

## EXPERIENCE REPORT IDENTIFICATION OF VULNERABILITY IN THE ELDERLY: INTERLOCUTION BETWEEN PHYSIOTHERAPY STUDENTS AND MUNICIPAL PRIMARY HEALTH CARE EMPLOYEES

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**Abstract:** Population aging is considered a global phenomenon and draws attention to the need to develop social and health policies to meet this reality. According to the World Health Organization (WHO), people aged 60 or over are considered elderly, however it must be noted that changes relating to activities, social participation and level of independence are permeated by the singularities of individuals. Given this, risk stratification was implemented in a Family Health Strategy (ESF) in the municipality of Ilhéus (Ba) with the aim of planning strategies and qualifying assistance. In view of this, the objective of the present study is to describe the experience of Physiotherapy Course students in the actions to implement the Vulnerable Elders Survey-13, (VES-13)/Protocol for Identification of vulnerable elderly people, which will enable subsequent stratification and strategic management of robust, pre-frail and frail elderly people.

**Keywords:** primary care; population aging, risk stratification.

## INTRODUCTION

Population aging is already a Brazilian reality<sup>1</sup>. This demographic and epidemiological change in the country points to the urgency of changes and innovation in the paradigms of health care for the elderly population and calls for creative structures, with proposals for differentiated actions so that the system becomes effective and the elderly can fully enjoy the benefits fruits of the advancement of science<sup>2</sup>.

Through epidemiological research, the growth of the elderly population in Brazil and around the world can be observed. The number of elderly Brazilians aged 65 and over was only 1.6 million in 1950, rose to 9.2 million in 2020 and is expected to reach 61.5 million in 2100. Absolute growth is estimated at 38.3 times<sup>3</sup>.

When observing the data published by the Brazilian Institute of Geography and Statistics - IBGE annually in the Official Gazette of the Union - D.O.U., it is clear that life expectancy indicators have been undergoing constant changes. Annually, indicators show that the population is living longer and that, in 2018, they reached 76.3 years at birth, making this a relevant index in the development of public policies and in the way of managing health.<sup>4</sup>

Such changes evident in the demographic composition are already beginning to cause social, cultural and epidemiological consequences, especially with regard to the morbidity and mortality profile, based on the increased incidence of chronic non-communicable diseases<sup>5</sup>.

Aging can be understood as a progressive and dynamic process; multiple variables make up this theme. For a long time, the dynamics involved in the health of elderly people, chronic diseases, acute conditions and accidents, have been observed. In this context, the development of frailty in the elderly may occur, characterized as a clinical syndrome whose signs and symptoms are predictors of various future complications in their health, which makes this condition an important public health problem.<sup>6</sup>

There are two operational models for the concept of fragility. The most widespread and used is the one presented by Linda Fried and collaborators<sup>7</sup>, who proposes the term "Frailty" to demonstrate a geriatric syndrome of a multifactorial nature, characterized by a decrease in energy reserves and reduced resistance to stressors, conditions that result from the cumulative decline of physiological systems. This concept was instrumentalized as the Frailty Phenotype or Fried Phenotype, characterized by the presence of three or more criteria: involuntary weight loss (5 kilos in the last year); self-report of exhaustion; weakness; low level of physical activity and/or slow gait.

Three or more parameters define “frail elderly”; 28 one or two parameters defines a “pre-frail” elderly person. Elderly people who do not present any of these parameters are defined as robust. Another model proposed by Rockwood<sup>8</sup>, called the Fragility Index, is more comprehensive, based on the presence of cumulative deficits in different domains; including comorbidities and disabilities. It is calculated from lists of illnesses and physical and psychosocial deficits present in the elderly, which range from 30 to 100 items and requires extensive geriatric assessment for its application.<sup>9</sup>

There is a need for instruments that can identify elderly people on the verge of frailty, and based on them, encourage preventive actions and guidance with the aim of preventing the process of frailty and/or elderly people already in a situation of frailty, who can have this process postponed as long as possible, bringing quality of life. It is known that frailty is a clinical phenomenon distinct from aging, with potential for reversibility through specific clinical interventions<sup>10</sup>.

