

SHORT COMMUNICATION

Characterization of Major Geriatric Syndromes. Family Doctor's Office #32. San Cristobal

Caracterización de los grandes síndromes geriátricos. CMF 32. San Cristóbal

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ABSTRACT

Introduction: geriatric syndromes are a collection of conditions typically caused by the combination of diseases with a high prevalence in the elderly, and are a frequent source of functional or social disability.

Objective: to characterize elderly individuals with Geriatric Syndromes, belonging to FDO 32 in San Cristobal.

Method: an observational, descriptive, cross-sectional study was conducted in adults aged 60 years and older belonging to the population of said doctor's office of the "Camilo Cienfuegos" Polyclinic, in the period between October 2021 and April 2024. The population consisted of 410 patients over 60 years of age, and the sample consisted of 296 patients with one of the major geriatric syndromes (immobility, incontinence, instability or falls, cognitive impairment, and frailty or functional decline), who met the inclusion criteria. A questionnaire was applied to identify them, as well as instruments designed to evaluate sub-variables such as depression and mental status. The data were represented in tables and graphs, processed using descriptive statistical methods, such as percentage assessment.

Results: geriatric syndromes were more frequent in the 80 to 85-year-old age group and in females. The most prevalent syndromes were instability and frailty. Regarding functional capacity in basic activities of daily living, mild dependence was the most common, and in instrumental activities of daily living, moderate dependence.

Conclusions: geriatric syndromes are a challenge for health care, and are associated with disability and dependence in the elderly.

Keywords: Elderly; Geriatric Syndrome; Dependence.

RESUMEN

Introducción: los Síndromes Geriátricos son un conjunto de cuadros habitualmente originados por la conjunción de enfermedades con alta prevalencia en los ancianos y que son el frecuente origen de incapacidad funcional o social.

Objetivo: caracterizar a los ancianos con Síndromes Geriátricos, pertenecientes al CMF 32 de San Cristóbal.

Método: se realizó un estudio observacional, descriptivo, transversal, en los adultos mayores de 60 años pertenecientes a la población de dicho consultorio del Policlínico Camilo Cienfuegos, en el periodo comprendido entre octubre de 2021 y abril de 2024. El universo estuvo constituido por los 410 pacientes mayores de 60 años y la muestra, los 296 pacientes con alguno de los grandes síndromes geriátricos (inmovilidad, incontinencia, inestabilidad o caídas, deterioro cognitivo y fragilidad o deterioro funcional), que cumplieron los criterios de inclusión. se aplicaron cuestionario para identificarlos, además instrumentos diseñados para evaluar subvariables como depresión y estado mental, los datos fueron representados en

tablas y gráficas, procesados mediante método de la estadística descriptiva, como la valoración porcentual. **Resultados:** los síndromes geriátricos fueron más frecuentes en el grupo etario de 80 a 85 años, en el sexo femenino, Los de mayor prevalencia fueron la inestabilidad y la fragilidad. En cuanto a la capacidad funcional en las actividades básicas de la vida diaria la dependencia leve fue la más vista y en las actividades instrumentadas, la dependencia moderada.

Conclusiones: los Síndromes Geriátricos son un reto para la asistencia sanitaria, y se asocian a discapacidad y dependencia en el anciano.

Palabras clave: Adulto Mayor; Síndrome Geriátrico; Dependencia.

INTRODUCTION

During aging, a series of changes occur in all organs and systems, resulting in a loss of functional reserve that makes older individuals more vulnerable to certain harmful factors, such as infection, moving house, or the loss of a loved one.⁽¹⁾ Three types of factors, which are in some way related to each other, are involved in the genesis of these changes. The first is the result of physiological changes that do not occur synchronously. The second factor is the sum of chronic and acute diseases, which leave their mark over time. The third is derived from environmental and psychosocial events' impact on the individual.⁽²⁾

Since the 1950s and 1960s, specific health problems in older adults not described in the standard medical literature have been identified. These are characterized by the presence of vulnerabilities, declining physiological responses, functional decline, multiple diseases, disabilities, and dependencies, which today constitute "geriatric syndromes," which require a new body of knowledge for their interpretation and management.⁽³⁾

Geriatric syndromes share several characteristics: high incidence and prevalence in the elderly population in general and even more so in groups over 80 years of age or institutionalized individuals. They present as a set of symptoms and signs derived from multiple causes. The diagnostic approach to these problems allows previously unknown diseases to be discovered. They have a tangible impact on the quality of life of those who suffer from them and are often the starting point for a cascade of adverse events that increase the need for healthcare and social support.^(4,5) They are a challenge in geriatric care, which throughout the last century was based, in many cases, on the management of patients with multiple pathologies, cognitive impairment, and severe disabilities who were referred from other services for subacute and long-term care.^(6,7)

The phenomenon of global aging, and mainly its biological, physiological, and pathological aspects, require healthcare personnel to understand the peculiarities of the elderly patient to improve the quality of their care, as well as the need to create specific resources that place the elderly in the right place according to their social and healthcare needs, optimally managing the resources available to us.^(8,9,10) The fundamental objective of this study is to contextualize the characterization of these syndromes.

