

ALTERNATIVE PRACTICES OF HEALTH MAINTENANCE IN ELDERLY AGE

E. V. Chernyshkova — Saratov State Medical University n.a. V. I. Razumovsky, Head of Department of Foreign Languages, Assistant Professor, Candidate of Sociological Science.

АЛЬТЕРНАТИВНЫЕ ПРАКТИКИ ПОДДЕРЖАНИЯ ЗДОРОВЬЯ В ПОЖИЛОМ ВОЗРАСТЕ

Е. В. Чернышкова — ГБОУ ВПО Саратовский ГМУ им. В. И. Разумовского Росздрава, заведующая кафедрой иностранных языков, доцент, кандидат социологических наук.

Дата поступления — 10.10.2011 г.

Дата принятия в печать — 08.12.2011 г.

Chernyshkova E. V. Alternative practices of health maintenance in elderly age // Saratov Journal of Medical Scientific Research. 2011. Vol. 7, № 4. P. 923–925.

The analysis of elderly people attitude to alternative practices of health maintenance in the context of activity prolongation is presented. By the example of conducted sociological research it is demonstrated that besides medication, health resources maintenance includes the following relevant methods: physical exercises and fitness; quit pernicious habits; rational nutrition; sexual activity.

Key words: elderly people, activity prolongation, alternative methods of health maintenance.

Чернышкова Е. В. Альтернативные практики поддержания здоровья в пожилом возрасте // Саратовский научно-медицинский журнал. 2011. Т. 7, № 4. С. 923–925.

Представлен анализ отношения пожилых людей к альтернативным практикам поддержания здоровья в контексте пролонгирования активности. На примере результатов проведенного социологического исследования показано, что для поддержания ресурсов здоровья пожилых людей, помимо медикаментозных методов, наиболее релевантными являются: физические упражнения и фитнес; отказ от вредных привычек; рациональное питание; сексуальная активность.

Ключевые слова: пожилые люди, пролонгирование активности, альтернативные методы поддержания здоровья.

Introduction. Ageing has become the global worldwide problem nowadays. It sends the new challenge to the society — integration of elderly persons into active social life. Contemporary development of public order influences the changes of social requirements to aged people, directing active lifestyle with the object of their successful inclusion in all spheres of social life. Age-specific health disturbances should be treated in the social and medical context so as to gain more independent vital activity of this social group. Though the considerable success of medicine and widening of medical services in the field of health preservation and maintenance have been well recognized, the study of the elderly attitude to alternative (non-drug) practices to sustain the health seems to be of current importance especially in the context of activity prolongation. *Objective:* To analyze the older adults' attitude to alternative methods of sustaining health in the context of their activity prolongation.

Methods. The received data of elderly persons survey (aged 60–74) on the problem of their attitude to alternative methods of health maintenance, conducted in 2010 in Saratov region (N=420), have been used for the present analysis. Processing of the obtained empiric data has been fulfilled with the program SPSS 11.0 for Windows.

Results. The survey has revealed that the most relevant alternative practices of health resources maintenance in old age are the following: 1) physical exercises and fitness; 2) quit pernicious habits — tobacco smoking and alcohol use; 3) rational nutrition, dietary; 4) sexual activity.

Since ancient times different societies have demonstrated a settled stereotype of old age as the period of diseases, infirmity and helplessness. However, we can find contradictory thinking about this period in the papers of antique philosophers: health loss, physiological ageing could be compensated by mental maturity, astuteness and inner freedom. And physical activity considered to be a good prophylaxis of inevitable age changes of a human body.

The development of medical knowledge and technologies could be treated as the beginning of positive rethinking of ageing process. The first scientifically proved ideas of human activity prolongation have appeared in XVIII century. The most widespread measures concerned common sanitary — cleanliness and temperate lifestyle. Gradually, the attention was paid to adequate physical activity, dietary, abstention from alcohol and smoking etc.

Nowadays, this approach to health is also topical and has a tendency to increase. The research results prove that complex approach to health maintenance in old age should combine medical services and such alternative methods as: physical exercises and fitness (51,2%); giving up bad habits — tobacco smoking and alcohol use (23,3%); rational nutrition, dietary (18,6%); sexual activity (6,9%).

