

## NURSING CONSULTATION IN ELDERLY PEOPLE WITH DEPRESSION

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**Abstract: Goal:** to identify the evidence available in the literature on the systematization of nursing care for elderly people with depression. **Method:** integrative literature review, carried out in the BDENF, CINAHL, COCHRANE, LILACS and MEDLINE databases. The approaches were characterized, analyzed and discussed under the focus of the nursing consultation. **Results:** 10 publications were identified from 2008 to 2017. The factors associated with nursing consultations in elderly people with depression were identified, which constitute the thematic categories identified in the study: multidisciplinary intervention, home visit, classification systems, educational strategies, computerization of care, individualized care, difficulties in implementing the nursing process, acquisition of new knowledge, quality care and affected Basic Human Needs. **Conclusion:** The elaboration of the nursing consultation allows a systematized approach and contributes to more effective interventions, as it favors the identification of the patients' potential needs and enables the elaboration of an effective care plan for the promotion and prevention of health.

**Keywords:** Depression; Nursing; Elderly; Nursing process.

## INTRODUCTION

Population aging is a phenomenon that has been observed all over the world, with particular importance in developing countries. According to projections by the World Health Organization, Brazil has 29.3 million elderly people, representing 14.3% of the population. In 25 years, the elderly rate will double, reaching 20% of the population. In the year 2030, this contingent will be greater than that of children and adolescents from 0 to 14 years old. This rapid demographic transition is a consequence of the drop in fertility and mortality rates that the country

has experienced in recent decades.<sup>1</sup>

Faced with this demand, article 230 of the Federal Constitution of 1988 (CF/1988) innovated by requiring the "effective protection of the elderly by the State, society and the family". In infra-constitutional terms, the National Policy for the Elderly "creates conditions to promote their autonomy, integration and effective participation in society" and the Statute of the Elderly "is intended to regulate the rights guaranteed to people aged sixty years or over" both ordinary laws represent the protection of the elderly.<sup>2</sup>

Changes in the health demands of the Brazilian population, towards the needs of the geriatric population are represented by chronic, multiple problems and require more sophisticated and costly interventions. Mood disorders are one of the most common health problems in the elderly, being responsible for the loss of autonomy and the worsening of preexisting pathological conditions. In this context, depression emerges as an important problem among this population, emerging as a disease of high frequency worldwide, considered as the second cause of morbidity for the next decades. Often co-existing with other chronic medical illnesses, this increases the disability and burden of care due to these illnesses. This pathology decreases the quality of life, induces poor adherence to self-care, increases the use of other medical services, is a risk factor for suicide and is often associated with cognitive impairment.<sup>3</sup>

Thus, it becomes extremely important to track the usual symptoms that are ignored most of the time, such as changes in mood, sleep and appetite, which persist for more than two or three weeks. These symptoms characterize Major Depressive Disorder (MDD), but do not constitute a definitive diagnosis, they serve as indicators that must be observed in order to avoid worse prognosis of the disease.<sup>4</sup>

The Diagnostic Statistical Manual of Mental Disorders 5th Edition (DSM-5) defines MDD as a mental health condition and multidetermined “characterized by a set of four or more of the following depressive symptoms: change in mood, appetite, sleep, anhedonia, lethargy, feelings of guilt and low self-esteem, difficulty concentrating, agitation and suicidal ideation”.<sup>3</sup>

It is the duty of every health professional - and in this context the nurse is inserted - to implement strategic assistance methodologies related to a holistic follow-up of the patient, identifying needs and patterns of response to health problems, for the determination of appropriate solutions in the care of these needs, in addition to enabling the evaluation of the efficiency and effectiveness of the interventions carried out, with a consequent improvement in their quality of life.<sup>5</sup>

The nursing consultation is characterized by being a technological strategy of fundamental importance in this process, since it has a resolutive character, supported by law, being exclusive to the nurse. It must be detailed, respecting the privacy and individuality of the elderly, it is worth mentioning that its implementation is essential in health services, as it contributes to multidisciplinary work, acting in the development of intersectoral practices and in the interpersonal relationship with the patient and family.<sup>6</sup>

During the research carried out to define the object of this study, numerous questions arose; however, the authors' desire was to remain in the areas of geriatrics and psychiatry, as these are disciplines that make up their professional practice.

In the quest to better understand the aspects that involve aging, during consultations at the psychiatry outpatient clinic of the institutiio: Universidade Hospital Lauro Wanderley (HULW), investigating the

pathologies that affect the elderly and the injuries suffered, special attention was drawn to depression, due to its high prevalence and consequences arising from this psychiatric disorder, making it difficult to develop strategies in health services to minimize this impact.

