

# On improving the Quality Of Life of the Elderly -- Analysis on the Prevention and Health Education of Common Diseases of the Elderly

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**Abstract:** *With the advent of the aging process, the quality of life of the elderly has become one of the important topics in aging research. In the outbreak of novel coronavirus pneumonia in 2020, more than 60% of the infected people were middle-aged and elderly. Therefore, the quality of life of the elderly, especially the health of the body, was once again highly concerned. This paper expounds the common diseases of the elderly, such as urinary tract infection, the causes of coronary heart disease, common symptoms, health education and symptomatic treatment, so as to strive to prevent the disease before the disease, prevent the disease from changing, further promote their health and improve their quality of life.*

**Keywords:** *Aged, Common diseases, Quality of life, Health management*

Quality of life is the most important indicator to reflect the living conditions of the elderly. It is usually defined as an individual's views, goals and expectations of life status under a certain life culture and value system. The level of life satisfaction can better reflect the elderly's evaluation of the current quality of life, which is often used as a standard to measure the quality of life of the elderly. With the increase of age, the function of the elderly is declining, and the functions of organs are decreasing. The incidence rate, mortality and disability rate of some common diseases and frequently occurring diseases, such as hypertension, coronary heart disease, diabetes, gout, rheumatism, cerebral hemorrhage, cerebral infarction, etc., are obviously increased. It seriously affects the quality of life of the elderly.

Elderly patients have special physiological, psychological and disease characteristics, and belong to a special group of clinical disease management objects. Under normal circumstances, the elderly patients have the decline of physiological function, the gradual aging of various organs, and the decline of organ function and immune function. Carry out health education related to rational drug use, diet and exercise. The following talks about how to improve the quality of life of the elderly by taking the prevention and health education of common diseases such as urinary tract infection and coronary heart disease as an example.

Urinary tract infections are susceptible to diseases in the elderly, especially in elderly women. Urinary tract infections are urinary tract infections caused by the growth and reproduction of various pathogenic microorganisms in the urinary tract. The average prevalence rate is 10%-20%. Urinary tract infections in the elderly are closely related to their physiological characteristics, degenerative changes in their organs, the decline of immunity and the decline of stress ability.

## 1. Clinical Symptoms

Elderly patients with urinary tract infection have no typical urinary tract irritation symptoms such as frequent micturition, urgency and pain, and their initial symptoms often have diversified characteristics. It was observed that the first symptoms of elderly patients with urinary tract infection were urinary tract irritation, fever, waist pain and renal percussion pain; Routine urine examination often shows: hematuria, leukocyturia, proteinuria and other main manifestations. Because of its atypical clinical symptoms and lack of timely medical treatment, the condition is easy to be ignored or delayed diagnosis, treatment and course of disease.

## 2. Etiology

The common cause of urinary tract infection is pyelonephritis. Pyelonephritis is one of the most

common inducing factors of urinary tract infection in the elderly. In addition, urinary tract infection, urinary tract obstruction, vesical ureteral reflux, neurogenic bladder dysfunction, diabetes, kidney transplantation or other immune diseases are also prone to urinary tract infections. Because elderly patients often suffer from urinary calculus, benign prostatic hyperplasia, diabetes and other diseases, urinary tract infections in the elderly are diverse and complex.

### **3. Characteristics of Urinary Tract Infection in the Elderly**

#### **3.1 Infection Factors**

Infection factors. (1) urinary tract obstruction, male prostate hypertrophy, tumor, female neck sclerosis, urinary calculi, all cause urinary retention, which is beneficial to the growth and reproduction of bacteria. (2) Dysuria caused by decreased neurological function due to cerebrovascular diseases. (3) The elderly have low urinary retention function, and urinary retention due to loose abdominal wall. (4) Long-term use of immunosuppressive agents, diabetes and long-term bedridden are the causes of urinary tract infections.

The symptoms of urinary tract infection are atypical, with bacterial urine, but no symptoms of urinary tract infection. A few have low back pain and fever, but the body temperature is not higher than 38 degrees. After laboratory examination, urinary tract infection occurs.

#### **3.2 Psychosocial Status**

Those with mild symptoms have insufficient understanding of the disease, or pay insufficient attention to the disease, poor compliance with medical advice, and those with serious symptoms interfere with normal daily life, and patients are prone to stress, anxiety, depression and other psychological problems.

the condition is more difficult to control, causing the elderly urinary retention, voiding and other symptoms, infection of many strains, often accompanied by many chronic diseases, the use of antibiotics, bacteria resistance, due to the weakening of the immune function of the elderly, which easily lead to low cure rate, easy to relapse.

