INTRODUCTION
Along the history the aged person was characterized mainly by the chronological aspect, somebody that didn't produce anything and that should be put aside. Since passed ages grow old was seen as the opposite of being healthy, a degenerative process that made any physical development impossible. Although, we perceived that nowadays this is a subject that is growing and overcoming preconceptions.

Researchers and professionals search for a possibility of living more with more health. The worry is greater when we analyze how much the aged population has grown in the world, including the developing countries like Brazil.

We perceived, although, that living more brings greater important implications to the life quality. The longevity can represent a problem, with different repercussion in the physical, psychological, economical and social human life. These years lived beyond the expected may not represent an extension of the life with its fully meaning, but a moment of sadness and disappointment. So, research about the growing-old process and its implications at the life of the aged is very important in the social context in which we live.

We can perceive that the modifications in the life style (technological and scientific transformations) have their positive points, but they still institute the stereotype of the old age as a synonym of immobility, so "[…] the unproductive edges of the society are repressed and the elders suffer the most inhuman form of repression: the indifference […]" (COSTA, 2000, page 07).

These changes are propitiating an acquisition of habits that are potentially dangerous to the health and life quality, like the reduction of the physical activities; this increases the incidence of risk factors related to illnesses on the population. With this, it's of the greatest importance to know about the functional capacity. SANCHEZ (2000) says that the functional capacity is the independence to accomplish the activities of daily life. GORDILHO et al. (2000) says that this capacity goes beyond the accomplishment of daily activities, being the capacity of maintaining the physical and mental abilities necessary to an independent life, valuing the autonomy and auto determination; so, the functional capacity unites all the capacities necessary so that the person can do what he wants.

The functional capacity unites two activity groups: Daily Life Activities (ADLs) and Instrumental Daily Life Activities (IADLs). According to WARD, JAGGER and HARPER (1998), the division of activities into the ADLs and IADLs started in 1969, with the studies of Lawton and Brody. They presented two scales of functional evaluation, which classified the daily activities according to their complexity level. The first scale represents the basic activities demanded on the aged people daily life: the Daily Life Activities. The second scale represents more complex activities, which demand an adaptation from the person in the environment. The Instrumental Daily Life Activities.

The ADLs and IADLs are activities that have a certain complexity to the aged, especially to those with a health problem. Although, it's clear that the IADLs have greater complexity than the ADLs, mainly because of their social involvement. A lot of aged people can do all the activities inside their own houses, but if it is necessary to do something outside the place he is accustomed to, he feels it is impossible.

This is the way we can say that nowadays one of the main goals is to live more and with a better functional capacity to do the daily activities. So, this study has as the main objective analyze the aspects of the functional capacity of the aged living at the Life Village Condominium in Jataí - GO.

METHODOLOGY
The researched group was composed by 41 aged people: 19 women and 22 men. They all live in Jataí, at the Life Village Condominium. These aged were divided into 4 groups, according to the age: from 54 to 63, form 64 to 73, from 74 to 83 and form 84 to 93, according to the ages that existed in the condominium.

In our research we used two instruments to obtain the data. First it was used a filling card with social and demographic information, to obtain the information about these people. Besides we used a form with questions referring to the ADLs and IADLs to obtain the data.

Among the determiners of the functional capacity we analyzed in this study the Daily Life Activities and the Instrumental Daily Life Activities. In the used form, the participants were asked about each of the activities. With this, the answers were classified into three levels: dependent, partly dependent and independent. In the Daily Life Activities we considered eight items: meal preparing, housework doing, capacity to take a bath alone, putting on and taking off the clothes, own hygiene, moving capability (get up, sit down and stand up on beds and chairs), Continence and to feed themselves. The IADLs included six items: use the phone, travel, go shopping, to use medicines at the right time and prescribed amount, to administer the money and to receive their retirement pension. All of these items were analyzed to fit into independent, partly dependent or dependent. The independents were the ones that could do the activity without help. The partly dependent had to be accompanied when doing the activities and the dependents could not do the activities without help.

RESULTS AND DISCUSSION
In the ADLs the obtained data revealed that the researched group, in general, were independent. 91.8% of them could do all the daily activities without help. 6.3% needed some help in some of the activities, and only 1.9% was completely unable to do some of the activities.
Data from ANDREOTTI's and OKUMA's (1999) researches also evidence these results, showing that great part of the world's aged population, even when showing any difficulties at some of the activities, is independent. These authors also make clear that the dependency is not a situation to all the aged people; it is not even a condition that everybody will have when growing old.

Regarding to the IADLs, we could perceive that 59.2% of the aged people are independent. 18.8% needed some help in some of the activities and 22% were completely unable to do some of the activities.

Agreeing with OKUMA (2001), the IADLs are more complex than the than the ADLs, so that is why the elders have greater difficulties at them. SPECTOR et al (1987) also contrasted that the elders are probably more dependent at the IADLs, reinforcing the data found in our study.

The greater difficulties related by the elders were at using the phone (24.3%) and at receiving their retirement pension (88.2%).

At using the phone we found that a lot of elders never made a phone call; from the ones that had already done one, the most could not see the numbers to dial (because they can not see or can not look at a paper and dial right after). The others could not hear what the other side was talking, so being unable to communicate.

