



Self-Care of the Elderly with Cancer in the Community

El Autocuidado Del Adulto Mayor Con Cáncer En La Comunidad

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Dear Editor:

Since the emergence of man, he has had to take care of multiple factors that attack him. Personal care has been present at all times, only not everyone takes it in the best way.

Self-care is made up of two words: “auto” from the Greek auto, for oneself, and “care” from the Latin cogitatus, thought. This combination is what it would be: self-care. ⁽¹⁾

In 1969 Dorothea E. Orem, ⁽²⁾ developed her Theory of the self-care deficit, which in turn includes three theories: Theory of self-care, Theory of the self-care deficit and the Theory of Nursing systems. He defined self-care as: an activity learned by individuals, oriented towards an objective. It is a conduct that exists in concrete situations of life, directed by people towards themselves, towards others or towards the environment; to regulate the factors that affect

their own development and functioning for the benefit of their life, health or well-being. ⁽³⁾

Cancer is one of the non-communicable chronic diseases that most affects the general population. Colon Cancer (CRC) is one of the most representative, ^(4,5) it is identified as a problem of great magnitude for health systems, due to its high morbidity-mortality. It is the third most common cancer in men (10%) and the second in women (9.2%). It corresponds to the fifth cause of death due to malignant neoplasms. ^(6, 7,8) Multiple predisposing factors are invoked as possible for its development. ^(9, 10,11)

The population of older adults in the world is expected to have accelerated growth in the coming years, estimated at 2.3% by 2030. ^(12, 13,14) Aging is usually accompanied by an increase in the burden of chronic diseases, including CRC. ^(15,16) Older adults with this diagnosis seek to adapt to

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the situation of the disease, which is why they carry out actions aimed at promoting this process, which imply recognizing the barriers that interfere with self-care actions. ⁽¹⁷⁾

The authors, during the review of the bibliography at their disposal, could not find elements that address the self-care of older adults with CRC from the perspective of the doctor in the First Level of Care (PNA). In the opinion of the authors of the present, the instruction to this population group aimed at adequate self-care through specific ways, with a coherent and systemic nature, which will form part of the doctor's work system in the community, is considered pertinent.

Faced with this problem, a consensus is reached on the need for a reconceptualization of self-care, specifically on Self-care of the elderly with CRC in the community: actions, activities, time, place, participants and measurement criteria with a coherent and systemic nature, aimed at the instruction by the doctor in the PNA to the adult patient with CRC so that he learns and achieves his self-care, regulates the factors that affect his own development and the functioning of his life, health or well-being, favoring the relationship of the elderly with the doctor, family and community.

From this reconceptualization, the doctor in the community must incorporate into his work system the need to instruct the elderly with CRC, through actions and activities that favor the change of improvements in the patient's health status with self-care. effective. It constitutes a challenge for the PNA to achieve a better well-being in the population that is in situations of vulnerability, achieving a biopsychosocial and spiritual improvement of its patients.

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