Therefore, the eligible instrument in the present study to track a state of increased vulnerability, frailty, was the VES-13, a protocol for identifying vulnerable elderly people, given its ease of application and possibility of results and which is configured as a tool for care, with the purpose of identifying frail elderly people in the territory, to qualify attention and management of health demands, as it promotes the periodic survey of certain conditions and other aspects that may interfere with the well-being of this individual, in order to enable that the necessary actions are taken early<sup>11</sup>.

The VES-13 is an easy-to-apply questionnaire that can be answered by health professionals themselves, by elderly people or by family members/caregivers, eliminating the need for direct observation of the user. It

is based on recording the skills necessary to carry out everyday tasks. The Score ranges from 0 to 10, a score equal to or greater than 3 points on the VES-13 indicates an increased risk of frailty<sup>9</sup>.

The guiding problem of this action research exposed in this experience report consists of the deficient stratification of elderly people in relation to vulnerability and fragility, in addition to the lack of a flowchart for the care and referral of these elderly people, these are gaps observed in Primary Health Care (PHC) from the municipality of Ilhéus.

In this sense, understanding the reality of each individual and observing real demands are a foundation for comprehensive assistance for the elderly. The proposal is that the elderly care model focuses on identifying potential risks, monitoring health instead of disease and directing the investment of health system resources towards early intervention, which will result in more generous chances of rehabilitation and reducing the impact on functionality<sup>12</sup>.

To understand the comprehensive state of health and the socio-family reality in which the elderly is inserted is an important tool in primary care. Considering longitudinality and the enrolled population, individualized implementations and care are beneficial with the prospect of better results. The functional decline of elderly people is predictable, avoidable and can be delayed, however, the current care model does not recognize it as a problem condition<sup>13</sup>.

Therefore, the main objective of this study is to describe the experience of Physiotherapy Course students in the actions to implement the Vulnerable Elders Survey-13/Vulnerable Elderly Identification Protocol (VES-13) and the subsequent stratification of the elderly into robust, pre-fragile and fragile.

## METHODOLOGY

This is descriptive research, an experience report type, the product of action research, which consists of a type of social research that is conceived and carried out in close association with an action or the resolution of a collective problem and in which researchers and participants representing the reality situation to be investigated are involved in a cooperative and participatory way <sup>14</sup>.

This research was carried out in a Basic Health Unit (UBS) in the city of Ilhéus, Ba, linked to the Unified Health System. This unit is made up of professionals from different areas of health, including 4 community health agents, 1 nurse, 1 nursing technician, 1 nutritionist and 1 general practitioner.

The Health Unit is located in the Teotônio Vilela neighborhood, west zone, outskirts of the municipality of Ilhéus, in an area that is home to mangroves, hills, slopes, rivers and small streams. It is the result of irregular occupation by a low-income population and since its occupation at the end of the 1970s, lacks urban equipment and public services <sup>15</sup> has an estimated population of 30,000 inhabitants <sup>16</sup>. Service at the study's Health Unit occurs in two daily shifts (from 7:30 am to 12:00 pm and from 1:30 pm to 5:30 pm), from Monday to Friday and is structured according to free demand.

The experience report was developed in the Practical Theoretical Teaching of the Gerontology and Geriatrics discipline (8th period) and in the practice of Supervised Internship Orientation (II) and Supervised Public Health Internship (both, in the 10th period) of the Physiotherapy Undergraduate Course from the Faculty of Ilhéus (CESUPI).

The first action was carried out at the Health Unit with Community Health Agents, who were trained in the application of the VES-13 instrument, which uses a questionnaire that seeks to identify vulnerable

elderly people based on age, self-perception of health, presence of physical limitations and disabilities. The activity dealt with the interpretation of the questionnaire and its application to two elderly women from the community, who were at the Unit. This action was organized and coordinated by the Gerontology and Geriatrics professor and the Public Health Internship Preceptor and carried out by physiotherapy students from the 8th period, in April 2023, in the morning shift.

