

Functional assessment and profile of elderly people with stomas*Avaliação funcional e perfil de idosos com estomias**Evaluación funcional y perfil de ancianos con estomías*

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Vitória Máximo Teodoro¹, Juliana Pena Porto¹, Patrícia Magnabosco¹**Abstract:**

Objective: to evaluate the functional capacity and profile of elderly individuals with stomas. **Methods:** exploratory, descriptive, cross-sectional and quantitative study, carried out in a teaching outpatient clinic, with elderly individuals with stomas. Data were collected through interviews and application of the Katz, Lawton & Brody scales, mini mental examination and family APGAR and analyzed in the Statistical Package for the Social Sciences 23.0, using descriptive and inferential analyses, with the use of appropriate statistical tests to evaluate the associations between the variables. **Results:** the participants were 139 elderly individuals. There was an association between ostomized women and hypertension, incontinence and immunosuppression, in addition to more difficulties in managing the stoma bag and insecurity regarding leaks and detachment. Half of the elderly individuals showed impaired cognition and partial dependence. However, the majority showed independence in basic activities and absence of signs of depression. **Conclusion:** nursing actions, public policies and assistive technologies for the care of elderly individuals with ostomies need to be improved.

Keywords: Comprehensive Health Care; Aged; Ostomy; Geriatric Assessment.

Resumo:

Objetivo: avaliar a capacidade funcional e o perfil de idosos com estomias. **Método:** estudo exploratório, descritivo, transversal e quantitativo, realizado em um ambulatório de ensino, com idosos estomizados. Os dados foram coletados por entrevistas e aplicação das escalas de Katz, Lawton & Brody, mini exame mental e APGAR da família e analisados no *Statistical Package for the Social Science* 23.0, utilizando análises descritivas e inferenciais, com o emprego de testes estatísticos apropriados para avaliar as associações entre as variáveis. **Resultados:** participaram 139 idosos. Houve associação entre mulheres estomizadas e hipertensão, incontinência e imunossupressão, além de mais dificuldades no manejo da bolsa e insegurança quanto a vazamentos e descolamento. Metade dos idosos mostrou cognição comprometida e dependência parcial. No entanto, a maioria demonstrou independência em atividades básicas e ausência de sinais de depressão. **Conclusão:** as ações de enfermagem, políticas públicas e tecnologias assistivas para o cuidado de idosos estomizados precisam ser aprimoradas.

Palavras-chave: Assistência Integral à Saúde; Idoso; Estomia; Avaliação Geriátrica.

Resumen:

Objetivo: Evaluar la capacidad funcional y el perfil de ancianos con estomías. **Método:** Estudio exploratorio, descriptivo, transversal y cuantitativo, realizado en un ambulatorio de enseñanza con ancianos estomizados. Los datos se recogieron mediante entrevistas y la aplicación de las escalas de Katz, Lawton & Brody, el mini examen del estado mental y el APGAR familiar, y se analizaron con el software *Statistical Package for the Social Sciences* (SPSS) versión 23.0, utilizando análisis descriptivos e inferenciales, con tests estadísticos apropiados para evaluar las asociaciones entre variables. **Resultados:** Participaron 139 ancianos. Se observó una asociación entre mujeres estomizadas e hipertensión, incontinencia e inmunosupresión, además de mayores dificultades en el manejo de la bolsa e inseguridad ante fugas y desprendimientos. La mitad de los ancianos mostró una cognición comprometida y dependencia parcial. Sin embargo, la mayoría demostró independencia en actividades básicas y ausencia de signos de depresión. **Conclusión:** Es necesario mejorar las acciones de enfermería, las políticas públicas y las tecnologías asistenciales para el cuidado de ancianos estomizados.

Palabras-clave: Atención Integral de Salud; Anciano; Estomía; Evaluación Geriátrica.

Corresponding Author: Vitória Máximo Teodoro - vitoriamaximo54@gmail.com

INTRODUCTION

The aging of the Brazilian population is a reflection of the greater life expectancy provided by improvements in health, social and economic conditions¹. In Brazil and other developing countries, those aged 60 or over are considered elderly²⁻³.

