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PHYSICIANS´ PERCEPTIONS: THE MANAGEMENT OF THE DEMENTED ELDERLY IN ACADEMIC TRAINING AND HEALTH PROMOTION

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ABSTRACT: The experience and knowledge of medical professionals regarding dementia in elderly people are analyzed, coupled to the contributions of the theme in academic formation and health promotion in aging people. Current exploratory and qualitative study was conducted between April and August 2017 in a higher education institution of the state of Paraná, Brazil. Nine faculty members of the medical course, specializing in geriatrics, psychiatry and neurology, participated in the study. Data were retrieved from a semi-structured electronic questionnaire and submitted to lexicographic analysis using the IRaMuTeQ® software in the light of Freirian Praxis. Similarity highlighted four central zones featuring diagnostic, familial, process and medical elements. Word cloud highlighted terms referring to the approach of dementia in the academic environment during the undergraduate course. Professional perceptions constitute an important tool to better explore geronto-geriatric knowledge and practices in theoretical modules and practical learning environments, stimulating health promotion and preventive interventions.

KEY WORDS: Elderly people; Brazil; Dementia; Medical schools; Teaching.

PERCEPÇÕES MÉDICAS: O MANEJO DO IDOSO DEMENCIADO NA FORMAÇÃO ACADÊMICA E PROMOÇÃO DA SAÚDE

RESUMO: Objetivou-se analisar a vivência e o conhecimento de profissionais médicos quanto à demência em idosos e as contribuições do tema para a formação acadêmica e promoção da saúde no envelhecimento. Estudo exploratório, qualitativo, realizado entre abril e agosto de 2017 em uma instituição de ensino superior do Paraná. Participaram nove docentes do curso de medicina, das especialidades de geriatria, psiquiatria e neurologia. Os dados foram extraídos a partir de questionário eletrônico semiestruturado e submetidos à análise lexicográfica através do software IRaMuTeQ® à luz da Práxis Freiriana. A similitude destacou quatro zonas centrais com os elementos diagnóstico, familiar, processo e médico. A nuvem de palavras realçou vocábulos referentes à abordagem da demência no ambiente acadêmico durante a graduação. As percepções profissionais configuram ferramenta importante para melhor explorar os conhecimentos e práticas gerontogeriátricas em módulos teóricos e ambientes práticos de aprendizagem, sendo estímulo a intervenções promotoras e preventivas de saúde.

PALAVRAS-CHAVE: Idoso; Brasil; Demência; Faculdades de Medicina; Ensino.

INTRODUCTION

Due to the evolution of medical care, present day physicians should be highly versatile1 and their competences directly related to their formation. Current National Curricular Guidelines (DCN) determine that the medicine course would suggest a curriculum to capacitate medical student for the attendance of the general public, linked to the needs of National Health Service (SUS), with a deep integration between teaching-service and the community 2. Needs follow the population´s aging process, a worldwide phenomenon, which may overload public health services1.

For the first time ever, in 2018, the population of 65-year-old people or over was greater than that of less than five-year-old children. In 2050, one in every 6 people in the world will be an elderly person 2. Population projections in Brazil calculate a 13.4% increase for 2018 and 18.73% for 2030[3]. Consequently, there will be an increasing development of neurodegenerative diseases, such as neurological illnesses, and dementia syndromes, such as Alzheimer disease (AD).

According to the systemic analysis of the Global Burden of Disease, the number of dementia cases increased 117% between 1990 and 2016, with Brazil ranking second. In 2050, the number of people with dementia may approach the tally of 100 million4. Academic curricula in medicine courses should be aware of the demands of new epidemiological non-transmissible chronic diseases and initiate discussions on the theory and practice on dementia during old age [3].

Understanding the perception of medical professionals who participate in academic formation may be a potential tool for the approximation and immersion of the undergraduate student in this field by stimulating critical thought and proposing solutions that would benefit the academia and the community. Current analysis is structured on the following questions: What are the experiences and knowledge that professors-physicians have on the management of elderly people with dementia syndromes? Is academic training during the medical undergraduate course sufficient to capacity the school-leaving professional?

