

## IN SEARCH OF THE TRUTH: THE QUALITY OF LIFE OF ELDERLY MEN IN THE COMMUNITY

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**Abstract: Introduction:** Scientific research has revealed that elderly men often have different needs when compared to women in the same age group, which can potentially have an adverse impact on their quality of life. **Goal:** Investigate the prevalence of unfavorable perception of quality of life among elderly men living in the community. **Method:** this is an epidemiological prevalence study carried out cross-sectionally. The main scales used were “The World Health Organization Quality of Life-Old” and “The World Health Organization Quality of Life-Bref”. **Results:** The results of the quality of life analysis showed that the domains “Sensory functioning”, “Social participation”, “Psychological” and “Physical” were those that presented the highest proportion of worse perception of quality of life among elderly men. **Conclusion:** The results of this study emphasize the importance of recognizing the specific needs of older men living in the community, highlighting key areas that require special attention. The emphasis on the Sensory Functioning, Social Participation, Psychological and Physical domains highlights the need for targeted interventions to improve the quality of life of these individuals, ensuring a more satisfactory and dignified aging. **Keywords:** Quality of life. Elderly. Epidemiological studies. Elderly. Man.

## INTRODUCTION

Quality of life has gained notable prominence in contemporary times, emerging as a central concern both in the field of health and in the context of human well-being. Its relevance increases prominently as the world population continues to age, a direct reflection of advances in medicine and improvements in living conditions. Consequently, the attention dedicated to the quality of life of the elderly becomes an element of indisputable importance, as the pressing need to promote

active and rewarding aging is recognized, providing a dignified and healthy life for this part of society.

In Brazil, in contrast to what has been observed in nations with more developed economies, the population aging process is occurring at a remarkably accelerated pace. According to projections by the Brazilian Institute of Geography and Statistics (IBGE), the elderly population in the country was approximately 20.9 million in 2010. However, this number experienced a considerable increase, reaching 28 million in 2018, and estimates point to a significant growth, projecting around 43.3 million elderly people by 2032, with the expectation of exceeding the 60 million mark by 2050 (IBGE, 2020).

The achievement of greater longevity is a significant milestone in the trajectory of humanity, the result of scientific and technological advances, notably in the sphere of health, which have increased life expectancy. However, it is essential to highlight that increased longevity does not necessarily translate into improved health. Gaining additional years of existence does not always automatically result in well-being, health and quality of life. In many situations, the arrival of old age can represent a challenging period for the elderly, characterized by significant psychological, physical and social complications, which can adversely impact their ability to live independently, with dignity, free and with quality of life (Dias, & Pais-Ribeiro, 2018).

In the context of gender issues, scientific research has shown that elderly men often have particular needs compared to women in the same age group. Studies indicate that, in general, men may be more reluctant to seek medical assistance and mental health services, which potentially has an unfavorable impact on their health and well-being (Courtney, & Peterson, 2020). Additionally, issues related

to masculinity, such as pressure to maintain independence, physical strength, and the role of provider, can influence how they view aging and health care, which in turn can affect their quality of life they enjoy (Helgeson, 2017).

In this context, studies on the quality of life of elderly men are essential, not only to better understand the specific needs of this demographic group, but also to inform health policies and clinical practices that can promote healthy and satisfactory aging for elderly men. Therefore, this research aimed to investigate the quality of life of elderly men, a portion of the population that often faces specific challenges related to aging, and whose study is fundamental to understanding their unique needs, sociocultural influences and, thus, informing health policies. health and clinical practices that can promote healthy and satisfactory aging for this population.

## METHOD

This is an epidemiological prevalence study carried out cross-sectionally, with the objective of analyzing the occurrence of unfavorable outcomes in quality of life among the population of elderly men living in the community. The scenario chosen to conduct this study was the city of Mogi das Cruzes, located in the metropolitan region of São Paulo, Brazil. It is worth mentioning that the municipality of Mogi das Cruzes covers a territorial area of 721 square kilometers (km<sup>2</sup>) and, according to data provided by the Brazilian Institute of Geography and Statistics (IBGE), its population currently hovers around approximately 400,000 inhabitants (IBGE, 2020).

