,3}

As a consequence of this complex demographic transition, there has been a change in the epidemiological profile of the population's health and an increase in the prevalence of Noncommunicable Diseases and Injuries (NCDs), especially chronic degenerative ones.¹ Furthermore, as it is a multifactorial process, aging presents itself in different ways and has different levels of functional impairment in the elderly.² Given these circumstances, the health sector is one

of the most seriously impacted, as there is a greater need for accessibility to services, care at different levels of complexity, in addition to the greater demand for continuous-use medications and hospitalizations.¹

Along with this process, there is a “feminization of old age”, in which greater longevity is observed among women.²⁻³ In Brazil, they represent 55% of the population aged 60 and over and 61% of the elderly over 80.⁴ Some factors that contribute to this are the lower occurrence of violent deaths due to external causes in this group, the lower number of smokers, in addition to the lower alcohol consumption and a more active search for assistance in health services.³⁻⁴ The female population, in fact, makes up the majority of the group of users of the Unified Health System (SUS).⁵ Despite this, it is observed that elderly women are more vulnerable to worse health conditions and greater functional impairment when compared to men over 59 years of age.²⁻⁵

Longer survival is a challenge along with maintaining quality of life (QoL). The concept of quality of life is quite comprehensive, including health as well as the multidimensionality and subjectivity of the individual.⁴ In this study, the concept of quality of life will be adopted according to the World Health Organization (WHO), defined as "the perception that the

individual has of his or her position in life, in the context of the culture and value systems in which he or she lives and in relation to his or her goals, expectations, standards and concerns".⁶

In this context, the WHO group of experts on Quality of Life developed the World Health Organization Quality of Life – Old⁷ (WHOQOL-OLD) questionnaire to measure QoL in the elderly, considering the particularities of this age group.⁷ Because it is based on other generic WHO instruments (WHOQOL-100 and WHOQOL-BREF), the WHOQOL-OLD has a more comprehensive multifactorial character than other questionnaires used in this type of study, such as the SF-36 (Short-Form Survey), which is limited to physical and disease-related questions.⁸ The WHO recommendations are that the WHOQOL-OLD be applied together with the WHOQOL-100 or the WHOQOL-BREF⁶, as it is a complementary module.

Although there are studies on the quality of life of elderly people in the literature, few studies similar to this one were found.⁹ In this sense, this study is relevant in view of the reality of progressive aging of the Brazilian population, considering that the majority of the elderly population is composed of women and that they are more vulnerable to greater health impairment and worse quality of life than elderly men.⁸ This study may contribute to

a better understanding of aspects related to the quality of life of elderly women who, as a result of the aging process, present chronic conditions that can impair their quality of life. To our knowledge, there are no studies on the quality of life of elderly women who are followed up by specialized medical services.

The objective of this study was to characterize the clinical-epidemiological profile and evaluate the quality of life of elderly women without cognitive impairment followed in a geriatric outpatient clinic of a university hospital.

METHOD

This is a descriptive, observational study with a quantitative approach. The study was conducted at the Geriatrics outpatient clinic of a university hospital. It was developed with female patients, aged 60 or over, followed at the Geriatrics outpatient clinic. The female gender was chosen due to their greater susceptibility to social and physical problems.

The sample (N = 50) was non-probabilistic, for convenience. All elderly women who attended a medical appointment at the aforementioned outpatient clinic and who had the cognitive capacity to respond to the research instruments, between June 2022 and May 2023, during the shifts in which there were appointments, were invited to participate.

The hospital's appointment system kept a record only of scheduled appointments, without recording those who missed them and without distinction by sex or age, making it impossible to count the total flow of female patients over 60 years of age who were seen during this period. Patients who had their first appointment at the service at the time of the study were excluded, as there was no prior cognitive assessment, in addition to patients who already had cognitive deficits confirmed in previous appointments with the geriatricians in the sector and those who refused to participate in the study.

