

Ophthalmic surgical elderly patient access to health care

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Introduction

Aging is a transverse reality in the surgical population.

Elderly access to health care requires specific strategies aimed at autonomy.

Objective

To identify difficulties in accessibility to health care for elderly ophthalmologic patients.

Material and Methods

Prospective, descriptive / analytical study. Executed between July and October 2017.

Interview by phone to ophthalmologic surgical patients aged ≥ 65 years.

Working instruments:

- ❖ **6-item Cognitive Impairment Test (6CIT)**¹: Comprised of 6 simple, noncultural questions that do not require complex interpretation; scores from 0 to 28. Lower values indicate lower cognitive compromise and vice versa. Cut-off value for Portuguese population is 11.
- ❖ **Geriatric Depression Scale (GDS15)**²: Composed of 15 items, YES / NO response to evaluate presence of depression. Assume 0-4: normal; 5-10: suggestive of depression; 10-15: almost always indicative of depression
- ❖ **Accessibility questionnaire**: questions about physical barriers in the access to the hospital and the service and availability / quality of the information received.

Sociodemographic data - age, gender, schooling, family and domestic situation, residence and previous illness.

Excluded: patients from urgent surgery, who refused to participate and with cognitive impairment (6CIT ≥ 11).

SPSS® v.23 for statistical analysis. Significance level with $p < 0.05$.

Results

Included		n	
1195	773	307	
	91		Did not attend
	24		Refused
	307		6CIT ≥ 11
	307	Answered	

Table 1. Patient selection

Score GDS15	%
0-4	80,5
5-10	14,3
11-15	5,2

Table 3. Results of GDS15

Sociodemographic data (n = 307)	
Age (mean \pm SD)	75 \pm 6,22
Women (%)	51,1
Basic education (%)	70,4
Married (%)	78,8
Lives Accompanied (%)	87
Rural (%)	63,2

Table 2. Sociodemographic data

Health status information (n = 307)	
Previous Illness (%)	80,5

Table 4. Health status information

ACCESSIBILITY				
	Difficult parking (%)	52,8	Use of elevators (%)	90,9
	Distant parking (%)	52,4	Good service signaling (%)	90,2
	Lack of waiting room capacity (%)	61,9	Professionals availability (%)	84,7
	Missing seats in waiting room (%)	62,9	Quality of information provided (%)	90,9
			Understanding of information received (%)	89,3

Table 5. Results of accessibility questionnaire

		GDS15 0-4	GDS15 5-10	GDS15 11-15	p
Gender (%)	Female	48,5	52	87,5	<0,001
	Male	51,5	48	12,5	
Schooling (%)	Illiterate	18	34	31	0,32
	Basic	73	59	62	
	Secondary	6,2	5	7	
	Higher	2,8	2	0	
Family Situation (%)	Married	87	43	56	<0,001
	Divorced	3	2	0	
	Single	0	0	6	
	Widower	10	55	38	
Domestic Situation (%)	Alone	10	25	31	0,003
	Accompanied	90	75	69	
Residence (%)	Rural	63	66	69	0,914
	Urban	37	34	11	

Table 6. Comparison between the different variables and GDS-15 scale

		GDS15 0-4	GDS15 5-10	GDS15 11-15	p
Prior illness (%)	Yes	77	88	100	0,008
	No	23	12	0	

Table 7. Comparison between prior illness and GDS-15 scale

- ❖ Patients with GDS > 5 tended to find health professionals unavailable ($p = 0.022$) and did not understand the information ($p < 0.001$).

Conclusion

- Factors limiting health care were identified, namely in terms of proximity and facilities.
- In general, patients are satisfied with the availability and suitability of health services and information.

Bibliographic references

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2. Greenberg SA. The Geriatric Depression Scale(GDS). Hartford Institute for Geriatric Nursing, NYU College of Nursing, n4, 2012