The sample consisted of 174 men aged 60 or over who reside in the mentioned city. It is important to note that the definition of who is considered elderly in terms of chronological age may vary according to the circumstances of each country. In developed nations, the World

Health Organization (WHO) sets the age of 65 years or older to recognize someone as elderly, while in developing countries, such as Brazil, anyone aged 60 years or older is considered elderly (Lopes, Araújo, & Nascimento, 2016).

Sample selection was carried out using a non-probability convenience sampling method, with a heterogeneous quota approach. The non-probability convenience sampling method involves selecting a sample accessible to the researcher, without using statistical criteria. The heterogeneous quota technique involves identifying strata of the population based on specific characteristics, followed by the allocation of quotas in each stratum to strengthen the representativeness of the sample. The variables (age, sex, ethnicity, socioeconomic status and medical diagnosis) were the most commonly used for this stratification (Polit, & Beck, 2018).

This way, the sample was distributed in quotas according to age group, based on population data of the elderly male population in the city of Mogi das Cruzes, obtained through the Brazilian Institute of Geography and Statistics (IBGE, 2020). Thus, an adequate proportion was maintained in each stratum to reflect the distribution of the target population.

The inclusion criteria for participants in the study were the following: living in the city of Mogi das Cruzes, being 60 years of age or older, demonstrating preservation of cognitive functions and voluntarily agreeing to participate in the research. Data collection occurred through interviews carried out in natural environments, such as streets, squares, churches and homes. The following instruments were used to collect information:

1. Sociodemographic and Health Characterization Questionnaire: Prepared by the study authors, this questionnaire aimed to obtain personal, family, economic and health information from

the interviewees, including age, gender, religion, education level, marital status, number of children, professional status, satisfaction with monthly income, current perception of health, presence of chronic diseases and participation in physical activities.

2. Mental Assessment Questionnaire: This was a questionnaire used to assess the cognitive state of the participants. It consisted of ten questions that briefly assessed temporal-spatial orientation and memory of recent events (Kahn, Goldfarb, Pollack, & Peck, 1960). It is important to highlight that the objective of this questionnaire in the research was to detect possible cognitive changes that could impede the participation of interviewees, and is not intended to carry out a complete assessment of the cognition of the elderly.

3. The World Health Organization Quality of Life Scale (WHOQOL-Old): To assess quality of life, an instrument built and recommended by the World Health Organization was used specifically for the elderly population. The instrument in question contains 24 questions, which are divided into six categories: sensory performance, independence, past, current and future experiences, social interaction, aspects related to death and intimacy. Both questionnaires include Likert scale items and can be completed independently by the individual, with assistance, or through an interviewer. The scale has already been adapted and validated to be applied in Brazil (Fleck, Chachamovich, & Trentini, 2006).

4. The World Health Organization Quality of Life Scale (WHOQOL-Bref): To assess the general quality of life, WHOQOL-Bref was also used. The instrument consists of 26 questions divided into four domains: physical, psychological, social relationships

and environment. The respective instrument has Likert-type questions, and can be self-administered, as well as assisted or administered by the interviewer. The scale has also been adapted and validated for application in Brazil (Fleck, 2000).

This study followed the guidelines established by the Brazilian Ministry of Health for research involving human beings, as well as the ethical principles of the Declaration of Helsinki. Respondents participated through informed consent, in which they were fully informed about the research. The study received approval from the ethics and research committee of ``Universidade de Mogi das Cruzes``, SP, under opinion no. 341,143.

In data analysis, absolute and relative frequency measures were used, as well as central tendency statistics, including mean, median and standard deviation. The scores of the global quality of life index, WHOQOL-Old and WHOQOL-Bref, as well as their respective domains, were classified based on the median, being considered as better quality of life when the scores were equal to or higher than the median and as worse quality of life when scores were lower than the median. In order to calculate the Prevalence Ratios (PR) and their 95% confidence intervals (95% CI), due to the prevalence of the outcome being equal to or greater than 10%, the Poisson Regression technique was used with correction for robust variance. In this research, Cronbach's alpha for the two quality of life instruments used WHOQOL-Old and WOQOL-Bref were 0.70 and 0.78, respectively, indicating the reliability of both.

## RESULTS

The results are presented below in two steps. Firstly, the main sociodemographic and health characteristics of the interviewees are described, followed by the assessment of quality of life.