The advantages of physical exercises and fitness are well known and proved. It is especially important for old people to recognize the importance of regular light to moderate physical activity in the prevention of physical disturbances associated with involuntional process in the organism and decreasing activity level due to their lifestyle. Regular physical activity increases life expectancy, can help older adults to maintain functional independence, and enhances quality of life at each its stage.

The beneficial impact of physical activity touches widely on various diseases and conditions. Regular physical activity can help to prevent and manage coronary heart disease, hypertension, diabetes, osteoporosis, and depression. It has also been associated with a lower rate of colon cancer and stroke, and may be linked to reduced back injury. It is an essential component of weight loss programs.

Physical activity is a complex behavior and its relationship with health is multifaceted. Regular vigorous physical activity promotes cardio-respiratory fitness and helps to prevent coronary heart disease. Activity that builds muscular strength, endurance, and flexibility may protect against injury and disability. And any activity that expends energy is important in weight control. Physical activity can also produce changes in blood pressure, blood lipids, clotting factors, and glucose tolerance, that may help to prevent and control high blood pressure, coronary heart disease and diabetes.

The rate of answering the question «What physical activity is the most acceptable to you?» shows the following preferences: walking (40,8%); daily bodily exercises at home (33,5%); upstairs ascending (11,2%); running (7,5%); swimming (4%); fitness centers attendance (3%). While activity should be habitual, it need not be unduly strenuous. People who engage daily in light to moderate exercise, equivalent to sustained walking for about 30 minutes a day, can achieve substantial health gains. Increasing evidence suggests that even small increases in light to moderate activity by those who are least active will produce measurable health benefits.

It is significant, that our respondents demonstrated high interest in specialized fitness programs for the elderly as they are conducted under the supervision of trainers and possess specific motivation — 63% of positive answers. But their financial status keeps them from using this opportunity — only 5% can afford it.

According to the research results, health preservation and maintenance in the context of active old age is an individual initiative. The reasons of this thesis are classified in the following order: modern public health service does not promote activity prolongation for aged people (52,2%); partly promotes (37,0%); generally promotes (10,8%). Negative evaluation of health care work could be explained in the terms of settled stereotypes of old age as a social ballast, braking the reforms; social incompatibility of the terms «activity» and «old age»; work imbalance of health care and insufficient financing of all social and medical services that work with elderly persons.

The next considerable practice of health maintenance and promoting healthy lifestyle in the late period of life is rational nutrition — as physiologically valuable nutrition, balanced with age and individual characteristics. The adoption of low-fat and low-salt dietary patterns is important for elderly people in the prevention of many diseases, including coronary heart disease and high blood pressure, and certain cancers. Further, the adoption of dietary and physical activity habits that will reduce the onset of obesity will help reducing the likelihood of coronary heart disease, diabetes and high blood pressure. Certain eating patterns — especially excessive consumption of fats — are linked to a higher risk of heart disease, breast and colon cancer, and gallbladder disease.

The majority of positive replies (77,4%) shows the confidence that food allowance of old and young people differs sharply. The realization of rational nutrition for old people runs against the set of problems: low nutrition literacy and financial opportunities of this social group.

The questionnaire data point to poor level of old people knowledge of medical nutrition recommendations (54%). Most information is obtained from the following sources: advertising news release (18,3%); personal experience of colleagues, relatives and friends (14,8%); advice of pharmacists at the chemist's shops (6,5%); consultations of medical specialists (5%); Internet and mass media (1,4%).

In spite of the fact that diet declining often leads to weight excess, the considerable proportion of respondents regard their weight gain to the consequences of ageing process (42,9%); financial inability of rational nutrition; (24,5%); results of chronic diseases (20,4%); sedentary lifestyle (12,2%).

