

**Dementia in a long-term care facility for the elderly*****Demências em uma instituição de longa permanência para pessoas idosas******Demencias en una institución de larga estancia para ancianos***

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**Abstract:**

**Objective:** to investigate the presence of dementia in residents of a long-term care facility. **Methods:** a quantitative and documentary study, carried out in the first quarter of 2024 in a city in the interior of the state of Minas Gerais, Brazil, considering all existing medical records. A descriptive analysis was performed. **Results:** 85 medical records were considered, of which 47 were men (55%); ages between 65 and 80 years (59%); institutionalized for up to 15 years (69%); four had indications of dementia; use of 32 different drugs, with emphasis on those aimed at mental disorders (7), antidepressants (7) and those for arterial hypertension (3). Poor implementation of care protocol, progress and nursing notes was found. **Conclusion:** despite the low number of residents with signs of dementia, there was a high rate of individuals with mental disorders and a high rate of use of antipsychotics, anti-anxiety and antidepressant drugs, followed by antihypertensive drugs.

**Keywords:** Aged; Dementia; Homes for the Aged.

**Resumo**

**Objetivo:** investigar a presença de demências em residentes de instituição de longa permanência. **Método:** estudo quantitativo e documental, realizado no primeiro trimestre de 2024 numa cidade do interior de Minas Gerais, considerando todos os prontuários existentes. Realizou-se análise descritiva. **Resultados:** considerou-se 85 prontuários, das quais 47 eram homens (55%); na faixa etária entre 65 a 80 (59%); com o tempo de institucionalização de até 15 anos (69%); quatro tinham indicativo de demência; uso de 32 distintos fármacos com destaque para aqueles voltados a transtornos mentais (7), de antidepressivos (7) e daqueles para hipertensão arterial (3). Verificou-se baixa realização da sistematização da assistência, evolução e anotação de enfermagem. **Conclusão:** apesar de baixo número de residentes com indicativo de demência verificou-se índice elevado de indivíduos com transtornos mentais e uma alta taxa do uso de antipsicóticos, ansiolíticos e antidepressivos, seguidos de anti-hipertensivos.

**Palavras chaves:** Idoso; Demência; Instituição de Longa Permanência para Idosos.

**Resumen:**

**Objetivo:** Investigar la presencia de demencia en residentes de un centro de cuidados de larga estancia. **Método:** Estudio cuantitativo y documental, realizado en el primer trimestre de 2024 en una ciudad del interior de Minas Gerais, Brasil, considerando todos los registros médicos existentes. Se realizó un análisis descriptivo. **Resultados:** Se consideraron 85 historias clínicas, de las cuales 47 eran hombres (55%); con edades comprendidas entre los 65 y los 80 años (59%); institucionalizados desde hacía hasta 15 años (69%); cuatro tenían indicios de demencia; uso de 32 fármacos diferentes, especialmente los destinados a trastornos mentales (siete), antidepressivos (siete) y los destinados a la hipertensión arterial (tres). Se utilizaban poco los cuidados de enfermería sistematizados, la evolución y las notas de enfermería. **Conclusión:** a pesar del bajo número de residentes con indicios de demencia, había un alto índice de individuos con trastornos mentales y un alto índice de uso de antipsicóticos, ansiolíticos y antidepressivos, seguidos de antihipertensivos.

**Palabras clave:** Anciano; Demencia; Hogares para Ancianos.

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## INTRODUCTION

**N**owadays, there has been a clear reversal in the age pyramid, influenced by the growth of the world population. Fertility, birth and mortality rates have shown a significant decline, which has led to population aging<sup>1</sup>. According to the World Health Organization (WHO), in developed countries, an elderly person is anyone over the age of 65, while this age corresponds to 60 years in developing countries, such as Brazil<sup>2</sup>.

According to 2018 data from the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística* - IBGE), seniors represent 13% of the Brazilian population, and this percentage is expected to double in the coming decades. One study projects that, by 2043, at least a quarter of the population will be over 60 years old, while 16.3% of this population will be young people of 14 years old or under<sup>3</sup>. Analysis of these factors leads to a discussion about the need for alternative care demands for the elderly population, in order to guarantee long-term care (LTC) for them<sup>4</sup>. In Brazil, an example of care for elderly people over 60 are long-term care facilities for the elderly (LTCFE)<sup>4</sup>.