### SOCIODEMOGRAPHIC AND HEALTH CHARACTERISTICS

The main sociodemographic characteristics included: age between 66 and 72 years old (35.6%), education of up to eight years (78.8%), married (65.5%), with three or more children (63.8%), not working (78.7%), retired (85.9%), religious (94.8%), and considering themselves religious and spiritual (83.3%). Regarding health, the majority had a chronic disease (59.4%), with less than 12 years of having the disease (62.4%). The majority did not practice physical activity (53.1%) and were satisfied with their monthly income (52.2%), health situation (68.1%) and life (97.5%). The majority considered old age the best phase of life (75.5%), felt fulfilled (92.6%) and were not afraid of death (79.7%).

### QUALITY OF LIFE INDICES OF ELDERLY MEN

Regarding the evaluation of the global quality of life index of elderly men, using the WHOQOL-Old and Bref scales, averages were found ranging from 53.5 to 63.5 points, respectively, on a scale from zero to 100. analyzing the prevalence of unfavorable perception of quality of life through the two scales mentioned, it was evident that the domains "Sensory functioning", "Social participation", "Psychological" and "Physical" were those that recorded the highest percentages of unfavorable perception of quality of life. quality of life among elderly men. (Table 1)

WHOQOL-OLD	Average	Standard deviation	Worst QV n (%)
Sensor functioning	37,8	15,1	80 (46,0)
Autonomy	61,5	17,5	73 (42,0)
Past, present and future activities	65,3	14,4	49 (28,2)
Social participation	61,1	15,4	80 (46,0)
Death and dying	22,8	21,8	74 (42,5)
Intimacy	72,1	20	78 (44,8)
Global Score (0-100)	53,4	8,6	72 (41,5)

  

WHOQOL-BREF	Average	Standard deviation	Worst QV n (%)
Physicist	59,9	10,8	79 (45,4)
Psychological	63,8	11,6	96 (55,2)
Social relationships	70	15,1	46 (26,4)
Environment	60,7	12,6	73 (42,0)
Global Score (0-100)	63,5	9,2	73 (42,2)

Table 1 - Mean, standard deviation and prevalence of worse perception of quality of life among the elderly (WOQOL Old and Bref). (n=174)

## DISCUSSION

As mentioned a priori, the main objective of this study was to investigate the prevalence of unfavorable perception of quality of life among elderly men living in the community. It was identified that the domains "Sensory functioning", "Social participation", "Psychological" and "Physical" were those that recorded the highest percentages of unfavorable perception of quality of life among elderly men. Then each of them will be interpreted specifically.

### SENSORY FUNCTIONING

In this study, "Sensory functioning" was one of the domains that most contributed to a worse perception of quality of life among the elderly men investigated. The "Sensory Functioning" domain addresses issues related to the senses and sensory perception in the elderly. It aims to assess how the senses, such as vision, hearing, smell, taste and tactile

sensation, are affecting the quality of life and well-being of the elderly individual. These include questions about the ability to perceive the surrounding environment, satisfaction with sensory acuity, and how any sensory loss may impact daily life and social participation (Fleck, Chachamovich, & Trentini, 2006).

Therefore, it is extremely important to recognize the relevance of the field of study called “Sensory Functioning” when addressing the issue of quality of life and well-being of the elderly. This is due to the fact that sensory perception, which encompasses visual, auditory, gustatory, olfactory and tactile capabilities, plays an extremely large role in the way elderly individuals interact with the environment that surrounds them and, therefore, shapes them. considerably your life experience.

Visual acuity is arguably one of the most crucial and complex senses, playing a central role in the human experience. In the context of the elderly, the importance of vision becomes even more prominent, as its deterioration can have a profound and comprehensive impact on the autonomy and safety of this age group. The ability to see objects clearly, read clearly, recognize faces and move around with confidence is revealed as a vital component for maintaining independence and promoting quality of life during aging (Crews, & Campbell, 2004).

Vision loss in the elderly is not just a matter of convenience, but is also intrinsically linked to safety. The ability to perceive imminent dangers, such as slippery surfaces, objects that obstruct the path and moving vehicles, is essential to avoid accidents and injuries. Deteriorating vision can also impact mobility, as confidence when moving decreases when vision is compromised.