Therefore, it is necessary to carry out this study, in order to relate scientific knowledge to practical-assistance knowledge in order to contribute to the construction of an instrument, covering all stages of the Systematization of Nursing Assistance, favoring the establishment of a scientific methodology capable of developing care in an individual and holistic way, in addition to enabling the recording of nursing actions and interventions, functioning as a communication vehicle and favoring the continuity of care.

Faced with this situation and based on the importance of creating a methodological work instrument for nurses that understands the patient in their biological, social, emotional and spiritual context, the following question arises: is it possible to build an instrument for documenting the consultation of nursing in a geriatric psychiatry outpatient clinic?

## **GOAL**

Based on this issue, the objective of this study is to identify the evidence available in the literature on the systematization of nursing care for elderly people with depression.

## **METHOD**

This is a bibliographic, descriptive, integrative review (IR) type study, which is characterized by rescuing and summarizing previous research, allowing conclusions that articulate the results obtained in different studies. For the development of this review, the six stages were followed: establishing

the objectives of the integrative review; establishment of inclusion and exclusion criteria for ARTICLES (sample selection); definition of the information to be extracted from the selected ARTICLES; analysis of results; interpretation of the results and, finally, the presentation of the knowledge review/synthesis.<sup>7</sup>

The formulation of the problem was characterized by the guiding question: what is the evidence about the nursing consultation in an elderly person with depression?

The following descriptors were listed to answer the question in this IR: “Depression”; “Nursing”; “Elderly”; “Nursing Process”, in Portuguese and English. Subsequently, health descriptors were consulted on the Health Sciences Descriptors platform (DeCS), using the Boolean operator “and”: (1) Depression AND Nursing; (2) Depression AND Elderly; (3) Depression AND Nursing Process; (4) Nursing AND Elderly; (5) Nursing AND Nursing Process; (6) Elderly AND Nursing Process.

Based on the aforementioned descriptors, a survey of scientific production was carried out through an online search, from March to June 2018, in the following databases: Database in Nursing (BDENF); Cumulative Index to Nursing & Allied Health Literature (CINAHL); Trusted Evidence Informed Decisions Better Health (COCHRANE); Latin American and Caribbean Literature on Health Sciences (LILACS) and Latin American and Caribbean Literature on Health Sciences (LILACS); Nursing Database (BDENF); Medical Literature Analysis and Retrieval System Online (MEDLINE); Cumulative Index to Nursing & Allied Health Literature (CINAHL); Trusted evidence. Informed decisions. Better health (COCHRANE) Medical Literature Analysis and Retrieval System Online (MEDLINE).

The following were defined as criteria for inclusion of publications: complete ARTICLES that presented the descriptors in the abstract, available electronically in the selected databases, in Portuguese, English and Spanish, in the period between 2008 and 2017, qualitative, quantitative, qualitative research. quantitative, experience reports and reflective studies. The following exclusion criteria were listed: ARTICLES in which it was not possible to identify a relationship with the theme by reading the title and abstract, repeated publications or even manuscripts, such as letters to the editor, editorials, theses, dissertations, monographs, books, book chapters, manuals and summaries.

By combining the descriptors with the filters, a total sample of 409 publications was identified. ARTICLES were initially selected by reading the title and abstract. At this stage, 55 ARTICLES were listed that addressed the theme in question and, after reading the texts in full, only 11 ARTICLES contemplated the objective and guiding question of this study, with a duplicate article being removed, obtaining a total of 10 ARTICLES for descriptive analysis.

The selected works were then read in full, and the information was systematized and categorized in order to meet the purpose of the proposal. A flowchart of the ARTICLES selection process was constructed (Figure 1) resulting from the search strategies used: inclusion of descriptors; identification of databases and ARTICLES with related themes; screening (repeated titles, unrelated themes, excluded after reading); eligibility and inclusion and exclusion criteria. Then, the instrument was completed highlighting the information.