Current paper analyzes the experience and knowledge of physicians with regard to elderly dementia and the contributions of the theme in the academic formation and health promotion during aging.

METHODOLOGY

Current qualitative and exploratory research was conducted between April and August 2017, on the premises of a private Institution for Higher Education in a municipality of the mid-northern region of the state of Paraná, Brazil. Nine teacher-physicians in the Medical Course, specialties Geriatrics, Psychiatry and Neurology, and active professionals for aging people, participated in the study. Data were collected by a semi-structured questionnaire forwarded by Google Forms® which was approved by two expert physicians in aging to verify clarity of contents. Responses were organized in two texts for the lexical analysis of the terms which classified them according to vocabularies with the highest frequency rates in each class, using Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (IRaMuTeQ®)5. Current research employed Similarity Analysis and Word Clouds5. The letter 'E' was given to the depositions, followed by the corresponding number of the interviewed person.

Paulo Freire´s dialogical reference, based on critical-educational and communication thought within the educational process, foregrounded the relevant dialogical discussions in the process 6.

Ethical procedures were complied with (n.1.716.714; CAAE: 58532116.6.000.5539), following Resolution 466/2012 of the National Health Council. It should be underscored that study followed criteria established by Standards for Reporting Qualitative Research (SRQR), as a support tool with regard to standards for qualitative studies.

RESULTS

The nine medical participants comprised six females and five males, aged between 30 and 41 years old.

With regard to the medical experience and knowledge on dementia of elderly people, Figure 1 shows the semantic lexicon of the most frequent words in

the corpus, producing four central word zones: diagnosis (n=27), familial (n=26), process (n=23) and physician (n=19).

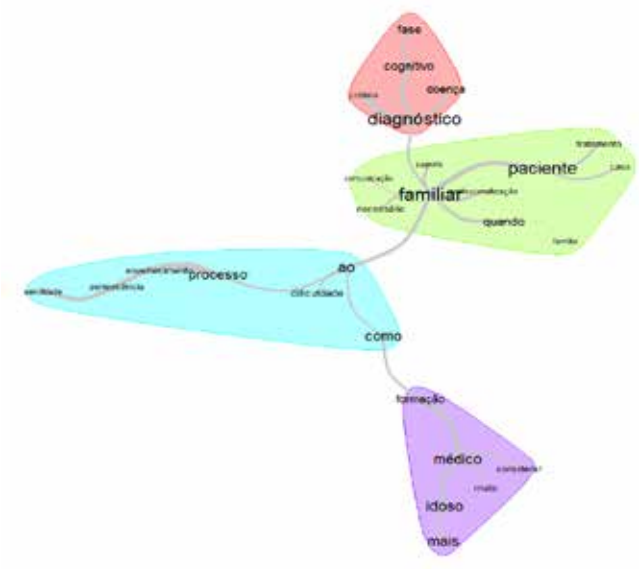

Figure 1. Similarity Analysis: experience and knowledge of professors-physicians on dementia of elderly people.

The central word diagnosis is related to phases of dementia and to the main symptoms identified during the experience of professionals in their care for elderly people.

> *"In the first phase, behavior may be perceived by changes in humor, certain psychological and behavioral symptoms of dementia and multiprofessional cognitive rehabilitation, which increase in the second phase with the need for medicine in therapy. However, it´s in the third phase that the patient has a high dependence rate and the treatment focuses on the prevention of infectious complications, falls, care giver´s stress".* (E01).

> *"In all phases, comprehensive guidelines are given for the evolutionary process of the diagnosis; for each phase, warnings with regard to difficulties and most common changes are provided". (E05)*

The word cognitive (n=19) is associated with the essential requirement to evaluate cognitive domain in dementia as the physicians, experts on the disease, revealed.

> *"Diagnosis criteria of Alzheimer Disease basically involve at least two cognitive domains, or rather, alterations in memory, in history collected from the patient and family group/caregiver, with progressive decline of at least six months, which changes the patient´s attitudes and it is not justified by changes in humor, such as pseudodementia"* (E01).

