

Levels of Knowledge on the Diet in Patient Diabetic Geriatrics before the Medical Intervention

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Received Date: August 18, 2023 | **Accepted Date:** August 25, 2023 | **Published Date:** September 04, 2023

Citation: Jesús C Alvarez., Tandrón Echevarría JR., Niurka C. Díaz., Elizabeth L. Ruíz., Adrián H. García, (2023), Levels of Knowledge on the Diet in Patient Diabetic Geriatrics before the Medical Intervention, *Clinical Reviews and Case Reports*, 2(4); DOI:10.31579/2835-7957/030

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Abstract

Background: the diabetic in bigger adults is necessary to prevent illness from the sciences of the health.

Objective: to characterize of the level of knowledge on the diet in patient diabetic geriatrics before the medical intervention.

Methods: was carried out a study decriptivo, with a sample composed by 18 old patients, belonging of the Policlinic "José Ramón León Acosta. It gathers it of the data was carried out through the empiric method as the questionnaire and for the analysis of the data the statistical calculation was used.

Results: the state of individual health of this group prevailed as for knowledge that will allow them to modify its lifestyle and in turn an aging very happened to the minimum of limitations.

Conclusions: the difficulties are focused in the sistematic of the development psicosocial and to prevent factors normative for the sanitary and social structure in bigger adults.

Keywords: aging; diabetic, health; bigger adults

Introduction

This holistic focus is indispensable in the Endocrinology, as long as puts on of manifesto the paper psychosocial in the etiology and evolution of the diabetes mellitus that besides having proven in the epidemiology of the illness, you reveals in a daily way in the assistance work of the specialists.[1] The older adult in Cuba occupies more than 19%, and it is expected that by 2025, one in four Cubans will be older adults. Of this population only one percent is in institutions, 9% live alone and the rest live with family members.[2] The term of «prediabetes», also call «intermediate hyperglucemia» or «dysglucemia», it is applied to those cases in those that the glucemia levels you they find above the normal values, but below the levels considered for the diagnosis of diabetes mellitus.[3] Physical rehabilitation consists of restoring the affected function by means of specific interventions, which obey a plan previously established on the basis of the clinical characteristics of the patient in question. Its ultimate goal is the recovery of functions, so that the patient can meet daily demands with a minimum of efficiency.[4,6]In United States they exist more than 21 million people with diabetes, while 86 million North Americans have prediabetes (1 of each 3 people), but the most alarming thing is that 9 of each 10 people ignore that they suffer it

and more than eighty millions they have resistance syndrome to the insulin, stage that precedes to the prediabetes, doesn't associate any risk to their habits and lifestyles. ⁴ In Spain, the mature population's 14,8% suffers some prediabetes type. It is calculated that at the moment while there are more than 50 million Hispanic with diabetes, it exists twice as much, that is to say, more than 100 millions prediabetes payees and on the other hand, more than 150 millions with insulinorresistencia at world level. ⁵In Cuba and in the county of Villa Clara, the diabetes mellitus type 2 (DMK 2), it constitutes the eighth cause of death and, in turn, it is a factor of more risk for the first one and the third cause of death, that is to say, the illnesses of the heart and the illnesses in the brain. ⁶In spite of the demographic increase and the high degree of population aging that Cuba exhibits, there are not ample references of research in relation to the geriatric study that measure the cognitive and affective state, however, there are statistical data that have been attended and offered monitoring and special treatment of the psychological well-being of the elderly, precisely in these last five years. ⁷⁻⁹The objective of the present investigation was to characterize of the level of knowledge on the diet in patient diabetic geriatrics before the medical intervention.

Methods

A study descriptive approach was carried out in elderly patients attended from a community health area belonging to the "José Ramón León Acosta" polyclinic of Santa Clara municipality, in the period from March to November 2022. The sample was selected through the simple random sampling probabilistic technique and consisted of 18 old patients, previously informed consent to participate in the study.

Theoretical level:

- Synthetic analytical: It made possible the interpretation of each one of the studied texts, to conform the criterion assumed in the epigraphs and paragraphs, as well as to particularize in the data obtained in the surveys to integrate them and to establish the corresponding generalizations.
- Inductive-deductive: It facilitated going from the particular to the general in each of the analyzes carried out in the theoretical study and in the processing of the obtained information.
- Generalization: It allowed the establishment of the regularities that were revealed in the study carried out.

Empiric level:

- Open interview: Contributed to identify the level of knowledge in the patient diabetic geriatrics.
- Individual clinical histories: It made it possible to provide information on various personal aspects.

The selection was based on the following approaches:

Ages	Female		Male		Total	
	#	%	#	%	#	%
60-70	11	61,1	2	11,1	14	77,7
71-80	3	16,6	2	11,1	4	22,2
Total	14	77,7	4	22,2	18	100

Source: clinical history of health

Before the intervention, the basic knowledge on dietary state are not high (56%) in ages of 60-70 year old. The medical intervention is need to increase the level of knowledge in the patients in the nutritional treatment to prevent a bad operation of the diabetes. A not very significant percent

Inclusion Approaches: -All the patients of both sexes, older adults between 60 to 80 years of age.

