

1 - AGING AND DIABETES: THE PERCEPTION OF A TYPE II DIABETICS

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INTRODUCTION

Aging is the organism transformation process, which occurs in a gradual decline in organs function, causing functional and structural changes that arise after the third decade of life (PAPALEO NETTO, 2002).

In Brazil, according to Census 2000, there are more than 14 million elderly, ie people aged over 60 years. This number, in turn, represents 8.6% of the total Brazilian population. It is estimated that over the next 20 years, this population will reach 30 million people, representing 13% of Brazilians (IBGE, 2002).

Until the 1960s, infectious and parasitic diseases were considered the most common (BRAZIL, 2004). With the scientific and technological development, together with the operations on the environment, there was a reduction in infectious diseases and an increase in life expectancy. This leads to a higher incidence of chronic degenerative diseases such as hypertension, stroke, dyslipidemia, diabetes mellitus and cancer, which are related to living conditions of the population (Martins, FRANCE, KIMURA, 1996; REGO et al, 1990).

Diabetes Mellitus is a chronic degenerative disease of multiple etiologies, due to metabolic changes, characterized by lack of insulin and / or inability to exercise properly the same effects, leading to chronic hyperglycemia that can be accompanied by dyslipidemia, hypertension and endothelial dysfunction (McLELLAN et al, 2007; CARVALHO FILHO, PAPALEO NETTO, 2000).

Diabetes mellitus can be classified into two types, I and II. Type I, also called insulin-dependent, which is the most severe form, is characterized by the insulin absence or decreased level, caused by low capacity of pancreatic beta cells to respond to insulinogenic inducement. This type may be genetic, due to environmental factors (viruses, chemical agents and toxic cytokines) or be associated with certain histocompatibility antigen system (HLA) (CARVALHO FILHO, PAPALEO NETTO, 2000).

The diabetes type II, not insulin-dependent, shows normal or slightly decreased levels of insulin, but there is resistance on their use by the body, causing an overload of glucose. Derives from genetic factors, or combined with other factors such as obesity. General population is most affected by this one, which also occurs with the elderly, in which often takes time to be diagnosed. It is usually diagnosed by routine screening or in the presence of disease complications, such as visual disturbances, neuropathy, nephropathy and peripheral vascular disorders (CARVALHO FILHO, PAPALEO NETTO, 2000).

On psychosocial factors, the diabetic may lead to feelings of inferiority, fear, dudgeon, anger, anxiety, illness denial, hopelessness, inability to love and relate well with people, thoughts of suicide and depression. All of this symptoms depends on each individual's personality, how they received the disease news and the reaction of people around them. It can yet bring up, susceptibility to infections, and the disease can interfere with work and limit the activities of daily living (MARCELINO, CARVALHO, 2005; FERRAZ et al, 2000).

The elderly live on a stage that accentuates the losses, health problems, depression and sometimes faced with situations of rejection, loneliness and helplessness (Silva et al, 2005). For him, the quality of life is related to emotional balance, health status, social economic, interpersonal relationships, independence and autonomy to perform their daily activities and leisure, access to knowledge and experience in a supportive environment, quiet and insurance (VECCHIA et al, 2005, Ribeiro et al, 2002).

It is justified by this research enable to understand the reality of these patients. Equipped with this understanding, health professionals are more likely to intervene positively in the treatment, as well as promoting interaction between patients, their families and society in general. The aim of this study was to analyze the perception of Type II Diabetes on the process of aging and pathology diabetes.

METHODOLOGICAL TRAJECTORY

This study is qualitative, descriptive and exploratory research. It was done interviews with the diabetics type II population, both men and women, attended at Healthy Basic Unit Luiz Fábio Bressan (Unidade Básica de Saúde Luiz Fábio Bressan), in Cascavel velho district, in Cascavel city – PR.

An inclusion standard was that these diabetics, necessarily, needed to make part of the Diabetics Group, which arrange meeting once a month in the referred Healthy unit, to receive orientations and do blood glucose tests. They are invited to make part of the pathology group and they are aged among 40 and 90 years old, as it was proved by the members available relation in the Unit.