> *[...] "there is a cognitive decrease, with loss of memory [...] confirmed by tests, and not attributed to reversible causes".* (E04)

> *[...] "although relatively high cost tests are extant, which may help in the patient´s diagnosis with complaints similar to dementia, difficulty to evaluate with regard to functionality, it is greatly relevant to use more discerning tools for diagnosis and several sources and/or informants to corroborate the diagnosis"* (E08).

In halo 2, the words familial (n=26) and patient (n=26) were underscored and they express relationship with the words necessary (n=11) and communication (n=10). The establishing of effective communication with a kin is paramount for the correct identification of the diagnosis. It is as necessary as communication with the patient:

> *"The greatest difficulty for the diagnosis of the disease boils down to the clinical history provided by kin and/or caregivers". (E05)*

> *"During the first phase many people understand the condition, albeit partially; communication becomes more difficult in the moderate and advanced phases. Kin becomes more and more important for proper management". (E01)*

> *"Guiding the family that there is a belief associating invariably old age and deep intellectual and physical debility. However, it´s a myth, since most people*

maintain their cognitive and physical capacities rather high in spite of the natural aging process". (E03)

In the peripheral halos, the words case (n=11) and treatment (n=11) evidenced the importance of the valorization of patienta´ complaints for the preservation of their autonomy during treatment:

[...] "*The physician must always respect the patient´s will if he/she has a critical opinion of the real world and should refuse treatment if it causes non supportable side effects".* (E03)

"Elderly people with dementia must feel comfortable and safe before the physician so that they may express themselves with great clarity. It is very useful to agree with what they say and listen to them attentively and not to speak with the kin". (E04)

The word institutionalization refers to discussion with the family (n=11) and patient on the possibilities of behavior when the disease worsens. Consequently, reports on professional experience evidence the importance of a frank dialogue with the elderly´s family. Institutionalization is indicated when care is inadequate or non-existent and in situations where family members are not available to provide it. This may also occur when the family is overburdened by the task and agrees on institutionalization as the best thing for the elderly and the family.

[...] "it is required when family support is missing, or, even if it exists, it lacks quality and it is full of difficulties [...] ". (E02).

The central zone of halo 3 has the word process (n=23), linked to aging (n=15), senescence (n=12) and senility (n=11). Medical experience insists that the difference between these terms should be explained to patients and family so that the aging process may be easily coped with.

"Senescence consists of the expected natural aging process. Senility refers to the aging process plus deviants from normality, with alterations that lead towards pathological processes". (E05)

[...] "the aging process associated with consequences of established chronic diseases, generating lack of capacity". (E01)

Word cloud (Figure 2) grouped and organized graphically the terms that were underscored in text 2, representing contributions and perceptions on the theme of dementia within the medical training.

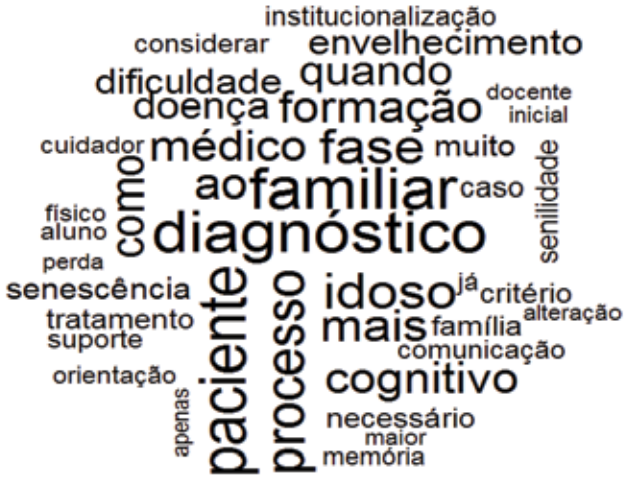

Figure 2. Word cloud: contributions and perceptions of interviewees on the dementia theme during medical training.

