Analysis on the Effect of Pensioners on Health Promotion

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Abstract: Objective: To analyze the effect of using old-age care for the elderly.Methods: Case collection began in January 2019, Until the end of May 2020, A total of 170 elderly patients were collected, Number these older persons, The numbers are then randomly selected, In two groups, Of the 85 patients who used the old - age nurse as the study group, In 85 cases, the conventional family pension was used as the control group. The SAS and SDS scores, blood pressure, blood glucose and blood lipid levels were compared between the two groups. And evaluate the BMI、SGA scores, Quality of life.Results: The SAS and SDS scores of the study group were lower than those of the control group (P<0.05), the blood pressure, blood glucose and blood lipid levels were better than those of the control group (0.05), the BMI、SGA score was better than that of the control group (0.05), and the quality of life was better than that of the control group (P<0.05).Conclusion: the use of old-age care in the elderly can effectively improve their negative psychology, effectively control blood pressure, blood sugar, blood lipid level, improve the nutritional status of the elderly, improve the quality of life of the elderly, and have a significant effect on the health of the elderly.

1. Introduction

Due to the aging of the society and the problems of the only child, it is more difficult for the elderly to provide for the aged, and the function of the elderly is degraded, osteoporosis, hearing, vision, understanding ability and self-care ability are all decreased[1]24 h of nursing care is required because the child has a job and his/her wife is also in old age or widowed[2]As a result, nursing homes have emerged as the times require, and old-age nurses not only pay attention to the food, clothing, housing and transportation of the elderly, but also to their health, nutritional status and psychological problems[3]This study analyzed the effect of using old-age care for the elderly.

2. General Information

2.1. Basic Information

Case collection started in January 2019, Until the end of May 2020, A total of 170 elderly patients were collected, Number these older persons, The numbers are then randomly selected, In two groups, In the study group ,85 cases, 42 women, 43 men, Age 65-88, Average age (75.26±5.73), Control group ,85 cases, 45 women, 40 men, Age 66-89, average (75.26±5.41) years. between the two groups, there was no difference in sex and age (P>0.05). All signed informed consent, Inclusion criteria: all older persons over 65 years of age, Cooperate with this research; Exclusion criteria: mental illness, Malignant neoplasm, Alzheimer's, could not cooperate with this study.

2.2. Research Methodology

Routine home care was used in the control group: children of the elderly and their partners were cared for, including care for their diet and medication.

The old-age care workers should pay more attention to the mental health problems of the elderly, because they do not have children to accompany, and worry about their own health, there will be many bad emotions, so the old-age care workers should first of all focus on the psychology of the

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elderly, more care for the elderly, meet the needs of the elderly, more communication with the elderly, let them express their ideas, and more let them communicate with other elderly people, make friends, do not let the elderly feel lonely and lonely. Inform the elderly of the importance of their treatment and encourage them to face the disease with confidence. 2) diet nursing: design daily healthy diet according to the situation of different old people, for the elderly with high blood sugar, to control the intake of dietary sugar, for the elderly with high blood pressure and coronary heart disease, to control the intake of salt and oil, less time and more meals, low oil, low fat, low calorie, low sugar and other light, healthy diet. 3) life care: guide the elderly who can go down on their own to carry out appropriate sports, such as tai chi, slow walk, etc. Maintain indoor environmental hygiene, open more windows ventilation, create a warm and comfortable living environment. 4) condition nursing: for the elderly with chronic diseases, we should supervise their medication on time and measure blood pressure, blood lipid and blood sugar level regularly. For bedridden elderly people, help them turn over regularly, clean the skin, keep the skin dry, and massage the limbs, as well as rehabilitation exercise to avoid bedsore and venous thrombosis. For the elderly with dysphagia, language disorder, dyskinesia, unable to take care of themselves, it is necessary to carry out targeted nursing care, for dysphagia to use nasal feeding method, to ensure their nutrition balance, and to carry out rehabilitation training such as swallowing. For the language barrier to hand in its simple pronunciation, and through body language, understand the needs of the elderly. For the elderly with dyskinesia, we should first avoid complications, if allowed, carry out simple rehabilitation training, or use wheelchairs, crutches, etc., to help the elderly to carry out simple activities. For the elderly who can not take care of themselves, the nursing staff should first help the elderly to complete their daily activities, such as helping to change clothes, feeding meals, etc., the conditions allow them to carry out rehabilitation training, and teach the elderly themselves to go to the toilet, dress, eat and other daily activities.

2.3. Observation Indicators

Comparison of BMI(body mass index between the two groups)[4]SGA score (nutrition evaluation scale, the higher the score, the worse the nutritional quality). quality of life (sleep, diet, physiological function, social function, psychological function). SDS and SAS scores, and blood pressure, blood glucose, blood lipid levels.

2.4. Statistical Processing

 SPSS20.0 statistical software was used to analyze, the measurement data was expressed as (x±s), the comparison was t test, the counting data was expressed as rate (%), and the comparison was chi-square test, Px±s 0.05 was statistically significant.