## RESULTS

A summary of the studies included in the review is presented in figure 2, which

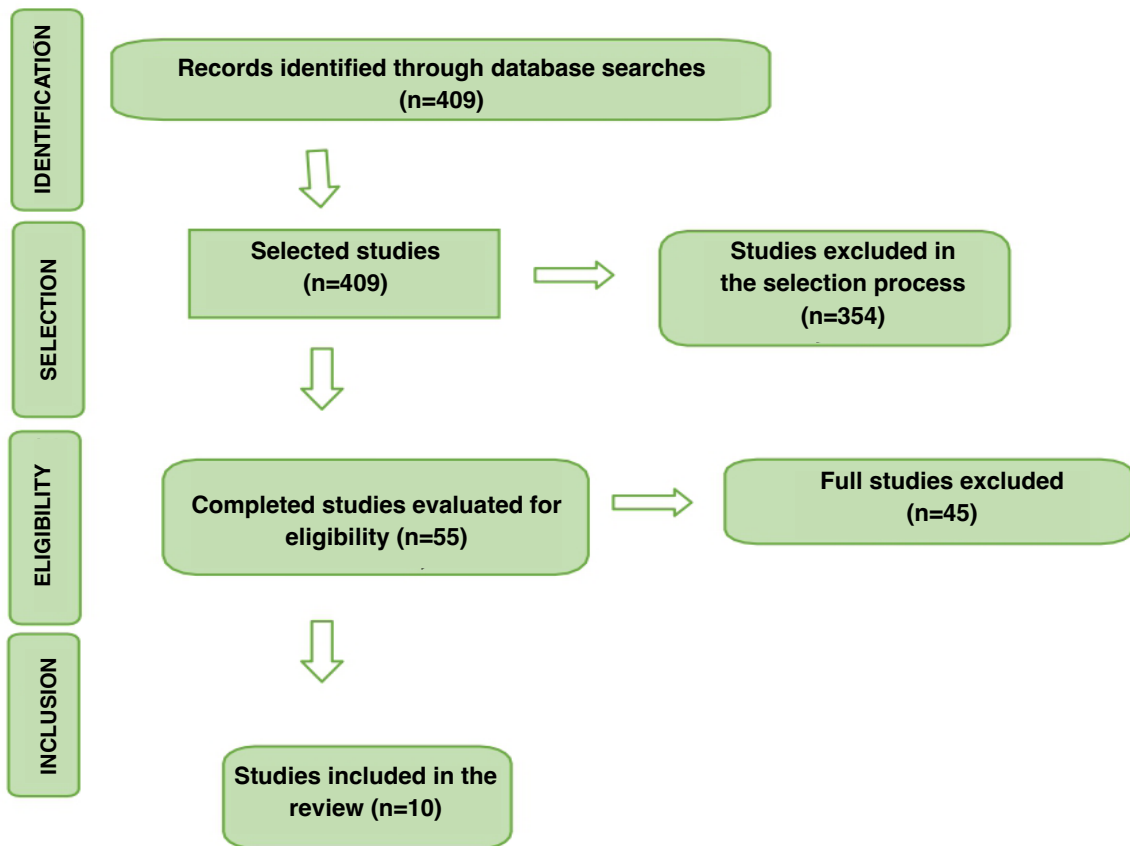


Figure 1: Study selection flowchart. João Pessoa (PB), Brazil, 2018.

Authors	Title	Goal	Year	Magazine
LEITE BS, SANTOS WA, VALENTE GSC, LEITE AC, CAMCHO F, FULY PSC <sup>6</sup>	Nursing consultations for the elderly in basic care during student exchange: experience report.	To describe the student experience regarding nursing consultations with the elderly population during the international student exchange.	2016	Revista de Enfermagem UFPE Online
SILVA VSE, LIMA DV M, FULY PSC <sup>13</sup>	Instrument for performing a physical examination: contributing to nursing education.	To develop a proposal for an instrument for carrying out physical examination of adults and the elderly by nursing students.	2012	Revista da Escola de Enfermagem Anna Nery
POKORSKI S, MORAES MA, CHIARELLI R, COSTANZI AP, RABELO ER <sup>11</sup>	Nursing process: from literature to practice. What are we actually doing?	To describe the steps of the nursing process described in the literature and to investigate how this is carried out in the daily routine of a general hospital.	2009	Revista Latino Americana de Enfermagem