According to the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística* - IBGE)⁴, since 2012, the elderly population in Brazil has increased by 4.8 million, rising from 25.4 million to 30.2 million in 2017. Projections indicate that Brazil will occupy the sixth position among the countries with the largest elderly population by 2025⁵.

Aging reflects the decrease in infectious diseases and the increase in chronic non-communicable diseases (NCDs), which, without adequate monitoring, compromise functionality, quality of life and increase the risk of dependence, institutionalization and death⁵.

NCDs are related to lifestyle habits, and behavioral factors are responsible for a significant part of the loss of healthy years, including smoking, excessive alcohol consumption, poor diet, sedentary lifestyle and obesity. Obesity, in particular, contributes to the emergence of polyps and colorectal cancer⁶. This type of cancer usually begins as a benign polyp and can evolve into a malignant neoplasm, with adenomas and dysplasias being the main precursor lesions⁷.

According to Brazilian National Institute of Câncer (*Instituto Nacional do Câncer* - INCA)⁷, there were an estimated 45,630 new cases of colorectal cancer in 2022, with 20,245 deaths recorded in 2020.

Socioeconomic conditions directly influence knowledge about prevention and early diagnosis. Late diagnosis makes treatment more difficult, which, in turn, makes it longer and more aggressive. Among the possible consequences of colorectal cancer are ostomies, which are the connection of a hollow organ to the external environment, allowing its functionality even in the presence of diseases. Digestive ostomies involve exteriorizing part of the small or large intestine through the abdominal wall, diverting bodily waste⁸.

However, the need for a stoma is not restricted to colorectal cancer, and may be a consequence of inflammatory bowel processes, abdominal trauma, congenital diseases and other conditions⁸.

For the elderly, stoma impacts not only digestive physiology, but also psychosocial aspects, such as fear, insecurity and shame, caused by the risk of leaks and odors, which can lead to social isolation and reduced self-esteem⁹.

In this context, understanding how the stoma interferes with daily activities, the difficulties faced by the elderly in managing the stoma bag, the support received from

professionals and family members, and other aspects of life is essential to propose evidence-based interventions, aiming to reduce complications, promote self-care and improve the quality of life and care for elderly people with stoma. Thus, this study aims to evaluate the functional capacity and profile of elderly people with stoma.

METHODS

This exploratory, descriptive, and cross-sectional study, with a quantitative approach, was conducted at the Amélio Marques Outpatient Clinic, part of the Hospital de Clínicas of the Universidade Federal de Uberlândia (HCU-UFU), MG, Brazil in the Stomatherapy Sector, involving elderly individuals who use colostomy, ileostomy, or transversostomy bags, monitored by the outpatient clinic. The interviews took place in a private room, ensuring the privacy of the participants. The data collection period ran from August 2023 to January 2024.

The study included elderly individuals who used bags provided by the Unified Health System (*Sistema Único de Saúde* - SUS), who agreed to participate and signed the Free and Informed Consent Form (FICF). Those with verbal communication difficulties were excluded.

After signing the FICF, the participants answered an instrument for collecting clinical and sociodemographic data, in addition to previously defined questionnaires. The data were organized in a specific form, containing the demographic and clinical variables.

The following data collection instruments were used: Katz Scale, also known as the Basic Activities of Daily Living Index (BADL)¹⁰, which classifies functional capacity as independent, intermediately dependent or dependent; Lawton Scale or Instrumental Activities of Daily Living Scale (IADL)¹¹, which assesses more complex daily activities and serves to observe whether the elderly person is independent enough to live in a community; and the Mini Mental State Examination (MMSE)¹², which consists of questions divided into five categories that provide an initial screening of the elderly person's cognitive state¹³.

The sample size calculation was based on the proportion of elderly people treated in the ostomy sector of the Amélio Marques Outpatient Clinic of HCU-UFU, estimating the participation of 170 individuals randomly selected from among the 304 elderly people registered, considering the population density of the community.

The study was planned with a 95% confidence level and a sampling error of 5%, and followed the methodology of William W. Hines¹⁴. However, the research actually involved 139 elderly people. This number was impacted by factors such as the reduction in attendance during the data collection period, due to the professional responsible for the sector being on vacation,

and the resistance of some participants, motivated by lack of time, embarrassment, insecurity and emotional sensitivity.