-Elderly patients who give their consent to participate in the investigation.

Exclusion approaches:- Patients with a psychiatric history whose psychotic level prevents them from cooperating with the study were excluded.

Exits Approaches: -Patients that abandon the investigation voluntarily.

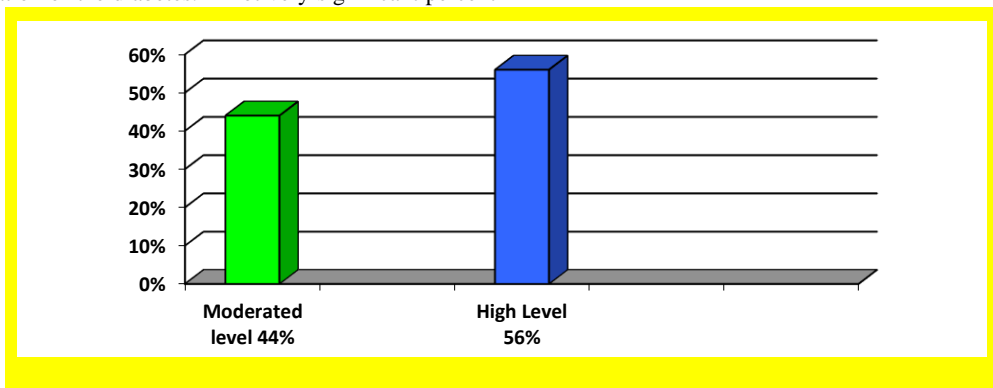
Collection Of the Information: For the collection of information, a form was designed with the variables that were to be investigated, which included general data, such as age, sex and patient diabetic geriatrics. In addition, the open interview was conducted, with prior informed consent.

Statistical Analysis: Once the information was collected, an automated database was created, supported on Windows Microsoft Excel, from which the frequency distributions for the tables and graphs that summarized the primary data were extracted. Descriptive statistics techniques were applied to obtain absolute frequencies and percentages.

Results

Chart. 1.Characterization for sex and age. The Chart 1 show ages that are located among the 60 years and more, 14 individuos is of the female sex (77,7%) and 4 of the male sex (22,2%). In the analysis of the total of old patients the sex female prevailed with 14 cases (77,7%), the male one represents 4 old men (22,2%), standing out the group of 60-70 year-old ages, for the two groups (77,7%).

that offered a knowledge average with relationship to the nutritional diet exists in ages of 71-80 year old with a value of the (44%) (Graphic No. 1).



Source: clinical history of health and interview

Graphic 1: Level of knowledge on the diet in patient diabetic geriatrics before the medical intervention

Discussion

The aging process brings I get the reduction of the physical capacity and/or the development of an individual's deterioration cognitive. Nevertheless, diverse pathologies, accidents, history of life, loads genetics and aspects psychologic and social can influence in the speed and severity of such conditions, even in the condition of functional dependence.[10] In connection with the grade of independence, this study coincides with the author Marinês Tambara and other [11] where almost 85% of the old men was independent, continued by those with partial dependence (9%).

Several works have demonstrated that the depressive symptoms are related with a precarious health and a functional inability, for what is considered as a problem of very important public health and their study is integral part of the investigations about the well-being and the health of people of advanced age.[12,13,14]

In the literature on the sciences of the health has been picked up that relationship exists between the escolaridad level and the state cognitive of

the biggest adults. The old men with low escolaridad grade are hindered the understanding and realization of tasks.[15]

These discoveries coincide with the foundations expressed by Piqueras and other,[16]when demonstrating that, when not existing a full behavior, neither appropriate understanding of the illness, it can influence it in the attitude and behavior that it is assumed regarding this. There are authors that emphasize in the category happiness, but they come it as factor of risk when assuming that, probably, those patient when being happy with their situation of life, they would not be motivated to to modify behaviors, for what this attitude can have consequences negative for the fellow.[17]

Conclusion

The magnitude of the population's aging doesn't have precedents; it is a process without limits in the humanity's history, the number of grown-ups increases exponentially in complex and uncertain socioeconomic joints. The development of professional competitions that offer attention to the biggest adult to guarantee the quality and the excellence in the attention of health, will allow potenciar an appropriate lifestyle and to prevent that becomes a crisis factor for the sanitary structure. The obtained results are notably positive on the cost of their implementation in the current socioeconomic assisting to the focus psicologic and social in health, about the improvement of the lifestyle of this group , as for knowledge that will allow them to modify their state of health and in turn an aging very happened to the minimum of discapacity and this way the development psicologic and social and to prevent that the aging becomes a factor of normative for the sanitary structure and of the social security.

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