BECERRIL ZH, GÁLÁN, MGN <sup>9</sup>	Nursing care process in depressed patients.	Provide a care process for patients with depression, using the Dorothea E. Orem care model	2012	Revista Enfermería Neurológica
NOGUEIRA LD, OLIVEIRA EN, BRITO MCC, BORGES VS, VASCONCELOS DP, PINTO PD <sup>14</sup>	Nursing process: a tool for the care of the elderly with Alzheimer's.	Apply the Systematization of Nursing Care (SAE) to a patient with Alzheimer's from the perspective of Wanda Horta.	2011	Revista de Enfermagem UFPE Online
SANTOS WL, FULY PSC, SANTO FHE, LIMA CA <sup>12</sup>	Nursing care protocol for highly complex elderly.	Propose a systematized nursing care protocol aimed at elderly patients admitted to an intensive care unit using the International Classification for Nursing Practice (CIPE)	2010	Revista Baiana de Enfermagem
GANDOLFI MS, SIEGA CK, ROSTIROLLA LM, KLEBA ME, COLLISELLI L <sup>10</sup>	Systematization of nursing care: from theory to comprehensive care.	Report nursing care to bedridden patients, applying the nursing process according to Madeleine Leininger's Theory of Diversity and Universality of Cultural Care	2010	Revista de Enfermagem UFPE Online
SANTOS RP, ROCHA DLB <sup>5</sup>	Systematization of nursing care for the hospitalized elderly with chronic renal failure.	To report the experience of nursing students in the process of preparing the health care plan for hospitalized elderly patients with chronic renal failure.	2013	Revista Kairós Gerontologia
CLARES JWB FREITAS MC, PAULINO MHC <sup>15</sup>	Systematization of nursing care for the institutionalized elderly based on Virginia Henderson.	To describe the application of the nursing process to an institutionalized elderly person, based on Virginia Henderson's theory.	2013	Revista da Rede de Enfermagem do Nordeste
MARKLE-REID M. et al <sup>8</sup>	An interprofessional intervention of mental health promotion directed by nurses for the elderly with depressive symptom	Nurse-led mental intervention and exploring its effects on reducing home care clients	2014	Revista BMC Geriatrics

Figure 2. Synthesis of studies on the nursing consultation in elderly people with depression. João Pessoa (PB), Brazil, 2018.



constituted the body of the study and represented the essence for the elaboration of the results, discussion and conclusion on the theme of empirical indicators in the nursing consultation in elderly people with depression.

It was verified that it occurred in balance in relation to the year of publication of the ARTICLES, referring to the years 2010, 2012 and 2013 with two ARTICLES per year, corresponding to a total of six ARTICLES (60%), followed by the year 2009, 2011, 2014 and 2016 with one article per year, totaling four ARTICLES (40%). It is also observed that 08 publications (80%) are Brazilian studies. It is noteworthy that, regarding the type of selected study adopted, the most common was the qualitative approach, seen in six ARTICLES (60%).

In Figure 3, the main factors associated with the nursing consultation in the elderly with depression are presented, identified in the analyzed studies according to the frequency they were mentioned, which

constitute the thematic categories identified in the study: multidisciplinary intervention, visit home care, classification systems, educational strategies, computerization of care, individualized care, difficulties in implementing the nursing process, acquisition of new knowledge, quality care, basic human needs affected.

## DISCUSSION

Depression is a major public health problem worldwide, affecting mainly the elderly, which can lead to higher mortality rates. It is a “multifactorial psychiatric syndrome with psychological, behavioral and physical symptoms that compromise quality of life”<sup>8</sup>

The prevalence of this pathology in the elderly is linked to a set of variables that act on biological, psychological, social and economic factors, on vital events such as mourning and abandonment, on disabling diseases and on family contingents. Treatment in the elderly

Triggering factors	Absolute frequency
Grading systems	6 (ARTICLES 5, 6, 12, 13, 14 and 15)
Individual assistance	4 (ARTICLES 5, 9, 10 and 14)
Quality assistance	3 (ARTICLES 6, 11 and 13)
Acquisition of new knowledge	3 (ARTICLES 5, 6 and 13)
Educational strategies	3 (ARTICLES 5, 6 and 14)
Computerization of assistance	3 (ARTICLES 10, 11 and 13)
Multidisciplinary intervention	3 (ARTICLES 6, 8 and 10)
Basic Human Needs affected	3 (ARTICLES 6, 12 and 14)
Home visit	3 (ARTICLES 6, 8 and 10)
Difficulties in implementing the nursing process	2 (ARTICLES 11 and 12)

Figure 3. Empirical indicators evidenced in the nursing consultation in an elderly person with depression. João Pessoa (PB), Brazil, 2018.