Normally, there are around 30 patients in this group, even though there are around 200 registered.

It was done only one question for the diabetic members of this research, which afterwards it was used for the analysis. The question was: "For you, how is it aging having diabetes?". The answers were recorded with a digital voice recorder branded SAMSUNG GT-S8000B (model 07/2009) and hereafter transcribed in full. After reading the answers, the common points will be highlighted and grouped in categories.

Altogether, it was held 12 interviews – the respondents were aged 50 to 82 years old -, and after the diabetics meeting in April, 2010. The ones who could not stay after the meeting, it was arranges an appointment according to their availability, so that it could be done in the Healthy Unit. The interviews were closed as soon as it was observed convergence of subjects.

ANALYSIS

The interviews were analyzed and its speech grouped into categories, aiming to explain the perception of diabetics and the process of aging with the pathology disease diabetes.

It was formed five categories, characterized by grouping three or more speeches with a common point, answering the question: "For you, how is it aging having diabetes?".

The first category was named as "not enjoying the old age", and it could be represented for the following speeches:

"... we should enjoy yeah our old age and many times we can't do it..."

)interviewed 01)

"... because I had a kind of difficult childhood, not childhood, the hole life yeah... now that I could enjoy more yeah, this disease comes, and gets a little complicated yeah, but we have to deal with it yeah..."

)interviewed 03)

The old age is a complex process in which happen various alterations in a life time. According studies, this period is considered, by elderly, as a liberty conquered where, with the diminution of obligation, it is possible to get availability to look for necessities and desires. It is the begging of realization with activity that they always wanted and could not do, such as dance groups, going around, traveling, studying, acting, working out, swimming lessons, knitting, religious meeting, and others that takes to an autonomy and independence feeling (CURADO, CAMPOS, COELHO, 2007; LIMA, MURAI, 2005; VASCONCELOS, LIMA, COSTA, 2007; FERRAZ, PEIXOTO, 1997; TEIXEIRA, SANTOS, 2001). With the healthy alterations in this individual, in other words, with a disease such as diabetes, the elder become dependent and need special attention, many times, turning impossible for them to perform all the activities they wish, changing their life patterns (FREITAS, QUEIROZ, SOUSA, 2010; FRANCHI et al, 2008). Texeira and Santos (2001) exemplify this situation with one of their interviewers that reports the old age as a good period of life if the person is healthy.

Some restrictions need to be considered for the diabetic elderly, one of them can be evidenced in the second category, "Having nutritious restrictions", that are represented in the speeches:

"... because of alimentation ... changes everything... juice changes as well... it is that I liked to drink juice... nowadays I don't drink it anymore... ice-cream... I stop with all of that... cake, these good things... I do not take part of it anymore... and it bothers me a lot..." (interviewed 5)

"...everything you take to eat say... this I can't... that one I can't, this one I can't... oh my god if I eat this my sugar blood rises... then if it rises I will have to eat something else to make it fall,,, this is terrible..." (interviewed 10)

In diabetic patients' case, nutrition education it is of fundamental importance for its treatment, because it controls the glucose levels, besides it prevents diabetes complications, providing superior metabolism control (ASSIS, 2002; TIERNEY JÚNIOR, McPHE, PAPADAKIS, 2001; SOCIEDADE BRASILEIRA DE DIABETES, 2003; AMERICAN DIABETES ASSOCIATION, 1999).

Alimentation is considered the most difficult part during the treatment, because its restrictions impose alterations in the feeding habits, which is not normally shared for the family members, making that the diabetics feel troubled and turning difficult for them to accept diets (LENARDT et al, 2008; GARCIA, 2005; WELFER, LEITE, 2005).

The third is related to the emotional psycho alterations of aging with diabetes and it is named as "to be emotionally unsettled", and it is represented by the speeches:

"what I have to control the most most in my life is the stress, it is because of the stress... always try... speak less and... run away from the noise, mess, this things, besides this it is ok..." (interviewed 1)

"you can't receive like a surprise yeah... that the diabetic is to sensitive, isn't it? Because the person can't be angry, can't be happy..." (interviewed 04)

According Welfer and Leite (2005) study, diabetics referred the situations which stress lead to glucose levels alterations.