The data were recorded in duplicate for validation in the Excel™ tool and, later, statistically analyzed. After checking, the information was transferred to the Statistical Package for the Social Sciences (SPSS) software, version 23.0, for analysis. The Kolmogorov-Smirnov test was used to assess the distribution of quantitative variables.

Variables with normal distribution were presented as mean and standard deviation (\pm), while those with non-normal distribution were described by median and minimum and maximum values. The Spearman test was applied to variables without normal distribution, and the Pearson test was used to evaluate those with normal distribution. The association between qualitative variables was analyzed using Pearson's chi-square test. The significance level adopted was $\alpha = 5\%$. SPSS for Windows was used for all statistical analyses. The population proportion aimed to estimate a p (unknown) dimension of elements in the population, based on a sample characterized by the factor of interest.

The research was approved by the Human Research Ethics Committee, and was carried out after approval under opinion no. 6,133,247.

RESULTS

The study included the participation of 139 elderly individuals of both sexes, aged between 60 and 93 years. The predominant religious segment was Catholicism (56.8%). In terms of family structure, 20.9% of men reported living with a partner, while 17.3% of women reported living alone. Although the educational level was similar between the groups, it was observed that men had a higher family income than women (Table 1).

The majority of the elderly individuals were sedentary (79.9%) and had no family history of neoplasia (70.5%), acute inflammatory processes (74.1%), abdominal trauma (97.1%), congenital diseases (98.6%) and intestinal obstructions (76.3%). However, 74.1% of these elderly individuals had a personal history of neoplasia, with rectal cancer being the most prevalent (48.5%) (Table 2).

It was possible to observe an association between women and the fact of having depression ($p = 0.006$), being immunosuppressed ($p = 0.007$) and having urinary incontinence ($p = 0.002$). Colostomy was the most frequent type of ostomy among the participants ($p = 0.006$), with insertion time varying between less than one month and 28 years (339 months). Elderly people of both sexes reported reduced tobacco and alcohol consumption, especially elderly men ($p = 0.007$) (Table 2).

Table 1. Demographic characteristics of elderly people using a stoma (n=139). Uberlândia/MG, Brazil, 2023.

Sociodemographic characteristics	Male 69 (49.6%)	Female 70 (50.4%)	p*
Average Age	70.74	71.51	0.562
Religion			1.00
Follows some religion	65 (94.2%)	65 (92.9%)	
Does not follow any religion	4 (5.8%)	5 (7.1%)	
Education			0.313
Early Childhood Education	14 (20.3%)	9 (12.9%)	
Primary Education	36 (52.2%)	37 (52.9%)	
Secondary Education	10 (14.5%)	14 (20.0%)	
Higher Education	9 (13.0%)	10 (14.3%)	
People living in the household			0.131
Lives alone	15 (21.7%)	24 (34.3%)	
Lives with other people	54 (78.3%)	46 (65.7%)	
Average Family Income (Value in BR\$)	3.070.00	2.644.00	

*p-value - Chi-square testing

Table 2. Clinical characteristics and risk factors in elderly individuals using a stoma (n=139). Uberlândia/MG, Brazil, 2023.