FRICKE and UNSWORTH (2001) oppose these data relating that 81.8% of the people that took part at their research could use the phone independently. We can say that these significant differences can be explained by the cultural and social differences of their researched groups.

Dividing the group into genders, we can perceive that at the ADLs there are no significant differences at the statistics; great part of the men and women is independent to do the activities.

However, when we discussed the IADLs dividing the results into genders, the men showed to be more independent than the women at the majority of the analyzed activities.

According to DEEG (1993) apud WARD, JAGGER and HARPER (1998), the men have a greater independency at the IADLs due to the fact that they have more social contacts through the life. Since the childhood the men are taught to leave home early to work, to sell their muscular energy at the work market. With this, their abilities at the IADLs are more developed than women's.

We still analyzed the relation between the physical activity and the maintenance of the functional capacity. A lot of studies like the one from STESSMAN et al (2002) showed that the physical activity makes a great influence over the functional capacity of the elders, regarding to keep their independency at the different activities they are requested through their everyday.

Our studies showed that the elders physically active (56.3%) maintain a greater independence than the sedentary (44%).
Aspects of the functional capacity of the elders living at the life village condominium in Jataí Go.

According to SPIRDUŠO (1995, page 45), “adequate levels of muscular resistance and capacity enable the human being to make the daily activities during all the life”. ADAMS et al (2000) also say that adequate levels of muscular resistance, strength and capacity are important to maintain the independence and the life quality of the elder people.

We can still perceive that the dependency degree among the people that do not do exercises is significant in relation to the people that do exercises. CAMPELLO, NORDIN and WEISER (1996) relate that the lack of activity is dangerous to the elders, resulting in a greater time distant from the daily life activities. Besides, it has negative effects at the physiologic and psychological functions.

Regarding all our conclusions, we perceived that the physical activity is essential to maintain and preserve the functional capacity of the elders, because this can maintain them independent during their daily work during all their lives.

Graph 07

According to SPIRDUŠO (1995, page 45), “adequate levels of muscular resistance and capacity enable the human being to make the daily activities during all the life”. ADAMS et al (2000) also say that adequate levels of muscular resistance, strength and capacity are important to maintain the independence and the life quality of the elder people.

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La Política Nacional del Edoso garantiza que todos los edosos tengan derecho a la promoción de su autonomía, integración y participación activa en la sociedad. La pérdida de autonomía generalmente se asocia a la reducción o pérdida de la eficiencia de algunos órganos y sistemas perjudicando la capacidad funcional. El objetivo de este estudio es analizar el perfil de la capacidad funcional de los edosos residentes en el Condominio “Vila Vida” de Jataí-Goiás. Los sujetos de esa investigación consisten en 41 edosos, de los cuales, 19 son mujeres y 22 son hombres, entre 54 y 93 años. Para colectar los datos, utilizamos un formulario de actividades de vida diaria (AVD’s) y actividades instrumentales de vida diaria (AIVD’s). A través de ese estudio pudimos concluir que: los edosos investigados poseen más dificultades en las AIVD’s que en las AVD’s; en la división por género en AVD’s no hay una diferencia significativa, lo que no ocurre en las AIVD’s, ya que en estas actividades hay un número considerable de hombres independientes en relación al número de mujeres. Esperamos que a partir de los resultados analizados en nuestro estudio, podamos contribuir para que más datos acerca de la capacidad funcional de los edosos sean levantados, aumentando las chances de que se establezcan parámetros aún más confiables acerca del tema.

Palabras clave: Envejecimiento, capacidad funcional y calidad de vida.

PERFIL DA CAPACIDADE FUNCIONAL EM IDOSOS RESIDENTES NO CONDOMÍNIO VILA VIDA EM JATAÍ-GO.

A Política Nacional do Idoso garante que todos os idosos tenham direito à promoção de sua autonomia, integração e participação efetiva na sociedade. A perda da autonomia geralmente se associa à redução ou perda da eficiência de alguns órgãos e sistemas afetando a capacidade funcional. O objetivo desse estudo foi analisar o perfil da capacidade funcional dos idosos residentes no Condomínio Vila Vida de Jataí-Goiás. Os sujeitos foram 41 idosos, sendo 19 mulheres e 22 homens entre 54 e 93 anos. Para a coleta dos dados utilizamos um formulário de atividades de vida diária (AVD’s) e atividades instrumentais de vida diária (AIVD’s). Através desse estudo podemos concluir que: os idosos pesquisados possuem maiores dificuldades nas AIVD’s que nas AVD’s; na divisão por gênero em AVD’s não há uma diferença significativa, não acontecendo o mesmo nas AIVD’s, pois nestas atividades há um número considerável de homens independentes em relação ao número de mulheres. A partir dos resultados analisados em nosso estudo poderemos contribuir para que mais dados sobre a capacidade funcional dos idosos sejam levantados aumentando as chances de se estabelecerem parâmetros ainda mais confiáveis acerca desse assunto.

PALAVRAS-CHAVE: Envelhecimento, capacidade funcional e qualidade de vida.