

RESEARCH AND ANALYSIS OF THE HEALTH STATUS OF ELDERLY PEOPLE

Tanya Paskaleva¹, Biyanka Torniyova¹, Maya Vizeva², Dimitar Shopov³

¹Branch Haskovo, Trakia University of Stara Zagora, Bulgaria

48 Saedinenie Blvd., 6300 Haskovo, Bulgaria

e-mail: paskaleva666@abv.bg, btorniova@abv.bg

²Medical College "Yordanka Philaretova", Medical University of Sofia, Bulgaria

3 Yordanka Philaretova str., 1606 Sofia, Bulgaria

e-mail: maia_vizeva@abv.bg

³Department of Social Medicine and Public Health, Faculty of Public Health

Medical University of Plovdiv, Bulgaria

15A Vasil Aprilov Blvd, 4002 Plovdiv, Bulgaria

e-mail: shopov_d@abv.bg

Abstract: Ageing is a clearly identifiable time and life period that is associated with a number of medico-social problems, which are to a great extent connected to the changes that occur in the organism at that age. Together with the problems, due to involutive processes and the functional peculiarities, one should not underestimate such, connected to morbidity.

Aim: To research and analyze the health status of the elderly people.

Materials and methods - There has been conducted a direct individual anonymous questionnaire amongst elderly people aged 60 or more, through accidental principle, in the period between April 2016 and February 2018.

Results: The analysis of the health status of the elderly people shows multiple pathologies - highest is the rate of the cardiac diseases. A characteristic feature of the pathology with the elderly people is its multitude - 49% have stated two and three diseases. Women have more often three and more diseases, and with men there prevail the percentage without any diseases. The city dwellers are with higher average rate of the number of diseases and it is more often that they suffer from chronic diseases. 65,2% of the respondents with lower incomes (up to 150 lv.) have been in dispensaries owing to a chronic disease. Highest is the rate of the respondents who assess their health status as satisfactory – 49,1%.

Keywords: analysis, elderly people, health status.

1. INTRODUCTION

In the contemporary conditions of the dynamically changing world, in which the demographic ageing of the population escalates with unprecedented speed, the problems of the elderly people will gradually take a larger and more important place in our society.

The involutive processes and the functional peculiarities that accompany ageing as physiological phenomenon represent a favorable field for development of pathological processes and define the special discreet character of their passage. Important issue for the elderly people is their health problems [3, 4].

The frequent polymorbidity increases the temporary and constant working incapacity. The necessities of specialized health cares increase.

Lead by the idea to mark the specifics of the pathology as age advances, D. Chebotarev compares it to "an iceberg", 6/7 of which is hidden underwater. The medical specialists must

be very careful in dealing namely with the hidden part [2]. It is very often the case with the elderly that because of the interconnected influence of the diseases, the classic clinic picture is changed and in most cases are characteristic the asymptomaticity, areactivity and atypicality of the clinic occurrences [1].

The processes of recovery after a disease are slower, which in turn needs consistency in the caring, as well as having in mind the individual characteristics and abilities of the elderly people for self-servicing. From the position of the healthcare this leads to a number of difficulties, connected to the heavier passage of the diseases and complications, as a result of which the quality of life and prognosis deteriorate.

AIM: To research and analyze the health status of the elderly people.

2. MATERIAL AND METHODS

There has been conducted a direct individual anonymous questionnaire amongst elderly people aged 60 or more, through accidental principle, in the period between April 2016 and February 2018. Applied methods: descriptive statistics of quantitatively measurable values. The results are presented as mean, standard deviation (Std Deviation) and standard error mean (Std error mean); dispersion analysis (one way ANOVA). Alternative analysis was applied in processing quality parameters/attributes, and the result is presented with a relative share; non-parametric analysis – consent criterion of Pierson (χ^2 – χ square) in testing hypotheses for statistically significant connection between the investigated factorial and resulting parameters; correlation analysis of Spearman – to evaluate the level of the dependence between the investigated parameters; graphic analysis – to illustrate processes and phenomena, as well as to illustrate certain regularities and dependencies, the options provided by graphic analysis were used. $P < 0.05$ was assumed/accepted as the level of significance of the zero hypothesis.

