



# Study of a neuropsychological evaluation battery (neuropsychological screening), quality of life and lifestyles in the aging process

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## Abstract

The present study intends to understand and characterize the neuropsychological functions, quality of life and lifestyles in the aging process. The study involves the validation of a neuropsychological evaluation battery and the adaptation and validation of a life-style measuring instrument. In order to collect the necessary data, a structured interview consisted of a demographic questionnaire, the scale WHOQOL-bref to evaluate the quality of life, the scale GHQ-28 to assess global health, the The Simple Lifestyle Indicator Questionnaire and sleep quality content. The sample was 276 participants, of the female gender (n=205) and masculine (n=68), aged between 55 and 99 years, and an average age of 75.28 (DP= 10,36). It was found that both the quality of life and the executive functions have a positive relationship with the lifestyle. It was observed that the variables sociodemographic age, gender, marital status, level of education and professional status influence the quality of life, executive functions and lifestyle.

## Introduction

Ageing is a specific phase of development, and can be characterized as a process of progressive change at the biological, social and psychological level of the Individual. In this way the ageing can be differentiated in three types of changes: the biological, which relate to the increase of the vulnerability and the approximation of the idea of death; The psychological, which is defined by the process of self-regulation of the individual during this new phase and finally at the social level that is associated with a change of roles of the person in society and of what is expected by society (Paúl, 2005). At the social level, there is still an erroneous way to think of old age as being a universal process, that is, all are born, all grow and all die; however it is important to realize that the process of aging is idiosyncratic, that is, that is not equal for all or happens at the same pace (Sequeira & Silva, 2002). The average life expectancy has been increasing, leading to new concerns (personal, political and social), the extension of the lives of individuals, making it important to promote a healthier and more successful ageing.

The quality of life is related to the subjective satisfaction of the individual in relation to his life and it is a multidimensional process that with the advancing age becomes more complex. To better understand the quality of life in the third age, Jacob (2007) reinforces that five factors influence the quality of life of the elderly: physical well-being, interpersonal relationships, personal development, spiritual and transcendental activities and finally, recreational activities. The quality of life in the elderly is affected by its lack of autonomy and independence, the loss of motor and cognitive capacities producing negative feelings, such as despair, anxiety, depression and isolation (Guimar, 2010).

As far as lifestyles are concerned, these can be seen as sets of activities that guide daily behavior and that persuading the state of health of the person (Pender et al., 2011), and that according to who is a way of living that reflects individual characteristics, socio-economic and environmental conditions. Successful ageing brings the elderly a lower functional dependence and greater satisfaction with life, social balance and support for family members.

Aspects related to habits and lifestyles such as nutrition, physical activity, the absence of diseases that lead to a loss of autonomy, social involvement and an objective welfare of the elderly are important for a successful aging (Ska, et al., 2009). Sleep is a biological function essential to regulate and restore metabolism, and although it is an important function this varies throughout the development process regarding its duration (Müller & Guimarães, 2007). Sleep disorders can lead to a commitment to the quality of life of the elderly, having an impact on the functions: cognitive, physical and Social.

## Research Methods

### Participants:

The data obtained through the 276 questionnaires were collected in the districts of Lisbon, Setúbal and Faro. The participants are aged between 55 and 99 years, with an average age of 75.28 years, being 75.1% of the female gender.