Studies report that they have difficulties in dealing with sociable pressure, because of their restriction and that, many times, run away from the awkwardness of explaining about the disease, restrictions and functional disabilities that appear. Considering this, their emotional balance become unstable, leaving the diabetic elder more sensitive and worried, consequently these alterations are reflected in glucose levels alterations. (LENARDT et al, 2008; RAMOS, 2003).

The aging process takes us to a fourth category, "Changing in life routine", that can be attended by the speeches:

"oh our life changes, habits, our things change a lot..." (interviewed 1)

"because it change a lot out daily routine"

"... you take medicine for this, medicines... change a lot... the diabetes change... after I, that it was discovered that I am a diabetic, I... have changed a lot..." (interviewed 8)

Diabetes treatment requires a series of modifications in life style, such as feeding habits reorganization, controlled physical activity implement and the use of medicines. It is known that this changes are substantially important for the control of the disease to avoid complications (SOCIEDADE BRASILEIRA DE DIABETES, 2003; WELFER, LEITE, 2005).

It is important to highlight, according to Lenardt et al (2008), in the begging they partially adapted to changes, because they are a long educative process and have to be done by healthy professionals that accompany the patient.

The last category reports the daily life adversities that a diabetic elder have and can be nominated as "Living with the disease symptoms" characterized through the following speeches:

"... the daily life problems yeah... now is something, later is another that we feel and don't know if it is from the diabetes or another thing yeah, it is complicated yeah... I feel many things yeah... bone aching, nerves aching, my tongue tingling, and... during the night my head keeps making noise... it is that noise in my head..." (interviewed 3)

"... I feel dizzy, weakness, drowsiness... so... this is not... not healthy..." (interviewed 8)

The diabetic patient can present some characteristic symptoms such as fatigue, drowse, polyuria, polydipsia and vascular alterations (WELFER, LEITE, 2005). In addition, the diabetic elder can have numbness symptoms in the body, sweating, weaknesses, tingling, edema, lack of susceptibility and strength, anxiety and mental confusion episodes, been necessarily, many times, help to perform daily activities (ASSIS, 2002; FRANCHI et al, 2008; MILHOMEM et al, 2008).

Considering that the elder individuals are carrier of, average, at least three chronic associated diseases, what increases the possibility of hospital admissions e let them less capable (CARBONI, REPPETTO, 2007).

FINAL CONSIDERATIONS

Studying the perception of the biabetic elder about aging with the disease, it was observed that they relate this period of life reporting their sufferings, "not enjoying the old age", "Having nutritious restrictions", "to be emotionally unsettled", "Changing in life routine" and the last, "Living with the disease symptoms".

It is necessary that such patients are encouraged to make part of the educative groups, where they can, without mistrust, be in contact with other individual that share the same problems that they have and this way, feel accepted, learning to deal with the difficulties they faced.

Healthy professionals that relate to these individuals have to continuously explain the right diet importance, what kind of food they can eat and which they can not and why, this way, they can perceive and accept that this new habits are necessary.

They have to be oriented about the practice of physical activities, the correct use of medicines and their importance, this way they can not make changes by themselves e always when they are in doubt look for a healthy professional.

It has to be understood that they are sensitive individuals, with their own and single symptomatology and that they must be heard individually.

Studies like this are important to cognize more the population in which are in contact, this way actions can be created to get the closest to what this diabetic elder need to have a better senescence.