LTCFE are residences that provide gerontological and geriatric care, offering comprehensive services, which may include social support. These are institutions where families seek help and support. They can be classified into three types, taking into account the care needs. Type one is aimed at elderly people who are independent in relation to daily activities or who use self-help objects. Type two is for dependent and independent people, those who require individualized care and monitoring by health professionals. Finally, type three is related to those who need full assistance, and the existence of an interdisciplinary team is essential<sup>5</sup>.

In most cases, elderly individuals are institutionalized because their families are either unable or unwilling to provide care, prompting them to seek long-term care homes for their loved ones<sup>6</sup>. There are also those who are taken there because they are socially vulnerable or have broken family ties, or because of neglect, violence, and abuse. They live collectively, with partial social isolation, and all of this, related to the change factor, can cause stress, feelings of abandonment, and lack of motivation to carry out activities that help preserve functionality<sup>7</sup>. These age-related conditions can lead to physical, social, and psychological changes in institutionalized individuals, increasing the risk of developing diseases and syndromes, such as dementia<sup>8</sup>.

Dementia is common among older adults, whether they live in institutions or not. Dementia is a syndrome that results from various factors, causing memory loss and cognitive decline, which can lead to difficulties in daily functioning, work, and social interactions.<sup>8</sup>. It

mainly affects people over the age of 65, and it develops gradually, causing damage to neurons and areas of the brain<sup>9</sup>.

According to the WHO, more than 35 million people worldwide had some level of dementia in 2012, and estimates suggest that this number could triple by 2050, affecting mainly middle and low-income countries, and, more frequently, the female population, sedentary people, those with low economic conditions, and those in situations of fragility<sup>10</sup>.

This syndrome is not solely a result of the aging process, but rather a series of attributes that, when combined, increase the risk of dementia. These include lifestyle, excessive alcohol and tobacco use, social isolation, and diseases such as hypertension, diabetes, depression, obesity, and traumatic brain injury<sup>11</sup>. Dementia can be caused by various factors and classified in different ways: progressive (resulting from neurodegenerative, vascular ou chronic infeccious diseases), static (caused by vascular conditions with controled risk, brain injury or infection), or potentially reversible (related to clinical illnesses, nutritional deficiencies, or medications). The most prevalent dementias are Alzheimer's disease and vascular dementia, corresponding to approximately 80% and 90% of the causes, and other common ones are frontotemporal dementia and Lewy body dementia and dementia associated with Parkinson's disease<sup>12</sup>.

The presence of a nurse in the multidisciplinary team is essential to ensure high-quality care, with expertise in education, management, and direct care. In the LTCFE, the nursing professional must provide basic health care, rehabilitation, assessment and guidance to those responsible for the elderly, in order to facilitate a better quality of life for the elderly<sup>13</sup>.

The demand for care for institutionalized elderly people, especially those affected by dementia, long-term care with diagnosis, drug and psychological treatment, palliative care and other forms of support is increasingly necessary. Thus, this study aims to investigate the presence of dementia in residents of long-term care facilities.

## **METHODS**

This is a descriptive, documentary study with a quantitative approach, carried out in a Long-Term Care Facility for the Elderly, located in the interior of the South and Southwest regions of the state of Minas Gerais, Brazil. All medical records of residents in the institution during the data collection period were included in the study.

Data was collected from 85 medical records, analyzed over the course of one month, from January to February of 2024. The analyses were based on data collected through a questionnaire, including information such as age, sex, length of institutionalization, medications

used, and the date of the last Systematization Nursing Care (SNC), the quality and whether there was the nurse progress (formulation, execution and frequency of application), as well as the multidisciplinary team progress on the presence of the diagnosis of dementia.

The results were transferred to tables prepared using WINDOWS 11, which included percentage data. Before the analysis, the nurse responsible for the institution was contacted, and the study was submitted to the Research Ethics Committee of the Universidade do Estado de Minas Gerais (UEMG) and approved under No. 6,532,408. Since this is a documentary study using primary data from LTCFE residents, and it does not involve direct contact with participants, informed consent was not required.

## RESULTS

Out of the 85 medical records reviewed, four indicated a diagnosis of dementia. Of these, one was diagnosed with mild dementia, one was still under investigation, and the other two had been previously diagnosed. Regarding gender, 38 were women (45%) and 47 were men (55%). Regarding age, 59% were between 65 and 80 years old; and 69% had been institutionalized for up to 15 years (Table 1).