Data collection was carried out in two stages: first, interviews were conducted, by one of the researchers, the elderly women who agreed by signing the Free and Informed Consent Form (FICF). They answered three questionnaires - the first, prepared by the researchers, of a sociodemographic nature, to obtain data such as age, ethnicity, marital status, place of birth, origin, education, profession, income, religion, smoking, alcohol consumption and practice of physical exercise; and the last two, which would assess Quality of Life, the WHOQOL-OLD and the WHOQOL-BREF, both instruments prepared by the WHO group of QoL experts and validated in Brazil.^{6,7} In a second moment, after consent recorded in the FICF, clinical information on each participant was

collected by one of the researchers, which referred to the diseases presented in the medical records.

In the present study, the WHOQOL-BREF instrument was applied, as it presented the same efficiency as the WHOQOL-100, but in a more succinct format, since there were multiple assessment instruments and the target population would benefit from a brief application.

The WHOQOL-OLD questionnaire, which is the specific assessment instrument for QoL in the elderly, consists of 24 items and encompasses 6 facets: functioning of the senses, autonomy, past, present and future activities, social participation, death and dying, and intimacy.¹⁰ The WHOQOL-BREF consists of 26 questions, two on self-perception of QoL and 24 representing each of the facets of the WHOQOL-100, on which it is based. This instrument covers four domains: physical, psychological, social relationships and environment. Neither instrument establishes a cut-off point, and is interpreted considering that higher/lower scores are equivalent to better/worse QoL.

An electronic spreadsheet was created in the Excel® program to store the data. The data obtained from the sociodemographic form were then imported into the Statistical Package for Social

Sciences (SPSS) version 21, analyzed using descriptive statistics and presented in tables with absolute and relative frequencies (%). For the quantitative variables, the Kolmogorov-Smirnov normality test was used. When the p-value was greater than 0.05, the distribution was considered normal. Data with normal distribution were presented as mean and standard deviation, and those with non-normal distribution were presented as median, minimum and maximum values and interquartile range. The results of the application of the WHOQOL-BREF and WHOQOL-OLD instruments were analyzed according to the methodology proposed by Pedroso.^{11,12}

In compliance with the ethical requirements contained in the Resolutions of the National Health Council – CNS – No. 466 of 2012 and No. 510 of 2016, the work was submitted and approved by the Ethics Committee of the Center of Medical Sciences (CCM) of the Federal University of Paraíba (CEP/CCM/UFPB), under the certificate of presentation and ethical assessment (CAAE) No. 56561522.9.0000.8069. Data collection was initiated after approval by the aforementioned Ethics Committee.

RESULTS

The sample consisted of 50 elderly women, aged between 60 and 84 years. The age variable presented a normal

distribution. The mean age was 73.42 years (± 6.50). The majority of the sample consisted of elderly women born in the state of Paraíba (90.0%) and from the capital of Paraíba (80.0%).

Table 1 shows data on ethnicity, religion, education and income. A higher

frequency of brown women (54.0%), widows (44.00%), Catholics (68.00%), with incomplete elementary education (34.00%) and income ranging from R\$1,100.00 to R\$4,400.00 (90.0%) can be observed.

Table 1. Frequency distribution of ethnicity, religion, education and income of elderly women in a geriatric outpatient clinic of a university hospital, N=50, 2023.

Ethnicity	N	%
White	17	34.0
Brown	27	54.0
Black	5	10.0
Yellow	1	2.0
Marital status	N	%
Single	7	14.0
Married	11	22.0
Separated/divorced	9	18.0
Widow	22	44.0
Stable Union	1	2.0
Religion	N	%
No religion	1	2.0
Don't know	1	2.0
Catholicism	34	68.0
Evangelical	12	24.0
Mormon	2	4.0
Education	N	%
No education or <1 year of study	7	14.0
Incomplete elementary education	17	34.0
Completed elementary education	4	8.0
Incomplete high school	3	6.0
Completed high school	8	16.0
Incomplete higher education	2	4.0
Completed higher education	9	18.0
Income	N	%
Up to R\$ 1100.00	15	30.0
R\$ 1100.01 to R\$ 2200.00	15	30.0
R\$2,200.01 to R\$4,400.00	15	30.0
R\$ 4,400.01 to R\$ 6,600.00	4	8.0
More than R\$ 11,000.00	1	2.0

Source: prepared by the author. Research data.

Table 2 presents the results of lifestyle habits and nutritional status of the study participants. Most of the elderly women had never smoked (62.0%), did not

consume alcoholic beverages, did not practice physical activities regularly (52.0%) and were overweight (48.0%).

