ARTIGO ORIGINAL

Habilidades funcionais de comunicação: idoso saudável

Functional communication assessment: the healthy elderly

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RESUMO

Comunicação funcional é a habilidade de receber ou emitir uma mensagem de um modo eficaz e independentemente do ambiente. O Questionário de Habilidades Funcionais de Comunicação (ASHA-Facs) é um instrumento básico de avaliação das habilidades comunicativas no ambiente natural do indivíduo, considerando compensações, adaptações e tempo necessário para a comunicação. Pode ser usado como complemento das avaliações tradicionais de linguagem para planejar orientações ao cuidador, ajudar ao clínico nas decisões e registrar estabilização de doenças ou progresso de quadros patológicos. Este artigo caracteriza o perfil comunicativo funcional do idoso saudável a partir do questionário ASHA-Facs. Sessenta e seis idosos saudáveis foram avaliados por meio de seus cuidadores (familiares). O questionário é composto de 43 itens divididos em quatro domínios: 21 itens sobre comunicação social, 7 itens de comunicação de necessidades básicas, 10 itens de leitura, escrita e conceitos numéricos e 5 itens de planejamento diário. O questionário fornece informações quantitativas em uma escala de sete pontos (sendo pontuação 7 para o indivíduo que não necessita de ajuda para realizar a atividade e pontuação 1 se houver necessidade de ajuda máxima). O desempenho dos idosos no ASHA-Facs mostrou que os idosos saudáveis atuam melhor em Comunicação Social e Necessidades Básicas. Isto sugere que os idosos compensam possíveis falhas na compreensão auditiva/expressão oral que possam ocorrer durante o declínio da função cognitiva que acontece no processo de envelhecimento normal. O desempenho no domínio de planejamento diário mostrou dificuldades nas funções executivas de planejamento e organização. Ainda, houve uma importante correlação entre a comunicação funcional e a escolaridade.

PALAVRAS-CHAVE

Funcionalidade, comunicação, idoso

ABSTRACT

Functional communication is the ability to receive or convey a message, regardless of the mode to communicate effectively and independently in a given environment. The Functional Communication Assessment Scale for Adults (ASHA-facs) is an instrument to evaluate the individual's basic ability to communicate in an ecological context, considering proper modifications, adaptations and time needed for communication. It can be used to complement traditional language assessment, to plan caregiver orientation, to aid clinical decision-making and to register disease stabilization or treatment progress. This study characterizes the functional communication of the healthy elderly through the ASHA-facs scale. Sixty-six healthy elderly individuals were assessed trough their caregivers (family members). The scale consists of 43 items divided into four domains: 21 items on social communication; 7 items on communication of basic needs; 10 items on reading, writing and numerical concepts; 5 items on daily planning. The scale provides quantitative information in a 7-point scale (with score 7 for the individual who does not need help to perform the activity and score 1 when there is need of maximum help). The ASHA-facs results showed that healthy elderly individuals have better performances in social communication and basic needs. It suggests that elderly individuals compensate possible gaps in hearing comprehension and/or oral expression, which occur during cognitive function decline experienced along the normal aging process. The daily planning domain score showed difficulties in the executive functions of planning and organization. Additionally, there was an important correlation between functional communication and educational background.

KEY-WORDS

functionality, communication, elderly

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Introduction

Considering that the aging process brings physical, social, cognitive and behavioral alterations that directly affect the social status and the individuals' role in the social and family environment, qualifying or disqualifying them for the exercise of such role or directly interfering with their autonomy and independence conditions, and taking into consideration that regarding language, the decline is not an homogenous one, as some aspects are preserved whereas others present alterations, it becomes necessary to assess the functionality of the elderly communication, aiming at a better understanding of the aging processes and adaptation capacity.

The deficits related to aging are characterized by the loss of functionality[1]. Among them, the motor functionality has been the most studied, but the decrease in the body's natural defense mechanisms and adaptation to the environment, as well as the loss of the functional reserve affects other cognitive functions, such as language. Environmental factors are not determinant for the loss of functionality, but they contribute to and influence the losses. In addition, the risk of diseases, which are frequent during the aging process, also interfere with the individual's functional capacity[2].

Functional communication is the ability to receive or convey a message, effectively and independently, according to the demands of the environmental context. This is a wide-ranging definition and is related to the entire process and not only isolated aspects, such as the intelligibility of speech, comprehension, reading and others. It includes all modes of verbal and non-verbal communication and focus on the communicative efficiency and independence as appropriate responses to the daily demands[3].

Instruments for the evaluation of communication have been recently proposed in the area of Speech Therapy, aiming at characterizing the elderly's response in relation to his or her communication environment. The American Speech-Language-Hearing Association Functional Assessment of Communication Skills for Adults (ASHA-Facs)[3] is one of these instruments, which can be used to plan caregiver orientation, to aid clinical decision-making for communication strategies and to register disease stabilization or treatment progress. The instrument was created to be answered by the caregiver, based on the elderly references.