Factors associated with the nursing consultation in person	Main results of the studies	Authors
Grading systems	In the management of nursing care, there are classification systems for standardizing the records in the patient's record, some of which were built with a view to specific methodological stages of the nursing process and others for all stages. The most used and known are the NANDA International Taxonomy II for nursing diagnoses; the Classification of Nursing Interventions (NIC); the Nursing Outcomes Classification (NOC) for nursing outcomes; the Clinical Care Classification (CCC) for diagnoses, interventions, and outcomes; and, finally, the International Classification for Nursing Practice (ICNP) for diagnoses, interventions and outcomes.	LEITE BS, SANTOS WA, VALENTE GSC, LEITE AC, CAMCHO F, FULY PSC <sup>6</sup> ; SILVA VSE, LIMA DV M, FULY PSC <sup>13</sup> ; NOGUEIRA LD, OLIVEIRA EN, BRITO MCC, BORGES VS, VASCONCELOS DP, PINTO PD <sup>14</sup> ; SANTOS WL, FULY PSC, SANTO FHE, LIMA CA <sup>12</sup> ; SANTOS RP, ROCHA DLB <sup>5</sup> ; CLARES JWB FREITAS MC, PAULINO MHC <sup>15</sup>
Individual assistance	Nursing care based on the conceptual model must understand the patient as a whole, having as a starting point all the problems raised during the nursing consultation, from factors inherent to their biophysiological needs to those related to self-realization needs.	BECERRIL ZH, GÁLÁN, MGN <sup>9</sup> ; NOGUEIRA LD, OLIVEIRA EN, BRITO MCC, BORGES VS, VASCONCELOS DP, PINTO PD <sup>14</sup> ; GANDOLFI MS, SIEGA CK, ROSTIROLLA LM, KLEBA ME, COLLISELLI L <sup>10</sup> ; SANTOS RP, ROCHA DLB <sup>5</sup>
Quality assistance	Improvement of health care, in the search for knowledge that acts as a tool in the systematization and organization of its practice and its care process, favoring the elaboration of a concise and effective care plan for the promotion and prevention of health.	LEITE BS, SANTOS WA, VALENTE GSC, LEITE AC, CAMCHO F, FULY PSC <sup>6</sup> ; SILVA VSE, LIMA DV M, FULY PSC <sup>13</sup> ; POKORSKI S, MORAES MA, CHIARELLI R, COSTANZI AP, RABELO ER <sup>11</sup>
Acquisition of new knowledge	It requires recent knowledge of the various themes, the research carried out by the group fills certain gaps, namely in the area of active ageing. The ability to theoretically substantiate interventions through research continues to be of particular importance.	LEITE BS, SANTOS WA, VALENTE GSC, LEITE AC, CAMCHO F, FULY PSC <sup>6</sup> ; SILVA VSE, LIMA DV M, FULY PSC <sup>13</sup> ; SANTOS RP, ROCHA DLB <sup>5</sup>
Educational strategies	Care strategies are designed to achieve patient independence and, above all, self-care, stimulating functional and cognitive aptitude, recognizing the limitations of each patient. They require managerial and technical-scientific knowledge from the team, the group has always been concerned with involving the elderly and their families in nursing care, always bearing in mind their family, cultural and social context, defining the best strategies.	LEITE BS, SANTOS WA, VALENTE GSC, LEITE AC, CAMCHO F, FULY PSC <sup>6</sup> ; NOGUEIRA LD, OLIVEIRA EN, BRITO MCC, BORGES VS, VASCONCELOS DP, PINTO PD <sup>14</sup> ; SANTOS RP, ROCHA DLB <sup>5</sup>
Computerization of assistance	It brings positive repercussions in the theoretical and practical field, being able to provide favorable means of communication, including the elaboration of didactic instruments that facilitate professional education, organizing and managing various information, providing any and all data that you need for the development of your actions, these records Electronic devices can provide a significant contribution to the successful implementation of the nursing process.	SILVA VSE, LIMA DV M, FULY PSC <sup>13</sup> ; POKORSKI S, MORAES MA, CHIARELLI R, COSTANZI AP, RABELO ER <sup>11</sup> ; GANDOLFI MS, SIEGA CK, ROSTIROLLA LM, KLEBA ME, COLLISELLI L <sup>10</sup>



