INTRODUCTION

The sum of social, biological and psychological changes that leads to the continuous reduction of performance and adaptation abilities possessed by the individual, rendering him more vulnerable to morbid processes, is called aging, where he causes an excessive loss of strength in the individual, muscle power and body mass, right after age 60 (CAMPOS, 2014).

Aging belongs to the individual, but with the help of common prognoses, it is possible to detect them, and in the course of life, the body, after being fully matured, goes into a phase of decay, where it is exposed to several changes in their functional and physiological conditions, such as altered height, reduced agility, slower mobility and movements, changes in balance, loss of mass and muscle strength, flexibility and decreased aerobic capacity (BARRETO, 2017).

In developed countries the elderly live better than in developing countries, due to the fact that they have more favorable economic conditions. However, in both developing and developed countries laws and actions are created to support the elderly population (SOL et al., 2011).

The health status of the individual is directly related to the quality of life, which is influenced by some aspects, such as gender, schooling, age, financial situation and absence or presence of diseases. To evaluate the state of life of the elderly and their health can help in the implementation of programs that contribute to the well-being of this population (GOUVEIA et al., 2011).

Quality of life and satisfaction in old age have been related to the dependency-autonomy dyad, taking into account the effects of age. There are people with declining health status and early cognitive abilities, while others live healthy until very advanced ages (SOL et al., 2011). Given the above, what is the result obtained on the quality of life of the elderly in Santa Terezinha-PB?

The relevance of this theme focuses on the social and scientific and academic scope as a production of fundamental knowledge in the psycho-sociological aspect, considering that it constitutes a social action, with socio-political implications and with psychological and economic repercussions for the elderly; in addition to the objective of evidencing forms of social knowledge and health practices with repercussions on the quality of life of the elderly, in particular the elderly in unique socio-interactive contexts. It also points out causes and effects of the complexity of human aging, emphasizing contents capable of characterizing the quality of life of the elderly in the municipality of Santa Terezinha-PB.

The overall objective of this study is to analyze the quality of life of the elderly in the city of Santa Terezinha (PB).

MATERIAL AND METHODS

It is a field research, of the exploratory type, however it does not perform numerical measurement and the analysis is not statistical. The population was composed of 20 elderly people aged 60 or over, regardless of gender, participants of the elderly group of the Reference Center for Social Assistance (CRAS), in the city of Santa Terezinha-PB.

The inclusion criteria were: to be 60 years old or over, to sign the Free and Informed Consent Form and not to refuse to complete the SF 36. And the exclusion criteria were: to give up being evaluated and not to feel comfortable filling out the questionnaire.

For the collection of data, the "medical outcomes study" (CICONELLI et al., 1999) was composed of 11 questions and 36 items, elderly subjects answered questions about 8 components (domains or dimensions), divided into functional capacity, physical aspects, pain, general health, vitality, social aspects, emotional aspects and mental health, also containing a question related to health perception.

The data collected were calculated through simple statistics and then made available through tables and/or graphs, with the help of the Excel Office 2010 program, where they were submitted to probabilistic and substantiated analysis.

The study was directed by resolution 510/2016 and approved by the Research Ethics Committee (CEP) of the Faculdades Integradas de Patos (FIP) with CAAE 84709718.2.0000.5181.

RESULTS AND DISCUSSION

Twenty elderly individuals aged 60 years or older of both sexes (male and female) participated in the sample.

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>AVERAGE±SD</th>
<th>RAW SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social aspects</td>
<td>8.9±1.63</td>
<td>86.5</td>
</tr>
<tr>
<td>Mental health</td>
<td>23.4±3.36</td>
<td>81.6</td>
</tr>
<tr>
<td>Vitality</td>
<td>18.9±4.14</td>
<td>74.5</td>
</tr>
<tr>
<td>General health status</td>
<td>10.3±2.75</td>
<td>71.1</td>
</tr>
<tr>
<td>Limitation by emotional aspects</td>
<td>5.4±1.29</td>
<td>70</td>
</tr>
<tr>
<td>Limitation on physical aspects</td>
<td>6.8±1.50</td>
<td>70</td>
</tr>
<tr>
<td>Functional capacity</td>
<td>22.9±1.89</td>
<td>64.5</td>
</tr>
<tr>
<td>Pain</td>
<td>8.2±2.69</td>
<td>62</td>
</tr>
</tbody>
</table>

Considering that the SF-36 scores in each domain can range from zero to 100, and that the higher the value, the better the health-related quality of life, the results show that the domains that presented the 4 best scores were: social aspects (86.3), mental health (81.6), vitality (74.5) and general health status (71.5), and only the level of pain is of concern (62), since according to with the raw scale, the table is reversed, the closer to 100 the worse the domain is.