In the second moment, students from the 10th period of the Internship in Public Health and Supervised Internship (II) discipline went to the field, with the teachers responsible for the aforementioned curricular components and with the Community Health Agents they traveled the territory assigned to the Strategy of Family Health and applied the VES 13 questionnaire to 70 elderly people, in the form of an interview, to stratify the risk of this population (The action took place in May, also in the morning shift). The elderly was stratified into 3 levels: low risk, medium risk and high risk (these data will be presented in the subsequent study). In the VES-13 Score, low risk (score less than 2) indicates robust elderly people; medium risk (score from 3 to 6) elderly at risk of frailty, high risk (score greater than or equal to 7) indicates frail elderly.

This experience report is in line with Article 1 of the Resolution of the National Health Council, which provides for the standards applicable to research in Human and Social Sciences, with no need for registration or evaluation by the Research Ethics Committee (CEP) system) and the highest level of ethical assessment in research protocols involving human beings (CONEP), for not identifying research participants and using only public domain data <sup>17</sup>.

## RESULTS AND DISCUSSION

From the permanent implementation of risk stratification in the municipal Family Health Strategies, it will be possible to: Identify frail elderly people (risk stratification), who must undergo a Multidimensional Assessment of the Elderly (Comprehensive Geriatric Assessment) and preparation of the Care Plan; Indication of interdisciplinary interventions capable of improving the autonomy and independence of the elderly and preventing functional decline, institutionalization and death, even in the absence of traditional Multidimensional Assessment of the Elderly; planned demand planning in the SUS and Supplementary Health: definition of a group of elderly people who will need differentiated care in the Basic Health Unit <sup>18</sup>.

Such stratification will respond to several concerns and doubts of professionals involved in the Family Health Strategy and Primary Health Care, such as: which elderly person deserves more attention from the team? What is a home visit recommended? In which situation must they be referred to specialized services? How long will it take to return for a home visit? Legal basis for joint interventions and actions, for example with the Social Assistance Reference Center (CRAS) and the Specialized Social Assistance Reference Center (CREAS).

We chose to report the experiences of academics regarding the presentation and implementation of VES 13 in an ESF, grouping learning, results and limits identified in the development of this activity. The use of this instrument in PHC is discussed, highlighting its potential as a care and management tool, as well as the obstacles observed in the process of its implementation in an ESF unit in the municipality of Ilhéus-Bahia.

For operational purposes, the PNSPI stratified the elderly population into two groups composed, respectively, of robust,

independent, active elderly people and those considered frail or in the process of becoming frail. <sup>19</sup>. The second group presents some difficulty in carrying out their activities of daily living (ADL's), which can result in loss of autonomy and the need for continuous care and treatments. <sup>20</sup>. The functional changes typical of aging, associated with the greater prevalence of chronic degenerative diseases, contribute to the deterioration of independence, which corroborates the decrease in well-being and functional capabilities <sup>21</sup>.

The students' first contact with the VES-13 instrument occurred in the classroom, during a dynamic proposed by the professors of the Gerontology and Geriatrics discipline, Supervised Internship II and Supervised Internship in Public Health with their respective classes. At that moment, the groups were organized into pairs, which must represent an interaction between the health professional and the elderly person in the context of the home visit, to simulate filling out the items they comprise. With regard to the segments covered in its structure, we can highlight, initially, a space dedicated to obtaining information related to the identification of the elderly that must be collected from the individual, their family members and caregivers, to guarantee the veracity of the data. This fact begins the implementation of personalized care, as it allows vulnerabilities, whether social, economic or family, to be made explicit and recognized by the professionals who carry out periodic monitoring.

A study carried out in Pernambuco, in May 2016, based on the VES-13 instrument protocol, revealed that its application proved to be reliable in terms of the solidity and consistency of its measurements, presenting a simple and easy-to-execute structure that helps in identifying vulnerable elderly people who require priority and constant monitoring

by health services<sup>22</sup>. Another study highlights the importance of self-assessment as a tool for expanded investigation of the elderly's health status, helping to understand the health-disease process from the individual's own perspective<sup>23</sup>.