Table 2. Distribution of smoking frequency, alcohol consumption, regular physical activity and nutritional status of elderly women in a geriatric outpatient clinic of a university hospital, N=50, 2023.

Smoking	N	%
Never smoked	31	62.0
Smoker	2	4.0
Ex-smoker	17	34.0
Consumption of alcoholic beverages	N	%
Never	41	82.0
Once a year	1	2.0
A few times a year	6	12.0
Once a month	1	2.0
Once a day	1	2.0
Regular physical activity	N	%
Yes	24	48.0
No	26	52.0
Nutritional status	N	%
Low weight	9	18.0
Eutrophic	17	34.0
Overweight	24	48.0

Source: prepared by the author. Research data.

Data on other health issues and surgical history were collected. The most frequent health issues (frequency greater than 10%) were: systemic arterial hypertension (78%), cataract (48%), osteoarthritis (48%), sleep disorders (42%), anxiety (42%), osteoporosis (36%), dyslipidemia (36%), urinary incontinence (36%), diabetes mellitus (34%), thyroid nodules (24%), gastroesophageal reflux disease (24%), chronic venous insufficiency (22%), glaucoma (20%), depression (18%), hypothyroidism (18%),

gastritis (18%), depressed mood (16%), benign paroxysmal positional vertigo (16%), constipation (16%), osteopenia (14%), diverticulosis (14%), history of stroke (12%), herniated disc (12%), and fibromyalgia (12%). Regarding surgical history, 16% of the elderly women underwent hysterectomy and perineoplasty. Among the health issues with a frequency equal to or less than 10%, the following stand out: hearing loss (10%), breast cyst/lump (10%), urolithiasis (8%), genital dystopia (8%), pre-diabetes mellitus (6%),

chronic obstructive pulmonary disease (6%) and asthma (6%).

Regarding the QoL analysis, it is observed that the average score of the general QoL assessment of the WHOQOL-BREF was 14.07 (± 2.01) among the elderly

women (Table 3), within a score range of 4 to 20. Regarding the domains analyzed, the highest average obtained was in the Social Relations domain (15.97 ± 2.66) and the lowest in the Physical (13.13 ± 2.43) and Environment (13.85 ± 2.22) domains.

Table 3. Mean WHOQOL-BREF scores of elderly women treated at the Geriatrics outpatient clinic of a University Hospital, N=50, 2023.

Domains	Average	Standard deviation	Coefficient of variation	Minimum value	Maximum value	Amplitude
Physical	13,13	2.43	18.54	8.00	18.29	10.29
Psychological	14.43	2.72	18.83	6.00	19.33	13.33
Social relations	15.97	2.66	16.65	9.33	20.00	10.67
Environment	13.85	2.22	16.05	8.50	18.50	10.00
Self-assessment of QoL	14.28	3.50	24.51	4.00	20.00	16.00
Total	14.07	2.01	14.29	9.08	18:00	8.92

Source: prepared by the author. Research data.

Regarding the WHOQOL-OLD, the group's average score was 67.09 (± 13.70) (Table 4), within a possible range of 0 to 100. The highest averages were

observed in the Sensory Functioning (71.63 ± 20.45) and Intimacy (69.88 ± 21.64) facets. The lowest was in Death and Dying (60.88 ± 28.95).

Table 4. Transformed WHOQOL-OLD score of elderly women treated at the Geriatrics outpatient clinic of a University Hospital, N=50, 2023.

Facets	Average	Standard deviation	Coefficient of variation	Minimum value	Maximum value	Amplitude
Sensory functioning	71.63	20.45	28.55	31.25	100.00	68.75
Autonomy	65.69	16.54	25.18	31.25	100.00	68.75
Past, present and future activities	67.50	17.22	25.51	12.50	100.00	87.50
Social participation	66.88	19.69	29.45	12.50	100.00	87.50
Death and dying	60.88	28.95	47.56	0.00	100.00	100.00
Intimacy	69.88	21.64	30.97	0.00	100.00	100.00
General quality of life	67.09	13.70	20.42	37.50	91.67	54.17

Source: prepared by the author. Research data.