3. RESULTS

The analysis of the social-demographic characteristics of the respondents showed the greatest relative share of the surveyed in the 60-70 age group – 50.6%, followed by that of 71-80 year-olds – 43.5%, and the 81+ group -5.9%. The percentage distribution according to gender is as follows: 58,2% women and 41,8% are men. The distribution of the respondents in terms of education shows that more than half 55,9% are with a high-school diploma, 21,2% are with primary education. Considerably smaller is the number of respondents with Bachelor's degree 11,8% and college 8,2%, and with no education are 2,9%. Most of the respondents are pensioners with age – 78,8%, pensioners due to a disease are 8,5%, and 10,6% from the questioned declare that they are still working.

The data from our research show that there prevail the share of the respondents who live in a city 62,4%, compared to 37,6% who have stated that their permanent residence is a village. When we compare the family status, the biggest is the group of the married 53,8%, followed by the one of the single people (widow/widower) - 30,9%. According to the results of the research, definitely as age advances, ageism becomes mostly feminized and the widows are more than the widowers.

In relation to the health status the results show that with 44,1% of all respondents have been registered diseases of the coronary system (Figure 1), followed by such of the respiratory system (25,6%), bone-muscle system (24,1%), and neural system 18,7% and others.

With the elderly people the diseases of the organs, connected to the blood circulation are a main reason for disability and death, and also a main factor for limitation and appearing of psychological problems.

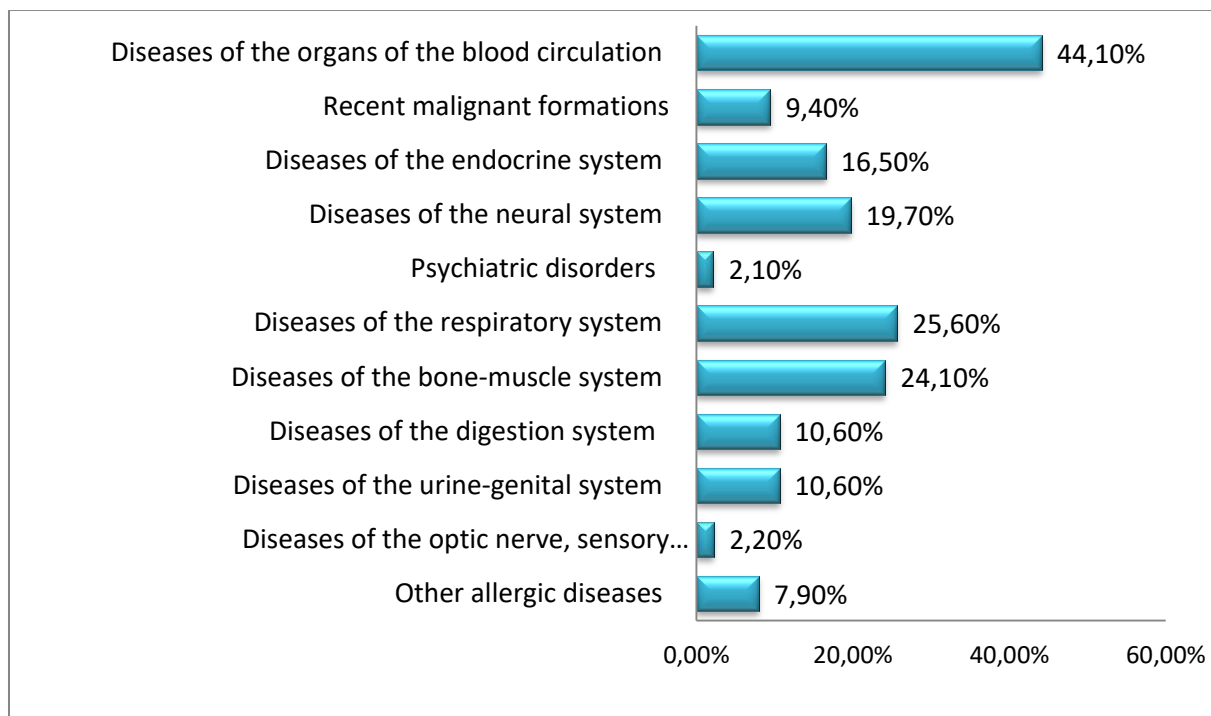


Figure 1. Prevailing diseases of the researched respondents
(The percentage distribution is more than 100%,
because most of the elderly point out two or three chronic diseases.)