Underscored words refer to the approach on dementia within the milieu of the medical student during the undergraduate course. It has been observed that learning on the theme was limited to theory and lacked practical applications that complement the formation of the general practitioner´s profile:

"Current formation does not capacitate the medical student integrally for the management of the elderly with AD. Most required capacities are acquired and mature during specialization". (E02)

"Medical students are not capable of making adequate diagnosis and

> *provide treatment, even though I think that, within a few years, things will change because of a greater insistence on the theme in undergraduate course. Within the educational process, besides lectures and tutorials on the theme, the student should be encouraged to go to geriatric, neurological and psychology clinics to have a direct contact with the disease". (E01)*

> *"The theoretical and practical load in geriatrics should be stretched in medical curricula to have a greater experience of these cases among medical students. This will make easier interest and acknowledgement of similar cases".* (E02)

> *"With regards to training, practical training in clinics specialized in dementia syndromes would be greatly adequate to supplement their formation. I think that practical clinical experience is lacking for evaluation".* (E04)

> *"I think that the practical management of clinical cases is important. Humanizing issues on the management of suffering of the patient and the care giver are deficient".* (E08)

The interviewed professor concluded that the subject should be treated at greater depths to collaborate effectively in the academic formation of the medical student.

> *"I do not think that my teaching formation towards the training of a general practitioner was enough to deal with elderly people with AD since there weren´t many cases in the clinics I stayed". (E09)*

> *"I do not think that my teaching practice contributes towards the formation of a general practitioner capable of dealing with elderly patients with AD. Most professors do not have any training in teaching. Those who do, they focus on research. Teaching is not given enough prestige and it is neglected by physicians".* (E05)

> *"I think that my practice as professor does not contribute sufficiently towards the training of a general practitioner to deal with elderly people with DA. I am to be blamed. I try to build, together with my students, another social place for the elderly in our culture, not a place where they sustain themselves but a place where social relationships are more dignified".* (E03)

A professor-physician warned on the necessity of not capacitating in teaching so that the generalist training of the student of medicine would not be impaired:

> *"Unfortunately, universities capacitate people for certain tasks instead of giving them formation. People gave themselves up and their formation as comprehensive persons. Consequently, currently, only neurologists and geriatrics are concerned and deal with the diagnosis and treatment of AD. Actually, all physicians, as physicians, should do so. I believe that the universities have given up and they are not capable of providing an interpretation of the world to students. They are incapable of including the student within the civilizing process, or rather, their formation. Medical students alienated themselves and become physicians with several deficiencies, including the treatment of elderly people. These already have a statute for themselves and many do not know".* (E03)

DISCUSSION

The lexical context of halos related to medical evaluation deals with criteria standardized by the Diagnostic and Statistical Manual (DSM-V) and by the National Institute of Neurological and Communicative Disorders Association (NINCDS-ADRDA). However, constant updating of these handbooks and the

language employed in their elaboration weaken their comprehension by students during their formation[7].

The participants underscored their difficulty in establishing a diagnostic process in the population, partly due to weaknesses in geronto-geriatrics introduction in professional formation and to broadening of cares within the public health network 8. Further, several people may manifest the disease through non-specific factors, such as visual disorders, hearing loss, olfactory decrease or slowness in gait, making difficult identification by physicians [9].

Another limiting factor is related to patients´ low schooling level and their inherent cognitive limitations, which makes difficult the diagnose when dissociated from the social context. In such conditions, the fine-tuning of geriatric tests would be relevant to underscore the nuances among constitutional characteristics and pathological changes in different persons[10]. The above would prevent the neglect of slight cognitive deficits or their being confounded with common senescent changes[11].

The professionals also underscored the role of the family for early diagnosis and adequate assistance of the elderly with AD. The institutionalization of the elderly is becoming more and more common since overburdened, reduced and low income families are incapable of maintaining a suitable care for the elderly[12]. Consequently, a multiprofessional approach is greatly needed to strengthen the bonds between the elderly, the medical team and the family, and thus contributing towards the elaboration of a real care planning[13].

