

CONSUMO/DEPENDÊNCIA DE ÁLCOOL E RESILIÊNCIA NA PESSOA IDOSA: ANÁLISE REFLEXIVA

ALCOHOL CONSUMPTION/DEPENDENCE AND RESILIENCE IN THE ELDERLY: REFLECTIVE ANALYSIS

CONSUMO/DEPENDENCIA DE ALCOHOL Y LA RESILIENCIA EN LA PERSONA ANCIANA: ANÁLISIS REFLEXIVA

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RESUMO

Objetivo: Refletir sobre a relação do consumo/dependência de álcool e resiliência na pessoa idosa. **Método:** Realizada uma reflexão com base nas bibliografias publicadas sobre a pessoa idosa, com foco no consumo/dependência de álcool e na resiliência, utilizando-se os referenciais teóricos da Organização Mundial de Saúde para o consumo/dependência de álcool e de Wagnild e Yong para o contexto da resiliência. **Resultados:** A reflexão apresenta-se em três vertentes, a primeira 'O consumo/dependência de álcool pela pessoa idosa', seguida da 'Resiliência da pessoa idosa' e, por último, 'Resiliência e consumo/dependência de álcool na pessoa idosa'. **Conclusão:** Durante o acompanhamento da pessoa idosa, cabe ao enfermeiro buscar o conhecimento de seus hábitos de vida e de sua motivação para o enfrentamento das adversidades da vida, para que possa auxiliá-lo na busca do envelhecimento bem-sucedido. Para tanto, a avaliação do consumo de álcool e da resiliência na pessoa idosa constitui-se uma etapa importante e que deve fazer parte da rotina dos profissionais da área da saúde, principalmente da equipe de enfermagem.

Descritores: Alcoolismo; Resiliência psicológica; Enfermagem; Idoso

ABSTRACT

Objective: To reflect on the relationship between alcohol consumption/dependence and resilience in the elderly. **Method:** A reflection was made based on published bibliographies on the elderly focusing on alcohol consumption/dependence and resilience, using the theoretical references of the World Health Organization for alcohol consumption/dependence and of Wagnild and Yong for the resilience context. **Results:** The reflection is presented in three strands; 'Alcohol consumption/dependence by the elderly', followed by 'Resilience of the elderly' and, finally, 'Resilience and alcohol consumption/dependence in the elderly'. **Conclusion:** During the follow-up of the elderly, the nurse is responsible for seeking knowledge about their life habits and their motivation to cope with life's adversities, so that the professional can assist them in the pursuit of successful aging. Therefore, the assessment of alcohol consumption and resilience in the elderly is an important step that should be part of the routine of health professionals, especially the nursing staff.

Descriptors: Alcoholism; Resilience, psychological; Nursing; Aged.

RESUMEN

Objetivo: reflexionar sobre la relación entre el consumo/dependencia del alcohol y la resiliencia en los ancianos. **Método:** se realizó una reflexión basada en las bibliografías publicadas sobre las personas mayores que se centran en el consumo/dependencia del alcohol y la resiliencia, utilizando las referencias teóricas de la Organización Mundial de la Salud para el consumo/dependencia del alcohol y Wagnild e Yong para el contexto de la resiliencia. **Resultados:** la reflexión se presenta en tres líneas, la primera "Consumo de alcohol/dependencia de los ancianos", seguida de "Resiliencia de los ancianos" y, por último, "Resiliencia y consumo de alcohol/dependencia de los ancianos". **Conclusión:** durante el monitoreo de las personas mayores, el enfermero es responsable de buscar conocer sus hábitos de vida y su motivación para hacer frente a las adversidades de la vida, de modo que pueda ayudarlos en la búsqueda del envejecimiento exitoso. Por lo tanto, la evaluación del consumo de alcohol y la resiliencia en los ancianos es un paso importante y debe formar parte de la rutina de los profesionales de la salud, especialmente del personal de enfermería.

Descriptor: Alcoolismo; Resiliencia Psicológica; Enfermería; Anciano.

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INTRODUCTION

In Brazil and in the world, the gradual process of demographic transition leads to a steady narrowing of the age pyramid base, due to the decline in fertility. The proportion of the elderly population has increased significantly in recent times, and the number of people aged 60 years or more is expressive in absolute and relative numbers, representing more than 10% of the total population⁽¹⁾.