METHOD

An observational, descriptive, cross-sectional study was conducted on adults over 60 years of age belonging to the CMF # 32 population of the Camilo Cienfuegos Teaching Polyclinic in San Cristóbal between October 2021 and April 2024.

The universe consisted of 410 older adults belonging to the clinic, and the sample consisted of 296 patients with at least one of the major geriatric syndromes (immobility, incontinence, instability or falls, cognitive impairment, and frailty or functional impairment) who met the inclusion criteria, after giving their informed consent.

All data were collected from the patient's medical records, from a survey that collected the patients' sociodemographic and pathological data, and from the instruments and scales used to diagnose geriatric syndromes and functional capacity, depending on the results of the Geriatric Functional Assessment Scale. In addition, the Yesavage Geriatric Depression Scale was used to determine mental status and depression as associated disorders).

A database was created to collect all the study variables. The selected variables were analyzed to achieve the proposed objectives by calculating the absolute frequency and percentage (%) as summary measures for qualitative and quantitative variables. The results were illustrated in the form of texts and tables.

RESULTS

Table 1 shows the prevalence of the five major geriatric syndromes in the study population. Instability (35,8 %) and frailty or functional impairment (26,4 %) were the most prevalent geriatric syndromes in this population.

Table 1. Geriatric syndromes in people over 60 years of age		
Geriatric syndrome	No.	%
Frailty	78	26,4
Instability	106	35,8
Incontinence	51	17,2
Immobility	52	17,6
Cognitive impairment	43	14,5
Total	296	100
Source: EGEF and individual health history		

Figure 1 shows the distribution of older adults with geriatric syndromes by sex and age range, revealing that the most prevalent age range was 80-84 years, followed by 75-79, with 65 and 61 patients, respectively, indicating that this is an aging population, corresponding to the increase in life expectancy achieved by the country. Regarding gender, females predominated with 51,4 % of the total sample, determined by the national demographic trend, where females predominate with 50,4 %.⁽¹¹⁾