Insistence on dialogue between all involved favors the union of distinct types of knowledge, especially in the care of public health professionals. Through popular education in health and the participation of care teams, public health may provide greater information on the disease and its management, improving longitudinal relationships within geriatric care[14].

Another scenario discussed comprised the perception of physicians on the relevance of discussing AD within the curriculum of the course in Medicine. Close links of medical students with elderly people and their families in the identification of initial vulnerabilities of the disease during their formation may be beneficent and dialogic since it is based on assertive communication to strengthen the physician-patient relationship and improving treatment[15].

In such a context, this approach depends on the professionals´ capacity to acknowledge individual and family traits so that the diagnosis process may be performed humanly, efficient and individually[16]. The institutionalization of the elderly was also discussed. It may bring qualms of conscience to family members, besides feeling overloaded and with great difficulties in home management. Multidisciplinary management may provide a good improvement in neuropsychiatric symptoms, such as depression, and an improvement in life quality which is highly recommended to reduce the suffering of the elderly people and their families[17].

Such closeness and dialogic deepening during the undergraduate course would benefit students of medicine to go beyond a generalist formation. They will develop a wide and concrete focus on the management of the elderly with AD and other types of dementia. In fact, these factors are "the essence of education. Dialogue may have any meaning if it is a set of speeches that generate lives in common, harmony, conviviality between different beings"6. Further, coping with the profile of elderly people, fragile and with several diseases, is highly significant for the treatment of each disease during medical formation, based on the model of participating learning understood by the student and based on a resolution stance promoting health intervention[12].

Consequently, Freirian thought shows the path to educators and students, constructed and reconstructed to mediatized knowledge by experience, or rather, from positive and participative construction 6. The insertion of specialized themes, such as AD and other dementia syndromes, beyond the aging modules, may solve these weaknesses. The medical school curriculum deals with geriatrics and gerontology, but they should be improved by teachers´ experience and assistance, always based on scientific evidence[12].

Contemporary formation in medicine may be better exploited so that the undergraduate may train and develop competences and abilities when dealing with elderly people with dementia. Knowledge on the management of patients and their family, based on the

context of public health, may be beneficent and would strengthen student formation.

Handbooks that deal with diagnosis are dense with information and may make difficult understanding by physicians outside the realms of Psychiatry, Neurology and Geriatrics. The early diagnosis of the disease is crucial for good care. Theoretical bases may make difficult the understanding of changes from senescence to senility, hindering the amplification of health promotion activities which may minimize the evolution effects of dementia[17].

Reinforcing and updating competences and abilities inherent to medical formation may be a differential factor in medicine courses. Together with the experience of the professor-physician, they would capacitate effectively the students so that they may act and practice with safety. A vertical, participating formation will capacitate students transforming such relationship into a dialogical and continuous relationship, capable of constructing knowledge gradually and collectively[6].

Collective knowledge opens the way for the determinants of longevity that motivate a healthful aging within health promotion in the geronto-geriatric field and reinforcing community plans that allow for healthful and favorable environments for the elderly with AD[18].

CONCLUSION

Current paper analyzes the experience and knowledge of physicians with regard to dementia in elderly people and their contribution to the theme for students´ formation and health promotion during aging.

Participating professionals highlighted the difficulties diagnosed within the context of senescence and the weaknesses in the teaching and formation for the detection and dealings of dementia syndromes. The importance of a multi-professional approach in the care and the bond between health teams, patients and families have been underscored. The elaboration of a specific therapeutic and effective plan to recover the elderly´s life quality has proved to be relevant.

As teachers, physicians also acknowledge the need for discussions on the curriculum in medicine courses, based on participating models and with a resolution stance. Complexity in the management of elderly people with AD justified the importance of the development and experience of competences and abilities in the care of the elderly with dementia during the undergraduate course. Consequently, the perceptions of professionals are important tools to better explore knowledge and geronto-geriatric practices in theoretical and practical learning environments. In fact, they are a stimulus for promoting health interventions.

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