DISCUSSION

The World Health Organization defines quality of life as an individual's perception of his or her position in life, in the context of the culture and value system in which he or she lives and in relation to his or her goals, expectations, standards and concerns.¹³ In this sense, the four domains of the abbreviated version of the WHOQOL can help in understanding the multifactorial aspects of QoL, such as physical and psychological health, social relationships and the environment.¹³ It can be observed, therefore, that the concept of QoL is complex. It involves aspects of physical health, social ties, mental state, level of independence and the interaction of the individual with the environment that surrounds him or her.³ The assessment of QoL among the elderly can be an important

strategy for describing satisfaction at this stage of life, in addition to helping in the definition of local policy strategies.¹⁵

Aging is a natural process in which people tend to gradually become more vulnerable and dependent in their daily activities. Understanding this process more broadly, considering physical aspects and quality of life, can help improve care strategies by health professionals.

Regarding the sociodemographic profile, the results obtained in this study show a predominance of brown women (54%), with incomplete elementary education (34%) and with an income of up to R\$ 4,400.00 (90%). In agreement with our findings, a study observed low education and income in the elderly studied.¹⁶ Low education and income can reflect on quality of life, especially in terms

of fragility and social limitations.¹⁷ Education can contribute to more autonomous aging, facilitating access to better employment opportunities, better income management and minimizing the impact of socioeconomic status in relation to quality of life. 3

In our sample, it was observed that 44% of the elderly women were widows and 68% declared themselves to be Catholic. A similar result was observed in a study¹⁸ carried out in the city of Recife, Pernambuco, with elderly women participating in a project. It is possible to assume that the greater frequency of widows is due to the fact that women have a greater life expectancy compared to men, as they take better care of their health. Another factor that may explain this result is that elderly women tend to remain widowed or alone after the death of their spouse.¹⁹

Regarding weight, it was observed that 48% of the elderly women were overweight. A study²⁰ showed a higher prevalence of excess weight in women than in men. However, there was a decrease in the prevalence of excess weight with advancing age. Excess weight is a reflection of global changes in diet. The increasing consumption of ultra-processed foods with low nutritional value, associated with the reduction in the practice of physical activities, have contributed to this

scenario.²⁰ Our study identified that 52% of the elderly women do not practice physical activity, which may explain the high frequency of overweight in our sample, although food consumption was not assessed. Physical activities and leisure help promote socialization in the elderly, making them active. They also help in the perception of control and reduction of depressive symptoms.³

Analyzing the health profile of the elderly women in our study, we observed that all of them had some health problem. There was a predominance of non-communicable and chronic diseases and conditions.¹ The most frequently observed were systemic arterial hypertension (78%), cataracts (48%) and osteoarthritis (48%). The health problems observed are prevalent among the elderly, resulting from the aging process. In our sample, the high frequency of systemic arterial hypertension may be associated with overweight and low physical activity (52% do not practice). It is worth noting that these results may be influenced by the characteristics of the sample, monitored by focal specialists. Furthermore, lower economic status is associated with less access to health services and social vulnerability, causing functional impairment and a higher incidence of risk factors and susceptibility to health problems.³

Quality of life was assessed using

two instruments, the WHOQOL-BREF and the WHOQOL-OLD, so that specific aspects of aging could be identified. To our knowledge, the application of two quality of life questionnaires, considered complementary in the assessment of quality of life of elderly women treated in specialized services, is unprecedented in the literature. The average score of the QoL assessment by the WHOQOL-BREF¹⁰ was 14.07 (± 2.01). Considering the score of 4-20, we can infer that the elderly women in our sample have a relatively good QoL. In the WHOQOL-OLD¹¹, the average score of the group was 67.09 (± 13.70), a QoL that can be considered good within the possible range of 0 to 100. A study⁹ observed an average of 67.84 in the general domain on quality of life, very similar to our results. For the WHOQOL-OLD, the same authors⁹ divided the elderly women into groups with and without a partner, obtaining averages of 7.88 and 7.19, respectively. The discrepancy in the averages observed for the WHOQOL-OLD instrument is probably due to the difference in the way in which the results were evaluated.