Pernicious habits are undoubtedly health destructive factors, especially in old age. So, giving up tobacco smoking and alcohol use can extensively promote health maintenance. Perhaps more than any other age group, elderly people have the opportunity to assume personal responsibility for their health. Many of the leading causes of death for people between the ages of 55 and 70 are preventable, wholly or in part, through changes in lifestyle, and these changes established lifestyles, social norms related to health can be changed as well.

Positive behavioral changes can save many lives as they concern not only decrease of diseases, but also some accidents. Alcohol is a major factor in thousands of preventable deaths, including motor vehicle fatalities, homicides and suicides, cirrhosis of the liver, and some cancers, such as esophageal and liver cancer. This is not a critical issue for discussion. The vast majority of old people is absolutely sure in benefits of smoking and alcohol use refusal — 79,2%; the other 16,8% assert the importance of decreasing frequency and quantity of smoking and alcohol use; and the last statistically insignificant percent of respondents insists that they do not abuse the mentioned habits.

To sustain health in old age, many people are confident of sexual activity prolongation. It also can indicate psychological balance and social prosperity, as in some cases sexuality can enrich life of old people and displaying the absence of crucial physical disturbances. Our research discovered that most of cross-examined elderly persons are sure in advantages of sexual activity: 59,8% of them are still sexually active (i.e. have monthly sexual contact); 22,3% have no such opportunity due to the absence of a partner; 14% mark health problems as the obstacle; 3,9% have no sexual interest. But we should define gender misbalance in this question — most positive viewpoints on sexual activity and health maintenance belong to men (67%). It is absolutely clear that in spite of health disturbances, the necessity of sexual activity is rather important.

There is no doubt that sexual activity in every age depends on personality. So, many elderly people stay active up to 80 years, successfully adopting physiological changes. Some people try to sustain their sexual possibilities by means of physical exercises or medical aid. However, this sphere of human life seems to be significant for common state of health and self-esteem.

Discussion. Some American researchers pay special attention to the mentioned alternative practice of health maintenance in old age. Thus, the problem of rational nutrition and overweight is the subject of wide speculation. Statistic data reflect that about 27% of American women and 24% of men are obese. This problem is also associated with high blood pressure, elevated blood cholesterol, diabetes, heart disease, stroke, some cancers, and gall bladder disease. It also may be a factor

for osteoarthritis of the weight-bearing joints. Socioeconomic status has been linked to overweight. One national survey found that 37% of women below the poverty level were overweight, compared with 25% of those above the poverty level. Overweight is especially prevalent among members of some minority groups.

Obesity prevention includes combining regular physical activity with dietary practices to lose weight. Fewer than half of adult Americans exercise regularly (3 or more days a week, sustained for at least 20 minutes each time regardless of intensity), a matter of concern because a sedentary lifestyle appears to be an independent risk factor for coronary heart disease. Older adults are less likely to be physically active than younger adults. Research increasingly suggests that even moderate physical activity can decrease the risk of coronary heart disease, especially among the sedentary [1].

Regular physical activity can also help to prevent and manage hypertension, diabetes, osteoporosis, and obesity. Further, it may play a role in mental health, having a favorable effect on mood, depression, anxiety, and self-esteem.

Cigarette smoking is an important risk factor for heart disease, stroke, and some forms of cancer. In 1965, 40% of all Americans smoked cigarettes. Today, that figure is below 30%. Smoking is still responsible for one of every six deaths in the United States. Moreover, it is still placing certain groups at greater risk of disease than others, and it is still the single most important preventable cause of death in American society. Behavioral changes have saved many lives in the past two decades. For example, the declines, by more than 40 and 50%, respectively, in coronary heart disease and stroke death rates since 1970, are associated with reduced rates of cigarette smoking, lower mean blood cholesterol, and increased control of high blood pressure. In the same period, deaths from motor vehicle crashes declined by almost 30% [2]. Lower rates of alcohol use contributed to this reduction. Accompanying these trends were reduced public acceptance of certain risks, such as smoking and drinking.