REFERENCES:

- AMERICAN DIABETES ASSOCIATION. Nutrition recommendations and principles for people with diabetes mellitus. *Diabetes Care*, v. 22, n. suplementar 01, p. 42-45, 1999.
- ASSIS, M. Promoção da Saúde e Envelhecimento: orientações para o desenvolvimento de ações educativas com idosos. CRDE UnATI-UERJ, Rio de Janeiro, 2002. Disponível em 16/08/2010, 19:24hs: http://www.crde-unati.uerj.br/publicacoes/pdf/promocao_da_saude.pdf
- BRASIL. Organização Pan-Americana de Saúde. Avaliação do plano de reorganização de atenção à hipertensão arterial e ao diabetes mellitus no Brasil. Brasília: Ministério da Saúde, 2004.
- CARBONI, R.M.; REPPETTO, M.A. Uma reflexão sobre a assistência à saúde do idoso no Brasil. *Revista Eletrônica de Enfermagem*, v. 09, n. 01, p. 251-260, 2007. Disponível em 16/08/2010, 19:32hs: <http://www.fen.ufg.br/revista/v9/n1/v9n1a20.htm>
- CARVALHO FILHO, E.T.; PAPALEO NETTO, M. *Geriatrics: Fundamentos, clínica e terapêutica*. São Paulo: Atheneu, 2000.
- CURADO, E.M.; CAMPOS, A.P.M.; COELHO, V.L.D. Como é estar na velhice? A experiência de mulheres idosas participantes de uma intervenção psicológica grupal. *Ser Social*, Brasília, n. 21, p. 45-69, jul/ dez 2007.
- FERRAZA, M. P.; ZANETTI, M. L.; BRANDÃO, E. C. M.; ROMEU, L. C.; FOSS, M. C.; PACCOLA G. M. G. F.; PAULA, F. J. A.; GOUVEIA L. M. F. B.; MONTENEGRO JR, R. Atendimento multiprofissional ao paciente com diabetes mellitus no ambulatório de diabetes do HCFMRP-USP. *Revista Medicina*, Ribeirão Preto, v. 33, p. 170-175, abr/jun 2000.
- FERRAZ, A.F.; PEIXOTO, M.R.B. Qualidade de vida na velhice: estudo em uma instituição pública de recreação para idosos. *Revista da Escola de Enfermagem da USP*, v. 31, n. 2, p. 316-338, ago 1997.
- FRANCHI, K.M.B.; MONTEIRO, L.Z.; ALMEIDA, S.B.; PINHEIRO, M.H.N.P.; MEDEIROS, A.I.A.; MONTENEGRO, R.M.; MONTENEGRO JÚNIOR, R.M. Capacidade funcional e atividade física de idosos com Diabetes tipo 2. *Revista Brasileira de Atividade Física & Saúde*, v. 13, n. 3, 2008.
- FREITAS, M.C.; QUEIROZ, T.A.; SOUSA, J.A.V. O significado da velhice e da experiência de envelhecer para os idosos. *Revista da Escola de Enfermagem da USP*, v. 44, n. 2, p. 407-412, 2010.
- GARCIA, M.A.A.; ODONI, A.P.C.; SOUZA, C.S.; FRIGÉRIO, R.M.; MERLIN, S.S. S Idosos em cena: falas do adoecer. *Interface - Comunicação, Saúde, Educação*, Botucatu (SP), v. 9, n. 18, p. 537-552, set/dez 2005.
- IBGE. Perfil dos idosos responsáveis pelos domicílios no Brasil 2000. Estudos e Pesquisas: informação demográfica e socioeconômica. Rio de Janeiro: IBGE, 2002. Disponível em 01/02/2010, 18:42 hs: <http://www.ibge.gov.br/home/presidencia/noticias/25072002pidoso.shtml>
- LENARDT, M.H.; HAMMERSCHMIDT, K.S.A.; BORGHI, C.S.; VACCARI, E.; SEIMA, M.D. O idoso portador de nefropatias diabética e o cuidado de si. *Revista Texto & contexto Enfermagem*, Florianópolis, v. 17, n. 02, p. 313-320, abr/jun 2008.
- LIMA, C.K.G.; MURAI, H.C. Percepção do idoso sobre o próprio processo de envelhecimento. *Revista de Enfermagem da UNISA*, v. 6, p. 15-22, 2005.
- LOPES, R.M.F.; ARGIMON, I.I.L. Avaliação da Flexibilidade Cognitiva em Idosos com Diabetes Tipo II. III Mostra de Pesquisa da Pós-Graduação – PUCRS, 2008.