### **4. Treatment of Urinary Tract Infection in The Elderly**

(1) Health education, timely clean the vulva, drink more warm water, urinate frequently, do not hold urine, and wear pure cotton underwear to enhance the body's immunity.

(2) Check regularly. For patients with recurrent urinary tract infection, bladder and ureteral reflux angiography or retrograde Shenshu angiography should be performed to actively find and remove infectious factors, such as stones, obstruction, reflux, deformity and other pathogenic factors.

(3) Urine examination: do routine urine examination, urine bacterial culture, drug sensitivity test and other related examinations.

(4) Treat as directed.

1) For asymptomatic bacterial urine in the elderly, effective antibiotics, such as cephalosporin, quinolone and sulfonamides should be selected according to the results of urinary bacterial culture and drug sensitivity test.

2) With the decline of renal function, the speed of drug excretion in the elderly is relatively slow. Drugs with less nephrotoxicity and less adverse reactions are selected and treated with long-term and low-dose bacteriostatic therapy.

The prevention and treatment of coronary heart disease in the elderly starts with diet:

#### **4.1 Limit Diet**

The elderly should reasonably limit their diet, limit the intake of cholesterol and saturated fatty acids, increase the intake of unsaturated fatty acids, supplement vitamins C and E, and adhere to a low salt and low calorie diet, which can prevent atherosclerosis and coronary heart disease.

Epidemiological survey of aerobic exercise shows that incidence rate of coronary heart disease is lower in those who engage in light physical labor and those who have been persisting in aerobic exercise for a long time than those who have long sitting position and lack of physical activity. Exercise has a good inhibitory and blocking effect on the risk factors for controlling coronary heart disease (such as hyperlipemia, hypertension, obesity or overweight). At the same time, it can also improve the blood circulation of patients with coronary heart disease. However, exercise should not be too blind and extreme. Scientific exercise requires that the exercise intensity is the maximum heart rate per minute plus age (90 ~ 120) times. The exercise frequency is (3 ~ 5) times a week, each lasting (10 ~ 30) minutes. According to their own physical conditions (such as endurance, resistance, etc.), age and cardiac function, the general principle is not to increase the burden on the heart and cause discomfort. The way of exercise is mainly aerobic exercise, supplemented by anaerobic exercise. It's best to do all aerobic exercises: such as walking, jogging, cycling, Taijiquan, square dancing, etc. try to avoid activities with breath holding action. Activities and exercises should be gradual, regular and lasting, and should not be violent activities. Strenuous activities can cause various arrhythmias and symptoms and signs of coronary heart disease. There should be 5 ~ 10min preparation activities before exercise, and some regular repeated mild activities can be done to gradually increase the pulse rate to the pulse rate during exercise. There should be 5 ~ 10min recovery activities after exercise to gradually return the blood of limbs to the central circulation.

#### **4.2 Smoking Restriction.**

Smoking plays a certain role in the pathogenesis of coronary heart disease in the elderly. It was reported that among the elderly (60 ~ 74) years old who died of coronary heart disease, smokers: non-smokers = (4 ~ 5): 1. The more smoking, the greater the risk. The incidence rate of myocardial infarction and coronary heart disease decreased significantly after smoking cessation, and the longer the time for smoking cessation, the greater the effect. This is enough to explain the risk of smoking and the importance of quitting smoking. Therefore, smoking restriction in the elderly is one of the effective methods to prevent coronary heart disease.

The pathogenic factors of coronary heart disease are closely related to mental and emotional factors. Practicing Qigong can strengthen the inhibitory function of the cerebral cortex, make the cortical activities tend to be synchronized and orderly, limit the information felt by the five senses to the brain, reduce the outgoing information, relatively reduce the catabolism and anabolism in the cerebral cortex, so as to accelerate the speed of brain cell repair.

Early detection and active treatment of diseases related to coronary heart disease such as hyperlipemia, hypertension, and diabetes and so on. We should eliminate and control these risk factors as far as possible. Effective prevention and treatment are very important for preventing coronary heart disease.

(1) Patients with angina pectoris should try to avoid and correct all factors that can induce or increase angina pectoris, try to improve the state of coronary circulation and neuropsychiatric function, and relieve and prevent the attack of angina pectoris. Therefore, the following measures should be taken to prevent the attack of angina pectoris: because angina pectoris is a slow disease that needs long-term attention, elderly patients should properly understand the nature of the disease, In order to treat it correctly. We should eliminate unnecessary anxiety and fear, cultivate optimism and enhance self-confidence.

