Characterization of the Operation of the Diet in Patient Diabetic Geriatrics

Alvarez JC1*, Valdés Utrera JR2, Leal Ruíz E3, Vizcaíno Escobar A4 and Delgado Pérez A5

1Clinical health psychologist, Policlinic “José Ramón León Acosta”, Cuba
2University Medical Sciens of Villa Clara, Cuba.
3Endocrinologist, Policlinic “José Ramón León Acosta”, Cuba
4Central University “Marta Abreu” of the Villas, Cuba
5Policlinic “José Ramón León Acosta”, Cuba

*Correspondiente author: Jesús Cuéllar Álvarez, Psycho pedagogic, Clinical health psychologist, Policlinic, Cuba, Email: jesusca@infomed.sld.cu

Abstract

Background: The diabetic in bigger adults is necessary to prevent illness from the sciences of the health.

Objective: To characterize of the operation of the diet in patient diabetic geriatrics.

Methods: Was carried out a study decriptivo, retrospectivo, with a sample composed by 18 old patients, belonging of the Policlinic "José Ramón León Acosta. It gathers it of the data was carried out through the empiric method as the questionnaire and for the analysis of the data the statistical calculation was used.

Results: The state of individual health of this group prevailed as for knowledge that will allow them to modify its lifestyle and in turn an aging very happened to the minimum of limitations.

Conclusion: The difficulties are focused in the sistematic of the development psicosocial and to preve factors normative for the sanitary and social structure in bigger adults.

Keywords: Aging; Diabetic; Health; Bigger Adults

Introduction

The older adult in Cuba occupies more than 19%, and it is expected that by 2025, one in four Cubans will be older adults. Of this population only one percent is in institutions, 9% live alone and the rest live with family members [1]. The so-called third age, also known in the terms of old age, late or adulthood, has been addressed in the literature in isolation or as a phase of involution and not as an authentic stage of human development. It is located around the age of sixty, associated with the event of occupational retirement [2]. The call third age, bigger or later adulthood, it has been approached in the medical literature in an isolated way and I don’t eat an authentic stage of the human development [3].

Physical rehabilitation consists of restoring the affected function by means of specific interventions, which obey a plan previously established on the basis of the clinical characteristics of the patient in question. Its
The ultimate goal is the recovery of functions, so that the patient can meet daily demands with a minimum of efficiency [4-6]. In spite of the demographic increase and the high degree of population aging that Cuba exhibits, there are not ample references of research in relation to the geriatric study that measure the cognitive and affective state, however, there are statistical data that have been attended and offered monitoring and special treatment of the psychological well-being of the elderly, precisely in these last five years [7-13]. The objective of the present investigation was to characterize of the operation of the diet in patient diabetic geriatrics.

Methods

A study descriptive-retrospective approach was carried out in elderly patients attended from a community health area belonging to the "José Ramón León Acosta" polyclinic of Santa Clara municipality, in the period from September 2018 to April 2019. The sample was selected through the simple random sampling probabilistic technique and consisted of 18 old patients, previously informed consent to participate in the study.

Theoretical Level

- Synthetic analytical: It made possible the interpretation of each one of the studied texts, to conform the criterion assumed in the epigraphs and paragraphs, as well as to particularize in the data obtained in the surveys to integrate them and to establish the corresponding generalizations.
- Inductive-deductive: It facilitated going from the particular to the general in each of the analyzes carried out in the theoretical study and in the processing of the obtained information.
- Generalization: It allowed the establishment of the regularities that were revealed in the study carried out.

Empiric Level

Open interview: Contributed to identify the self-regulation indicators in the patient diabetic geriatrics.

Individual clinical histories: It made it possible to provide information on various personal aspects.

The selection was based on the following approaches:

Inclusion Approaches

- All the patients of both sexes, older adults between 60 to 80 years of age.
- Elderly patients who give their consent to participate in the investigation.

Exclusion Approaches

Patients with a psychiatric history whose psychotic level prevents them from cooperating with the study were excluded.

Exits Approaches

- Patients that abandon the investigation voluntarily.

Collection of the Information

For the collection of information, a form was designed with the variables that were to be investigated, which included general data, such as age, sex and patient diabetic geriatrics. In addition, the open interview was conducted, with prior informed consent.

Statistical Analysis

Once the information was collected, an automated database was created, supported on Windows Microsoft Excel, from which the frequency distributions for the tables and graphs that summarized the primary data were extracted. Descriptive statistics techniques were applied to obtain absolute frequencies and percentages.

Results

The Table 1 shows ages that are located among the 60 years and more, 14 individuos is of the female sex (77.7%) and 4 of the male sex (22.2%). In the analysis of the total of old patients the sex female prevailed with 14 cases (77.7%), the male one represents 4 old men (22.2%), standing out the group of 60-70 year-old ages, for the two groups (77.7%).

| Ages   | Female | Male | Total |
|--------|--------|------|-------|
| 60-70  | 11     | 2    | 14    |
| 71-80  | 3      | 1    | 4     |
| Total  | 14     | 4    | 18    |

Source: clinical history of health

Table 1: Characterization for sex and age.

Before the intervention, the basic knowledge on dietary régime are not high (55.5%), after the application there was a change for well in the knowledge, until of a (83.3%), what is translated in possible changes of lifestyles as for feeding. The intervention improves the knowledge it has more than enough nutrition after the
intervention with a dependability of more than 95% (Table 2).

| Level of knowledge on the diet | Before | After |
|-------------------------------|--------|-------|
|                               | #      | %     | #    | %     |
| High                          | 3      | 16    | 15   | 83,3  |
| Half                          | 5      | 27,7  | 3    | 16,3  |
| Under                         | 10     | 55,5  | 18   | 100   |

Source: clinical history of health.