- MARCELINO, D. B.; CARVALHO, M. D. B. Reflexões sobre o Diabetes Tipo 1 e sua Relação com o Emocional. *Psicologia: Reflexão e Crítica*, v. 18, n. 01, p.72-7, 2005.
- MARTINS, L. M.; FRANÇA, A. P. D.; KIMURA, M. Qualidade de vida de pessoas com doença crônica. *Revista Latino-americana de enfermagem*, Ribeirão Preto, v. 4, n. 3, p. 5-18, Dez 1996.
- McLELLAN, K. C. P.; BARBALHO, S. M.; CATTALINI, M.; LERARIO, A. C. Diabetes mellitus do tipo 2, síndrome metabólica e modificação no estilo de vida. *Revista Nutrição*, Campinas, v. 20, n. 5, p. 515-524, set./out., 2007.
- MILHOMEM, A.C.M.; MANTELLI, F.F.; LIMA, G.A.V.; BACHION, M.M.; MUNARI, D.B. Diagnósticos de enfermagem identificados em pessoas com diabetes tipo 2 mediante abordagem baseada no Modelo de Orem. *Revista Eletrônica de Enfermagem*, v. 10, n.02, p. 321-336, 2008. Disponível em 16/08/2010, 19:46hs: <http://www.fen.ufg.br/revista/v10/n2/v10n2a04.htm>
- PAPALEO NETTO, M. *Gerontologia: A velhice e o envelhecimento em visão globalizada*. São Paulo: Atheneu, 2002.
- RAMOS, L.R. Fatores determinantes do envelhecimento saudável em idosos residentes em centro urbano: Projeto Epidoso. *Caderno de Saúde Pública*, São Paulo, v. 19, n. 03, p. 793-797, 2003.
- REGO, R. A.; BERARDO, F. A. N.; RODRIGUES, S. S. R.; OLIVEIRA, Z. M. A.; OLIVEIRA, M. B.; VASCONCELLOS, C.; AVENTURATE, L. V. O.; MONCAU, J. E. C.; RAMOS, L. R. Fatores de risco para doenças crônicas não-transmissíveis: inquérito domiciliar no município de São Paulo, SP (Brasil). Metodologia e resultados preliminares. *Revista de Saúde Pública*, São Paulo, v.24, n.4, p. 277-285, 1990.
- RIBEIRO, R. C. L.; SILVA, A. I. O.; MODENA, C. M.; FONSECA, M. C. Capacidade funcional e qualidade de vida de idosos. *Estudos interdisciplinares do envelhecimento*, Porto Alegre, v. 04, p. 85-96, 2002.
- SILVA, E. M. M.; SILVA FILHO, C. E.; FAJARDO, R. S.; FERNANDES, A. U. R.; MARCHIORI, A. V. Mudanças fisiológicas e psicológicas na velhice relevantes no tratamento odontológico. *Revista Ciência em Extensão*, v.02, n.01, p. 62-75, 2005
- SOCIEDADE BRASILEIRA DE DIABETES. Consenso brasileiro sobre diabetes 2002: diagnóstico e classificação do diabetes melito tipo 2. Rio de Janeiro: Diagraphic, 2003.
- TEIXEIRA, A.L.P.; SANTOS, I.S. A terceira idade: suas vivências e expectativas. *Disciplinarum Scientia. Série: Ciências Biológicas e da Saúde*, Santa Maria, v. 2, n. 1, p.101-112, 2001.
- TIERNEY JÚNIOR, L.M.; McPHEE, S.J.; PAPADAKIS, M.A. *Diagnóstico e Tratamento: um livro médico*. São Paulo: Atheneu, 2001.
- VASCONCELOS, K.R.B.; LIMA, N.A.; COSTA, K.S. O envelhecimento ativo na visão de participantes de um grupo de terceira idade. *Fragmentos de cultura*, Goiânia, v. 17, n. 3/4, p. 439-453, mar/abr 2007.
- VECCHIA, R. D.; RUIZ, T.; BOCCHI, S. C. M.; CORRENTE, J. E. Qualidade de vida na terceira idade: um conceito subjetivo. *Revista Brasileira de Epidemiologia*, v. 08, n.03, p. 246-252, 2005.
- WELFER, M.; LEITE, M.T. Ser portador de diabetes tipo 2: cuidando-se para continuar vivendo. *Scientia Medica*, Porto Alegre: PUCRS, v. 15, n. 3, jul/set 2005.