Sexual activity as the alternative method of health preservation is not well studied. But some researchers give the following data on sexual activity varied by age: 73% of Americans aged 57 to 64 reported being sexual active; 53% of those aged 65 to 74 reported being sexual active; 26% of those aged 75 to 85 reported being sexual active (a representative sample of 3,005 U. S. adults ages 57 to 85 (men and women) found that sexual activity varied by age). Women reported less sexual activity than men, perhaps because of the shorter life expectancies of men (meaning there are less men to have sex with in the older age groups).

Half of the people surveyed (both men and women) reported at least one sexual problem that bothered them. The problems reported, however, were different for men and women. Women reported the following problems: low sexual desire (43%); vaginal lubrication difficulties (39%); inability to climax (34%). Men reported erectile dysfunction as the most common problem, with 37% reporting some level of difficulty achieving an erection. Of all the men in the study, 14% were taking some form of medication for sexual function.

For both men and women, people who rated their health as poor were less likely to be sexual active and more likely to report sexual problems. Overall, 38% of the men in the study and 22% of the women reported ever having discussed sex with their doctor after age 50 [3].

Conclusion. Alternative practices of health maintenance for the elderly are the part of a necessary complex combining medical services and non-drug methods. Regular light or moderate physical activity — walking, running, swimming, just as rational nutrition and sexual activity, can strengthen human health to a great extent. The research data demonstrate low confidence in health authorities in the terms of putting all these methods into practice. So, the vast majority of people surveyed consider health support to be the individual initiative.

Training and popularization of active way of living can be treated as the prospective measures to increase the interest in active lifestyle among old people. It can help forming the stable motivation to social activity and to redirect the vital values of the aged group for its best inclusion in contemporary social life along with the younger generation.

References

1. Healthy People 2010 // National Health Promotion and Disease Prevention Objectives. Summary Report. Boston, USA, 2010. Vol. 1. P. 23–26.
2. Healthy People 2010 // National Health Promotion and Disease Prevention Objectives. Summary Report. Boston, USA, 2010. Vol. 2. P. 12–13.
3. Sex and Older Americans: Statistics on Sex and the Elderly. URL: http://longevity.about.com/od/healthyagingandlongevity/a/sex_elderly.htm

Translit

1. Healthy People 2010 // National Health Promotion and Disease Prevention Objectives. Summary Report. Boston, USA, 2010. Vol. 1. P. 23–26.
2. Healthy People 2010 // National Health Promotion and Disease Prevention Objectives. Summary Report. Boston, USA, 2010. Vol. 2. P. 12–13.
3. Sex and Older Americans: Statistics on Sex and the Elderly. URL: http://longevity.about.com/od/healthyagingandlongevity/a/sex_elderly.htm

УДК 616–084:316.662:303.425.6] –057.87 (045)

Авторское мнение

О НЕОБХОДИМОСТИ ДИФФЕРЕНЦИРОВАННОГО ПОДХОДА К ОРГАНИЗАЦИИ ПРОФИЛАКТИЧЕСКОЙ РАБОТЫ СРЕДИ УЧАЩЕЙСЯ МОЛОДЕЖИ

Г. Г. Орлова — ГБОУ ВПО Российский университет дружбы народов, профессор кафедры профилактической медицины, доктор медицинских наук; Г. Н. Шеметова — ГБОУ ВПО Саратовский ГМУ им. В. И. Разумовского Минздрава России, заведующая кафедрой поликлинической терапии, профессор, доктор медицинских наук; А. А. Невзоров — ГБОУ ВПО Российский университет дружбы народов, соискатель кафедры профилактической медицины; Р. Н. Молодцов — ГБОУ ВПО Саратовский ГМУ им. В. И. Разумовского Минздрава России, аспирант кафедры поликлинической терапии.

DIFFERENTIATED APPROACH TO PROPHYLAXIS AMONG STUDENTS

G. G. Orlova — Russian University of Friendship of Peoples, Department of Prophylactic Medicine, Professor, Doctor of Medical Science; G. N. Shemetova — Saratov State Medical University n.a. V. I. Razumovsky, Head of Department of Polyclinic Therapy, Professor, Doctor of Medical Science; A. A. Nevzorov — Russian University of Friendship of Peoples, Department of Pro-