3. Results

3.1. Comparison of Sds And Sas Scores Between Groups

Study group pre-intervention SAS score (56.36±5.75), SDS score (60.23±4.26) and pre-intervention score (56.97±5.22) in the control group, SDS score (60.07±4.03) did not differ (P>0.05), Study group SAS score (28.65±6.15), SDS score (31.56±5.69) and the SAS score (41.96±5.61) after intervention in the control group, SDS score (55.26±8.22) was low (P<0.05).

3.2. Comparison of Blood Pressure Levels Between the Two Groups

blood pressure levels were lower in the study group than in the control group after intervention (P<0.05), as shown in Table 1.

Table 1 Comparison of blood pressure levels between the two groups (x±s)

Group	n	Contraceptive pressure (mmHg)		Diastolic blood pressure (mmHg)	
		Pre-intervention	Post-intervention	Pre-intervention	Post-intervention

Study Group	85	182.36±3.75	138.65±2.15	100.23±2.26	80.56±2.69
Control group	85	181.97±3.22	159.96±2.61	100.07±2.03	92.26±2.22
t		0.7275	58.1008	0.4856	30.9277
P		0.4680	0.0000	0.6297	0.0000

3.3. Comparison of Blood Lipid Levels Between the Two Groups

Study group pre-intervention TG (6.78±0.49) mmol/L,) TC (7.59±1.45) mmol/L,) LDL-C (9.51±1.01) mmol/L and control group before intervention TG (6.79LDL-C (9.51±0.48) mmol/L,) TC (7.61±1.22) mmol/L,) LDL-C (9.49±1.02) mmol/L no difference (PLDL-C (9.49±0.05), Study group intervention TG (3.06±0.32) mmol/L,) TC (4.03±1.03) mmol/L,) LDL-C (4.26±0.36) mmol/L 0.56) mmol/L, after intervention in the control group TC (5.94±0.495) mmol/L,) LDL-C (6.78±1.23) low mmol/L (PLDL-C (6.78±0.05).

3.4. Comparison of Blood Glucose Results Between Two Groups

the fasting and postprandial blood glucose h the study group was lower than the control group (P<0.05), as shown in table 2.

Table 2 Comparison of blood glucose outcomes between the two groups (x±s)

Group		Fasting blood glucose (mmol/L)		Postprandial h glucose (mmol/L)	
		Pre-intervention	Post-intervention	Pre-intervention	Post-intervention
Study Group	5	9.22±1.11	4.83±0.52	13.37±3.19	7.34±2.01
Control group	5	9.28±1.14	7.65±1.13	13.52±2.97	10.33±2.87
t		0.3477	20.9012	0.3173	7.8675
P		0.7285	0.0000	0.7514	0.0000

3.5. Comparison of Bmi, Sga Scores Between Two Groups

The BMI, SGA scores of the study group were better than those of the control group (P<0.05), see Table 3.

Table 3 Comparison of BMI、SGA scores between the two groups (x±s)

Group	n	BMI		SGA score (score)	
		Pre-intervention	Post-intervention	Pre-intervention	Post-intervention
Study Group	85	17.85±4.68	20.02±4.43	9.13±2.23	4.53±0.89
Control group	85	17.27±4.51	17.59±4.02	9.05±2.17	7.22±1.54
t		0.8227	3.7451	0.2370	13.9433
P		0.4118	0.0002	0.8129	0.0000

3.6. Quality of Life Comparison Between Two Groups

Sleep (73.49±8.03), diet (70.42±4.22), physiological function (776.29±9.12), social function (69.67±7.34), psychological function (70.03±7.16), diet (58.12±5.28), physiological function (51.29±8.21) and social function (42. The scores of 09±9.11) and psychological function (64.28±6.33) were higher (P<0.05).

4. Discussion

By the proportion of the elderly population in the total population in China, it will exceed /4 around 2035, and will exceed 1/3 around 2050. At present, the health problems of the elderly are prominent, the elderly with chronic diseases are close to 180 million, and the disabled elderly population exceeds 40 million. The large elderly group needs more and more care, and the higher the demand for high-quality old-age life. At present, more and more elderly people choose to use nursing home or professional old-age care institutions to provide for the aged, choose this old-age way mainly with their children living in the field, lost independence, do not want to bring burden to children, their own existence of some diseases children can not take care of and so on. In addition to the old-age places, but also professional service groups.

The old-age care worker is the core composition of the nursing home and the professional old-age care institution, is the professional service group, mainly engaged in the elderly life care, nursing service personnel.They help the elderly to improve the quality of life in old age and control the development of disease with professional nursing level. Nursing staff will receive continuous professional training, practical solutions to the elderly in the process of various problems. From measuring blood pressure, blood sugar, heart rate and other vital signs for the elderly, to turning over the bed elderly, bathing on the bed, nursing for pressure sores and venous thrombosis, to the communication and companionship of the elderly with life disorders, how to carry out the rehabilitation of life, etc. Pensioners need basic medical knowledge, professional nursing skills, and an understanding of the physical condition of the elderly.This study proved that the elderly use old-age care, can effectively control blood pressure, blood sugar, blood lipid levels, nutritional status recovery, quality of life improvement, mental health.

To sum up, the use of old-age care for the elderly can effectively improve their negative emotions, effectively control blood pressure, blood sugar, blood lipid levels, improve the nutritional status of the elderly, improve the quality of life of the elderly, and have a significant role in promoting the health of the elderly.

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