It is understood, therefore, that this instrument, when used in its entirety and appropriately, favors the articulation of knowledge and practices in PHC, with a view to fully meeting the needs of users. Therefore, its agreement with the assumptions of the National Policy for the Humanization of Care and Management of the SUS (Humaniza-SUS) is considered, with regard to co-responsibility between all those involved in care, the bond between professionals and users, the guarantee of users' rights as protagonists in the care process, since it provides as a determinant for the good management of the elderly person's health, its use both by health teams and by family members and caregivers of elderly people.

Subsequently, discussing the applicability of this tool with the UBS ESF nurse, the presence of another potential for its implementation was identified: the understanding of this instrument as a surveillance and management tool in the ordering and coordinating care, at the priority entrance to the System Unified Health System, APS. This information is capable of supporting the structuring and planning of actions to prevent diseases and promote and rehabilitate health in the community.

In view of this, with regard to the use of the instrument in the UBS routine, it is pointed out that, despite its structuring from an interprofessional perspective, this shared work process was not observed in practice, especially due to the erroneous understanding of many health team professionals. that this action would be the exclusive responsibility of the Internship supervisor, who is allocated

to the UBS through the Higher Education Institution with which she is affiliated, endorsing the need to comply with this professional.

With regard to health in the country, many professionals report high demand and lack of time to carry out their duties, which ends up compromising the quality of care. As a result, the promotion and prevention of health problems aimed at the elderly population often remains in the background, compromising the implementation of tools such as the one described throughout this article.

The variables strongly associated with the risk of functional decline and death were age, poor self-rated health and indicators related to the presence of physical limitation and functional disability, totaling 13 items to which scores were subsequently assigned. Elderly people with scores equal to or greater than three had a 4.2 times greater risk of functional decline and death within two years, when compared to those with lower scores<sup>24</sup>.

Another pertinent issue is related to the difficulties in carrying out home visits, even though this is considered the ideal scenario for completing screening instruments that address functional capabilities, as indicated by the Ministry of Health<sup>25</sup>. The existence of programmatic actions, motivated by excessive achievement of goals, work overload, as previously mentioned, and, above all, lack of basic knowledge in geriatrics and gerontology<sup>26</sup> are identified as impediments to this practice.

In the current context, there is a need to overcome a series of difficulties in addition to the technical aspect, but also administrative, in the current ESF unit and in others, as soon as the actions are continued. It is worth highlighting the municipal model of constant replacements in health teams, whose work must focus on building and strengthening links between the service and users, especially

the elderly, in order to consolidate the use of the VES-13 as a care tool and health management.

## FINAL CONSIDERATIONS

Care for elderly people requires the conception of a new model of health practices, as the specificities present in the aging process require multidimensional and inter, intra and multisectoral actions.

The identification of the most vulnerable groups, especially elderly people, is of great importance for proposing and implementing appropriate public policies. This, however, is not always possible, given the complexity of the concept of vulnerability and the dynamics of the factors that influence the aging process.

With regard to the obstacles observed in the process of implementing this instrument in an ESF unit in the municipality under analysis,

the following stand out as impediments to its implementation: a) lack of knowledge of the objectives and meanings of its

practical use; b) the understanding of screening instruments as a mere task under the responsibility of the internship supervisor (professional linked to the Higher Education Institution); c) work overload; d) gaps in scientific technical knowledge in the areas of geriatrics and gerontology among health team professionals.

The manipulation of this tool strengthened academics as physiotherapy professionals, from a holistic and instrumentalized perspective that reiterates the importance of providing multidisciplinary and continuous care to the population. Furthermore, the experience of home visits stands out in particular, which favored getting closer to users, central characters and co-responsible in the care process.