Regarding the WHOQOL-BREF, we observed a better score in the Social Relations domain (15.97 ± 2.66), which covers personal relationships, social support, and sexual activity.⁶ Similar results were found in a study¹⁵, with higher QoL scores in the social relations (75.10 ± 17.27)

and psychological (69.69 ± 15.33) domains, observed in elderly people from a community in the state of Rio Grande do Sul.¹⁵ Some authors⁹ found a higher score in the Psychological Domain (67.45 ± 9.86). It was observed in a study²¹ higher averages in the Psychological and Social Domains (83.3) among Pilates practitioners, aged between 70 and 74.9 years.

The lowest scores in the WHOQOL-BREF correspond to the Physical and Environmental domains, which assess, respectively, pain and discomfort, energy and fatigue; physical safety and security, financial resources, health and social care, access to leisure, information and new skills, and physical environment (pollution, noise, traffic, climate and transportation).⁶ In the literature, we found a significant association between chronic diseases, mainly diabetes and hypertension, with the negative perception of health by patients⁵, which can be extended to self-perception of QoL. This would be reflected in the scores mainly of domains that address physical and health self-perception. Our results corroborate those obtained in a study with elderly women aged 90 years or older in Poland.²²

In the WHOQOL-OLD, good scores are observed, considering the average score of the questionnaire (67.09 ± 13.70), in the facets of Social Participation (66.88 ± 19.69) and Intimacy ($69.88 \pm$

21.64), which respectively assess participation in daily activities, mainly in the community, and the development of interpersonal relationships.⁶ Considering these findings, it can be assumed that in this group there is a consistent presence of a support network, but with some impairment in the autonomy of the elderly women, a facet with the second lowest score in the WHOQOL-OLD questionnaire (65.69 ± 16.54).

Regarding the results corresponding to the WHOQOL-OLD, better scores were observed in the Sensory Functioning and Intimacy facets, findings that coincide with the results of another study that addressed QoL with elderly women from the five regions of Brazil.⁴ The first facet assesses the functioning of sensory abilities and the impact of their loss on QoL, the other facet assesses interpersonal relationships, feelings of companionship and the experience of love.⁴ These two components can be considered interconnected, since the five senses grant elderly women the ability to interact with other individuals and engage in social activities.¹⁰ It is worth noting that the aforementioned study carried out online collection⁴, which ended up selecting, in general, younger elderly women with a higher level of education, with access to technological tools. This would supposedly have an impact on the QoL pattern,

especially regarding the comparison between the facets⁴, since the group would present more opportunities for social interaction, access to information and greater integrity of their senses. However, it was observed that, despite the distinct socioeconomic profiles of the studies, the QoL panorama regarding the facets showed similar results. It is important to highlight that the absolute scores were lower in the present study, a result expected from a sample with lower levels of education and income.⁴

CONCLUSION

In this study, it was possible to characterize the health profile and quality of life of elderly women who attend the geriatric outpatient clinic of a university hospital located in the Northeast region of Brazil.

The sample was mostly composed of non-white, widowed, Catholic elderly women with low levels of education, sedentary, overweight, non-smokers and non-alcoholics, with low to medium-low monthly income. There was a significant occurrence of chronic, non-communicable complaints, with emphasis on the 78% prevalence of systemic arterial hypertension.

The best-scoring domains were social relationships and psychology in the WHOQOL-Bref. In the WHOQOL-Old, the

best-scoring facets were sensory functioning and intimacy.

Regarding limitations, no similar studies were found in the literature, making it difficult to compare findings and discuss many of our results. Furthermore, the sample consisted of elderly women receiving secondary health care, which can be considered a bias, since it selects the nature of the complaints to a certain extent. In addition, unhealthy women seek specialized care, which can also interfere with the perception of QoL.

Despite the limitations of this study, it is expected that these results can contribute with data that assist in managing the demands of elderly women.