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AGING AND DIABETES: THE PERCEPTION OF A TYPE II DIABETICS**ABSTRACT**

Aging is an organism transformation process, in which occurs a gradual decline of organs function, causing structural and functional alterations that appear in the end of the third decade of life. The Mellitus diabetes is a chronic degenerative disease, of multiple etiologies, due to metabolic alterations, that are characterized for the lack of insulin and/or its inability of prosecute correctly its function, causing in the last case chronics hyperglycemia. The Mellitus diabetes can be classified in two types, I and II. Type I, also called the insulin dependent, its caused for the lack or diminution of insulin, and the diabetes type II, non insulin dependent, presents normal or light diminished levels of insulin, but there is a resistance for the use of it, what causes a glucose load, very common in the elderly. Objective: to analyze the perception of a diabetic type II during the aging process with the diabetes pathology. Methodological trajectory: it is a qualitative research. It was asked for the studied population: "For you, what is it like aging having diabetes?" The answers will be recorded and afterwards transcribed in full; the common points of the speech will be highlighted and grouped into categories, for analysis and data discussion. Review: it was formed five different categories for the answers demonstrating that aging having diabetes is not enjoying the old age, but having restrictions due feeding, being emotionally unsettled, changes in the daily routine, and living with the disease symptoms. Final considerations: studies like these are important to understand the population's needs in order to improve their lifestyle.

KEY-WORDS: diabetes, aging, perception.

VEILLISSEMENT ET LE DIABÈTE: LA PERCEPTION DU DIABÉTIQUE DU TYPE II**RÉSUMÉ**

Le vieillissement est un processus de transformation de l'organisme dans lequel se produit un déclin progressif des fonctions des organes, occasionnant des altérations fonctionnelles et structurelles qui surgissent à la fin de la troisième décennie de la vie. Le diabète Mellitus est une maladie chronique-dégénérative, d'étiologie multiple, en raison des altérations métaboliques, qui se caractérisent par un manque d'insuline et/ou pour son incapacité d'exercer correctement ses fonctions, provoquant une hyperglycémie chronique. Le diabète Mellitus est classé en types I et II. Le type I, aussi appelé insulino-dépendant, est occasionné par l'absence ou la diminution d'insuline; et le diabète type II, non insulino-dépendant, présente des niveaux normaux ou légèrement diminués d'insuline. Cependant, il y a une résistance quant à son utilisation par l'organisme, ce qui provoque une surcharge de glucose, commun chez les âgés. Objectif: analyser la perception de diabétiques type II à propos du processus du vieillissement avec la pathologie diabète. Trajet méthodologique: Il s'agit d'une recherche qualitative. Une question, à la population étudiée, orientera la recherche: "Qu'est-ce que pour vous vieillir avec le diabète?" Les réponses seront enregistrées et ultérieurement transcrites, les points communs des discours ayant relevés et groupés en catégories afin d'en faire l'analyse. Analyse: On a formé cinq catégories distinctes en réponse à la question, en démontrant que le vieillir avec le diabète c'est, pour eux, ne pas profiter de la vieillesse; c'est avoir des restrictions quant à l'alimentation; être secoué émotionnellement; subir un changement au quotidien; et vivre avec les symptômes de la maladie. Considérations finales: Des études comme celles-ci sont très importantes car elles permettent de connaître de plus en plus la population avec laquelle on est en contact. Cela permet aussi de créer des actions qui puissent arriver le plus proche possible de ce que ceux diabétiques nécessitent pour avoir une vieillesse meilleure.

MOTS-CLÉ: diabète; vieillissement; perception.