The "functional capacity" domain presented a score of 64.5 on the Raw Scale, obtaining data larger than those of the study by Toscano and Oliveira (2009) where they presented a score of 58.9 of the functional capacity, and a little below the score obtained by Cordeiro et al. (2014), which was 66.2, noting the approximation of data from both studies, which is to be expected.

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since it is the elderly. Rolin (2005) says that it is important to maintain the functional capacity of the elderly for an independent life, to reduce the risk of coronary diseases, to delay the progression of chronic diseases, and to provide opportunities for social interaction.

The domain "social aspects", which has the highest score (86.3), shows that the practice of physical activity may have helped in the social relations of the sample studied. The score is also significantly higher when compared to the study by Leite et al. (2012) where the value of 56.7 was collected for the same domain. Inadequate social support is associated not only with an increase in mortality, morbidity and psychological problems, but also with a decrease in overall health and well-being. For Rodrigues and Silva (2013), the separation of the children to constitute their families, the death of relatives and friends and other factors gradually reduce the social interaction of the elderly, making them more vulnerable to helplessness. This support occurs in a dynamic and complex process that encompasses the interactions of the individual in society and the exchanges established between them. Through these interactions, the individual can satisfy part of their social needs. Thus, the study demonstrated the importance of social relationships, so that the elderly can positively position themselves in order to live with quality.

In the "mental health" domain, a score of 81.6 was found. The term "health" refers to physical, mental and social well-being as defined by the World Health Organization (WHO). Thus, in an active aging project, policies and programs that promote mental health and social relationships are as important as those that improve physical health conditions (WHO, 2005).

Another important aspect observed in the study that had great score was the "vitality" that reached an average value of 74.5. According to Cavalcante et al. (2011), among the benefits of physical activity for the elderly, are also registered in the psychological field, as they help in the improvement of mood states such as depression, anger and confusion, tension, vigor and clarity. Vitality.

For Nakagava and Rabelo (2007), general health status means having a well-being condition that includes the good functioning of the body, experiencing a sense of psychological well-being and especially a good quality in the relationships that the individual maintains with the other people and the environment. The value found in the general health status domain (71.5) corroborates with the mentioned authors, since it is above the level considered as an intermediate level of quality of life (50), demonstrating that the elderly studied have a well-being physical, psychological and social, balancing all areas of quality of life.

As regards the limitation scores for emotional and physical aspects (70) and pain (62), they showed a high result and that of pain, in turn, a little worrisome because it was somewhat elevated.

**Graph 1: Scores of SF-36 quality of life factors**

![Graph 1](image)

Pain that has a (62) score is a symptom that can directly interfere with the quality of life of the respondents and is one of the reasons for the greater demand in the world for health services. This issue has afflicted a significant portion of the Brazilian population (SMITH et al., 2001). A quality of life impairment caused by pain occurs, such impairment can be expressed by depression (including high risk of suicide), anxiety, and difficulties sleeping, increased or decreased appetite and weight loss, impair cognitive impairment and decrease in daily tasks. This may also interfere in the limitation scores by emotional and physical aspects (70) that also demonstrated values acts, (REYES-GIBBY, 2002).

**CONCLUSION**

It was concluded that the study demonstrates that physical activity is a determining factor in the healthy aging process, enabling the elderly population to go through this process with a better quality of life. Based on this assumption, it can be suggested that the elderly in the municipality of Santa Terezinha - PB presented high scores in the pain and limitation domains due to emotional and physical aspects, but the other domains, especially the social aspects, mental health and vitality, where it was possible to conclude that the elderly had a good quality of life.

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QUALIDADE DE VIDA DOS IDOSOS DE SANTATEREZINHA-PB

A expectativa de vida vem crescendo consideravelmente nestes últimos tempos. Novos estilos de vida revelam que a idade média do ser humano se estende cada dia. De forma que se crea un escenario social capaz de contribuir para a autonomia e independência destes indivíduos, para que eles se mantenham activos e participativos na sociedade, e não perdan seu autoestima. O presente trabalho tem como objetivo analizar a qualidade de vida dos idosos da cidade de Santa Terezinha (PB). O estudo caracteriza-se em uma pesquisa de campo de caráter exploratório e de abordagem qualitativa, entretanto não realiza medida numérica e a análise não é estatisticamente. O público alvo foram 20 pessoas idosas e o instrumento de pesquisa utilizado foi o questionário de qualidade de vida Short - Form 36 Health Survey (SF-36), em el se evalúa ocho áreas: capacidade funcional; aspectos físicos; aspectos emocionales; dolor; estado general de salud; vitalidad; aspectos sociales y salud mental.

Palabras clave: Idosos. Calidad de vida. Educación Física.