From the diseases of the coronary system a leading place is taken by the arterial hypertonia, followed by the ischemia of the heart and coronary insufficiency. As age advances, there decrease the function of the endocrine glands, which is a natural phenomenon. The most common disease of the endocrine system for most of the researched people is the diabetes, followed by non-sleepiness and obesity.

The frequency and depth of the lungs diseases with the elderly people are a result not only from the involutive changes of the lungs themselves, but also because of the increased perception of infections. From the diseases of the respiratory system the most common for the researched people are as follows: chronic bronchitis, HOB and the bronchial asthma. The changes of the respiratory system and the diseases are often favorable for complicated clinic processing of a number of diseases. The diseases of the bone-muscle system also increase as age advances, which is with a direct dependence with disability.

Characteristic feature of the pathology with the elderly people is its multitude. In this connection 27,7% of the respondents have only one disease, 49% have pointed out two and three. The analysis of the results of the research shows that women have a bigger average number of diseases $P=0,046$ ($u=2,003$).

Table 1. Average number of chronic diseases

	Sex	N	Mean	Std. Deviation	Std. Error Mean
Chronic diseases	Men	142	1,51	1,141	,096
	Women	198	1,78	1,274	,091

Women have more often three and more diseases (33,4%), and for the men is bigger the percentage of people without any diseases (21,1%) $P=0,036$ ($\chi^2=15,00$).

In relation to the symptom “place of residence” (Figure 2), it has been found out that the city dwellers have a higher average number of diseases $P=0,011$ ($u=2,56$) and the people, who live in the city suffer more often from chronic diseases $P=0,002$ ($\chi^2=13,00$).

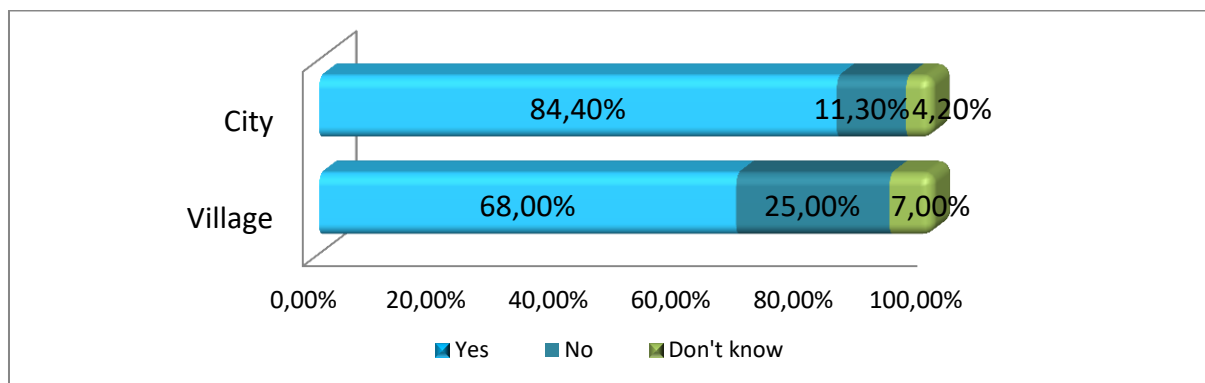


Figure 2. Chronic diseases according to place of residence

Studying the chronic diseases according to their indication „ethnic affiliation“ shows that with the respondents from the Turkish ethnic group the biggest is the percentage without any chronic diseases (24,6%), while from the Roman ethnic group the biggest percentage do not know if they have any chronic disease (16,7%) $P=0,022$ ($\chi^2=11,40$). It has been established that 65,2% from the people with lower incomes (up to 150 lv.) have pointed out that they have been in dispensaries due to a chronic disease $P=0,006$ ($\chi^2=10,08$). From the pensioners due to a disease 69,0% declare being in dispensaries in connection to a chronic disease $P=0,001$ ($\chi^2=22,93$).

The results from the analysis in connection to the degree of disability show that 15,3% have pointed out 2nd degree of disability, followed by 1st degree -5,9% and 3rd degree - 1,2%. There has been found a weak, modest correlation connection between the group of disability and the social status $P=0,001$ ($r=0,431$). The pensioners due to a disease are more often marked in the higher disabilities degrees.