## REFERENCES

<sup>1</sup> Instituto de Pesquisa Econômica Aplicada. Projeções indicam aceleração do envelhecimento dos brasileiros até 2100. IPEA [Internet], 2021 [Citado 14 jun. 2023]. Disponível em: [https://www.ipea.gov.br/portal/index.php?option=com\\_content&view=article&id=38577](https://www.ipea.gov.br/portal/index.php?option=com_content&view=article&id=38577)

<sup>2</sup> Soares, I. G. E., & Rech, V. Simulador de idosos para otimização do processo de ensino aprendizagem dos profissionais em saúde: dados iniciais. Editora Realize [Internet], 2017 [Citado 29 abr 2019]. Disponível em: <http://www.editorarealize.com.br/artigo/visualizar/34857>.

<sup>3</sup> Alves, J. E. D. Envelhecimento populacional continua e não há perigo de um geronticídio. Laboratório de Demografia e Estudos Populacionais, UFJE, 2020.

<sup>4</sup> Instituto Brasileiro de Geografia e Estatística (IBGE). Tábua completa de mortalidade para o Brasil – IBDE [Internet], 2015. [Citado 29 abr 2019]. Disponível em: [http://ftp.ibge.gov.br/Tabuas\\_Completas\\_de\\_Mortalidade/Tabuas\\_Completas\\_de\\_Mortalidade\\_2015/tabua\\_de\\_mortalidade\\_analise.pdf](http://ftp.ibge.gov.br/Tabuas_Completas_de_Mortalidade/Tabuas_Completas_de_Mortalidade_2015/tabua_de_mortalidade_analise.pdf).

<sup>5</sup> Moser, A. O envelhecimento da população brasileira e seus desafios. Revista Eclesiástica Brasileira, v. 70, n. 277, p. 132-152, 2019.

<sup>6</sup> Linck, C. L; Crossetti, M. G. O. Fragilidade no idoso: o que vem sendo produzido pela enfermagem. Rev. Gaúcha Enferm. (Online), v. 32, n. 2, p. 385-393, 2011. Disponível em: < <http://www.scielo.br/pdf/rgenf/v32n2/a24v32n2.pdf>>. Acesso em: 10 mar. 2019.

<sup>7</sup> Da Silva, S.L.A; Neri, A.L; Ferrioli, E; Lourenço, R.A; Dias, R.C. Phenotype of frailty: the influence of each item in determining frailty in community-dwelling elderly – The Fibra Study, 2015. Disponível em: <https://www.scielo.br/j/csc/a/s9r48krRqPdd3FtRVqVf5zF/?format=pdf&lang=pt>

<sup>8</sup> Rockwood K, Song X, MacKnight C, Bergman H, Hogan DB, McDowell I, et al. A global clinical measure of fitness and frailty in elderly people. CMAJ [Internet]. 2005;173(5):489-95. Disponível em: <https://doi.org/10.1503/cmaj.050051> .