ENVEJECIMIENTO Y LA DIABETES: LA PERCEPCIÓN DE LA DIABETES TIPO II**RESUMEN**

El envejecimiento es un proceso de transformación del cuerpo en el cual se produce una disminución gradual en la función de los órganos, causando cambios funcionales y estructurales que surgen después de la tercera década de la vida. La Diabetes Mellitus es una enfermedad crónica degenerativa de etiología múltiple, debido a los cambios metabólicos, que se caracteriza por la falta de insulina y/o la imposibilidad de realizar adecuadamente sus funciones, lo que lleva a la hiperglucemia crónica. La Diabetes Mellitas puede ser clasificada en dos tipos: I y II. La primera, también conocida como diabetes insulino-dependiente, es causada por la ausencia o la reducción de la insulina y la diabetes tipo II, no insulino-dependiente, presenta normales o ligeramente disminuidos los niveles de insulina, pero hay resistencia a su uso por el cuerpo, lo que provoca una sobrecarga de glucosa, común en los mayores. Objetivo: Analizar la percepción de diabéticos tipo II en relación con el proceso de envejecimiento con la patología. Metodología: se trata de una investigación cualitativa. Para la población en estudio será hecha una pregunta orientadora: "¿Qué es para usted (a) envejecer con diabetes?". Las respuestas serán grabadas y posteriormente transcrites, y los puntos comunes de los discursos serán destacados y agrupados en categorías, para posterior análisis y discusión de los datos. Análisis: se formaron cinco categorías diferentes en respuesta a la pregunta guía, lo que muestra que envejecer con diabetes consiste en no poder disfrutar de la vejez; tener restricciones en cuanto a la alimentación; ser/estar agitado(a) emocionalmente; sufrir cambios en los hábitos diarios; y vivir con los síntomas de la enfermedad. Conclusión: Los estudios como este son importantes para conocer mejor la gente con la que uno está en contacto, desarrollando acciones que pueden acercarse lo más posible de aquello que los diabéticos que necesitan tener una vejez mejor.

PALABRAS CLAVES: diabetes; el envejecimiento; la percepción.

ENVELHECIMENTO E DIABETES: A PERCEPÇÃO DO DIABÉTICO TIPO II**RESUMO**

O envelhecimento é um processo de transformação do organismo, em que ocorre um declínio gradual das funções dos órgãos, ocasionando alterações funcionais e estruturais que surgem ao final da terceira década de vida. O Diabetes Mellitus é uma doença crônico-degenerativa, de etiologia múltipla, decorrente de alterações metabólicas, que se caracteriza por falta de insulina e/ou incapacidade da mesma em exercer adequadamente suas funções, levando a uma hiperglicemia crônica. O Diabetes Mellitus pode ser classificado em dois tipos, I e II. O tipo I, também chamado de insulino-dependente, é ocasionado pela ausência ou diminuição da insulina, e o diabetes tipo II, não insulino-dependente, apresenta níveis normais ou levemente diminuídos de insulina, mas há uma resistência quanto à sua utilização pelo organismo, o que ocasiona uma sobrecarga de glicose, comum nos idosos. Objetivo: analisar a percepção de Diabéticos Tipo II sobre o processo de envelhecimento com a patologia diabetes. Trajetória metodológica: trata-se de uma pesquisa qualitativa. Para a população em estudo será feita uma pergunta norteadora: "O que é para o senhor (a) envelhecer com diabetes?". As respostas serão gravadas e posteriormente transcrites na íntegra, sendo que os pontos comuns dos discursos serão destacados e agrupados em categorias, para posterior análise e discussão dos dados. Análise: formaram-se cinco categorias distintas em resposta à pergunta norteadora, demonstrando que o envelhecer com diabetes é para eles não poder aproveitar a velhice; ter restrições quanto à alimentação; ser/estar abalado (a) emocionalmente; sofrer mudança no cotidiano; e conviver com os sintomas da doença. Considerações Finais: estudos como este são importantes para conhecer cada vez mais a população com a qual se está em contato, dessa forma criando ações que possam chegar o mais próximo possível do que estes diabéticos necessitam para ter uma velhice melhor.

PALAVRAS-CHAVE: diabetes; envelhecimento; percepção.