The literature indicates that, in 2020, Brazil will be the sixth country in the world with the highest number of elderly people, accounting for around 30 million people. The United Nations projected for 2050 that 23.6% of the Brazilian population will be elderly adults and the country will be one of five countries in the world with over 50 million elderly people⁽²⁾.

In this context, the use of alcohol among the elderly is increasing simultaneously with the growth of this population⁽³⁾. In this way, the alcoholism can be responsible for serious social problems, constituting a public health problem, little studied and diagnosed in certain populations. The researches related to alcohol consumption are very concentrated among young people/adults, requiring new visions for this problem, with the adoption of techniques for the identification and appropriate treatment for this population⁽⁴⁾.

The individual who becomes a frequent excessive drinker, whose consumption of alcohol is accompanied by mental disorders, affecting the physical health, the relationship with others, the social and economic behavior, can be considered an alcohol-dependent, differently from the one whose consumption is low to moderate, occasionally⁽⁵⁾.

However, both the consumption and alcohol dependence can cause serious problems for the elderly, mainly affecting the functional aspects, putting them at risk of falling, due to the impaired mobility, affecting the family and social relationships, which may affect adherence to treatment of chronic diseases common in this stage of life and self-care⁽⁶⁾. Thus, the nursing care with the elderly must focus on investigating and early detecting drug use/alcohol dependence, as well as actions to encourage the abandonment of this habit.

In many situations, the individual needs to use strategies to cope with events in his/her life,

including the emergence of diseases or change in life habits. With this, the personality trait known as resilience is understood as the healthy and positive development of the individual, influenced by social and intra-psychic processes, even experiencing adverse events. In this sense, the resilience involves interaction between adverse life events and factors of internal and external protection of each individual⁽⁷⁻⁸⁾.

In this way, resilience constituted as an important protective factor in aging, allowing the elderly to overcome the adversities present at this stage, presenting itself as a regenerating process that assists in maintaining health. In this life stage, resilience is significantly associated with optimism, positive emotions and the existence of a network of social support. Other internal characteristics, such as self-esteem, the self-efficacy and family cohesion also play a protective role for the elderly⁽⁹⁾.

In a study conducted in the United States, in 2014, the authors described the relationship between alcohol-resilience, in which the individual with low resilience has presented a higher rate of problems with drug use/dependence on alcohol, tobacco and other substances⁽¹⁰⁾.

Another study also established the relationship between resilience and the use of alcohol and other substances, and found that the low resilience was associated with the early use of those substances, around 14 years. The young person who remained with stable levels of resilience presents an important component between the psychological strategies necessary to deal with the range of personal, social and cognitive challenges currently faced by young people⁽¹¹⁾.

For the elderly, the resilience also appears as a protective factor for the abusive use of harmful substances, such as alcohol consumption. It has been identified as one of the factors that contribute to the successful aging, which refers to the way in which the elderly reach and maintain the feeling of well-being, despite the natural difficulties that appear with aging. In this life stage, resilience is related to greater social engagement, greater optimism and functional independence⁽⁴⁾.

Since a large part of the elderly population has chronic health conditions and some functional limitations, the excessive consumption of

alcoholic beverages can complicate the treatment of those diseases. In addition, polypharmacy is common in this population and the consumption of alcohol may increase or decrease the effects of different drugs, potentiating their adverse events, besides increasing the risk of falls and domestic accidents⁽¹⁰⁾.

In an attempt to understand if the intrinsic motivation of the elderly contributes as a protective factor for the harmful consumption of alcoholic beverages, it is pertinent to reflect on the alcohol consumption/dependence and the resilience of the elderly.

This reflection can contribute to the knowledge of professionals that meet this clientele, including the nursing professionals, once for the nurse strengthen the resilience of the elderly and contribute in this process, it is important to know and understand this theme, in addition to developing actions for its promotion, such as the stimulus to the self-esteem, since they are associated human characteristics, in order to promote the social and individual well-being so desired by this population.

Thus, even identifying the importance of the theme, there is still scarcity of studies addressing resilience and alcohol consumption/dependence in the elderly person, which justifies the search for these answers, in order to reflect on the influence of those factors in this life stage, thus contributing to improving the approach of the elderly.