REFERENCES

1. Medeiros KKAS, Coura AS, Ferreira RT. O aumento do contingente populacional de idosos no Brasil e a atenção primária à saúde: uma revisão de literatura. *Arq Ciências Saúde UNIPAR* [Internet]. 2017 [citado em 31 out 2024]; 21(3):201-207. Disponível em: <http://www.revistas.unipar.br/index.php/saude/article/viewFile/6034/3500>
2. Negrini ELD. Envelhecimento e funcionalidade: uma análise de trajetórias [Internet]. [Tese]. São Paulo: Universidade de São Paulo; 2020 [citado em 31 out 2024]. Disponível em: https://www.teses.usp.br/teses/disponiveis/6/6141/tde-25082020-113348/publico/tese_EtienneDum_versaofinal.pdf
3. Santos NR, Souza CL, Ferreira AS, Alves JP, Reis VN, Silva ES. Fatores relacionados à qualidade de vida da mulher idosa no município de Guanambi (BA). *Estud Interdiscip Envelhec*. [Internet]. 2019 [citado em 31 out 2024]; 24(2):61-79. Disponível em: <https://seer.ufrgs.br/RevEnvelhecer/article/view/82833/55866>
4. Souza Júnior EVD, Rosa RS, Cruz DP, Silva Filho BFD, Santos BFMD, Silva CDS, et al. Função sexual e sua associação com a sexualidade e a qualidade de vida de mulheres idosas. *Esc Anna Nery Rev Enferm*. [Internet]. 2023 [citado em 31 out 2024]; 27(2):e20220227. Disponível em: <https://www.scielo.br/j/ean/a/8JnqPYbyZk wRxzR7NKHJ9Nm/?format=pdf&lang=pt>
5. Leite FMC, Silva JAS, Luis MA, Batisa KM, Lima EFA. Autopercepção de saúde de usuárias da atenção primária. *Rev Pesqui (Univ Fed Estado Rio J, Online)* [Internet]. 2021 [citado em 31 out 2024]; 13:802-808. Disponível em: https://pesquisa.bvsalud.org/porta/ressourc/pt/biblio-1222726#fulltext_urls_biblio-1222726
6. WHOQOL Group. Development of the WHOQOL: rationale and current status. *Int J Ment Health* [Internet]. 1994 [citado em 31 out 2024]; 23(3):24-56. Disponível em: <https://www.tandfonline.com/doi/abs/10.1080/00207411.1994.11449286>
7. Universidade Federal do Rio Grande do Sul. Faculdade de Medicina de Porto Alegre. Hospital de Clínicas de Porto Alegre, Psiquiatria: Versão em português dos instrumentos de avaliação de qualidade de vida (WHOQOL) 1999. Porto Alegre: UFRGS, 2010. <https://doi.org/10.1590/S0034-89101999000200012>
8. Doosti-Irani A, Nedjat S, Nedjat S, Cheraghi P, Cheraghi Z. Quality of life in Iranian elderly population using the SF-36 questionnaire: systematic review and meta-analysis. *East Mediterr Health J*. [Internet]. 2019 [citado em 31 out 2024]; 24(11):1088-1097. Disponível em: https://applications.emro.who.int/EMHJ/v24/11/EMHJ_2018_24_11_1088_1097.pdf
9. Teles MAB, Medeiros MRB, Moura NSV, Santos CS, Souza JA, Dias CRP, et