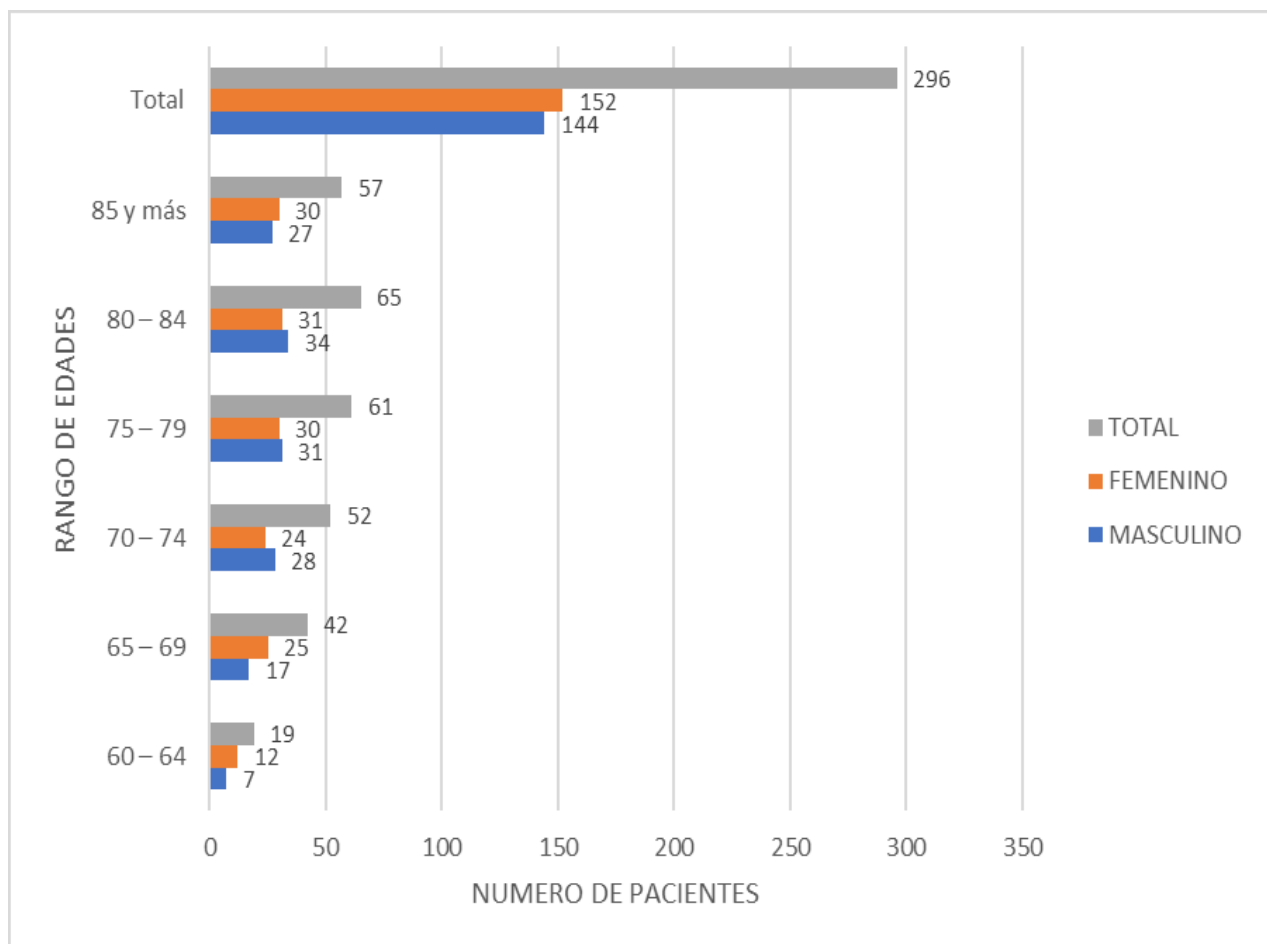


Figure 1. Distribution of older adults with geriatric syndromes by sex and age range
Source: survey and individual health history.

Table 2 shows functional capacity in basic activities of daily living, where it can be seen that 57,8 % of older adults in this study population have some degree of dependency, with mild dependency being the most common at 39,5 %. In relation to the activities studied, there was a clear predominance of moderate disability, accounting for 45,3 % of the total sample.

Table 2. Functional capacity in basic and instrumental activities of daily living

	No.	%
Functional capacity in ABVD		
Total dependence	12	4,05
Severe dependence	15	5,07
Moderate dependence	27	9,12
Mild dependence	117	39,5
Independence	125	42,2
Total	296	100
Functional capacity in AIVD		
Total dependence	14	4,73
Severe dependence	72	24,3
Moderate dependence	134	45,3
Independence	76	25,7
Total	296	100

Source: EGEF.

DISCUSSION

Frailty is a highly prevalent syndrome in older adults. These results are consistent with those reported by Torres Ramírez et al., who found a prevalence of 37,78 % for frailty and 46,11 % for falls or instability. However, these prevalences are somewhat higher than those found in our study.⁽¹²⁾

In other studies not specific to major geriatric syndromes, variable prevalences were found for falls or instability, for example, 33,99 %.⁽¹³⁾ In addition, prevalences of incontinence of 26,14 % and 5,1 %, cognitive impairment of 39,87 % and 25,4 %, and immobility of 13,07 % were found, which correspond to these results.^(14,15)

Similar studies found similar results regarding the predominance of females, but not so much in age groups, where some authors found a higher frequency of older adults. For example, Torres Ramírez et al., in their study “Association between the functional capacity of older adults and geriatric syndromes, Gibara, 2021,” found a higher frequency of females with 61,12 % and a predominance of the 60-64 and 65-69 age groups with 33,89 % and 27,69 %, respectively.⁽¹²⁾ (On the other hand, Romero Medina et al., in a study entitled “Geriatric syndromes in primary care patients,” found that females were more prevalent with 58,2 %.⁽¹⁶⁾

When assessing functional capacity for basic activities of daily living, some authors found that 52,22 % of their population had some degree of dependence, with mild and moderate dependence accounting for the highest percentage.^(17,18) In other studies in Mexico,⁽¹⁵⁾ the results show that the levels of dependence in instrumental activities of daily living reach 74,3 % of older adults with moderate dependence and 24,3 % with severe dependence. Another study conducted by Álvarez González did not find agreement with these results, finding that the majority of older adults surveyed were dependent on performing activities of daily living.⁽¹⁹⁾

CONCLUSIONS

Geriatric syndromes were more frequent in the 80-85 age group and females, with instability and frailty syndromes prevailing.

More than half of the patients had some degree of dependence, taking into account their functional capacity in basic activities of daily living, with mild dependence being the most common and moderate dependence in instrumental activities.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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Supervision: Ana Olivia Ramos Rodríguez, Yolexy Rodríguez Cumbreira.

Validation: Ana Olivia Ramos Rodríguez.

Visualization: Ana Olivia Ramos Rodríguez.

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Writing - review and editing: Ana Olivia Ramos Rodríguez, Yolexy Rodríguez Cumbreira.