Given this, interventions that aim to preserve eye health and provide support to elderly people with vision problems are

essential. This includes regular eye exams, wearing appropriate glasses or contact lenses, adapting the environment to ensure safety, access to assistive technologies, and providing emotional support to deal with changes in vision. Ultimately, recognizing the complexity and scope of the impact of vision on the lives of older adults is essential to promoting healthy, independent, rewarding aging and quality of life.

In addition to vision, hearing plays an equally significant role in the comprehensive analysis of “Sensory Functioning” in the elderly. Hearing loss, a condition often correlated with the aging process, is a complex issue that transcends the mere perception of sounds. Its influence extends to multiple aspects of the lives and well-being of older people, impacting not only quality of life, but also safety and emotional well-being.

Hearing loss is a common condition associated with aging and can lead to loneliness, social isolation and communication difficulties. This affects not only interaction with other people, but also safety, as the ability to hear warning signals, such as car horns or alarms, can be compromised (Lin, Thorpe, Gordon-Salant, & Ferrucci, 2011).

Often insidious, hearing loss can result in feelings of loneliness and social isolation, as it makes it difficult to communicate effectively with family, friends and society in general. The ability to hear and understand conversations becomes challenging, which can lead to social exclusion and decreased participation in social, cultural and recreational activities. This social isolation, in turn, is associated with mental health problems, such as depression and anxiety, further aggravating the negative impact of hearing loss on the lives of the elderly.

To address the challenges of hearing loss in older adults, regular hearing assessment, fitting of appropriate hearing aids, and

promoting effective communication strategies play a key role. Furthermore, it is essential to address the emotional dimensions of aging with hearing loss, offering psychological support and encouraging social participation. By comprehensively and deeply understanding the importance of hearing in the lives of seniors, we can work to improve their quality of life, safety and overall well-being.

Not only vision and hearing, but also smell and taste play important roles in the scope of “Sensory Functioning” in the elderly, providing a deeper understanding of the complex network of senses that shapes their experiences and quality of life. Changes in the ability to smell and taste, which are common with aging, can have far-reaching implications for the health and well-being of older people. According to Murphy (1999), changes in the ability to smell and taste can affect nutrition and the pleasure of eating. Loss of appetite due to reduced taste buds can lead to inadequate nutrient intake, which in turn can contribute to health problems.

The sense of smell plays a vital role in perceiving the flavors of food. When the sense of smell is compromised, the eating experience becomes less satisfying, since many of the flavors of food are perceived through the nose. This can lead to reduced enjoyment of eating and ultimately contribute to loss of appetite. Loss of appetite, in turn, can lead to inadequate nutrient intake, as older adults may choose to avoid meals or consume less healthy foods due to a lack of taste and enjoyment. This inadequate nutrient intake can, in turn, be a risk factor for malnutrition and other health problems, making older people more vulnerable to disease and nutritional deficiencies.

Therefore, preserving smell and taste in the elderly is essential to ensure that they continue to enjoy their food and receive the nutrients necessary to maintain health and

vitality. Furthermore, awareness of age-related sensory changes and adapting strategies that promote healthy nutrition and eating pleasure are crucial. Developing culinary practices that stimulate the senses, choosing foods rich in flavor and exploring new textures and seasonings can be effective ways to meet the nutritional needs of older people and improve their quality of life.

To effectively address these issues, it is imperative that society, caregivers and healthcare professionals are aware of the sensory changes that older people face and implement strategies that promote healthy eating and satisfaction with their meals. By addressing sensory dimensions, such as smell and taste, as an integral part of seniors’ health care, we can not only improve nutrition and well-being, but also enrich their everyday experiences and quality of life. Attention dedicated to these sensory aspects is essential to promote healthy and satisfactory aging, allowing the elderly to fully enjoy such a fundamental part of their lives.

Another extremely important factor that deserves to be highlighted is tactile sensation, an element that plays a central role in the way elderly people interact and perceive the environment around them. Tactile sensitivity, which comprises the ability to sense pressure, temperature and texture, plays a fundamental role in maintaining the safety and well-being of older people, as well as promoting healthy interpersonal relationships.