Clinical Variables	Male 69 (49.6%)	Female 70 (50.4%)	p*
Systemic Arterial Hypertension	31 (44.9%)	46 (65.7%)	0.017*
Diabetes Mellitus	19 (27.5%)	23 (32.9%)	0.580
Renal Failure	5 (7.2%)	9 (12.9%)	0.399
Cardiovascular Disease	13 (18.8%)	16 (22.9%)	0.677
Sedentary Lifestyle	52 (75.4%)	59 (84.3%)	0.210
Depression	10 (14.5%)	25 (35.7%)	0.006*
Dyslipdemia	10 (14.5%)	6 (8.6%)	0.301
Immunosuppressed	6 (8.8%)	19 (27.1%)	0.007*
Family history of Intestinal and Rectal Neoplasia	17 (24.6%)	24 (34.8%)	0.264
Type of Ostomy			0.006*
Colostomy	49 (71.0%)	38 (54.3%)	
Ileostomy	16 (23.2%)	17 (24.3%)	
Transversostomy	4 (5.8%)	15 (21.4%)	
Average time (months) of Stoma use	14.20	18	
Personal history of Neoplasia	47 (68.1%)	56 (80.0%)	0.125
Acute Inflammatory Bowel Processes	14 (20.3%)	22 (31.4%)	0.175
Fecal Incontinence	10 (14.5%)	17 (24.3%)	0.198
Urinary Incontinence	17 (24.6%)	36 (51.4%)	0.002 *
Abdominal and Perineal Trauma	4 (5.8%)	0 (0.0%)	0.058
Congenital Diseases	0 (0.0%)	2 (2.9%)	0.496
Bowel Obstruction	14 (20.3%)	19 (27.1%)	0.426
Smoker	10 (14.5%)	5 (7.1%)	0.183
Former Smoker	34 (57.6%)	27 (41.5%)	0.105
Alcohol Consumption	21 (30.4%)	14 (20.0%)	0.175
Former Alcohol Consumption	32 (65.3%)	22 (38.6%)	0.007*

*p-value - Chi-square testing

Table 3 presents variables relevant to ostomy care, as well as the functional capacity of the elderly individuals investigated. The data show that 61.2% had difficulty in positioning the bag properly. Women had greater difficulty in removing the bag (p=0.045) and in removing the

device that closes the bag ($p=0.022$). The statistical analysis did not identify associations between functional capacity, cognitive status or the presence of signs of depression among the different groups of elderly individuals.

Table 3. Assessment of self-care of elderly people with intestinal ostomies and association between cognitive and functional capacity ($n=139$). Uberlândia/MG, Brazil, 2023.

Clinical Variables	Male 69 (49.6%)	Female 70 (50.4%)	p^*
Ostomy care performed solely by the patient	45 (65.2%)	39 (55.7%)	0.299
Performs all steps of care, removing and positioning the bag	49 (71.0%)	39 (55.7%)	0.079
Difficulty in positioning	22 (31.9%)	32 (45.7%)	0.118
Difficulty in removal	16 (23.2%)	28 (40.0%)	0.045*
Unable to remove the device that closes the bag	9 (13.0%)	21 (30.0%)	0.022*
Has had wounds on the peristomal skin at some point	27 (39.1%)	27 (39.1%)	0.494
Mini Mental State Examination			0.109
Preserved cognition	28 (40.6%)	19 (27.1%)	
Impaired cognition	41 (59.4%)	51 (72.9%)	
Lawton Scale			0.373
Independent	26 (37.7%)	21 (30.0%)	
Mildly to moderately dependent	43 (62.3%)	49 (70.0%)	
Katz Scale			0.562
Independent	64 (92.8%)	62 (88.6%)	
Mildly to moderately dependent	5 (7.2%)	8 (11.4%)	

DISCUSSION

The average age of ostomy users is 67 years old¹⁵, which reflects the aging population¹⁶. Additionally, there is a higher prevalence of ostomy use among women, probably due to the longer life expectancy of women¹⁵. The same was observed in this investigation, although it showed a similar proportion among elderly people of both sexes.

Studies indicate that religion plays a significant role in the lives of people with ostomies^{15,17,18}, with a predominance of the Catholic faith^{15,17,18}, as shown in this research. Thus, spiritual connection has the potential to provide meaning to the changes endured by individuals, helping in facing new challenges and encouraging adaptations and the development of self-care¹⁸.

Another factor that may be associated with improvements in psychological and social well-being and quality of life is the presence of a stable partner in the lives of people with ostomies, especially in relation to sexuality and self-image. Support from partners can facilitate adaptation to these changes, in addition to promoting a better quality of life¹⁹. However, this research revealed that most elderly women lived alone, or with family members, without partners, which may explain the fact that they have a lower family income, since they only have one source of income.

Low education levels may be another complicating factor for elderly people with ostomies, as it makes it difficult to understand the pathology, treatment, self-care activities and early detection of complications¹⁷. Approximately 18% of the population over 60 years of age is illiterate, largely due to literacy policies, which prioritize education for young people and adults²⁰.

