

## Preferences and expectations of the older adult care.

**Rangel-Selvera Omar Alejandro\*, Gonzalez-Esparza Silvia Ariadna, Rodríguez-Cantú Juan Lorenzo, Cervantes-Madrid Rogelio David**

Department of Public Health, University of Monterrey, Mexico

Accepted on June 09, 2017

The WHO defines the care services such as the provision of health services by formal or informal caregivers, at home, with the aim of promoting to restore or maintain the highest degree of comfort, functionality and health, including efforts to dignify death [1].

To comply with such a definition is of the utmost importance to know the real needs and problems in the elderly, as well as their real preferences and expectations and feelings about health care in general and before the death, so as to be able to adapt our interventions to meet these expectations, providing quality health care and a dignified death [2-4].

A cross-sectional study was conducted in adults older than 60 years who live in the community, municipality of Santa Catarina, Nuevo León, Mexico. During the months from January to May of 2017. Demographic data were collected and a survey was conducted of the preferences and expectations of the older adult about your medical care, which was applied directly by students of Community Medicine in the homes; the survey is made up of a total of 20 items, being 12 items relating to medical care in general and 8 items to medical care prior to death. The data were analyzed with the statistical program SPSS 20.0 (SPSS Inc.) [4-6].

A total of 47 adults older than 60 years surveyed, 58% are women with an average age of 74 years, and 92 years the person lived. The 45% were widowers and 34% Married, with 45% complete primary and secondary education complete a 30%. Being the 42% pensioners. A 47% presented 3 or more diseases and a 34% presented polypharmacy.

With regard to health care in general, the Hospital was the place of preference for the attention in a 68%. The 68% prefer a single specialist for your attention. A 94% prefer to always be informed about their disease and a 57% make their own decisions about your treatment and care. The 60% prefer to be treated at a private institution and a 40% believes that the government's support for the elderly is good. The 43% considered that there is no discrimination of the elderly in health institutions and 55% believe that hospitals are not prepared or adapted for the care and needs of the elderly [6-8].

Regarding the medical care prior to death, the 92% prefer to die at home, 6% in the hospital and 2% in a geriatric center, in the company of their families prefer to be before his death a 92%. The 79% prefer that you do not install access invasive procedures to keep your life artificially, and the 96% prefer to

sign the Advance Directive. The 83% is in favor of palliative care in the event of a terminal illness. The 96% considered his home as the place to spend their last hours of life in the company of your family. Being of choice the burial after death with an 87% on the cremation of the 13%.

The assessment of older adults in the community allows us to know the real preferences and expectations and felt the older adult about your health care. According to which you can create actions and strategies to improve your attention [8-10].

We believe that the knowledge of the preferences and expectations of the older adult about your medical care can have a positive impact on health care for the elderly.

To raise awareness among health staff and doctors in training on the importance of the knowledge of the preferences of the elderly allows us to ensure a dignified and quality care at all levels of health care to this type of vulnerable population in our country.

### References

1. Function of hospitals in the ambulatory care and home care. Second Report of the Committee of Experts on the Organization of the Medical Assistance. WHO. 1959.
2. <http://www.inegi.org.mx/>
3. Stuck A, Aronow A, Steiner A. A trial of annual in-home comprehensive geriatric assessments for elderly people living in the community. *N Engl J Med.* 1995;333:1184-9.
4. Monteserin R, Brotonsa C, Morala I, et al. Effectiveness of a geriatric intervention in primary care: a randomized clinical trial. *Fam Pract.* 2010;27:239-45.
5. Reuben DB, Rosen S. Principles of geriatric assessment. In: Hazzard WR, Halter JB, Ouslander JG, Tinetti ME, Studenski S (eds.) *Hazzard's Geriatric Medicine and Gerontology* (6<sup>th</sup> edn.). McGraw-Hill Medical, NY, USA. 2009;141-52.
6. Monteserin R, Altimir S, Brotons C, et al. Randomized clinical trial on the effectiveness of the comprehensive geriatric assessment followed by intervention in primary care. *Rev Esp Gerontol Geriatr.* 2008;43(1):5-12.
7. Carpenter GI, Demopoulos GR. Screening the elderly in the community: controlled trial of dependency surveillance using a questionnaire administered by volunteers. *BR Med J.* 1990;300:1253-6.

8. Clarke M, Clarke S, Jagger C. Social intervention and the elderly: A randomized controlled trial. *Am J Epidemiol.* 1992;136(12):1517-23.
9. Makoul G, Zick A, Green M. An evidence-based perspective on greetings in medical encounters *Arch Intern Med.* 2007;1172-6.
10. Lill MM, Wilkinson TJ. Judging a book by its cover: descriptive survey of patients' preferences for doctors' appearance and mode of address. *BMJ.* 2005;1524-7.

**\*Correspondence to:**

Rangel-Selvera Omar Alejandro  
Department of Public Health  
University of Monterrey  
Mexico  
E-mail: omarrangel@hotmail.com