Multidisciplinary intervention	The team acts in the development of intersectoral practices, establishing bonding and partnership relationships, with the objective of developing actions according to the health needs of the population, guaranteeing comprehensive care through health promotion, disease prevention and curative measures.	LEITE BS, SANTOS WA, VALENTE GSC, LEITE AC, CAMCHO E, FULY PSC <sup>6</sup> ; GANDOLFI MS, SIEGA CK, ROSTIROLLA LM, KLEBA ME, COLLISELLI L <sup>10</sup> ; MARKLE-REID M et al <sup>8</sup>
Basic Human Needs affected	The changes reported in patients with depression were: Psychobiological Human Needs (hydration, nutrition, sleep and rest, physical activity, sexuality, physical and environmental safety, body and environmental care, vascular regulation, neurological, sensory perception, therapy) Psychosocial Human Needs (communication, recreation and leisure, emotional security, acceptance, self-esteem, self-confidence, freedom, self-realization, space) Psycho-spiritual Human Needs (religiousness and spirituality).	LEITE BS, SANTOS WA, VALENTE GSC, LEITE AC, CAMCHO E, FULY PSC <sup>6</sup> ; NOGUEIRA LD, OLIVEIRA EN, BRITO MCC, BORGES VS, VASCONCELOS DP, PINTO PD <sup>14</sup> ; SANTOS WL, FULY PSC, SANTO FHE, LIMA CA <sup>12</sup>
Home visit	The home visit requires prior planning, assessing the environmental and physical conditions in which the individual and his family live, knowing their health conditions, relating them to their cultural habits, enabling a greater approximation in relation to the patient's reality, with a view to identify improvements in health conditions, as well as adherence to the care plan.	LEITE BS, SANTOS WA, VALENTE GSC, LEITE AC, CAMCHO E, FULY PSC <sup>6</sup> ; GANDOLFI MS, SIEGA CK, ROSTIROLLA LM, KLEBA ME, COLLISELLI L <sup>10</sup> ; MARKLE-REID M et al <sup>8</sup>
Difficulties in implementing the nursing process	The nursing team reported some limitations for the implementation of the nursing process: time spent on the task; lack of a standardized data collection instrument, which does not cover all the contents of the stages; lack of knowledge of all the steps involved in the process; excessive number of tasks for the nursing team; poor quality of professional education and insufficient reporting on the physical examination related to the disease; interference of the family member in the care provided.	POKORSKI S, MORAES MA, CHIARELLI R, COSTANZI AP, RABELO ER <sup>11</sup> ; SANTOS WL, FULY PSC, SANTO FHE, LIMA CA <sup>12</sup>

Figure 4. Factors associated with nursing consultations for elderly people with depression. João Pessoa (PB), Brazil, 2018.

aims to reduce the psychic suffering caused by this disease, reduce the risk of suicide, improve their general condition and enable a better quality of life.<sup>9-10</sup>

The essence of Nursing lies in looking at the person, not forgetting any of their dimensions, looking at them and realizing exactly what they need as a person and what their definition of health is, then seeing them inserted in the environment and realizing if this is favoring or detrimental to their autonomy so that quality nursing care is effectively provided.<sup>6</sup>

Most nurses report difficulties in differentiating depressive symptoms, due to the changes that aging brings with it and the complexity of depression. For this reason, it is essential that the professional has knowledge of the processes of senescence and senility and, at the same time, encourages the elderly to adopt self-care.<sup>8</sup>

The nursing process has been widely accepted, gradually implemented and suggested as a scientific method for guiding and qualifying nursing care. More recently, the process has been defined as a systematic and dynamic way of providing nursing care, which is carried out through five interconnected steps: assessment, diagnosis, planning, implementation and evolution. According to current American and Canadian standards, nursing practice requires the efficient use of the nursing process and the effective participation of professionals in activities that contribute to the permanent development of knowledge on this subject.<sup>11</sup>

Nursing consultations, in addition to being beneficial to patients, also generate benefits for the professionals who carry them out through the improvement of critical and reflective thinking, the development of skills related to the nursing process, communication skills and perception of verbal and non-verbal language, the promotion of multidisciplinary

health care, the establishment of bonds, the relationship of trust between the professional and the patient, contributing to professional development, among many other benefits.<sup>6</sup>

Nursing care based on the conceptual model must understand the patient as a whole, performing a critical analysis of the problems raised during the nursing consultation, from factors inherent to their biophysiological and self-realization needs, thus facilitating adherence therapy and care planning, referring to individual characteristics and limitations.<sup>5-10</sup>

The improvement of health care is highlighted, in the search for knowledge that acts as a tool for the systematization and organization of its practice in the care process, favoring the elaboration of a concise and effective care plan for the promotion and prevention of health.<sup>5-6-11</sup>

The development of skills aimed at elderly nursing required recent knowledge of several topics, the research carried out by the group came to fill certain gaps, namely in the area of active aging. The ability to theoretically substantiate interventions, through research, continues to assume particular importance, thus providing an update on scientific knowledge.<sup>6-12-13</sup>

In the implementation of assistance is essential, the intervention of the multidisciplinary team acts in the development of intersectoral practices and mainly in the interpersonal relationship with the patient and family, establishes bonds and partnership relationships, with the objective of developing actions according to the health needs of the population, ensuring comprehensive care through health promotion, disease prevention and curative measures.<sup>7-11-14</sup>

An extremely challenging theme for multidisciplinary care, the educational strategies are designed to achieve the patient's independence and, above all, self-care,

stimulating functional and cognitive aptitude, recognizing the limitations of each individual. It requires managerial and technical-scientific knowledge from the team, the group must always be concerned about involving the elderly and their family in nursing care, always bearing in mind their family, cultural and social context, defining the best strategies, facilitating the adherence to the therapeutic modality and care planning.<sup>5-6-14</sup>