Associated with this fact, research indicates that most people with ostomies earn up to a minimum wage, which increases their economic vulnerability^{17,21}. Elderly people who are the main providers of their families are at greater risk of illness. Given that disabilities related to this context compromise social interaction and community participation, this situation can lead to increased social isolation²².

In addition to concerns about ostomy and family income, elderly people face high costs related to the treatment of diseases resulting from anatomical and functional changes, common in the cardiovascular, respiratory, renal, musculoskeletal, endocrine and nervous systems, related to aging²³. The present study had a prevalence of comorbidities in a large proportion of the elderly, with emphasis on Systemic Arterial Hypertension, Diabetes and cardiovascular diseases.

Aging plays a crucial role in the emergence of neoplasms, due to the combination of risk factors and the reduction in the capacity of organic systems to repair cells as age advances²⁴. Regarding colon and rectal cancer, the main risk factors are family history, diets rich in red and processed meats, alcohol and tobacco consumption, obesity, low vegetable intake and advanced age²³. The investigation showed a high prevalence of cancer, especially CRC. Most participants were sedentary, but reported a reduction in tobacco and alcohol consumption, especially men.

This study also indicates a higher prevalence of urinary incontinence among women compared to men, which may be related to their pelvic anatomy, which makes them more prone to pelvic floor dysfunctions (fecal and urinary incontinence and genital prolapse²⁵). Urinary incontinence is linked to pelvic floor weakness due to obstetric trauma and chronic evacuation effort. Furthermore, surgeries for rectal cancer are linked to the potential for prolonged urinary dysfunction, increasing the risk of urinary incontinence²⁰.

Most elderly people perform ostomy care independently, in all stages necessary for positioning the pouch. This positive impact can be attributed to the average time for insertion of the stoma, which is over a year. A previous study shows that people with a stoma for more than 12 months have better physiological control, self-concept and interdependence²¹.

Adversities in using and caring for the stoma, especially when positioning and removing the bag, were more frequently reported by women, with emphasis on removing the bag and the closing device (40% and 30%, respectively).

Adaptation in this age group is considered complex and unique, so self-care needs to be encouraged from the moment the stoma is inserted. People over 60 years of age may face more challenges in performing this care and understanding their health status. The changes involve accepting the new reality, acquiring knowledge and handling new materials, requiring specific skills²⁶.

Getting a stoma causes significant changes in people's routine and well-being. Studies frequently report situations of leakage, fear of the bag coming loose, and difficulties related to sleep^{21,25}. Among the elderly individuals surveyed, these concerns were also evident, with emphasis on the fear of the bag coming loose and the discomfort caused by leaks under the protective barrier, especially among women ($p=0.001$ and $p=0.027$, respectively).

Although aging may be associated with new health conditions, this does not necessarily imply incapacity or dependence. Therefore, it is essential to consider the social roles of the elderly and promote care actions that ensure well-being and autonomy.

The analysis of the functional capacity of the elderly with stoma revealed that most of the participants had impaired cognition, according to their level of education, and mild to moderate dependence to perform instrumental activities of daily living, especially among women, which may justify the greater difficulties reported by them in caring for their stoma. However, most of the elderly individuals maintained independence to perform basic activities of daily living.

CONCLUSION

This study revealed that most elderly individuals with intestinal stoma have low levels of education, an average income equivalent to approximately two minimum wages, cognitive impairment, and difficulties in performing instrumental activities of daily living, although most are able to take responsibility for caring for their stoma. However, the elderly women had greater difficulty removing the pouch and the closure device.

The results of this study can support nursing actions and public policies aimed at caring for elderly individuals with stoma, promoting educational and support strategies for self-care and adaptation to the new health condition. In addition, the findings can guide the development of assistive technologies and the improvement of collection devices, considering the difficulties reported. The limitations of this analysis include its performance in a single outpatient clinic,

with a restricted sample and a cross-sectional design, which makes causal inferences impossible. Nevertheless, the study contributes to expanding knowledge about the factors that impact the functionality and quality of life of elderly individuals with stoma, pointing out paths for future longitudinal studies and interdisciplinary interventions that promote better care and rehabilitation for this population.

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