Table 2 shows the use of 32 medications. The medications identified were for hypertension, diabetes, insomnia, anxiety, depression, antipsychotics, mood disorders, acute pain, and others. Of the tests mentioned, only those related to the four dementia diagnoses found during the research were included. One case was diagnosed as mild dementia, but no tests were performed, other diagnosis did not have the related tests attached to the medical records, and of the other two cases, one had a brain MRI, a CT scan with contrast and blood test.

**Table 1.** Chronological data, sex and time of institutionalization, Passos-MG, Brazil, 2024.

<b>Sex</b>	<b>No.</b>	<b>%</b>
Female	38	45%
Male	47	55%
<b>Age</b>		
50 to 65 years	13	15%
65 to 80 years	50	59%
80 to 95 years	21	25%
95 to 110 years	01	01%
<b>Time of institutionalization</b>		
1 month to 15 years	59	69%
15 to 30 years	18	21%
30 to 45 years	07	08%
45 to 60 years	01	01%

**Table 2.** Medications used and tests performed and, Long-Term Care Facility for the Elderly. Passos/MG, Brazil, 2024.

Medication	No.	%
Alprazolam	05	06%
Biperiden	04	05%
Carbamazepine	09	11%
Cefalexin	02	02%
Clonazepam	06	07%
Citalopram	02	02%
Desvenlafaxine	01	01%
Depakene	08	09%
Diazepam	04	05%
Donaren	02	02%
Escitalopram	04	05%
Phenergan	02	02%
Fluoxetine	03	04%
Haldol	06	07%
HCTZ	02	02%
Hydrochlorothiazine	02	02%
Insulin	04	05%
Lactulose	03	04%
Losartan	05	06%
Mirtazapine	05	06%
Paco	01	01%
Proso	01	01%
Puram	01	01%
Prolopa	01	01%
Olanzapine	07	08%
Quetiapine	12	14%
Razapine	02	02%
Resperidone	10	12%
Sertraline	07	08%
Sivastatin	12	14%
Venlafaxine	07	08%
Venlftz	02	02%
<b>Tests performed</b>		
Brain MRI	01	01%
Blood test	01	01%
CT Scan with contrast	01	01%

Green - medications for mental disorders / Orange - antidepressants/ Blue - anti-hypertensives

Considering the date of the last SNC, to align with the nursing progress, it was found that the process was not carried out for four residents. In general, between August and October 2023 (20-24%), these months showed the highest levels of achievement, compared to the period from December 2022 to January 2024. However, the lack of implementation is evident in the majority of LTCF residents. Similarly, nursing progress was also not carried out, appearing in only one instance (Table 3). The quality of the nursing progress was evaluated using five categories: 'very good' and 'good' had no instances, 'regular' was found in one (1%), 'poor' in 31 (36%), and 'very poor' in 53 (62%).

**Table 3.** Implementation of the Systematization of Nursing Care (SNC) and the evolution of nurses in Long-Term Care Facilities for the Elderly. Passos/MG, Brazil, 2024.

Date of last SNC	No. of medical records	%
Never performed	04	05%
12/2022	02	02%
02/2023	06	07%
03/2023	07	08%
04/2023	03	04%
05/2023	01	01%
07/2023	05	06%
08/2023	19	22%
09/2023	20	24%
10/2023	17	20%
01/2024	01	01%
<b>Presence of nurse progress</b>		
Yes	01	01%
No	84	99%

## DISCUSSION

Of the medical records found, 55% were related to institutionalized men. Four residents were found to have signs of dementia. Dementia is twice as common in women, possibly due to their longer life expectancy, as well as factors like work-related stress and alcohol and tobacco use<sup>14</sup>.

Regarding age, a larger proportion of elderly residents were between 65 and 80 years old (59%). According to the IBGE, the ratio of elderly people to children reached 55.2 in 2022, meaning there are 55.2 people over 65 for every 100 children<sup>15</sup>.

69% of residents had been institutionalized for up to 15 years. Longer periods of institutionalization are associated with a higher likelihood of increased dependence, social isolation, and cognitive decline. During the institutionalization process, elderly individuals face significant challenges as they adapt to a new routine and environment, which can lead to emotional changes and a decline in physical and cognitive functions. Many LTCFEs also lack the necessary human resources and funding to provide adequate care<sup>16</sup>.