(2) Daily life should be properly arranged, and the elderly should prevent excessive mental labor, stress and heavy physical labor. There should be enough sleep time to avoid adverse mental stimulation. If the initial attack or attack suddenly becomes frequent and severe, short-term rest and recuperation should be carried out in a quiet environment. Light physical labor or walking can reduce the attack of angina pectoris for general patients. Avoid moving too fast or sudden force in daily life, such as chasing a bus or walking fast or for a long time in strong wind or snow. In case of angina pectoris attack in any environment, stop activities immediately and rest quietly.

(3) Like ordinary patients with atherosclerosis, diet should limit foods rich in animal fat and cholesterol, low salt and low-fat diet, and eat less animal viscera, fried, fried and other foods. Obese people should gradually lose weight and control their weight within the ideal weight range. Avoid overeating. Tea and coffee can be drunk if they do not cause obvious excitement or insomnia. A small amount of non strong alcohol is also harmless, or it may help dilate blood vessels and calm down. Patients with angina pectoris should try not to smoke or restrict smoking.

(4) Hypertension, anemia, hyperthyroidism and other diseases can increase the burden on the heart and aggravate angina pectoris, which should be actively treated. Various arrhythmias can induce or add angina pectoris, which should be prevented and treated as much as possible. Myocardial infarction is the further development of angina pectoris. The fundamental preventive measure of myocardial infarction is the prevention of atherosclerosis. In patients with angina pectoris or suspected coronary heart disease, the above prevention and treatment measures for atherosclerosis and angina pectoris can play a certain role in preventing myocardial infarction.

Coronary heart disease is a common and frequently occurring disease in the elderly. The primary prevention is to prevent the occurrence of coronary atherosclerosis, control risk factors and eliminate coronary heart disease in the bud; Secondary prevention refers to taking drug or non drug measures for patients with coronary heart disease to prevent recurrence or aggravation of the disease and reduce the mortality of patients; Tertiary prevention is to control complications in time, improve patients' quality of life and prolong patients' life. The prevention of coronary heart disease in the elderly can take two prevention strategies for the whole population and high-risk population. The former is to reduce the mean value of risk factors in the population by changing a certain population, region or country and heart disease risk factors; The latter is aimed at reducing the level of recognized risk factors that have a clear relationship with heart disease, such as hypertension and smoking, so as to effectively reduce the occurrence of heart disease. The risk factors of heart disease include gender, age, and family history, past history and so on. Among them, hypertension, dyslipidemia and smoking are considered to be the main risk factors of heart disease. In addition to gender, age and family history, other risk factors can be prevented and treated. As the saying goes, life lies in exercise. To sum up, restricting diet, moderate physical activity, controlling or restricting smoking, treating related diseases, maintaining good mental and emotional problems and three-level prevention are a comprehensive measure to prevent coronary heart disease. It is in line with the "sixteen character" policy of health proposed by the World Health Organization, also known as the "four cornerstones", namely: "reasonable diet, moderate exercise, smoking cessation and alcohol restriction, and psychological balance".

## References

- [1] Zhang Zhihui, Sui Xiaoli. *Study on intervention of nursing student volunteer team on the quality of life of the weak elderly in the community [J]. Modern vocational education, 2021 (32): 134-135.*
- [2] Liu Qiao, Wang Junyong, Wang Li. *Analysis on the prevalence and influencing factors of chronic diseases among the elderly in rural areas of Jiangxi Province [J]. China rural health management, 2021, 41 (07): 510-51.*
- [3] He Xiaofei, Yu Yuesheng, An Xiaoyu. *Quality of life and influencing factors of the Rural Miao elderly in Guizhou [J]. Chinese Journal of Gerontology, 2021,41 (13): 2869-2872.*
- [4] Guo Jingjing. *Analysis of influencing factors of self-rated quality of life of the elderly in China [J]. China Economic and Trade Guide (middle), 2021 (06): 110-113.*
- [5] Zhang Liyi, Kong Lingming. *Psychological factors and intervention strategies of common diseases of the elderly [J]. Chinese Journal of health medicine, 2017, 19 (04): 279-284.*
- [6] Deng Ying, Zhou Jiyan. *Common diseases and dietary nutrition of elderly patients [J]. General nursing, 2013, 11 (34): 3242-3243*