

16 - BIOPSYCHOSOCIAL BENEFITS OF ELDERLY DANCE PRACTICERS

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INTRODUCTION

According to the Ministry of Health (2006), it is estimated that by the year 2050 there are about two billion people sixty years and more in the world, most of them living in developing countries such as Brazil. Some health indicators, mainly the increase in life expectancy and the fall in mortality and fecundity are related to the increase of the population aging. (MINISTRY OF HEALTH, 2006).

According to Neri and Cachioni (1999), during aging, the human being is more subject to evolutionary losses in physiological domains, psychological, neuroanatomical, socio-emotional and cognitive, because of their genetic programming, biological events, psychological and social features of their history, and those that occur throughout the history of each society. Aging and inactivity drives a gradual process of loss of functional abilities of the body triggering emotional and psychological conflicts that profoundly diminish the quality of life (QOL). (VALENTINI, RIBAS, 2003).

Exercise is constantly related to significant improvements in the health conditions of the elderly, it is considered one of the primary ways to avoid, minimize and / or reverse the most physical, social and psychological declines caused by aging. (GOBBI, 1997).

The dance hall for the elderly, as a directed physical exercise, provides the functional independence, improved social life, self-esteem, autonomy, and consequently a healthier life, pleasant and with better quality. (GARCIA, ANTUNES, MAIA, 2014).

Some specialists in the subject consider the concept of complex QOL and point to subjectivity as an important characteristic. (2001). According to Gill and Feinstein (1994), the QOL must first be analyzed from the individual perception of each one. The individual should consider understanding about their state of health and the non-medical aspects of their life context. (SEIDL and Zannon, 2004). Currently the most accepted concept of QOL is advocated by the World Health Organization (1998), stating that: quality of life reflects individuals' perceptions that their needs are being met or that they are denied opportunities to achieve happiness and self-realization, regardless of their state of physical health or social and economic conditions. (WHO, 1998).

In this context, in view of these observations and considering the absence of data referring to the subject proposed in the Municipality of Vitória de Santo Antão in Pernambuco, it was aimed to evaluate the QoL of elderly women practicing ballroom dancing.

METHODOLOGY

The study was carried out with 10 elderly women participating in a ballroom dance program in the aging extension project with quality in the city of Vitória de Santo Antão / PE. Initially contact was made with the participants. The elderly received information regarding the objectives and procedures of the study. Those who agreed to participate in the study signed a free and informed consent form. The work was submitted and approved by the Research Ethics Committee of the Health Sciences Center (CCS-UFPE), in compliance with the requirements of Resolution n. 196/96 of the National Health Council, record 059/18 and cover page: 297065. The participants answered the questionnaire on QoL, assisted by the researcher, on the perception of quality of life, referring to the last two weeks lived. The WHOQOL-BREF questionnaire consists of 26 questions (covering the four domains: physical, psychological, environmental and social), is specific to the elderly segment and is scientifically validated. (MACHADO, et al, 2012). Data were analyzed using the arithmetic mean for all the results. Responses follow a Likert scale, from 1 to 5, the higher the score the better the QoL (Table 1).

Table 1 - Description of the Likert scale for analysis of WHOQOL-BREF questionnaire data abbreviated version.

Description Values	Description Values
Needs Improvement	1,0 até 2,9
Regular	3,0 até 3,9
Good	4,0 até 4,9
Very Good	5,0

Questions 3 to 24 compose 4 domains that are: physical, psychological, social relations and environment (Table 2). In each question was added the values of the question (from 1 to 5) and divided by the number of participants (10 elderly), generating the average of each question. The physical domain was summed the means of the questions (3, 4, 10, 15, 16, 17 and 18) and divided by 7. The psychological domain was summed the means of the questions (5, 6, 7, 11, 19 and 26) and divided by 6. The social relations domain was summed the means of the questions (20, 21 and 22) and divided by 3. The environment domain was summed the means of the questions (8, 9, 12, 13, 14, 23, 24 and 25) and divided by 8.

Table 2 - Description of the questions for the domains for analysis of the WHOQOL-BREF questionnaire data abbreviated version.