Table 2: Level of knowledge on the diet in patient diabetic geriatrics.

Discussion

The aging process brings I get the reduction of the physical capacity and/or the development of an individual’s deterioration cognitive. Nevertheless, diverse pathologies, accidents, history of life, loads genetics and aspects psychologic and social can influence in the speed and severity of such conditions, even in the condition of functional dependence [14].

In connection with the grade of independence, this study coincides with the author Marinês Tambara and other [15] where almost 85% of the old men was independent, continued by those with partial dependence (9%). Several works have demonstrated that the depressive symptoms are related with a precarious health and a functional inability, for what is considered as a problem of very important public health and their study is integral part of the investigations about the well-being and the health of people of advanced age [16-18]. In the literature on the sciences of the health has been picked up that relationship exists between the escolaridad level and the state cognitive of the biggest adults. The old men with low escolaridad grade are hindered the understanding and realization of tasks [19].

The interest for the adjusted lifestyle to the physical sphere, cognitive and affective in the biggest adults they make that by means of pursuit and attendance with the help of the diverse professionals implied with the direct work in rehabilitation achieve an appropriate active or successful aging as primary process that implies gradual and unavoidable changes related with the age, which appear in all the members of a species [17,18]. The aging process is normal and it happens in spite of the fact that the individual of enjoyment of good health or maintain a healthy lifestyle and I activate. Therefore, it is indispensable for the attention and health integral geriátrica to take conscience singular of their own state of health psychologic and social, spiritual and cultural [15].

By way of conclusion, the age is the unavoidable result of the organic and mental deterioration, which becomes visible by the middle of the life and it progresses to a quick rhythm. To age like biological process has extensive social and psychological consequences in today’s world and especially in the county of Villa Clara, where the population's aging increases, what implies that the biggest adults demand actions integrated with the help of professionals and the intervention of different sectors that cover their diverse biological, psychological and social necessities [15].

Conclusion

The magnitude of the population's aging doesn't have precedents; it is a process without limits in the humanity's history, the number of grown-ups increases exponentially in complex and uncertain socioeconomic joints. The development of professional competitions that offer attention to the biggest adult to guarantee the quality and the excellence in the attention of health, will allow potenciar an appropriate lifestyle and to prevent that becomes a crisis factor for the sanitary structure. The obtained results are notably positive on the cost of their implementation in the current socioeconomic assisting to the focus psychologic and social in health, about the improvement of the lifestyle of this group , as for knowledge that will allow them to modify their state of health and in turn an aging very happened to the minimum of discapacity and this way the development psychologic and social and to prevent that the aging becomes a factor of normative for the sanitary structure and of the social security.

References

1. Álvarez R (2013) Evolution of aging in the Cuban population. MGI themes.
2. Javier Rafael SO, Jesús Cuéllar Á (2016) Exploración Neuropsicológica en Adultos Mayores Con Demencia senil Precoz pertenecientes Al Centro De Rehabilitación En santa Clara.
3. Luria AR (1973) Fundamentals of Neuropsychology. Barcelona: Fontanella.
4. Vigotsky LS (1985) History of the development of higher psychic functions.
5. Cuetos F (2013) Cognitive neuropsychology of language. In: De Vega M, Cuetos F (Eds.), Psycholinguistics of Spanish Madrid: Trota, pp: 535-69.

6. Luria AR (2009) The superior cortical functions in man.

7. Buendia J (2012) Gerontology and health. Current perspectives.

8. Madruga F, Castellote FJ, Serrano F, Pizarro A, Luengo C, et al. (2017) Katz index and Barthel scale as indicators of functional response in the elderly. Rev Esp Geriatr Gerontol 27(8): 130.

9. Hernández P, Benítez MA, Barreto J, Rodríguez H, Torres A, et al. (2014) Screening in the elderly of functional dependence and risk of institutionalization. Aten Primaria 10(8): 140.

10. Valderrama E, Pérez del Molino J (2014) A critical view of the scales of functional assessment translated into Spanish. Rev Esp Geriatr Gerontol 32 (5): 297-306.

11. Save A, Vellar B, Albarede JC (2013) Gerontological evaluation. First results of a geriatric evaluation unit. Rev Gerontol 4: 174-179.

12. Abanto JJ, Martínez T (2013) Home help in Zaragoza: Qualitative and quantitative assessment. Rev Esp Geriatr Gerontol 26: 197-202.

13. Guzmán Olea E, Pimentel Pérez BM, Salas Casas A, Armenta Carrasco Al, Oliver González LB, et al. (2016) Prevention of physical dependence and cognitive deterioration through the implementation of an early rehabilitation program in institutionalized older adults. Acta univ 26(6).

14. Marinês Tambara L, Castioni D, Kirchner RM, Hildebrandt LM (2015) Functional capacity and cognitive level of older adults living in a community in southern Brazil. Enferm Glob 14(37).

15. Rodríguez Blanco L, Sotolongo Arró O, Luberta Noy G, Calvo Rodríguez M (2013) Behavior of depression in the elderly of the "Cristóbal Labra" polyclinic. Rev Cub Med Gen Integr 29(1): 64-75.

16. Clemente, F (2013) Reduction of anxiety, geriatric depression and worry in a sample of older adults through a training program in mindfulness. Ter Psicol 35(1): 71-9.

17. Segura Cardona A, Cardona Arango D, Garzón Duque M (2015) Risk of depression and associated factors in older adults. Antioquia, Colombia-2012. Rev Public Health 17(2): 184-194.

18. Giocoman C, Funes D, Guzmán L, Montiel T (2015) Depression and schooling in older adults. Dialogues education 1(2).