In this context, one realizes the importance of nurses performing a reflection on issues that are little studied in the elderly population, such as alcohol consumption/dependence, as well as seeking strategies cope with this problem and contribute to the quality of life of these individuals, such as the stimulus to the strengthening of resilience.

Considering the above, the following guiding questions were elaborated: Do the elderly people who consume alcohol have low resilience? Is there a relationship between the alcohol consumption/dependence and resilience in the elderly population? To answer these questions, the aim of this study was to reflect on the relationship of alcohol consumption/dependence and resilience in the elderly person.

METHOD

This is a theoretical reflection developed from a descriptive study presented in the master's

dissertation entitled: Alcohol consumption/dependence and resilience of the elderly person with systemic arterial hypertension. For the context of alcohol consumption/dependence, the theoretical framework adopted was the one proposed by the World Health Organization, at the end of the 1980s, from a project that involved six countries (Australia, Bulgaria, Kenya, Mexico, Norway and United States), which presented the patterns of consumption of alcoholic drinks, considering as low-risk use the consumption, which, probably, will not lead to problems for the individual; risk use, which may lead to problems; harmful use, when the person's consumption of alcoholic drinks may have led to problems and, finally, the person who presents probable alcohol dependence, when there is no control of the frequency of use and the amount consumed, and may result in serious physical, mental and social problems for the individual⁽¹²⁾.

For the context of resilience, the theoretical framework used was the one proposed by the authors Wagnild and Young, who address resilience since the 1990s. For those authors, the theoretical model of resilience comprises two factors: the factor I, called "personal competence", which relates to the self-confidence, independence, determination, invincibility, control, resourcefulness and perseverance and factor II, called "accepting oneself and life", which represents the adaptability, balance, flexibility and the prospect of a balanced life. The evaluation of these factors determine whether a person has low, moderate or high resilience⁽¹³⁾.

The chosen method was the theoretical reflection from the analysis of existing bibliographies, and, for the selection of articles, the following criteria were established for inclusion: fully available, in Portuguese, English or Spanish, published in the period from 2012 to 2019 and relationship with the alcohol consumption/dependence and resilience, both in the elderly person. There was exclusion of editorials, review articles, letters to the editor, theses and dissertations. The search for materials was performed on the following databases: Latin American and Caribbean Health Sciences Literature Database (Lilacs), Scientific Electronic Library Online (SciELO), Web of Science and Public Medline or Publisher Medline (Pubmed). The descriptors used were Resilience, Psychological,

Alcoholism and Aged, as well as the corresponding terms in Portuguese and Spanish, using the Boolean operator “and” between each term.

With the search, all the titles and abstracts of the articles found were read, selecting 30 of them, since they answered the questions and were suitable for inclusion criteria. After the complete reading, of those 30 articles, 12 were selected, which were thoroughly read to evaluate their relevance, and which allowed understanding the topic about the relationship of alcohol consumption/dependence and resilience in the elderly person.

After defining the texts to be used, the analytical reading was carried out, through readings and re-readings of texts, in order to identify the passages that corresponded to the essential attributes of the concept and theme of interest. At the end of the reading of the material, the data were organized according to the thematic analysis of Minayo⁽¹⁴⁾, seeking the understanding and interpretation of the terms structuring the research and considering the experience, common sense and social action as key points for content analysis. Subsequently, the information relating to the alcohol consumption/dependence and resilience was selected, in order to create the categories that are presented in the following chapter.

RESULTS AND DISCUSSION

Alcohol consumption/dependence of the elderly person

Alcohol dependence and its misuse can lead to various physical and psychological problems for the elderly. A number of factors can influence the alcohol abuse or dependence, in this population, which requires a careful analysis, regarding the interventions that should be implemented by the health care team, including the nursing, to reduce its consumption. Such interventions may include: home visits, phone guidance, medical, psychological and nursing calls and in group, family programs and community involvement, extension programs, and support groups focused on education and social activities. With this, there is a need to train nurses aiming to improve the detection, treatment and services for people older⁽¹¹⁾. With this, the nursing care provided to the elderly, in basic care, constitutes as ideal to address these aspects, because it is a continued and longitudinal care.

