

The Nutritional Status of Elderly People in A Nursing Home City of Sabzevar In 2015

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Abstract

Introduction and Goal

Due to physiological changes in the elderly, elderly nutritional status in developing countries is an important issue that has received little attention. Nutritional factors on mortality, morbidity and quality of life are effective. Through epidemiological diseases, increased life expectancy and an increase in the number of old age, and consequently the number of elderly who need medical services will be added. Studies show that the turnout at the world's largest nutritional status, play a prominent role in health and disease and people 65 years and older for many low-income elderly and the poor, the most important factor. Known dietary factors, including chronic diseases, oral health problems, lack of emotional functioning, social isolation, taking multiple medications, socioeconomic status / F physical disability, sedentary lifestyle, depression and dementia, and reduced production gastric acid. The cognitive factors that make a person vulnerable to severe illnesses exhausted physical condition of the body and finally admitted to the hospital. Studies have shown that malnutrition is an independent risk factor for hospital admission in the elderly.

Materials and Methods

This study is a cross-sectional descriptive study population included all elderly men and women living in nursing homes has been a city of Sabzevar. 120 samples were randomly selected (60 males and 60 females). Collect data using observation and questionnaires were used. Anthropometric values weighing, measuring height, weight, body mass index (BMI) was calculated. Standard questionnaire MNA (Mini Nutritional Assessment) that was used for grading the nutritional condition of the elderly.

Results

Mother in a nursing home survey data show that 5 people suffer from malnutrition, 31 people were at risk of malnutrition and 14 normal powers. In the process of absorption of nutrients that are in trouble and have not enjoyed the life of a healthy lifestyle and diet has been previously Condition risk factors.

Keywords: Elderly, MNA, nutritional status

Introduction

The elderly due to physiological and psychological changes a lot, are more in need of care [1]. By 2050, the elderly population is predicted to more than one billion and one hundred million [2,3]. According to the 1390 census the population of people over 60 years, 6,159,676 people who make up 1.8 percent of the total population. Health and care have become a great challenge them [4,5] It is estimated that the

elderly population in 2050 to 21.7 percent [6]. Elderly nutrition is very important that the developing country that has received little attention [7]. Prevalence of malnutrition in elderly nursing home residents compared to those who live in freedom, is high [8,9,10]. Studies show that a large number of hospitalized elderly patients and residents in nursing homes are undernourished. In a multi-country study in 1144 patients were studied in Portugal where it was

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found that 36% of the elderly at risk of malnutrition and 9.7% were malnourished [11]. Improving the nutritional status of older persons play an important role in improving their health and reducing deaths caused by complications of chronic diseases in them [12]. Brief assessment of nutritional status in elderly (MNA) is a useful tool for rapid assessment of nutritional status in elderly and people to be able to identify early intervention is appropriate [13,14]. has been Arzaby reliability of these instruments in several studies [15,16]. Studies show brief assessment of nutritional status can be a good prognostic tool in nursing homes is a daily activity [17].

Analysis Method

In this study, 120 subjects (60 female, 60 male) living in a nursing home for the elderly in the city of Sabzevar in 1394 were enrolled. Information was completed with the help of nurses working in the laboratory. In a voice that seniors were not able to respond, information was completed by nurses who had sufficient knowledge of the elderly. Data collection included two questionnaires of demographic information and brief questionnaires nutritional status (MNA), respectively. Elderly demographic characteristics were recorded using the file. Nutritional Assessment questionnaire containing 18 questions. The questionnaire score of 24 or higher indicates the optimal nutritional status. People who

had earned a score of 17 to 5/23, were at risk of malnutrition. A score of less than 17 indicates malnutrition in the elderly. Fixed scales to determine the weight of 5.0 kg and accurately measure height, waist and hip size of 1.0 cm with an accuracy of meters of fabric were used. In order to set them into two groups dependent elderly dependency (in bed without moving too much) and independent groups. The collected data were analyzed by software Spss V16. Researchers in the duration of the study was to observe all ethical considerations.