It is through the home visit that a greater approximation in relation to the reality in which the patient lives is obtained, as it requires prior planning, since it assesses the environmental and physical conditions in which the individual and family live, relating them to their cultural habits, with a view to identifying improvements in health conditions, as well as adherence to the care plan.<sup>6-10-11</sup>

An extremely important fact these days, technological advances have implications in all areas of knowledge, including health, in which nursing stands out. It appears that it brings with it positive repercussions in the theoretical and practical field, providing favorable means of communication, including the development of didactic instruments that facilitate professional education.<sup>13</sup>

Given the importance of information for nursing, informatics constitutes a pillar of Evidence-Based Practice (EBP). We can summarize that EBP is aimed at “supporting clinical experience with data from clinical epidemiology, complemented with systematic reviews of the literature, for decision-making criteria in care conduct”.<sup>6-13</sup>

In the management of nursing care, there are classification systems for standardizing the records in the patient's record; some of these were built with a view to specific methodological stages of the nursing process and others for all stages. The most used and known are the NANDA International

Taxonomy II for nursing diagnoses; the Classification of Nursing Interventions (NIC); the Nursing Outcomes Classification (NOC) for nursing outcomes; the Clinical Care Classification (CCC) for diagnoses, interventions and outcomes, and, finally, the International Classification for Nursing Practice (ICNP) for diagnoses, interventions and outcomes.<sup>5-7-12-14</sup>

During the systematization of nursing care, the changes observed in patients with depression were: Psychobiological Human Needs (hydration, nutrition, sleep and rest, physical activity, sexuality, physical and environmental safety, body and environmental care, vascular regulation, neurological, sense-perception, therapy) Psychosocial Human Needs (communication, recreation and leisure, emotional security, acceptance, self-esteem, self-confidence, freedom, self-realization, space) Psycho-spiritual Human Needs (religiosity and spirituality).<sup>14</sup>

The nursing consultation is a systematic method in which the nurse applies his technical-scientific knowledge in care practice, with a resolute character, acts as a facilitating tool for actions that promote health, aiming at the diagnosis and early initiation of treatment. It provides critical thinking with professional appreciation towards the health team, greater resolute attitude, with consequent individualization of care. Care strategies must be planned, identifying needs and patterns of response to health problems, in order to determine appropriate solutions in care, allowing for a comprehensive assessment.<sup>7</sup>

The nursing team reported some limitations for the implementation of the nursing process: time spent on the task; lack of a standardized data collection instrument, which does not cover all the contents of the stages; lack of knowledge of all the steps involved in the process; excessive number of tasks for the nursing team; poor quality of professional

education and insufficient reporting on the physical examination related to the disease; interference of the family member in the care provided. These data are very important for the planning of future actions, in view of the effective application of the process in the institutions.<sup>11-12</sup>

## **CONCLUSION**

The care directed to elderly patients represents a great challenge for the multidisciplinary health team, the aging process is heterogeneous, this public carries life histories, family members, social and economic conditions, personalities and different needs, it is essential to have knowledge regarding to the demands of this clientele, who usually seek health services due to morbidities resulting from geriatric syndromes resulting from senility.

The elaboration of the nursing consultation, seeking the association with Wanda Horta's theory of Basic Human Needs, allows a systematized approach and contributes to more effective interventions, as it favors the identification of the patients' potential needs and enables the elaboration of a care plan effective for health promotion and prevention.

The development of actions based on a theoretical framework makes it easier to implement the nursing process. These data are very important for the planning of future actions, making it possible to qualify the processes of planning, implementation and evaluation of care.

We conclude, therefore, that this study may contribute to indicate new directions and help in the strategies of health education and prevention work, with a view to enriching the understanding of nursing care for elderly people with depression.