Within the boundaries of the research the respondents have given an assessment of their health. To calculate the health self-assessment there has been used the five-degree scale – very good, good, satisfactory, bad and very bad (Figure 3). The biggest is the relative share from the respondents who assess their health condition as satisfactory – 49,1%. Only 4,1% from the questioned people assess their health as very good.

It has been found out that with the increase of the educational degree, there can be seen a decrease of the share of people with self-assessment „very bad“, „bad“ and „satisfactory“ $P=0,001$ ($r= - 0,265$). When researching the connection between employment and self-assessment of the health, it makes impression that the „pensioners due to a disease“ and those „due to an age“ belong more often in the group with self-assessment „very bad“, „bad“ $P=0,001$ ($r=0,370$). This can be explained with the higher levels of chronic diseases, disabilities, degenerative diseases that deteriorate the tonus and the general physical condition as age advances.

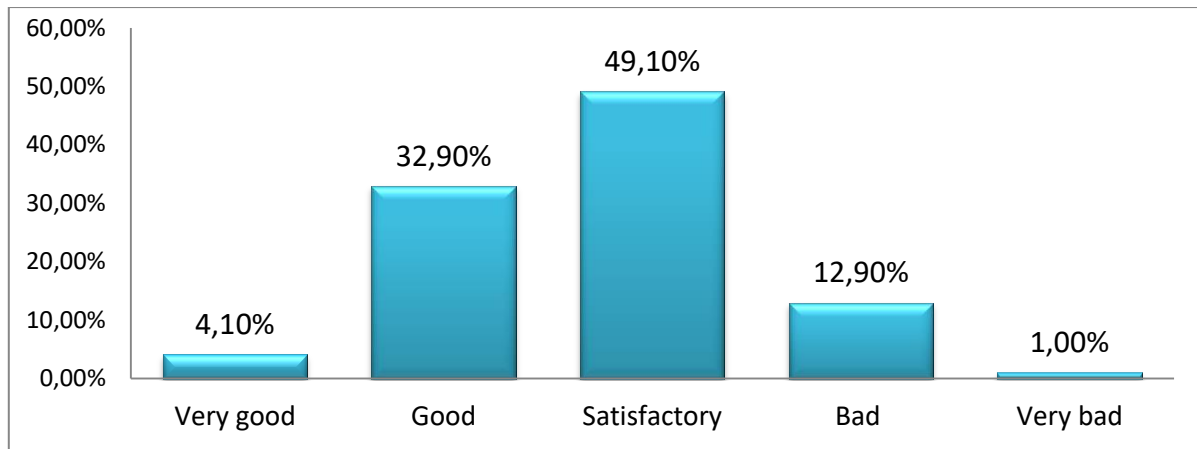


Figure 3. Self-assessment of the health (%)

4. DEDUCTION

- The analyses of the health status of the elderly people show multiple pathologies – the highest relative share belongs to the diseases of the organs of the blood circulation (brain and coronary diseases).
- Characteristic feature of the pathology with the elderly people is its multitude - 49% have stated two and three diseases.
- Women more often have three and more diseases, and with men - higher is the percentage of people without any disease.
- The city dwellers have higher average number of diseases and it is more frequent that they suffer from chronic diseases.
- 65,2% from the respondents with lower incomes (up to 150 lv.) have been in dispensaries because of a chronic disease.
- The biggest is the relative share of the respondents who assess their health status as satisfactory – 49,1%.

5. CONCLUSION

Good health is a basic condition and guarantees good quality of life and adequate ageing. For the elderly people in the structure of the diseases, a leading role is taken by the chronic diseases. A considerable part of them could be connected to the negative impact of a number of risk factors, linked to the way of life, the pollution of the environment, alcohol abuse, smoking, stress and others. We should not underestimate the formalized attitude to the health promotion and the diseases' prophylactics, which in many cases are neglected and ignored. It is necessary to be increased the specialists' attention to the morbidity and the death rate with the elderly people. The health cares for the elderly in most cases go beyond the frame of the traditional medical management of the disease. It requires a more detailed assessment of specific issues that complement the general vision of the condition, in order to be achieved maximum health and functional benefits.



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