Findings

In this study, 120 subjects (60 female, 60 male) living in a nursing home for the elderly in the city of Sabzevar in 2015 were enrolled. The average age of men and women were on 4/65 and 3/73 is such that no significant relationship between age and malnutrition in the elderly. Results showed that the average BMI in men and women respectively, 27/7 and 35/8 respectively. Also, significant relationship was found between BMI and hand feed. The questionnaire results showed that only 47.5 percent of seniors had appropriate power and more than 50 percent of older adults had a favorable nutritional status. The rate of malnutrition in more time than men. Figure 1 and 2 status malnutrition among the elderly, according to MNA scale show.

Table 1. Public Profile seniors participating in the study

Total	Female	Man	View Public Profile
69/34±7	73/3±7	65/4±7	Age (Standard Deviation)
120	60 (50%)	60 (50%)	Sex (percent)
48/8	53/6	40/2	Weight (kg)
157/6	154/2	160/01	Height (cm)
30/5	35/8	27/7	Body mass index (kilograms by height squared)
29/8	30/4	26/6	And MAC (cm)
34/1	33/2	35/7	Calf circumference (cm)
78	38	40	Taking the drug for more than 3 days
Illness (prevalence)			
33	18	15	Cardiovascular
12	5	7	Respiratory
40	18	22	Digestive
15	6	9	Osseous
Number of meals per day			

3	1	2	One servings
5	3	2	Two servings
112	56	56	Three servings

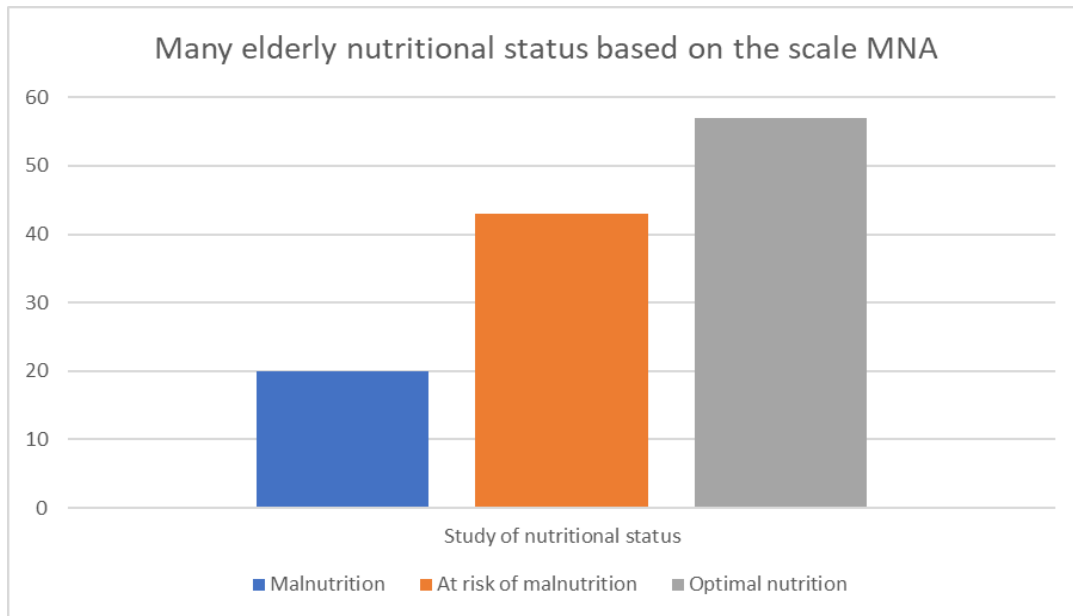


Fig 1. Many elderly nutritional status based on the scale MNA

MNA also good as a means of daily activity function in the elderly. In the regression model, mna as a remarkably dependent variable was associated Bamlkrd daily activities ($p = 0/05$) The performance of daily activities as a dependent variable is linked closely with MNA ($p = 0/001$)

Discussion and Conclusion

This study showed that the nutritional health status of the elderly is not in good shape. Active Seniors were more than adequate nutritional status. According to studies done on the nutritional status of the elderly throughout the world, malnutrition resulting from food intake reduction, Mklatn digestion and absorption of food and increased need for nutrients is seen in this age. (18) Due to the high

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