Variables

Physical Domain

- Question 3: Pain and Discomfort
- Question 4: Energy and Fatigue
- Question 10: Sleep and Rest
- Question 15: Mobility
- Question 16: Activities of Daily Living
- Question 17: Dependence on Medication or Treatments
- Question 18: Ability to Work Psychological Domain
- Question 5: Positive Feelings
- Question 6: Thinking / Learning / Memory and Concentration
- Question 7: Self-esteem
- Question 11: Body Image and Appearance
- Question 19: Negative Feelings
- Question 26: Spirituality / Religion / Personal Beliefs

Domain Social Relationships

- Question 20: Personal Relationships
- Question 21: Support (Social)
- Question 22: Sexual Activity Environment Domain
- Issue 8: Physical Security and Protection
- Question 9: Home Environment
- Question 12: Financial Resources
- Question 13: Health and Social Care (availability and quality)
- Issue 14: Opportunities to Acquire New Information and Skills
- Question 23: Participation and Recreation / Leisure Opportunities
- Question 24 Physical Environment (pollution, noise, traffic and climate)
- 25: Transportation

RESULTS

Table 3 presents the averages of general QoL, satisfaction with health and the domains: physical, psychological, social relations and environment.

Table 3 - Description of the average of the general quality of life, the satisfaction with the health itself and the domains of quality of life of the elderly evaluated by the WHOQOL-BREF abbreviated version.

Variables	Averages
General Quality of Life	3,9
Satisfaction with Your Own Health	3,5
Physical Domain	3,74
Psychological Domain	3,73
Domain Social Relationships	3,6
Environment Domain	3,65

According to the values presented in table 3, to the general QoL, satisfaction with one's own health and domains; were classified as regular (Table 2). Table 4 presents the following averages of the physical domain variables.

Table 4 - Description of the means of the variables of the physical domain of the elderly assessed by the WHOQOL-BREF abbreviated version.

Variables	Averages
Pain and Discomfort	4,2
Energy and Fatigue	3,8
Sleep and Rest	3,7
Mobility	3,8
Activities of Daily Living	3,1
Medication or Treatment	3,9
Dependence	
Work Capacity	3,7

Based on the values in table 4 of the variables of the physical domain, only pain and discomfort were classified as good (Table 2), the other variables were classified as regular (Table 2). Table 5 presents the following averages of the psychological domain variables.

Table 5 - Description of the means of the variables of the psychological domain of the elderly evaluated by the WHOQOL-BREF abbreviated version.

Variables	Averages
Positive Feelings	3,3
Thinking / Learning / Memory and Concentration	4,2
Self esteem	3,2
Body Image and Appearance	3,7
Negative Feelings	4,2
Spirituality / Religion / Personal Beliefs	3,8

In agreement with the values presented in table 5 of the variables of the psychological domain, it was verified that most of the values were classified as regular (Table 2), however, negative feelings and thinking / learning / memory and concentration were classified as good (Table 2). Table 6 presents the averages of the following variables of the social relations domain.

Table 6 - Description of the means of the variables of the domain social relations of the elderly evaluated by the WHOQOL-BREF abbreviated version

Variables	Averages
Personal relationships	4,3
Social support	2,7
Sexual Activity	3,8

According to the values presented in table 6 of the social relations domain variables, it was noted that personal relationships were classified as good (Table 2), social support (need) as improvement (Table 2) and sexual activity as regular (Table 2). Table 7 shows the averages of the environmental domain variables.

Table 7 - Description of the mean variables of the environment domain of the elderly assessed by the WHOQOL-BREF abbreviated version.

Variables	Averages
Physical Security and Protection	3,3
Home Environment	4,0
Financial resources	3,6
Health and Social Care (availability and quality)	3,2
Opportunities to Acquire New Information and Skills	3,6
Participation and Recreation / Leisure Opportunities	4,1
Physical Environment (pollution, noise, traffic and climate)	3,6
Transport	3,8

Interpreting the values presented in table 7 of the variables of the environmental domain, it is observed that most of the values were classified as regular, however, environment in the home and participation and recreation / leisure opportunities were classified as good (Table 2).