Among the elderly, currently, the use of alcohol seems to be a common occurrence, and usually associated with an extensive range of health problems. Although the use of alcohol tends to decrease with maturity and its greater prevalence is situated between the young people/adults, the proportion of elderly people who consume alcohol above the recommended levels has accompanied the demographic growth of this population, requiring from health services and programs new approaches and eye focused on the problem, with the adoption of techniques for the identification and appropriate treatment for this population^(12-13,15-16). It is important to expand the perception while approaching this population, understanding that, with the gradual increase in life expectancy, the elderly are acquiring new habits, and alcoholism can be highlighted.

A survey in the United States to estimate the prevalence of alcohol consumption by the elderly estimated that, on average, 30% of those individuals consume alcohol, and one in every four interviewees (22%) had a daily and harmful use of alcohol⁽⁴⁾.

It is important to mention that the consumption of certain alcoholic beverages, such as wine, at low and moderate daily quantities could bring some benefit to health. However, there is still the clarification of the exact dose for this benefit. What is certain is that the consumption of alcohol is not advisable concomitantly to the treatment of several chronic conditions, such as depression, hyperlipidemia, diabetes mellitus, systemic arterial hypertension (SAH), among others, interfering with the efficacy of the drugs commonly used to treat such conditions, and may result in symptoms such as dizziness, irregular heartbeat, sudden reduction or increase in blood pressure. In relation to the elderly bearers of chronic diseases, harmful alcohol consumption may be responsible for the incorrect use of medications, and interfere with the adherence to treatment of those diseases⁽¹⁷⁾. Given the negative effects that alcoholism can have on the elderly, the health team needs to act together to encourage the abandonment of this habit.

Moreover, the harmful alcohol consumption in people with cardiovascular disease, cardiomyopathy, can result in increased risk of acute myocardial infarction, and even death. The association of alcohol and depression

creates difficulties to control this disease, worse social interaction and increased risk of suicide. In addition, alcoholism can be associated with a risk factor for recurrent cerebrovascular accident, in addition to increased possibility of development of SAH, cardiovascular diseases and depression in healthy people, which adds greater importance to the need for screening the alcohol consumption and dependence in the elderly population⁽⁴⁾.

Identifying the harmful effects acquired with the harmful alcohol consumption, mainly for the elderly population, there arises the need for early detection of this practice. For this reason, the Family Health Team presents a unique position for the triage of the elderly for the consumption of alcohol. Nevertheless, this is not the reality of most medical and nursing consultations, as well as it often goes unnoticed, or commonly accepted, during the visits of Community Health Workers. In view of the negative impact that the excessive consumption of alcohol can have in the control of chronic diseases, the screening for detection of abusive alcohol consumption, for the identification and appropriate treatment, when necessary, is an important measure to be incorporated into routine activities of Family Health Team⁽¹⁸⁾.

Thus, the use of alcohol by the elderly is a complex issue, requiring further researches, in an attempt to seek a deeper understanding in relation to the influence, or not, of feelings that can predispose the individual to alcoholism, so that there are elements to be worked by the nursing and health team, in general, with this portion of the population, in an attempt to minimize their consumption of alcohol. An initial step is to estimate the frequency of consumption patterns in the elderly, including the alcoholism as a risk situation that puts people at increased risk of lesions and complications.

Resilience of the elderly person

For many years, the aging was understood as a period of declines, disabilities and dementia. This representation aims to universalize the aging process, which, nevertheless, happens individually. i.e., each individual ages according to the own characteristics, according to the life story, choices, possible diseases and according to the social context lived⁽¹⁹⁾.

Thus, although with vulnerabilities and risks, many elderly people have capabilities that allow them to overcome the various adversities,

revealing resilience and a satisfactory adaptation, experiencing old age with satisfaction and well-being⁽²⁰⁾.

There is no concept consensus on the term resilience, and the ideal is to consider the individual susceptibility⁽²¹⁾. The resilience has been studied since the 1970s. Back then, the goal was to identify risk and protective factors that relate to aspects of adaptation of the individual, and which aimed to subsidize mental health intervention programs and public policies. The use of the concept of resilience in psychosocial-medical environments is more recent and, currently, the term seeks to include dimensions more related to social conditions⁽²²⁾.

The complexity of the construct involves interaction between adverse life events and both internal and external protective factors. In this sense, resilience is defined as the set of social and intra-psychic processes that promote healthy development of the individual, even when experiencing unfavorable events⁽⁸⁾.

