

RIASE

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EDITORIAL

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Aging and Health

It seeks to weave some reflections on health and aging, based on the dimensions that intersect in the different professional practices of the health field in order to highlight some important aspects of scientific knowledge.

A different look at aging reports to health, as a field of interrelated knowledge from the point of view of the production of knowledge of professional practice in the face of changes in health throughout life.

In this way, it is expected that the elderly can be attended at the various levels of health services, considering the different dimensions involved with the implementation of interprofessional care capable of meeting the minimum determinants in health services globally.

This idea brings us to political and social transformations, the result of the urgent need to have an inclusive care to the demands and new paradigms of health care, particularly in aging, able to suit up the real needs of health users.

Thus, there is a need for health professionals to offer the elderly more effective services and with good resolution from health care, aiming at efficiency in the quality of care and improvement of health services.

It is known that the health and functionality of the elderly are densely impacted by the socio-economic and political adversities experienced in the course of life and by the socio-cultural heterogeneity and the environment where they live. Hence, such influences can be observed, in a differentiated way between population groups and regarding health outcomes, according to the levels of physical performance and functional capacity of people.

In this context, it is still important to report to established systems on the types of care, which have been propagated over the years and evidenced in the field of health as primary, secondary and tertiary, increasingly unable to provide more effective responses to health challenges and those arising from the aging process itself.

It is possible to think that such conception does not produce great results if we consider the burden of diseases, their changes and well-known particularities, such as: chronic diseases, among others and weaknesses, with more costs and fewer social and financial resources. Aging, even without chronic diseases, involves some functional losses. These adverse situations require from health professionals a greater focus on the care of the elderly, in a more structured way different from what is performed to the adult: a special assistance.

Therefore, the provision of health services to the elderly currently offered, in its majority, is fragmented, for example: multiplication of expert consultations, information not shared, use of numerous drugs, tests and other procedures. This aspect, associated with the deficiencies of the service itself, overloads the system and causes a strong financial impact at all levels, generating negative benefits to the quality of life of the population and, in particular, to the elderly. Associated with this is the lack of ability to understand the actions necessary to maintain quality health and, reinforcing the ability to persist with unhealthy behavior, dimensions that are involved in health by influencing many aspects responsible for health behavior.

In this scenario, the health professional increasingly points to the need for changes in health services and seek to emphasize the proposal for improvement in health systems. It is important to think about the appreciation of the different instances of comprehensive health care, highlighting actions of education, health promotion and disease prevention; focusing on early interprofessional care and rehabilitation of health problems, dimensions capable of changing and innovating in the health field.

Such reflections make us think of an innovative and interprofessional care, with the purpose of evaluating the quality of the sector rescuing care and simpler values, which were lost in the health system. Thus, we need to start the construction of this new way of caring for people throughout the course of life, investing in improving the quality and efficiency of health care, both in the hospital environment and in Long-Term Care Institutions (ILP).

The articles presented here draw our attention to the different focuses on health care and healthy behavior, as important dimensions in the field of health, over the years, the implications of health and the different ways of aging. The reading of the articles will allow a reflection on the need for different approaches to health intervention.

This issue of the RIASE is expected to contribute to more effective care in health and aging, for a better quality of life, centered on the scope in which the approach of this paragraph is encouraged, in the following articles:

- Delirium in the ICU;
- Confusion in elderly people;
- Alcohol consumption in adolescence;
- Nursing interventions to people with subdural hematoma resulting from traumatic brain injury;

- Prevalence of Anxiety in nurses caring for people with Covid;
- Influence of communication in the ICU nurse-family relationship;
- Effective communication methods for the person in intensive care;
- Contemporary ageing: onus or bonus?

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