- al. Qualidade de vida de idosas participantes de um grupo de convivência no município de Bocaiúva-MG. *Rev Saúde Pública Paraná* [Internet]. 2021 [citado em 31 out 2024]; 4(2):75-89. Disponível em: <http://revista.escoladesaude.pr.gov.br/index.php/rssp/article/view/503/210>
10. Fleck MP, Chachamovich E, Trentini C. Desenvolvimento e validação da versão em Português do módulo WHOQOL-OLD. *Rev Saúde Pública* [Internet]. 2006 [citado em 31 out 2024]; 40(5):785-791. Disponível em: <https://www.scielo.br/j/rsp/a/npytCGWXKT653V5RqHyktGz/?format=pdf&lang=en>
11. Pedroso B, Pilatti LA, Gutierrez GL, Picinin CT. Cálculo dos escores e estatística descritiva do WHOQOL-bref através do Microsoft Excel. *Rev Bras Qual Vida* [Internet]. 2010 [citado em 31 out 2024]; 2(1):31-36. Disponível em: <https://periodicos.utfpr.edu.br/rbqv/article/download/687/505>
12. Pedroso B, Pilatti LA, Gutierrez GL. Cálculo dos escores e estatística descritiva do WHOQOL-OLD pelo Microsoft Excel. *Geriatrics & Gerontology*. 2010; 4(4):214-219. Disponível em: <https://www.brunopedroso.com.br/whoqol-old.html>
13. World Health Organization. WHOQOL: measuring quality of life [Internet]. Geneva: WHO; 2024 [citado em 31 out 2024]. Disponível em: <https://www.who.int/tools/whoqol>
14. Landeiro GMB, Pedrozo CCR, Gomes MJ, Oliveira ERA. Revisão sistemática dos estudos sobre qualidade de vida indexados na base de dados Scielo. *Ciênc Saúde Colet*. [Internet]. 2011 [citado em 31 out 2024]; 16(10):4257-1266. Disponível em: <https://www.scielo.br/j/csc/a/RSCBZFWcKKsp43vCvdCzTth/?format=pdf&lang=pt>
15. Vitorino LM, Paskulin LMG, Vianna LAC. Qualidade de vida de idosos da comunidade e de instituições de longa permanência: estudo comparativo. *Rev LatinoAm Enferm*. [Internet]. 2013 [citado em 10 jun 2024]; 21(N Esp):3-11. Disponível em: <https://www.revistas.usp.br/rlae/article/view/52920/56898>
16. Braga JAC, Prestes YA, Santos AF, Oliveira HGA, Souza K, Oliveira DC, et al. Perfil cognitivo e de funcionalidade de idosos comunitários residentes no interior do estado do Amazonas. *Saúde Redes* [Internet]. 2023 [citado em 31 out 2024]; 9(Supl 6):4353. Disponível em: <http://revista.redeunida.org.br/ojs/index.php/rede-unida/article/view/4353/1301>
17. Doimo LA, Derntl AM, Lago OC. O uso do tempo no cotidiano de mulheres idosas: um método indicador do estilo de vida de grupos populacionais. *Ciênc Saúde Colet*. [Internet]. 2008 [citado em 31 out 2024]; 13(4):1133-1142. Disponível em: <https://www.scielo.br/j/csc/a/rrm3LnNS9R6nQdFDZNHftHG/?format=pdf&lang=pt>
18. Cartaxo HGO, Silva EAPC, Santos ARM, Siqueira GBS, Pazzola PM, Silvestre CMMF. Percepção de idosas sobre o envelhecimento com qualidade de vida: subsídio para intervenções públicas. *Rev Rene* [Internet]. 2012 [citado em 31 out 2024]; 13(1):158-168. Disponível em: <http://www.periodicos.ufc.br/rene/article/view/3787/2992>
19. Cauduro A, Gonçalves AJ, Cauduro MHF. Fatores associados a morar sozinho e suas diferenças regionais em idosos residentes de porto alegre e manaus. *Estud Interdiscip Envelhec*. [Internet]. 2013 [citado em 10 jun 2024]; 18(2):349-365. Disponível em: <https://seer.ufrgs.br/index.php/RevEnvelhec/article/view/36960/27662>
20. Martins RBM, Torres JL, Moreira BS, Lima-Costa MF, Ygnatios NTM. Características sociodemográficas associadas ao baixo peso e ao excesso de peso em adultos com 50 anos ou mais (ELSI-Brasil): diferenças entre sexos. *Cad Saúde Pública* [Internet]. 2024 [citado em 31 out 2024]; 40(1):e00037023. Disponível em: <https://cadernos.ensp.fiocruz.br/ojs/index.php/csp/article/view/8499/18952>
21. Costa TRA, Vagetti GC, Piola TS, Silva MP, Pacífico AB, Bozza R, et al.

Comparação da percepção da qualidade de vida em idosas praticantes e não praticantes do Método Pilates. *Cad Saúde Colet (Rio J)*. [Internet]. 2018 [citado em 31 out 2024]; 26(3):261-9. Disponível em: <https://www.scielo.br/j/cadsc/a/hdvR8nGdSynsdSvwsv8ygmD/?format=pdf&lang=pt>

22. Pinkas J, Gujski M, Humeniuk E, Raczkiewicz D, Bejga P, Owoc A, Bojar I. State of health and quality of life of women at advanced age. *Med Sci Monit*. [Internet]. 2016 [citado em 31 out 2024]; 22:3095-3105. Disponível em: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5017687/pdf/medscimonit-22-3095.pdf>

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