### Instruments:

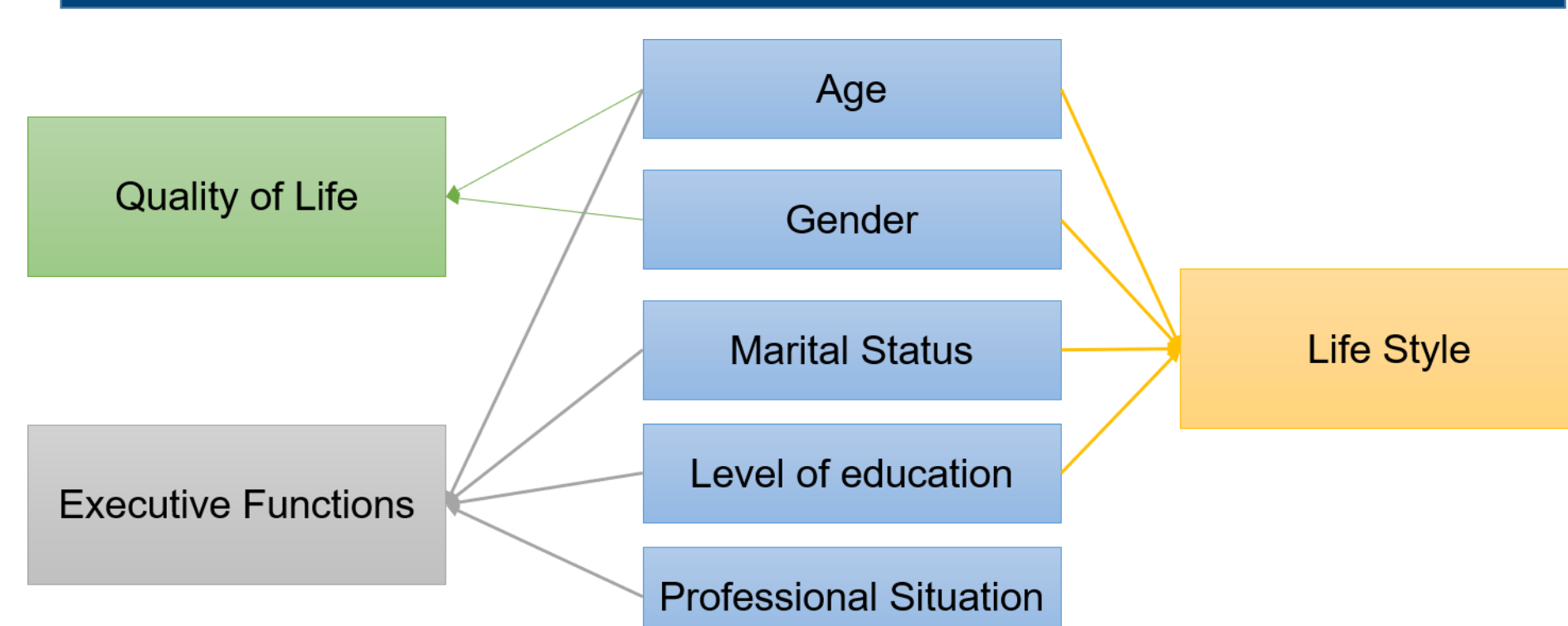
A structured interview consisted of a demographic questionnaire, the scale WHOQOL-bref (WHOQoL, 1994) To evaluate the quality of life, the GHQ-28 scale validated for the Portuguese population by Ribeiro and Antunes (2003) of the Goldberg original version (1972) to evaluate global health, the life-style indicator questionnaire translated and adapted (Godwin, et al, 2008) and the Pittsburgh Sleep Quality Index (PSQI).

### Procedure:

In the first phase, the institutions will be contacted and invited to participate in this study. After the acceptance by the institution will be highlighted elements of the research team and the institution to jointly go to data collection. Participation in the study is voluntary, so participants and/or families must fill in informed consent. To maintain anonymity and confidentiality the questionnaires will be numbered and paired, since the instrument is divided into two parts: the instruments battery and the answer sheet of the graphic-motor and memory evidence.

The first part is an interview carried out by the researcher, and the second part may be auto according to the conditions of the person (ex. in the form of an interview when the person does not know how to read and/or write). Individuals with less than 55 years were excluded from participating in the study, and individuals with a high cognitive commitment.

## Results



It was found that both the quality of life and the executive functions have a positive relationship with the lifestyle.

## Conclusions

In the course of the study, limitations were found, as a higher incidence of questionnaire replies by people of the female gender (n = 205) than the male gender (n = 68), and the sample of this study was not representative for the comparison with regard to gender impact in the styles and quality of life. In addition, older individuals presented some difficulty in understanding some issues of the applied protocol, as well as the collection time that was higher than expected initially, due to the cognitive difficulties presented by As well as the motor slowing down that hindered/delayed the realization of practical activities.

By excluding the participation of individuals with greater commitment, which makes it impossible to understand or participate in the outlined procedure, the study ended up not obtaining results on the quality of life of the elderly with pathological ageing.

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