- <sup>9</sup>Paraná. Secretaria de Estado da Saúde do Paraná. Superintendência de Atenção à Saúde. Avaliação Multidimensional do Idoso. 1. ed. Curitiba: SESA, 2017. 111p. Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS) [Internet]. 2017. Disponível em: <[http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436\\_22\\_09\\_2017.html](http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html)>. Acesso em: 25 abr. 2019.
- <sup>10</sup>Brasil. Guia de Políticas: Programas e Projetos. População idosa, Governo Federal (2015). I. Muller, Neusa Pivatto, II. Brasil. Secretaria de Direitos Humanos da Presidência da República, 2015.
- <sup>11</sup>Brasil. Ministério da Saúde. Manual para utilização da Caderneta de Saúde da pessoa idosa. Brasília (DF): Ministério da Saúde; 2018.
- <sup>12</sup>Veras, R. A urgente e imperiosa modificação no cuidado à saúde da pessoa idosa. *Rev. Bras Geriatr Gerontol.* v.18, n.1, p.5-6, 2015.
- <sup>13</sup>Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Ações Programáticas e Estratégicas. Brasília: Ministério da Saúde, 2018. Disponível em: <[http://bvsmms.saude.gov.br/bvs/publicacoes/linha\\_cuidado\\_atencao\\_pessoa\\_idosa.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/linha_cuidado_atencao_pessoa_idosa.pdf)> Acesso em: 02 mai. 2019.
- <sup>14</sup>Thiollent M. Metodologia da pesquisa-ação. São Paulo: Cortez, 1985.
- <sup>15</sup>Pinto, N. T.; Moreira, G. L. Expansão urbana e problemas ambientais: o caso do bairro Teotônio Vilela, Ilhéus, Bahia. *Geopauta*, [S. l.], v. 6, e10067, 2023. DOI: 10.22481/rg.v6.e.2022.e10067. Disponível em: <https://periodicos2.uesb.br/index.php/geo/article/view/10067>. Acesso em: 14 jun. 2023.
- <sup>16</sup>Instituto Brasileiro de Geografia e Estatística (IBGE). Mudança Demográfica no Brasil no Início do Século XXI: subsídios para as projeções da população. Rio de Janeiro: IBGE; 2015.
- <sup>17</sup>Resolução nº 510, de 07 de abril, CONEP, 2016. Disponível em: <https://conselho.saude.gov.br/resolucoes/2016/Reso510.pdf>
- <sup>18</sup>Paraná. Secretaria de Estado da Saúde do Paraná. Superintendência de Atenção à Saúde. Avaliação Multidimensional do Idoso. 1. ed. Curitiba: SESA, 2017.111p. Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS) [Internet], 2017 [Citado em 25 abr 2019]. Disponível em: <[http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436\\_22\\_09\\_2017.html](http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html)>.
- <sup>19</sup>Brasil. Caderneta de Saúde da Pessoa Idosa: manual de preenchimento. Brasília (DF): Ministério da Saúde; 2008.
- <sup>20</sup>Camarano AA, Kanso S. As instituições de longa permanência para idosos no Brasil. *Rev Bras Estud Popul [ser ial on the internet]*, 2010 [cited 2017 Aug 2];27(1):232-5. Disponível em: <http://www.scielo.br/pdf/rbepop/v27n1/14.pdf>.
- <sup>21</sup>Tavares DMS, Dias FA. Capacidade funcional, morbidades e qualidade de vida de idosos. *Texto & Contexto Enferm [ser ial on the internet]*, 2012 [cited 2017 Aug 10];21(1):233-5. Disponível em: <http://www.scielo.br/pdf/rbepop/v27n1/14.pdf>
- <sup>22</sup>Lima CAB, Carvalho JL, Aquino RCA. Avaliação de vulnerabilidade do idoso através da adaptação transcultural do instrumento de identificação do idoso vulnerável VES-13. *Revista Eletrônica da Estácio Recife [ser ial on the internet]*. 2017 [cited 2017 Aug 9];3(1):[about 7 pages]. Disponível em: [https://reer.emnuvens.com.br/reer/art\\_icle/view/115](https://reer.emnuvens.com.br/reer/art_icle/view/115)
- <sup>23</sup>Silva IT, Pinto Junior EP, Vilela AB. Autopercepção de saúde de idosos que vivem em estado decor residência. *Rev Bras Geriatr Gerontol [serial on the internet]*. 2014 [cited 2017 Aug 9];17(2):275-87. Disponível em: <http://www.redalyc.org/pdf/4038/403838837006.pdf>
- <sup>24</sup>Saliba D, Elliott M, Rubenstein LZ, David HS, Roy TY, Caren JK, et al. The Vulnerable Elders Survey: a tool for identifying vulnerable older people in the Community. *J Am Geriatr Soc [Internet]*. 2001 [acesso em 25 jan. 2018];49(12):1691-9. Disponível em: <https://onlinelibrary.wiley.com/doi/full/10.1046/j.15325415.2001.49281.x?sid=nlm%3Apubmed>
- <sup>25</sup>Brasil. Ministério da Saúde. Caderneta de Saúde da Pessoa Idosa: manual de utilização. Brasília (DF): Ministério da Saúde; 2016.
- <sup>26</sup>Sossai LC, Pinto IC. A visita domiciliária do enfermeiro: fragilidades x potencialidades. *Ciênc Cuid Saúde [serial on the internet]*. 2010 [cited 2017 Aug 8];9(3):569-76. Disponível em: <http://ojs.uem.br/ojs/index.php/CiencCuidSaude/article/view/6856>