Resilience is understood as a dynamic process that encompasses a positive adaptation in the context of significant adversity. Implicit in this definition, there are two fundamental aspects, namely: the exposure to a threat or adversity, which is assessed as representing a risk to development, and positive achievement, enabling individuals to overcome this situation, recovering and being successful in this coping process⁽²³⁾.

Furthermore, resilience can be characterized as the ability of the human being to respond to unfavorable demands of life positively. This results from the association between the attributes of the person and his/her family, social and cultural environment, and demonstrates the ability to overcome adverse conditions that could threaten, significantly, his/her mental health⁽²⁴⁾.

This study will adopt that Resilience “denotes the emotional resistance and has been used to describe people who show the courage and the ability to adapt, in the sequence of misfortunes of life”⁽¹²⁾.

In this way, resilience constituted as an important protective factor in aging, allowing the elderly to overcome the adversities present at this stage, presenting itself as a regenerating process that assists in maintaining health. In this life stage, resilience is significantly associated with optimism, positive emotions and the existence of a network of social support. Other internal characteristics, such as self-esteem, the self-efficacy and family

cohesion also play a protective role for the elderly⁽²³⁾.

Regarding sex, men are more resilient than women. In relation to age, the resilience is believed to increase with age, since the highest frequency of high degree of resilience was found among the elderly that survived cancer^(21,25). This is ratified by a validation study of the resilience scale of Wagnild and Young for the Swedish language, involving a sample of 1,719 Swedes, with ages between 19 and 103 years. Although the objective was not that, the study estimated as being relatively high, with a significant relationship between age and resilience⁽²⁶⁾.

The study by Schure⁽²⁷⁾, carried out with the elderly in the United States, in 2013, revealed that higher levels of resilience were associated with fewer depressive symptoms and chronic pain and with higher levels of physical and mental health. Thus, the resilience has been identified as one of the factors that contribute to the successful aging, referring to the ability that the elderly have to achieve and maintain a sense of well-being, despite the challenges faced in this life stage.

In this context, there are several psychometric scales constructed and validated to identify the resilience in all age groups, including the elderly. These scales have shown the resilience as positively correlated with greater social engagement, greater optimism and functional independence. On the other hand, resilience was negatively correlated with certain conditions of physical and mental health, such as increased depressive disorder, post-traumatic stress and physical disability⁽²⁸⁾. In this way, examining the role of resilience among the elderly can provide important information about the ways in which they can achieve a better physical and mental health.

Also in this context, a set of internal factors promotes the development of resilience and holds an important role in aging, especially motivational and spiritual characteristics, emotional stability, physical well-being, the existence of dreams and life goals, as well as the determination and perseverance for realizing them. The perception of control over one's own life, hope, optimism, humor and happiness are also marked as fundamental for the resilience and the maintenance of the quality of life in this life stage⁽²³⁾. In this sense, the knowledge of resilience, in the elderly population is of utmost importance for the nursing staff, since it is possible to

intervene by developing strategies that stimulate the resilience and increase the quality of life of those individuals.

Among these actions, one of the strategies that can be used by the Family Health Team is the regular meetings among the elderly, which can provide the exchange of experiences, health education, leisure activities and physical activity. Therefore, they will contribute to the strengthening of resilience for the elderly person, in addition to a greater understanding of chronic diseases, since a large portion of this population presents one or more chronic health conditions, besides stimulating practices required to achieve their control.

There are four characteristics of resilience in the elderly, namely: Perseverance, Equanimity, Significance and Existential Solitude. The first refers to the process of persistence, in spite of adversity or discouragement, indicating the objective of continuing, even having to overcome the obstacles of life. The second, equanimity, is a balanced view of life and experiences. It is a wisdom of spirit, whose people often have a sense of humor and a temper that little changes in any situation. The significance is the understanding that life has a purpose and the recognition that there is a reason to live. Those who believe in themselves and trust in their personal capacity and are based on past experiences, to guide their actions. And, finally, the existential solitude is the understanding that each person is unique and that, although many experiences can be shared, others must be faced alone. With the existential solitude, there is a feeling of exclusivity and, perhaps, freedom⁽²⁹⁾.