The loss of tactile sensitivity can have profound implications for the safety of older people, significantly increasing the risk of falls and injuries. When the ability to detect slippery surfaces, dangerous objects or uneven terrain is compromised, older adults become more susceptible to accidents that can result in serious injuries. This is particularly worrying, since injuries resulting from falls can have serious consequences, such as bone

fractures and long recovery periods and even death.

Furthermore, the lack of tactile sensitivity also impacts the emotional aspect of elderly people's lives. The ability to enjoy touch and physical contact plays a fundamental role in interpersonal relationships and emotional well-being. The loss of this tactile sensation can lead to decreased affection, connection, and pleasure in social interactions, potentially contributing to feelings of isolation and loneliness.

Therefore, the preservation of tactile sensitivity is of great importance for the health and quality of life of the elderly. Strategies to mitigate the risk of falls, such as adapting environments to make them safer and promoting the use of appropriate footwear, are essential. Additionally, ensuring that older adults continue to experience touch and affection through hugs, caresses, and other forms of physical contact is critical to their emotional health and well-being. By carefully addressing the tactile dimension in the context of aging, we can contribute to the safety, quality of life and happiness of older people.

Finally, given what has been exposed so far, it is clear that an in-depth understanding of sensory dimensions is essential to assess the impact that changes in sensory perception can have on the autonomy, safety and satisfaction of elderly people in their daily activities, directly influencing their quality of life. Furthermore, the study of "Sensory Functioning" is essential for the development of intervention strategies that can optimize the experience of the elderly, promoting healthy aging and providing them with better adaptation to the constantly evolving social and physical context. Therefore, careful analysis and a deeper understanding of sensory dimensions in old age are crucial for promoting the well-being and quality of life of the elderly, as well

as for the formulation of more effective public policies and care practices centered on elderly.

## **SOCIAL PARTICIPATION**

The social factor was presented in this study as one of the most prevalent domains for worse perception of quality of life among elderly men in the community. The "Social Participation" domain that is part of the quality of life instrument (World Health Organization Quality of Life-Old, WHOQOL-Old) is extremely relevant in assessing the quality of life and well-being of the elderly. This domain focuses on evaluating social participation and social interaction in elderly people, seeking to understand how involvement in social activities and relationships with other people affect their quality of life (World Health Organization, 1993).

Social participation is a multifaceted dimension that goes beyond simple presence in groups or social events. It involves aspects such as the quality of social connections, the feeling of belonging to specific communities or groups and active participation in activities that provide meaning and purpose to the lives of older adults (Cohen-Mansfield, Hazan, Lerman, & Shalom, 2016). Therefore, the thorough assessment of this domain offers a holistic view of the social experiences of the elderly, allowing the identification of areas that can be improved to promote a more satisfactory quality of life.

Furthermore, social participation is intrinsically linked to the feeling of belonging and identity. When older adults engage in social activities, they have the opportunity to build meaningful relationships and strengthen their self-esteem and sense of personal worth (Victor, Scambler, Bowling, & Bond, 2005). These aspects are crucial for the emotional and psychological well-being of the elderly, further highlighting the importance of evaluating this domain.



Therefore, social participation plays a fundamental role in the lives of older people. Studies have shown that social isolation and loneliness are associated with a range of physical and mental health problems, including depression, anxiety, and cognitive decline (Holt-Lunstad, Smith, & Layton, 2010). Individuals who maintain strong social connections tend to enjoy better mental and emotional health, as well as a greater sense of life satisfaction (Elovainio, et al., 2017). On the other hand, loneliness and social isolation are associated with an increased risk of depression, anxiety and even physical problems, such as hypertension and cardiovascular problems (Hawkey, & Cacioppo, 2010).

Furthermore, social participation is an important component of identity and a sense of cultural belonging. Older adults who remain involved in their cultural and ethnic communities may experience a greater sense of connection to their roots and traditions, which can have a positive impact on their self-esteem and sense of personal worth (Fokkema, & Knipscheer, 2007).