The ASHA-Facs questionnaire consists of 43 items divided into four domains: 21 items on social communication, 7 items on communication of basic needs, 10 items on reading, writing and numerical concepts and 5 items on daily planning. The scale provides quantitative information through a 7-point scale (with score 7 for the individual who does not need help to perform the activity and score 1 when there is need of maximum help). After the administration of the questionnaire, the communicative independence mean score can be obtained, as well as the identification of which domains presented higher or lower degrees of communicative impairment.

The present study aims at defining the profile of functional communication in a sample of healthy elderly individuals.

Material and methods

The answers of 66 caregivers in relation to 66 elderly individuals were assessed. The assessed individuals were not institutionalized and were randomly chosen for the study.

Informal caregivers, i.e., non-professional ones, were chosen for the present study; the caregivers were family members of the healthy elderly individuals. The inclusion criterion was independence in activities of daily life and the exclusion criteria were presence of cognitive decline, depression complaints, and previous or current neurological or psychiatric diseases.

For the selection of the elderly, the Geriatric Depression Scale (GDS)[4] was applied, and the accepted normality pattern was a score of 10 points. Subsequently, the elderly individual was assessed through the Mini-Mental State Examination test, adjusting its score system for the Brazilian population, according to the educational background – 8 years of formal education, 26 points; 3 to 8 years, minimum of 23 points; 1 to 3 years, minimum of 21 points and illiterate, minimum of 17 points[5]. The elderly individual was also submitted to the application of Pfeffer[6], which admits zero score as the pattern of normality.

During the selection process, six subjects were excluded: 4 score more than 10 points at the Depression Scale, 1 scored below the expected at the Mini-Mental State Examination test, and 1 scored below the expected at the Mini-Mental State Examination test for the educational background.

It was also necessary to exclude 10 subjects in order to avoid the repetition of caregivers in relation to the elderly individuals. Thus, the analyses were carried out on a sample of 50 elderly individuals and 50 caregivers.

The questionnaires were applied to individuals from the cities of Poços de Caldas (MG) and São Paulo (SP), Brazil.

Results

Most elderly individuals were females (58%). Regarding age, 48% of the sample ranged from 65 to 74 years and 11 months; 42% ranged from 75 to 84 years and 11 months and 10% were older than 85 years.

More than 50% of the healthy elderly had 1 to 4 years of formal education (54%); 12% had 5 to 8 years; 22% more than 8 years and 12% were illiterate. The low educational status of most individuals is noteworthy.

Among the four domains that comprise the ASHA-Facs questionnaire, the social communication was the one that presented the highest mean value (6.64), that is, the best performance, with question 12 (Does the individual understand conversations when they take place in a noisy and/or distracting environment?) presenting a mean value < 6 (5.6) as well as question 20 (Does the individual recognize his/her own communication errors?) (5.7).

Regarding basic needs, the overall mean value of the elderly individuals' performance was 6.46 in question 28 (Does the individual reacts to an emergency situation?) only, with a mean < 6 (5.64).

In the reading, writing and numerical concept domain, a mean

of 5.96 was obtained, with a value < 6 in the following questions: question 30 (Does the individual uses simple reference manuals?) (4.42), question 31 (Does the individual follow written instructions?) (5.74), question 34 (Can the individual fill out short forms?) (5.58) and question 35 (Can the individual take written messages?) (5.86).

Daily planning was the domain with the worse performance of functional communication skills, where the elderly individuals obtained a mean score of 5.66, mainly influenced by questions 42 (Does the individual use a daily planner for activities that are time-related?) (4.6) and 43 (Can the individual follow a map?) (3.88)t.

Discussion

Some considerations can be made from the data obtained. The data presented provide the functional profile of communication of a sample of healthy elderly individuals, who can compensate possible communicative incapacities in daily life. The fact that they presented a better performance in the social communication and basic need domains might express the role of oral language in communication activities, especially when the individuals have low educational status, which is a dominant feature in our sample.

The reading and writing and numerical concept skills and daily planning depend on contents that are usually learned at school, hence the less expressive performance attained by the elderly individuals. Ryan[7] affirms the important role of education in the cognitive skill and language examination in the elderly. The assessment of differences in responses related to the educational background is mandatory in socio-economical and cultural context of our country, of which large part of its population does not have access to formal education. The decline in communicative skills during the aging process is potentialized in less educated individuals, who develop fewer functional strategies to "compensate" the effects of the loss.

It is noteworthy that all caregivers in this sample are family members and that their responses reflect the points of view of the caregivers, who are supposed to be involved with the elderly. It would be interesting, in further studies, to compare these data with different ones obtained within dissimilar contexts, with a different relationship status between the elderly individuals and their caregivers.

The point of view of the familial caregiver reflects the expectation of participation and adaptation of the elderly within the social context.

Conclusion

We concluded that the studied sample, comprising Brazilian healthy elderly individuals, disclosed preserved communicative skills for the social context and basic needs; however, probably influenced by the low educational status, it is behind the expected in the reading and writing domain, in addition to not corresponding to the expectations regarding the aspects related to the use of language for daily planning.

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