

Conferencias y Simposios

4 VOCES EN 10 MINUTOS: Cuatro retos prácticos en el cuidado del adulto mayor

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Ejercicio en el adulto mayor institucionalizado y cuidados de transición entre residencia y domicilio

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En este contexto, el ejercicio físico constituye una intervención terapéutica fundamental y actualmente es reconocido como una herramienta clave dentro del concepto de “ejercicio como medicina”. La evidencia científica respalda especialmente los programas de ejercicio multicomponente, que integran entrenamiento de fuerza, equilibrio, resistencia aeróbica y flexibilidad, demostrando beneficios sobre la movilidad, la capacidad funcional, la prevención de caídas, el control metabólico y la calidad de vida.

Las residencias de larga estadía representan un ámbito privilegiado para implementar programas de ejercicio adaptados a las características, necesidades y objetivos de cada residente. Sin embargo, los beneficios obtenidos durante la institucionalización requieren continuidad más allá de la residencia. La transición hacia el domicilio y posteriormente hacia recursos comunitarios de actividad física constituye una estrategia fundamental para evitar el desacondicionamiento físico y sostener los logros alcanzados.

En este proceso, el trabajo interdisciplinario resulta esencial. Médicos, kinesiólogos, profesores de educación física, terapeutas ocupacionales, nutricionistas, enfermeros y otros profesionales contribuyen a la evaluación funcional, la prescripción y supervisión del ejercicio, la prevención de caídas, la educación de familiares y cuidadores y la articulación con recursos comunitarios.

En conclusión, la incorporación sistemática del ejercicio físico dentro de un modelo de atención centrado en la persona y de continuidad de cuidados permite preservar la funcionalidad, reducir la dependencia y promover un envejecimiento más saludable en las personas mayores institucionalizadas.

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Palabras clave: adulto mayor institucionalizado; diabetes.

4 VOICES IN TEN MINUTES: Four practical challenges in elder care

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Exercise in institutionalized older adults and transitional care between residential care and home

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The management of institutionalized older adults should be based on a person-centered care model aimed at preserving functionality, autonomy, and quality of life. This population exhibits a high prevalence of fragility, sarcopenia, multimorbidity, and functional limitations, conditions associated with an increased risk of dependency, hospitalization, and mortality. Among the most common chronic diseases is type 2 diabetes mellitus (T2DM), which is associated with functional decline, loss of muscle mass and strength, an increased risk of falls, and reduced quality of life.

In this context, physical exercise represents a fundamental therapeutic intervention and is currently recognized as a key component of the concept of “exercise as medicine.” Scientific evidence strongly supports multicomponent exercise programs that combine resistance training, balance exercises, aerobic endurance, and flexibility training. These programs have demonstrated significant benefits in mobility, functional capacity, fall prevention, metabolic control, and overall quality of life.

Long-term care facilities provide an ideal setting for implementing exercise programs tailored to the characteristics, needs, and goals of each resident. However, the benefits achieved during institutionalization require continuity beyond the residential setting. The transition from the facility to the home environment, and subsequently to community-based physical activity resources, is a crucial strategy for preventing physical deconditioning and maintaining the gains achieved during care.

Throughout this process, interdisciplinary collaboration is essential. Physicians, physical therapists, exercise professionals, occupational therapists, nutritionists, nurses, and other healthcare providers contribute to functional assessment, exercise prescription and supervision, fall prevention, education of family members and caregivers, and coordination with community resources.

In conclusion, the systematic integration of physical exercise within a person-centered care model and a continuity-of-care framework helps preserve functional capacity, reduce dependency, and promote healthier aging among institutionalized older adults.

Key words: institutionalized older adults; diabetes.