In view of this, the “Social Participation” domain in WHOQOL-Old is a vital tool for understanding how social interactions and active participation in communities and activities affect the quality of life and well-being of older people. Its thorough assessment provides valuable data to guide policies and practices that promote a fuller and more satisfying life for the elderly population, recognizing the importance of social, cultural and emotional connections in their aging journey. Therefore, promoting social participation in older people not only contributes to their quality of life and emotional well-being, but also plays a preventive role against mental health problems, social isolation and cognitive decline. Valuing and supporting the active participation of older people in social and cultural activities is

fundamental for a comprehensive approach to healthy aging and quality of life.

## PSYCHOLOGICAL

The psychological aspect was another domain evaluated that demonstrated a higher prevalence of worse perception of quality of life among the elderly men in this study. The purpose of the “Psychological” domain in the WHOQOL-Bref is to obtain comprehensive information about a person’s mental and emotional health and how this affects their quality of life. Assessment of this domain allows us to understand how psychological factors contribute to an individual’s general well-being and identify areas where interventions and support may be necessary to improve quality of life. It focuses on assessing an individual’s mental and emotional health, exploring a series of dimensions that are intrinsically linked to their psychological well-being (World Health Organization, 1996).

Mental health is a concern of great importance worldwide, as it directly affects a person’s quality of life and general functioning. The “Psychological” domain considers the individual’s perspective on their own mental health, taking into consideration, aspects such as the level of satisfaction with life, the presence of positive and negative feelings and the perception of their own autonomy and self-realization (World Health Organization, 1996). Furthermore, this domain assesses the ability to deal with life’s challenges and stresses. Adaptive capacity is a fundamental component of psychological well-being, and the WHOQOL-Bref offers an effective means of measuring an individual’s resilience in the face of the pressures and adversities of everyday life (Haroz, et al., 2017).

Among the different domains that make up the assessment of quality of life, the psychological domain plays a fundamental role, as it is intrinsically linked to the

mental and emotional health of the elderly, significantly influencing their general satisfaction with life (Diener, Suh, Lucas, & Smith, 1999). Research has shown that the mental and emotional health of older adults is intrinsically related to their perceived quality of life (Ferrans, Zerwic, Wilbur, & Larson 2005). Therefore, assessment of the “Psychological” domain is an essential component to obtain a complete picture of quality of life in this population. Mental health issues, such as depression and anxiety, can have a profound impact on an individual’s ability to enjoy life, form meaningful relationships, and achieve personal goals (Kessler, et al., 2009).

Studies on this topic indicate that depression and anxiety are associated with a sharp decline in the emotional well-being of the elderly, social isolation and loneliness, cognitive decline, impact on physical health, decreased perceived quality of life, impact on the performance of activities of daily living and even the delay in seeking assistance from health services (Alexopoulos, et al., 2000; Blazer, 2003; Cacioppo, Hawkey, & Thisted, 2010; Conner, et al., 2007; Chachamovich, Fleck, Laidlaw, & Power 2008; Prince, et al., 2007; Stewart, et al., 1989; Wolitzky-Taylor, et al., 2010).

Given these aspects, maintaining good psychological health in old age not only improves the quality of life itself, but can also have positive impacts on promoting physical health, functional capacity and longevity. Studies indicate that older adults with solid psychological well-being are better able to face the challenges of aging with resilience and optimism (Pressman, & Cohen, 2005). Therefore, recognizing the importance of mental health in old age and providing appropriate treatments and support are essential to improving the emotional well-being and quality of life of older men.

Therefore, it is clear that the assessment

of the psychological domain is essential to understand and improve the quality of life of elderly people, since mental and emotional health plays a vital role in their satisfaction with life, general health and ability to adapt to the process of aging. Maintaining good psychological health at this stage of life not only improves quality of life, but also promotes physical health, functional capacity and longevity. Therefore, recognizing the importance of mental health for the elderly and providing appropriate treatments and support are fundamental to improving the mental health and quality of life of this population

## PHYSICAL DOMAIN

The “Physical” domain in the WHOQOL-Bref instrument is an integral part of the assessment of quality of life, as it focuses on the physical health and functioning of an individual’s body. Good physical health is a prerequisite for a satisfying life, and this domain sets out to examine various aspects related to physical health, providing a comprehensive view of how these factors impact a person’s quality of life. Physical health is a crucial component of quality of life, and the WHOQOL-Bref “Physical” domain recognizes this importance by addressing an individual’s ability to perform daily activities without restrictions due to health problems. (World Health Organization, 1996).