Among the medications listed, the presence of three used to treat hypertension was noted. This disease is common among the elderly, considered a risk factor for cardiovascular diseases and can act on the body causing cognitive dysfunction<sup>17</sup>. Research indicates that hypertension is one of the risk factors for dementia, since, when it develops over a long period, it can cause vascular atherosclerosis, arterial aneurysm, brain alterations, among other factors that cause loss of neurons and influence the development of vascular dementia, contributing to the acceleration of cognitive decline<sup>18</sup>.

Seven drugs aimed at treating mental disorders were observed. During the research period, several records containing psychiatric diagnoses such as schizophrenia, mood

disorders, personality disorders, hallucinations and delusions were found. According to information reported in the medical records, some of the individuals, before entering the LTCFE, were institutionalized in an old psychiatric clinic that existed in the city.

Antipsychotics are commonly used among the elderly, primarily to treat bipolar disorder, schizophrenia, or as antiemetics in some treatments. They can also help manage behavioral and psychological symptoms associated with dementia. The Brazilian Geriatrics Association provides a list of medications that should be avoided in certain conditions, including antidepressants and antipsychotics, as they increase the risk of stroke, contributing to cognitive decline and mortality in individuals with dementia<sup>19</sup>.

Other drugs included those used to treat depression (seven). Although depression is also a mental disorder, it is often highlighted for its increasing prevalence and its tendency to be mistaken for dementia. Depression is often confused with the early stages of dementia due to shared symptoms, such as reduced activity, limited interests, and psychomotor agitation. Depression can cause cognitive impairment, leading to the term 'pseudodementia', a form of false dementia that causes memory impairment, particularly in individuals over 40, and is often confused with true dementia<sup>20</sup>.

A thorough clinical evaluation is essential for diagnosing dementia and ruling out other conditions that may cause cognitive decline. It is important to perform laboratory tests, such as hematologic evaluation, VDRL, anti-HIV serology, lipid and metabolic profile, and evaluation of liver, kidney, and thyroid functions, in order to rule out infections or metabolic changes that cause cognitive impairment or neuropsychiatric manifestations<sup>21</sup>.

The nursing care systematization (SNC) should be updated regularly based on the individual's needs and treatment. In the SNC, the nurse indicates systematic actions to provide comprehensive, humanized, and individualized care. For institutionalized elderly people, it is important that the team adopts the SNC to direct the needs and type of care<sup>22</sup>. COFEN Resolution No. 358/2009 states that the SNC must be applied in public or private environments where care is provided by nursing professionals. The process is organized into five stages, namely: nursing history, nursing diagnosis, nursing planning, implementation of the actions performed, and nursing evaluation<sup>23</sup>.

The SNC is applied regardless of the pathologies or level of severity among them, however, there were few updates to the systematization found in each medical record, despite its importance and contribution to the nurse's work process. The lack of notes by the nursing team and the nursing progress was also noted.

Recording nursing progress is a professional's duty. The resolution of the Brazilian Federal Nursing Council states that "the execution of the nursing process must be formally recorded", and that, for ethical reasons, the professional must provide complete and truthful information regarding the care provided, as well as record it in the medical record. The information obtained and recorded by the nurse is essential for the provision of qualified and effective care, and its absence or scarcity causes poor communication between the team, taking into account the procedures performed and the professional's specialized vision, impairing the care provided by the institution<sup>24</sup>.

## CONCLUSION

According to the medical records, four residents of the LTCFE had signs of dementia, out of a total of 85 considered. However, a high rate of individuals with mental disorders and a high rate of use of antipsychotics, anti-anxiety and antidepressants were found.

A more thorough description and diagnosis of the mental and emotional conditions of LTCFE residents is necessary.

The limitations of the study include the fact that it only referred to one LTCFE and the lack of a relationship between the use of some medications and mental and emotional conditions, which were insufficiently described. This fact highlights the importance of further research in more LTCFEs focused on the differential diagnosis of dementia.

The inclusion of training for nursing teams in LTCFEs, particularly regarding nursing notes, nursing progress and, in this case, the application of the Systematization of Effective Nursing Care emerges as important interventions.

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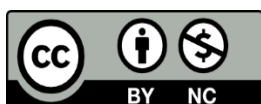
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