بسم الله الرحمن الرحيم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

قسم

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شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

بالرسالة صفحات
لم ترد بالاصل

بعض الوثائق الأصلية تالفه

ASSESS...ENT OF NUTRITIONAL STATUS RESIDENTS OF GERIATRIC HO...ES

Thesis

Submitted for Partial Fulfillment for

M.D. Degree in Public Health

By

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2002

جامعة القاهرة / كلية الطب
القصر العيني

محضر

أجتماع لجنة الحكم على الرسالة المقدمة من
الطبيب / زينب عباس عبد العال
توطئة للحصول على درجة الماجستير / الدكتوراة
فى الصحة العامة والطب الوقائي

تحت عنوان : باللغة الانجليزية : Assessment of nutritional status of residents of geriatric homes

: باللغة العربية : تقييم الحالة الغذائية لنزلاء دور المسنين

بناء على موافقة الجامعة بتاريخ / / ١٩ تم تشكيل لجنة الفحص والمناقشة للرسالة المذكورة أعلاه على النحو التالي :-

١) أ.د/ عنايات السيد الشربيني - طب القاهرة — عن المشرفين
٢) أ.د/ مديحة إبراهيم نجا — طب القاهرة — ممتحن داخلي
٣) أ.د/ عادل محمد عبد الغفار السيد — طب المنصورة — ممتحن خارجي

بعد فحص الرسالة بواسطة كل عضو منفردا وكتابة تقارير منفردة لكل منهم إنعقدت اللجنة مجتمعة فى يوم الاثنين بتاريخ ٣ / ٦ / ٢٠٠٢ بقسم الصحة العامة مدرج الصحة العامة بكلية الطب - جامعة القاهرة وذلك لمناقشة الطالب فى جلسة علنية فى موضوع الرسالة والنتائج التى توصل إليها وكذلك الأسس العلمية التى قام عليها البحث .

قرار اللجنة : [illegible]

توقيعات أعضاء اللجنة :-

المشرف الممتحن	الممتحن الداخلى	الممتحن الخارجى
[illegible]	[illegible]	[illegible]

(عصام)

Abstract

Study was carried out in 19 geriatric homes in Cairo samples included 494 self dependent residents, 179 males and 315 females, 65 years and over. Questionnaire sheet inquired about biodemographic information, social data present medical history, drug intake, clinical and anthropometric examination, dietary assessment through 24 hours recall. Blood sample was taken for hemoglobin level, fasting blood sugar, blood lipids retinol and albumin.

Key Words: Nutritional assessment – Geriatric home residents.

Acknowl dgement

I would like to express my sincere gratitude and deep appreciation to ***Professor Dr. Mervat El Rafei*** Professor of Public Health, Faculty of Medicine, Cairo, University, for her precious supervision and helpful suggestions.

I am deeply indebted and grateful to ***Professor Dr. Enayat El Sherbeeny***, Professor of Public Health, Faculty of Medicine, Cairo University for her generous help, precious advice and valuable experience for giving this work.

I grateful acknowledge the truthful help of Professor ***Dr. Hoda Abd El-Fattah***, Dean of National Nutritional Institute, for her precious supervision and constant encouragement.

I would like to express my deep appreciation and gratitude to ***All Members of Growth and Development Requirements Department of National Nutrition Institute*** for valuable guidance in dietetic and laboratory work. Thanks for Statistical unit for truthful help.

I would like to thank ***All the Members of the Department of Public Health, Faculty of Medicine, Cairo University*** for their help.

Finally, I would like to than the ***Members and Employees of Ministry of Social Affair and each geriatric home*** who provided willing help and cooperation for conducting this work.

Contents

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Abbreviations

AD	:	Alzheimer Disease
ADLs	:	Activities of daily living
ASHD	:	Athroschlerosis Heart Diseases
BMI	:	Body Mass Index
BP	:	Blood Pressure
Ca	:	Calcium
CAST	:	Council for Agricultural Science and Technology
CHD	:	Coronary Heart Diseases
COPD	:	Chronic Obstructive Pulmonary Diseases
FUFAs	:	Free Unsaturated Fatty Acids
HIV	:	Human Immune Virus
K	:	Potassium
LDL	:	Low density lipoprotein
Mg	:	Magnesium
MUFAs	:	Monounsaturated Fatty Acids
Na	:	Sodium
NSAIDs	:	Non Steriodal Anti inflammatory Drugs
NSI	:	Nutrition Screening Initiative
OA	:	Osteoarthrosis
OTC	:	Over-the counter
PA	:	Prealbumin
PEM	:	Protein Energy Malnutrition
PUFAs	:	Polyunsaturated Fatty Acids
RBP	:	Retinol-Binding Protein
RDAs	:	Recommended Dietary Allowances

INTRODUCTION

Introduction

Nutrition and aging are inseparably connected as eating patterns affect the progress of many degenerative diseases associated with aging. In turn, the nutritional status of the elderly may be adversely affected by a number of factors associated either directly or indirectly with aging.

Reducing morbidity could be through health promotion and disease prevention, both improve the quality of elderly life and lessen the burden on health care system. It would seem reason reasonable that such efforts, including nutritional education in elderly would be of benefit ***(Olshansky, et al., 1998).***

The risk factors of nutritional deficiency in the elderly are ranging from psychologic, physiologic and pathologic changes. They include depression, isolation, cogriitive impairment, decreased physical activity idiosyncratic food performance, dental and oral changes, decreased acuity of taste and smell, decreased appetite, drug – nutrient interaction, recurrent infections, and chronic diseases ***(King 1997).***

Despite considerable chronic disease and drug therapy, nursing home residents, are generally a clinically stable population. Most residents have at least one or several chronic conditions that can affect nutritional status ***(Melory et al., 1995).***

The dramatic increase in life expectancy in this century occurred primarily in infancy and childhood. For men life expectancy at birth increased from 48 years to 72 years since 1900 for women it increased from 51 to 79 years.

Thus the growth of older population does not reflect an increase in maximal life span but instead reflects the extended life span of those individuals who in the past would have died in the infancy or childhood ***(US Department of Health, 1992).***

The nutrient needs of both healthy and physically impaired older people are poorly understood; the current RDAs for those above 50 have been extrapolated from the recommendations for young adult and overlook the differences between the various age groups.

The major factor influencing dietary adequacy in older people is total energy intake ***(Robert and Williams 1996).***