One of the fundamental elements addressed in this domain is the presence of pain and discomfort. Chronic or persistent pain can be debilitating and profoundly affect a person’s ability to carry out daily activities. Furthermore, constant physical discomfort can contribute to a state of psychological distress, highlighting the interconnection between physical health and mental health (World Health Organization, 1996).

Pain is an issue of extreme relevance to the

quality of life of the elderly, affecting several aspects of their well-being. Its prevalence increases with age (Gagliese, & Melzack, 1999) and is associated with functional limitations that make daily activities difficult (Horgas, & Tsai, 1998). Mobility can be impaired, especially in cases of diseases such as osteoarthritis (Creamer, Lethbridge-Cejku, & Hochberg 1999), and perceived quality of life tends to be lower in elderly people who experience chronic pain (Ferrell, 2005).

Furthermore, pain negatively influences mental health, contributing to the development of symptoms of depression and anxiety (Helme, & Gibson, 2001). Elderly people's sleep is often disturbed by chronic pain, leading to sleep disorders such as insomnia (Hassanpour, Moghadam, & Parizad, 2019). Even participation in social and cultural activities is limited by this condition (Eggermont, Penninx, Jones, & Leveille, 2012).

Likewise, self-care problems become challenges for elderly people who experience pain, affecting their independence and self-esteem (Hadjistavropoulos, et al., 2014). To improve the quality of life of these elderly people, pain management becomes essential, involving medical treatments, physiotherapy and self-care strategies (Chou, & Huffman, 2007). Attention to pain management is an integral part of promoting active and healthy aging, allowing older people to maintain a good standard of living. That said, pain emerges as a critical variable in the equation of quality of life in the elderly.

Another essential aspect of the "Physical" domain concerns functional capacity. Assessing how an individual adapts to their daily activities, such as taking care of themselves, working, playing sports and participating in social activities, is essential to understanding their overall quality of life (Ferreira, Ferreira, & Pereira, 2013). Functional

capacity reflects a person's independence and autonomy, factors that have a direct impact on satisfaction and well-being. Maintaining functional capacity is an essential pillar to ensure a satisfactory quality of life in old age, supported by a broad evidence base.

The concept of active aging, which incorporates the preservation of functional capacity, is intrinsically linked to an improvement in well-being and quality of life in the elderly (World Health Organization, 2002). Functional capacity is a cornerstone of independence, and older adults who are able to maintain their abilities for everyday activities enjoy a higher quality of life (Gill, Gahbauer, Allore, & Han, 2006). Mobility is essential for autonomy, and preserving the ability to move around contributes to the independence of the elderly, positively impacting their quality of life.

Maintaining functional capacity plays a crucial role in preventing falls, an event frequently associated with injuries in the elderly. Preventing falls is essential to ensure a sustainable quality of life. Furthermore, the loss of functional capacity can lead to symptoms of depression and anxiety in the elderly, making the maintenance of functional skills vital for mental health.

In fact, active participation in social and cultural activities is intrinsically related to the quality of life of the elderly, and maintaining functional capacity enables an active and rewarding social life. Studies have confirmed that elderly people with good functional capacity often report a higher perceived quality of life (Narici, & Maffulli, 2010).

Therefore, interventions aimed at rehabilitation and exercise programs focused on maintaining functional capacity have the capacity to significantly improve the quality of life of the elderly. As part of promoting healthy aging, maintaining functional capacity plays a central role, incorporating physical health care

and supporting the independence of older people. Therefore, by taking care of physical health and supporting the independence of the elderly, we are contributing to a more active and healthy aging process. In view of these aspects, it is clear that preserving the ability to perform daily activities, promoting mobility, and thus maintaining independence, is directly related to improving well-being and quality of life in the elderly.

Furthermore, the “Physical” domain also takes into consideration, sleep quality and energy levels. Adequate sleep plays a crucial role in physical and mental recovery, and sleep disturbances can have a negative impact on a person’s health and well-being. Furthermore, energy levels directly influence a person’s ability to carry out their daily activities and participate in activities that provide satisfaction and pleasure (World Health Organization, 1996). Sleep quality and energy levels play important roles in the quality of life of older people. Several references support the importance of these factors for the well-being of this population.