## REFERENCES

1. Küchemann BA. Envelhecimento populacional, cuidado e cidadania: velhos dilemas e novos desafios, Brasília, DF, Brasil. *Rev Soc e Est.* 2012 Jan/Apr;27(1):165-80. Doi: 10.1590/S0102-69922012000100010
2. Santos IS, Tavares BF, Munhoz TN, Almeida LSP, Silva NTB, Tams BD, et al. Sensibilidade e especificidade do Patient Health Questionnaire-9 (PHQ-9) entre adultos da população geral, Rio de Janeiro, RJ, Brasil. *Cad Saúde Pública.* 2013 Jan/Aug;29(8):1533-43. Doi: 10.1590/0102-311X00144612
3. Frade J, Barbosa P, Cardoso S, Nunes C. Depressão no idoso: sintomas em indivíduos institucionalizados e não-institucionalizados, Coimbra, OET, Portugal. *Rev Enf Ref.* 2015 Jan/Mar;4(4):41-9. Doi: 10.12707/RIV14030
4. Sung SC, Low CC, Fung DS, Chan YH. Screening for major and minor depression in a multiethnic sample of Asian primary care patients: a comparison of the nine-item Patient Health Questionnaire (PHQ-9) and the 16-item Quick Inventory of Depressive Symptomatology - Self-Report (QIDSSR16), Nova Gales do Sul, Sidney, Austrália. *Asia Pac Psychiatry.* 2013 Dec;5(4):249-58. Doi: 10.1111/appy.12101
5. Santos RP, Rocha DLB. Sistematização da assistência de enfermagem ao idoso, portador de insuficiência renal crônica, hospitalizado. *Rev Kairós Geront [Internet].* 2013 [cited 2018 Mar 11];16(3):237-53. Available from: file:///C:/Users/Romero/Downloads/19747-49924-1-SM%20(2).pdf
6. Leite BS, Santos WA, Valente GSC, Camacho ACLF, Fuly PSC. Consultas de enfermagem aos idosos em assistência básica no intercâmbio estudantil internacional: relato de experiência, Recife, PE, Brasil. *Rev Enferm UFPE on line.* 2016 Sep;10(Suppl 4):3710-5. Doi: 10.5205/reuol.9681-89824-1-ED.1004sup201625
7. Mendes KDS, Silveira RCCP, Galvão CM. Integrative literature review: a research method to incorporate evidence in health care and nursing. *Texto Contexto Enferm, São Paulo, SP, Brasil.* 2008 Oct/Dec;17(4):758-64. Doi: 10.1590/S0104-07072008000400018.
8. Markle-reide M, McAiney C, Forbes D, Thabane L, Gibson M, Browne G. An interprofessional nurse-led mental health promotion intervention for older home care clients with depressive symptoms, Londres, AFI, Inglaterra. *BMC Geriatrics.* 2014 May;14(1):14-62. Doi: 10.1186/1471-2318-14-62
9. Becerril ZH, Galán GN. Proceso de atención de enfermería en pacientes deprimidos. *Enf Neurol (Mex) [Internet].* 2012 [cited 2018 Mar 16];11(3):153-58. Available from: <http://www.medigraphic.com/pdfs/enfneu/ene-2012/ene123g.pdf>
10. Galndolfi M, Siega CK, Rostirolla LM, Kleba ME, Colliselli L. Sistematização da assistência de enfermagem: da teoria ao cuidado integral, Recife, PE, Brasil. *Rev Enf UFPE On Line.* 2016 Sep;10(Suppl 4):3694-703. Doi: 10.5205/reuol.9681-89824-1-ED.1004sup201623
11. Pokorski S, Moraes MA, Costanzi AP, Rabelo ER. et al. Processo de enfermagem: da literatura à prática. o quê de fato nós estamos fazendo? *Rev Lat Am Enferm [Internet].* 2009 [cited 2018 Mar 18];17(3):150-7. Available from: [http://www.scielo.br/pdf/rlae/v17n3/pt\\_04.pdf](http://www.scielo.br/pdf/rlae/v17n3/pt_04.pdf)
12. Santos WL, Fuly PSC, Santo FHE, Lima CA. Protocolo de assistência de enfermagem a idosos em alta complexidade. *Rev Baiana de Enferm [Internet].* 2010 [cited 2018 Mar 11];24(1):63-74. Available from: <https://portalseer.ufba.br/index.php/enfermagem/article/viewFile/5529/3981>
13. Silva VSF; Lima DVM; Fuly PSC. Instrumento para a realização de exame físico: contribuindo para o ensino em enfermagem, Cidade Nova, RJ, Brasil. *Esc Anna Nery.* 2012 Jul/Sep;16(3):514-22. Doi: 10.1590/S1414-81452012000300013
14. Nogueira DL, Oliveira EN, Brito MCC, Borges VS, Paixão DV, Pinto PD. Processo de enfermagem: uma ferramenta para o cuidado ao idoso com Alzheimer, Recife, PE, Brasil. *Rev Enferm UFPE on line.* 2011 Aug;5(6):1518-25. Doi: 10.5205/reuol.1262-12560-1-LE.0506201127
15. Clares JWB, Freitas MC, Paulino MHC. Sistematização da assistência de enfermagem ao idoso institucionalizado fundamentada em Virginia Henderson. *Rev Rene [Internet].* 2013 [cited 2018 Mar 11];14(3):649-58. Available from: <https://www.periodicos.ufc.br/rene/article/view/3505>