DISCUSSIONS

The benefits of practicing ballroom dancing in the elderly QoL range from increased self-esteem, acquisition and maintenance of health, social, mental, psychic and physical fitness (MIRANDA and MAKDISSE, 2005). In a study of the impact of dance on quality of life (Tables 4, 5, 6, 7 and 8), we elucidate the work of researchers Oliveira, Pivoto and Vianna (2009), senior dance in the health of the elderly with 103 subjects with a minimum age of 60 years, using the SF-36 QOL questionnaire at the beginning and at the end of the senior dance classes indicated that there was a significant increase of the score in all the components evaluated by the questionnaire, compared to the beginning and end of the participation in the class and also to the senior dance was efficient as a therapeutic possibility of improvement in the quality of life of the elderly.

Using the same protocol of our study, we observed the research performed by Machado et al. (2012), on the QL of the practitioners of ballroom dancing, with 11 elders, of both genders. QoL was measured using the WHOQOL-BREF questionnaire for the last two weeks. Among the results, the assessment of QoL in each of the age groups observed a result with a trend of higher scores in equally large age groups and that ballroom dancing seems to be an instrument for the improvement / maintenance of quality of life for the four domains (physical, psychological, social and environmental). The results of the study by Machado et al. (2005), when compared to this study are many similar ones, since ballroom dancing has potentiated the physical, psychological, social and environmental domains, improving the practitioners' quality of life (Tables 4, 5, 6, 7 and 8).

The study by Silva and Buriti (2013) reports a survey of 22 elderly people of both genders who practiced ballroom dancing classes, ranging from 61 to 71 years old. The authors assessed QOL, medical dependency and pain and discomfort representing the physical domain and negative feelings representing the psychological domain, before and after classes using the WHOQOL-BREF for the last two weeks. Among the results obtained, pain and discomfort presented decrease in both genders; medical dependency there was a decrease in the male gender, while in the female the values remained; negative feelings presented decrease in both genders and self-assessment of quality of life was identified in the male gender a decrease and in the female an increase. The results of the study by Silva and Buriti (2013), when compared to this study, are very similar, since ballroom dancing positively influences the QoL of the elderly (Tables 4, 5, 6, 7 and 8).

CONCLUSIONS

In the results of the present study, the values prevailed as regular and show the potential that ball dance has in contributing to the improvement and maintenance of the QoL of the elderly. Therefore, in order for the practice of ballroom dancing to be performed with scientific rigor and to promote benefits in QOL for the elderly, it is essential to have a Physical Education professional (or dance teacher) attending to a logic related to aerobic training methods and its physiological process. It is suggested that more studies be developed in this theme, fostering the importance of ballroom dancing in the QOL of the elderly.

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ABSTRACT

Aging and sedentary lifestyle leads to a progressive loss of functional abilities, triggering emotional and psychic conflicts that profoundly diminish the quality of life. Ballroom dancing is among one of the physical exercises practiced by the elderly public, which provides several benefits in the conditions for the improvement of the quality of life. Thus, the present study aims to evaluate the quality of life of elderly women practicing ballroom dancing. The sample consisted of ten elderly women participating in dance classes in the extension project: Age with Quality in the city of Vitória de Santo Antão / PE. A questionnaire on the WHOQOL-BREF abbreviated version was used (for the Likert scale analysis of general quality of life, satisfaction with one's own health and the four domains: physical, psychological, social relations and the environment environment). In the results of the present study, the values prevailed as regular and show the potential that hall dance has in contributing to the improvement and maintenance of the QoL of the elderly. It is suggested that more studies be developed in this theme, fostering the importance of ballroom dancing in the QOL of the elderly.

Key Words: Quality of Life; Aging; Dance.