Sleep quality has a direct impact on the quality of life of elderly people, influencing their general health, functionality and well-being. Sleep quality affects the mental health of older people, with sleep disorders, such as insomnia, associated with symptoms of depression and anxiety (Foley, Ancoli-Israel, Britz, Walsh 2004). Lack of quality sleep can increase the risk of falls in the elderly, resulting in injuries and decreased quality of life (Neikrug, & Ancoli-Israel, 2010). Sleep deprivation is related to cognitive deficits in the elderly, with good sleep quality being crucial for brain function and cognitive functioning (Spira, et al., 2008).

Energy levels are closely related to the ability to carry out daily activities. Elderly people with adequate energy levels have greater functional independence.

Additionally, energy levels affect nutrition, with older adults with reduced energy experiencing difficulty maintaining a healthy diet (Locher, et al., 2009). Therapeutic interventions, such as cognitive behavioral therapy for insomnia, have been shown to be effective in improving sleep quality in older adults (Irwin, Cole, & Nicassio, 2006). Regular physical exercise is associated with better sleep quality and energy levels in the elderly. In short, investing in improving sleep quality and energy levels is an essential strategy to promote the well-being and quality of life of the elderly (Azermai, et al., 2012).

In summary, it is observed that the relationship between sleep quality and energy levels is intricate and plays a vital role in the quality of life of the elderly. Through targeted interventions, such as sleep therapies and exercise, it is possible to significantly improve the well-being and functionality of this population. Therefore, scientific literature supports the importance of taking care of sleep quality and energy levels to promote active aging and quality of life.

Another important component in assessing the physical domain is the presence of chronic health problems and the need for medical treatment. The emergence of chronic diseases in the elderly represents a significant challenge for the global health and quality of life of the elderly. Chronic diseases, also known as non-communicable diseases, include conditions such as diabetes, hypertension, heart disease, cancer and chronic respiratory diseases.

The impacts of chronic diseases on the quality of life of the elderly are significant. These conditions often require ongoing treatment and close monitoring, which can lead to a decrease in independence and quality of life. Restrictions on daily activities due to health problems can cause social isolation and depression. Chronic illnesses often result in functional limitations, such as

reduced mobility and chronic pain, making everyday life more challenging. This can lead to a reduction in participation in social and leisure activities, contributing to a decreased quality of life. The presence of multiple chronic diseases, common in the elderly, can further complicate health management and medication intake (Huntley, et al., 2012).

Therefore, the emergence of chronic diseases in the elderly is a complex reality, influenced by biological, lifestyle and genetic factors. Its impacts on the quality of life of the elderly are multifaceted, affecting not only physical health, but also mental health, independence and social participation. Prevention and adequate treatment of these diseases are essential to ensure a better quality of life for the growing elderly population around the world.

## **CONCLUSION**

The results of this study are of critical importance as they identify the different aspects of quality of life that most influence the creation of a negative perception among elderly men residing in the community.

First, the domain of “sensory functioning” highlights the need to consider and treat problems with vision, hearing, and other sensory functions that affect the quality of life of older adults. The provision of these sensory capabilities can impact your independence and participation in daily activities and, consequently, your health and quality of life.

Second, the emphasis given to the domain of “social participation” is a reminder that

loneliness and social isolation are common challenges faced by older people. To improve quality of life, it is essential to develop programs that promote social interaction, communication and active participation in groups and activities, thus creating an effective social support network.

The third relevant point is the emphasis on the “psychological” domain. Mental health issues such as depression and anxiety can be particularly prevalent among older men. This highlights the need for accessible mental health services and destigmatization, allowing these individuals to seek help when needed.

Finally, the “physical” domain highlights the importance of maintaining physical health and well-being. Promoting an active lifestyle, preventing chronic diseases and access to adequate healthcare are necessary to improve the quality of life of older men in the community.

Ultimately, we can infer that these explanations not only point to the areas we emphasize of attention and investment in health policies and well-being programs, but also highlight the importance of an individualized and patient-centered approach. The diversity of needs among older men in the community requires personalization of care and services to ensure each individual receives appropriate support to improve their quality of life as they age. Ultimately, this research offers a detailed roadmap for improving the quality of life and well-being of these men, promoting a more positive and healthy aging experience in the community.

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