Thus, it is important to develop interventions that can stimulate the resilience in the elderly person, such as cognitive stimulation, promoting activities and discussions that will enable the optimization of cognitive, emotional and social functioning, held primarily in a group situation; cognitive training, involving the execution of various tasks, covering specific cognitive functions, carried out in a group or individually, by the elderly person; cognitive rehabilitation, which consists of an individualized approach based on a specific set of objectives established for the elderly person, intending, through the strengths, to compensate for the deficit areas⁽³⁰⁾.

The resilience arises, then, as a relevant concept in this area of knowledge, supporting an

approach extremely important for the elderly person, since it enables the successful aging, allowing coping with the adversities and losses of this stage of the course of life, in a more adaptive way.

Resilience and the alcohol consumption/dependence in the elderly person

Initially, it is important to highlight that, in the literature, there is a more comprehensive approach of the relationship between resilience and alcohol consumption in young people. However, when seeking the relationship between resilience and alcohol consumption/dependence in the elderly person, there seems to be a gap in the literature, requiring, therefore, studies that identify the possible relationship between those two variables, at this life stage and, with this, enabling health professionals, including nurses, understanding and possible actions of prevention in the mental health of the elderly population.

Nonetheless, some studies have shown a significant association and a negative correlation between the consumption of alcohol and resilience in adulthood. In this context, the resilience favors the ability to adapt to stressful circumstances and deserves attention as a mechanism of tamponade, for the use of harmful substances, such as alcohol^(3,11,24).

The literature suggests that the psychological stress can precede the depression, which in turn can lead the individual to the consumption of alcoholic beverages. Theoretically, this fact can be explained by the deregulation of the cerebral stress system and by the activation of brain functions that seek, through the use of substances such as alcohol, a form of compensation⁽³¹⁾.

However, not all people who go through emotional stress develop mental health problems. The stress in life is inevitable, but the resilience of each individual is the key to explain individual differences in psychological and behavioral outcomes under stress⁽³²⁾.

In this way, the stressful events of life such as trauma, abuse, violence, among others, can manifest as factors that stimulate the consumption of alcohol. On the other hand, resilience is a characteristic that can contribute to overcoming these adversities and can help the individual to achieve the personal well-being and go beyond, when leaving strengthened, after

copied with those adverse situations. Therefore, the resilience is a protective factor for the alcohol consumption/dependence in the elderly person⁽²⁰⁾.

In this context, the nurse must investigate the life habits of the elderly person, including the alcohol consumption/dependence, by understanding that this habit can put this population at physical and social risk, which can affect their functional capacity. In addition, the approach of the nurse must contemplate the stimulus to strengthen the resilience of those individuals, by understanding that this exerts a protective effect against alcoholism.

Thus, further studies are necessary to evaluate the relationship between resilience and alcohol consumption/dependence in the elderly person, considering that the use of alcoholic beverages can be harmful in the physical and social aspects. On the other hand, the resilience can be regarded as a fundamental part for those individuals overcome the obstacles to comply with the pharmacological and non-pharmacological treatment, through changes in life habits, thus strengthening their physical and mental health.

FINAL THOUGHTS

With the reflection on this theme, the objective of the study was reached, concluding that there is a relationship between alcohol consumption/dependence and resilience in the elderly population, once the resilience can be a protective factor for the alcohol consumption/dependence in this population, contributing to overcoming the adversities and assisting the individual to achieve the personal well-being and leave strengthened after coping with adverse situations.

The knowledge of the relationship between those factors can contribute to professional practice in the nursing field, so that nurses that meet the elderly, especially in public health services, can provide a more humanized and systematized assistance, with greater involvement in curative and educational actions of prevention, early identifying the alcohol consumption/dependence and strengthening the resilience as a way to overcome this unhealthy habit for this population.

Currently, the screening for the alcohol consumption/dependence is recommended by the Ministry of Health, and Primary Care services are

in a privileged position for this evaluation and treatment in elderly individuals, especially those with chronic diseases.

Finally, the present study can contribute to the advancement of scientific knowledge, since there is a limited amount of studies that address the alcohol consumption/dependence and resilience in the elderly person, being a limitation to this study the reduced number of materials on this theme. With this, the study allowed elucidating the influence of those factors, in this specific population, and can subsidize knowledge for the development of actions aimed at promoting the health of the elderly, improving the physical, mental and social well-being.

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