



بسم الله الرحمن الرحيم

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Performance of Older Adult Regarding Their Health Maintenance Measures

Thesis

*Submitted in Partial Fulfillment of the Requirement of the
Master Degree in Family and Community Health Nursing*

By

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(Bsc. Nursing El Minia University 2013)

**Faculty of Nursing
Ain Shams University
2022**



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List of Abbreviations

<i>Abb.</i>	<i>Meaning</i>
ASCVD	Atherosclerotic Cardiovascular Disease
ATDs	Assistive Technology Devices
BMD	Bone Mineral Density
BMI	Body Mass Index
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardiovascular Disease
DLW	Doubly labeled Water
FOF	Fear of Falling
FRAIL	Fatigue, Resistance, Ambulation ,Illnesses And loss of Weight
GH	Growth Hormone
H1N1	Hemagglutinin 1 Neurominidase 1
H3N2	Hemagglutinin 3 Neurominidase 2
HA	Hemagglutinating Antibody
HAPPY	Healthy Ageing Promotion Programme for You
HBPM	Home Blood Pressure Monitoring
HDL-C	High-Density lipoprotein Cholesterol
HZ	Herpes Zoster
iFOBT	Immune Fecal Occult Blood Test
IGF	Insulin-like Growth Factor
IIV	Inactivated Influenza Vaccine
KAP	Knowledge, Attitude, and Practice
LAIV	Live Attenuated Influenza Vaccine

<i>Abb.</i>	<i>Meaning</i>
LCDC	Lifestyle Change Plus Dental Care
LDL	Low-Density lipoprotein
LDL-C	Low-Density lipoprotein Cholesterol
MS-9	Methylated Septin-9
NIDCD	National Institute on Deafness and Other Communication Disorders
PCV13	Pneumococcal Conjugate Vaccine,13-valent
PPV23	Pneumococcal Polysaccharide Vaccine (23-valent)
RSV	Respiratory Syncytial Virus
SPPB	Short Physical Performance Battery
TIV	The Trivalent Inactivated Influenza Vaccine
VZV	Varicella Zoster Vaccine
WHO	World Health Organization

Performance of Older Adult Regarding Their Health Maintenance Measures

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Abstract

This study aimed to assessing performance of older adults regarding their health maintenance measures **Research design:** A descriptive, analytic design was used to conduct this study. **Sample:** Convenience sample was conducted included 100 older adults attended Geriatric Club. **Setting:** Geriatric Club at EL-Minia City affiliated to medical center deposit. **Tools:** two tools were used to collect necessary data an interviewing questionnaire pre-designed including the following parts: **Part I:** older adults Socio-demographic characteristics, **Part II:** Older adults knowledge regarding their health maintenance measures, **Part III:** Reported performance of older adults regarding their health maintenance measures, **Second tool:** 5 points likert scale to assess older adults attitude toward health maintenance measures. **Result:** Revealed that more than half of older adults had satisfactory level of knowledge regarding their health maintenance measures, less than half of older adults had satisfactory level of performance toward their health maintenance measures, less than half of older adults had positive attitude toward their health maintenance measures. **Conclusion:** There were highly statistically significant difference between total level of knowledge and total level performance and total level of attitude toward health maintenance measures among older adults. **Recommendation:** Designed an education program for older adults to improve their Knowledge, performance and attitude toward health maintenance measures.

Key words: Performance and Health Maintenance Measures, Older adults

Introduction

Aging is a natural process which results in loss of body function caused by changes in cells and tissues, which leads to a decline in function and neuromuscular performance, causing decreased functional capacity in older adults. This process makes functional limitations more prevalent, but physical performance is a dynamic health aspect and recovery from limitations is possible (*Germano et al., 2021*).

Aging has been recognized as a risk factor for most chronic diseases. It is an inevitable progression towards dysfunction and ultimately death across most living organisms, especially mammals. With aging, there is accumulation of damage that leads to an increase in disease vulnerability and death. However, despite years of intense research, the exact underlying mechanisms that govern aging processes remain poorly understood. Why and how we age still remains a mystery (*Gonzalez et al., 2020*).

Complex health conditions among older people are often defined as geriatric syndromes, referred to as conditions linked to accumulated aging-related impairments in multiple organ systems. Geriatric syndromes are defined as phenotypical presentations of accumulated and

underlying aging-related dysfunctions spanning over different organ systems. Geriatric syndromes include among others falls, depressive symptoms, and vision and hearing impairment. The presence of geriatric syndromes indicates a decline in health and is associated with subsequent disability, institutionalization, hospitalization, and mortality (*Rausch et al., 2021*).

One of the great successes of modern medicine is that increasing numbers of us are living to an older age, and many previously life-threatening diseases are now chronic diseases. Geriatric medicine is the care of (typically older) people who are getting frailer and have a number of chronic medical issues. It is provided by not just specialist doctors, but multidisciplinary teams (MDTs) working together (*Wilkinson & Harper, 2020*).

To help maintain or promote health and wellbeing in ageing populations, more opportunities must be created for older people to participate in, and contribute to, their communities. Community engagement can potentially encourage older adults to be more cognitively and physically active, and socially connected, while facilitating their health and independence. Enabling people to do meaningful work more flexibly in later life may also reduce

demand on health and care services (*Krzeczkowska et al., 2021*).

Public health can play a vital role in promoting healthy, successful aging even in the face of increased prevalence of chronic diseases. Furthermore, actively engaging adults in prevention and wellness along with involving their caregivers (i.e., the family and friends of older adults who provide them with unpaid and informal support and services) can serve to prevent or delay the onset of physical disabilities and cognitive decline (*Olivari et al., 2018*).

Older adults often are reluctant to discuss their concerns about worsening memory with their health care providers although such discussions can lead to earlier diagnosis and better care, planning, and support. As advances in public health and health care have helped increase life expectancy, public health professionals and health care providers have the opportunity to improve the quality of life for older adults and their caregivers and reduce the burdens associated with aging (*Olivari et al., 2018*).

As the population of older adults grows, healthcare professionals and delivery organizations alike are tasked