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Assessment Of The Nutritional Status For Dementia Patients

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ABSTRACT

“Assessment Of The Nutritional Status for Dementia Patients “

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The study aimed to: Evaluate the Nutritional Status of Dementia and normal elderly and the role of caregivers of them besides their nutritional problems and food habits. This study was conducted on (60) Dementia patients and normal elderly (both sexes) aged between (60-69) yrs and old (70+) yrs. [Every Day Memory Questionnaire] was applied on 90 older adults. From [Ain Shams specialized hospital, heliopolis military club and Elzytoun elderly house]. The result was 30 older adults have good memory. They considered normal group while group two dementia patient 30 elderly they were selected from Misr El- Gedida psychiatric Hospital (Geriatric and memory clinic). Socio-Economical factors were studied. Besides Dietary intake was assessed using: 24 hour recall, diet history & food habits in addition to anthropometric measurements of them and clinical signs, health problems. Results revealed that illiteracy was (50%) in normal males in (70+) yrs. and (67%) in male patients in (70+) yrs. concerning nutritional problems (53.3%) of them suffer from stomach pain, (43.3%) constipation and. (16.7%) cough of the total sample. Regarding dietary intakes, the Dementia and normal elderly had deficiency in fat, carbohydrate, calcium, potassium and magnesium of RDA. . Besides (76.6%) had colored face, (88.3%) teeth loss and (22%) uncomfortable denture of the total sample. besides (58.3%) had high blood pressure, (15%) osteoporosis and (8%) hepatic disease of the total sample. Statistically analysis showed demonstrated that there were significant correlation between socio- economical levels and healthy care and inversely proportions between education level and energy foods intakes.

Key ward: Dementia patients, Normal Older adults, Nutritional Status,
Food habits, Nutritional problems.

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List Of Abbreviations

AC	: Arm circumferences.
Ach	: Acetylcholine.
AD	: Alzheimer's disease.
BMI	: Body Mass Index.
CT	: Computed tomography.
DHA	: docoshexaenoic acid.
DNBs	: Disruptive nocturnal behaviors.
EPA	: Eicosapentaenoic acid.
FAO	: Food and Agriculture Organization.
Fig.	: Figure.
HT	: Height.
HD	: Huntington disease.
MID	: Multi- infarct dementia.
MRI	: Magnetic Reasonanse Imaging.
MMSE	: Mini- Mental state Examination.
MSP	: Malignant Social psychology.
No.(n)	: Number of subjects.
PD	: parkinson's disease.
RDA	: Recommended Dietary Allowances.
RNI	: Recommended Nutrients Intake.
SDAT	: Senile dementia of the Alzheimer type.
TIA's	: Transient ischemic attacks.
WHO	: World Health Organization.
WK	: Week.
WT	: Body weight.
Yrs.	: Years.

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Introduction

During the twentieth century, the proportion of older person continued to rise, and this trend is expected to continue into the twenty-first century. The proportion of older persons was 8% in 1950 and become 10% in 2000, and is expected to reach 21% in 2050. The older adults population in the United States by the year 2030, estimated to be 70 million Americans at age 65 years or older. In Egypt the data referred that population of ageing has continuously progressing, which constituted 5.12% of all population in 1996, but at 1999 this slid constituted 6.23%, and by year 2000 s the slid constituted 6.33%. while the expectancies refer that this slide will reach 10.7% of all population by year 2025(*COMS, 1996 Arnaout, 2003*).

The physiological changes that usually occur with the aging process is essential for evaluating diet and health. The prevalence of chronic illnesses increases with resulted morbidity and disabilities. The most common diseases of Egyptian older people are arthritis 12%, eye diseases 7.5%, gastric problems 4%, respiratory problems 2.7%, hypertension 3.7%, mental disorders 2.2% and urinary diseases 1.9%(*Of Abou-Hatab, 2000*) .

In the United States (USA) studies reporting that approximately 15% of the population averages 65 yrs., suffer from some forms of dementia these figures rise dramatically with increasing age, with reports ranging from 25% to 47% of those over 85 yrs. They estimated 4 million individuals Older than age 65 have some form of dementia. In Egypt the data referred that population of aging has 103,072 people (*Baddelay et al ,1995*) .

Alzheimer's disease is one type of dementia. USA studies estimate that the number of patients with Alzheimer's disease will be around 7.5 million patients in the year 2050. In Egypt, Alzheimer's disease affects about 65% from dementia patients (*Hassan, 1999*). The prevalence rate, nearly doubles with every five years, increases with age, rising to 32.3% in those aged 90-94 years (*Clarke, 1999*).

Many older people are disabled by a gradual loss of brain functions, a condition referred to as dementia. About 5% of people over the age of 65 have dementia and the incidence increases sharply with age over 30% of those older than 85 yrs are affected. Dietary factors, including nutritional deficiencies and over consumption of fats and alcohol- contribute to one third to half of all cases. (*Butler, 1995*) (*Kant et al, 1994*).

There are some nutritional problems which resulting in dementia patients and normal elderly as: weight loss, dysphagia, obesity, hyperphagiaetc). Besides other problems in dementia. As Disabilities in food intake due to difficulties in chewing, swallowing loss of teeth.....etc.) (*Abdalla, 2005*).

The physiological changes that occur as a result of normal aging and degenerative disease influence food intakes as loss of appetite or diminished taste sensitivity makes eating less pleasurable besides. The physical disability that restricts food shopping and meal preparation limits food choices. Because physiologic changes affect both psychological outlook and level of social activity, sometimes it is difficult to identify the true cause of any observed change in food pattern

among elderly persons. (*Abdalla, 2005*) (*Bartholomew et al, 1990*)

Today the assessment of nutritional status has become an integral Component of the geriatric health care, whether it is provided through a clinic, private physician's office or other health care member. The accurate collection and correct interpretation of the nutritional data are very important elements in these fields. Besides it is considered an essential information for developing the nutritional care plans, and serves as a mechanism for evaluating the effectiveness of nutritional care (*Mc Ginnis, 1995*).

Dementia patients need special help in daily life activities. This help is usually provided by a family caregiver. This has been defined as the spouse, a patient relative, or any individual other than salaried home helpers. Approximately 35% of caregivers are spouses, and 64% of those are women (*Devsen and Brunt, 1997*).

The present study is an attempt for assessing and evaluating all factors affect the nutritional status of dementia patients and normal elderly.

Aim of the study

Aim of the present study is :-

- Evaluating the Nutritional Status of Dementia Patients.