The Effect of Intervention Program for the Elderly with Malnutrition

Thesis

Submitted For Partial Fulfillment of the Requirement of Doctorate Degree in Nursing Science (Community Health Nursing)

Summited by

Eman Hafez Ahmed

Assisstant lecturer-Faculty of Nursing
Fayoum University

Faculty of Nursing
Ain Shams University
2018

The Effect of Intervention Program for the Elderly with Malnutrition

Thesis

Submitted For Partial Fulfillment of the Requirement of Doctorate Degree in Nursing Science (Community Health Nursing)

Supervised by

Dr.SabahAbd –El-MobdyRadwan

Professor of Community Health Nursing
Faculty of Nursing
Ain Shams University

Dr.Omaima Mohamed Easmet

AssisstantProfessor of Community Health Nursing
Faculty of Nursing
Ain Shams University

Faculty of Nursing
Ain Shams University

Summary

Malnutrition among older people is clearly a serious challenge for health professionals in all settings as a result of aging process and the body's ability to process food decrease that is called **aging anorexia**, There are other risk factors associated with aging and produce decline in nutritional status such as physiological problems, psychological problems, social problems, medicines, alcoholism and dental problems that decrease ability to chew or swallow food. Malnutrition is a precursor to frailty and has serious consequences including anemia, lower physical strength, greater inactivity and prolonged stay in hospitals that estimated older patients with malnutrition take 40% longer to recover from *illness* ***(Kolessar et al., 2015)***.

The world Health Organization (2015) estimate that malnutrition in the elderly can affect 1 in 6 of the global population, In Europe alone the issue of elderly malnutrition impacts more than 30 million citizens.In Egypt, the prevalence of malnutrition in community dwelling older population in urban areas was estimated 14.5% and 41.5% at high risk of malnutrition while, in urban areas 29.7% of older adults were malnourished and 66% were at risk of malnutrition and this considered dangerous threat to the health of seniors in Egypt that may lead to morbidity and mortality***(Abdelrahman, 2017).***

According to ***(United States Department of Agriculture & Center for Nutrition Policy and Promotion,2016)***there are ne***w***guidelines that focus on overall shifts in eating patterns to achieve healthier diets.MyPlate for Older Adults is acknowledgment that older adults' dietary needs and challenges differ from everyone.The plate is composed of approximately:50% fruits and vegetables;25% grains, many of which are whole grains; and25% protein-rich foods such

as nuts, beans, fish, lean meat, poultry, and fat-free and low-fat dairy products such as milk, cheeses and yogurts,in which people can enjoy foods that meet their personal, cultural and traditional preferences and align with their budget.

Aim of the study

The study aims to evaluate the effect of intervention program for the elderly with malnutrition through fulfillment of the following objectives:

- Assessing the elderly Knowledge and dietary habits regarding malnutrition.
- Identifying the risk factors of malnutrition in the elderly to detect their needs.
- Designing and implementing intervention program for elderly with malnutrition according to their needs.
- Evaluating the effectiveness of intervention program for the elderly regarding knowledge, dietary habits and risk factors of malnutrition.

Study Hypothesis:

Implementation of the intervention program for the elderly patients will improve their knowledge, practices and health status regarding malnutrition.

I. Technical design

Research Design:

A quasi-Experimental design was utilized to conduct this study.

Setting:

The study was conducted at outpatient clinic for geriatrics in El Demardash Hospital at Ain Shams University.

Sample:

The sample of the study was purposive,it include 74 elderly patients diagnosed with malnutrition or at risk of malnutrition. The study field work was done throughout a period of 9 months from beginning ofjunary 2017 tillthe end of September 2017 to be complished.

Tools of data collection: *For data collection the following tools were used*:

***First tool*: Structured interviewing questionnaire for elderly patients with malnutrition**:

Part (1): It was concerned withsocio-demographic characteristics of patients under study as regards: gender, age, educational level, occupation, marital status, , monthly income and residential area**(Appendix I)**.

Part (2): It was concerned withpatients' knowledge regarding meaning of malnutrition, risk factors of malnutrition, signs and symptoms of malnutrition, complications of malnutrition**,** ways of diagnosis malnutrition, treatment of malnutrition, importance of keep balanced nutritional status, content of healthy diet(**Appendix II).**

Second tool: Anthropometric measurements as (weight, height, BMI)

***third tool*:** Medical record review to assess general health condition ofthe elderly**(Appendix III):**

Part (2): Dietary assessment tool for elderly patients adopted from (**Appendix IV).**

Part (3):Life stylequestionnairefor the elderly patients with malnutrition **(Appendix V).**

Fourth tool:The Mini Nutritional Assessment Scale (MNA) was used in this study to detect nutritional status in the elderly people (**Appendix VI)**

Fifth tool:physical examination checklist was used to assess health status and identify risk factors of malnutrition (Appendix VII):

Part (2): Observational checklist was used to assess oral hygiene practices for the elderly patients and was adopted from.

II- Operational design: the study in order to be completed has passed through different phasesas follows: the preparatory phase,pilot study phase and the field work phase.

Results:

Findings obtained from the present study could be summarized as the following:

- The studied sample reveals that 54.1% of elderly people their age ranged between 75 to 84 years old and 58.1% of them were women, while 31.1% of them were illiterate.
- percentage of the elderly people in the studied sample that suffered from risk of malnutrition was 62.2% and elderly were suffered from malnutrition were 37.8,

- There are highly statistical significant differences between pre and post intervention program regarding medical condition of the elderly with malnutrition and risk of malnutrition, where the mean of the weight was 50.5 K\gm. compared with 57.5 K\gm. post the intervention program.
- Concerning the total satisfactory knowledge of the elderly about malnutrition reported that there were 0.00 % of them had total knowledge preprogram while improved to 89.2 % post program implementation and this indicate highly statistical significance difference pre& post educational program.
- 29.7% of the studied sample was suffered from chronic diseases as diabetes and hypertension.
- 79.7% of them were not share at any physical activity and this changed to 35.1% post program implementation with highly significance.
- 43.2% of them had abdominal gases compared with 6.8% post programimplementation.
- There is no significant statistical differences between demographic data and elderly knowledge but there is statistical significant between education levels and elderly knowledge about malnutrition.
- There is a highly statistically significant difference between dietary habits and the elderly knowledge about malnutrition.
- 12.2% of them had knowledge about teeth brushing and this changed to 39.2% post program implementation.

Conclusion:

On the light of the results and answers on research hypothesis the study was concluded that:

- Malnutrition and risk of malnutrition were prevalent among older population with higher percentage in females, especially with increased age, less education, living alone, unemployment.
- The findings of the current study proved a highly statistically significant differences in elderly knowledge pre & post program implementation
- The study revealed significant positive improvement in elderly oral hygiene practice pre & post implementation of the intervention program.
- Furthermore, there was a highly statistically significant difference in elderly dietary habits and their nutritional status pre & post implementation of the intervention program.