AVANTAGES BIOPSYCHOSOCIAUX DES PRATICIENS DE LA DANSE ÂGÉS

Résumé

Le mode de vie vieillissant et sédentaire entraîne une perte progressive de capacités fonctionnelles, ce qui déclenche des conflits émotionnels et psychiques qui nuisent considérablement à la qualité de la vie. La danse de salon fait partie des exercices physiques pratiqués par le public âgé, ce qui offre plusieurs avantages pour l'amélioration des conditions d'amélioration de la qualité de la vie. La présente étude vise donc à évaluer la qualité de vie des femmes âgées pratiquant la danse de salon. L'échantillon comprenait dix femmes âgées participant aux cours de danse du projet d'extension: Envelhecer com Qualidade dans la ville de Vitória de Santo Antão / PE. Un questionnaire sur la version abrégée WHOQOL-BREF a été utilisé (pour l'analyse à l'échelle de Likert de la qualité de vie en général, de la satisfaction à l'égard de sa propre santé et des quatre domaines: physique, psychologique, des relations sociales et de l'environnement environnement). Dans les résultats de la présente étude, les valeurs prévalent régulièrement et montrent le potentiel de la danse en hall dans l'amélioration et le maintien de la qualité de vie des personnes âgées. Il est suggéré de développer davantage d'études sur ce thème, en insistant sur l'importance des danses de salon dans la qualité de vie des personnes âgées.

Mots clés: qualité de vie; Le vieillissement; La danse.

BENEFICIOS BIOPSIKOSOCIALES DE IDOSAS PRACTICANTES DE DANZA DE SALÓN

RESUMEN

El envejecimiento y el sedentarismo conduce un proceso de pérdida progresiva de las aptitudes funcionales del organismo, desencadenando conflictos emocionales y psíquicos que disminuyen profundamente la calidad de vida. La danza de salón está entre uno de los ejercicios físicos practicados por el público anciano, que proporciona diversos beneficios en las condiciones para la mejora de la calidad de vida. De esta forma, el presente trabajo tiene por objetivo evaluar la calidad de vida de ancianas practicantes de danza de salón. La muestra fue compuesta de diez ancianas participantes de clases de danza de salón en el proyecto de extensión: Envejecimiento con Calidad en el municipio de Vitória de Santo Antão / PE. Para la realización del trabajo se utilizó un cuestionario sobre el WHOQOL-BREF versión abreviada (para el análisis en la escala de Likert de la calidad de vida general, de la satisfacción con la propia salud y de los cuatro ámbitos: físico, psicológico, relaciones sociales y el medio ambiente). En los resultados del presente estudio, los valores prevalecieron como regulares y muestran el potencial que la danza de salón posee en la contribución para la mejora y mantenimiento de la QV de los ancianos. Se sugiere que más estudios se desarrollen en esta temática, fomentando la importancia de las danzas de salón en la QV de los ancianos.

Palabras clave: Calidad de Vida; envejecimiento; La danza.

BENEFÍCIOS BIOPSIKOSOCIAIS DE IDOSAS PRACTICANTES DE DANÇA DE SALÃO

RESUMO

O envelhecimento e o sedentarismo conduz um processo de perda progressiva das aptidões funcionais do organismo, desencadeando conflitos emocionais e psíquicos que diminuem profundamente a qualidade de vida. A dança de salão está entre um dos exercícios físicos praticados pelo público idoso que proporciona diversos benefícios nas condições para a melhoria da qualidade de vida. Desta forma, o presente trabalho tem por objetivo avaliar a qualidade de vida de idosas praticantes de dança de salão. A amostra foi composta de dez idosas participantes de aulas de dança de salão no projeto de extensão: Envelhecer com Qualidade no município de Vitória de Santo Antão/PE. Para a realização do trabalho foi utilizado um questionário sobre o WHOQOL-BREF versão abreviada (para a análise na escala de Likert da qualidade de vida geral, da satisfação com a própria saúde e dos quatros dominios: físico, psicológico, relações sociais e o meio ambiente). Nos resultados do presente estudo, os valores prevaleceram como regulares e mostram o potencial que a dança de salão possui na contribuição para a melhoria e manutenção da QV dos idosos. Sugere-se que mais estudos sejam desenvolvidos nessa temática, fomentando a importância das danças de salão na QV dos idosos.

Palavras-Chave: Qualidade de Vida; Envelhecimento; Dança.