

# Lifestyle and its Impact on the General and Bucal Health Situation of the Elderly Adult of the House of the Elderly Adult of Squirting. Lima 2014

Rosa Elizabeth Ysla Cheé<sup>1\*</sup>, María del Carmen Pareja Vásquez<sup>2</sup> and Jaime Carlos Porras Cerrón<sup>3</sup>

<sup>1</sup>Specialist Professor of Periodontics II, Doctor in Public Health, Doctor of Dentistry, Peru

<sup>2</sup>Coordinator of the Periodontics Subject II, Periodontist specialist doctor, Doctor of Education, Peru

<sup>3</sup>Coordinator of the Master of Applied Statistics of the Agrarian University La Molina, Peru

**\*Corresponding author:** Rosa Elizabeth Ysla Cheé, Specialist Professor of Periodontics II, Doctor in Public Health, Doctor of Dentistry, Peru



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## ABSTRACT

**Objective:** The purpose of this study was to assess life's style of Elderly and related with general and oral health.

**Methodology:** 44 subjects were interviewed with a questionnaire having as variables assessed as diet, physic activity, intellectual function, etc. Clinical tests were registered in a clinical history. We use oral indexes as: ISHO, CPTTN, CPOd, Loe Silness to measure oral hygiene, periodontal status, dental caries, gingivitis.

We used validized items to get a life's style index which had the several punctuations: 57-60 very healthy, 51-56 healthy an -50 or least less healthy. We had got 37 least healthy and 7 healthy

**Results:** DMF index was 19.98. The highest prevalence of periodontal illness was calculus and bleeding. Among systemic sickness hypertension, diabetes and stress were more frequent. Life's style index was not related to CPO, Loe, ISHO and frequency of tooth brushing Pearson  $p > 0.05$

Among the components of lifestyle there is significant difference in diet between male and female U by Mann-Whitney  $p < 0.05$

### Summary

**Objective:** The objective of this research was to measure the lifestyle of the Elderly and relate it to the general and oral health status.

**Material and Method:** The sample consisted of 44 older adults, with 56.8% female and 43.2% male. A clinical record has been used to record socio-demographic data, medical history and a questionnaire containing questions about food, physical activity and intellectual activity. In addition to containing items on general health, establishing scores equivalent to very healthy, healthy and unhealthy.

**Results:** There is no correlation between the lifestyle index associated with CPOd. The CPITN has been measured, there is no significant difference  $p > 0.05$  and the ISHO (oral hygiene). Systemic diseases, risk habits such as smoking and drinking alcohol have been reported.

**Conclusion:** There is no relationship between general and oral health with the lifestyle of the elderly. Pearson  $p > 0.05$ . With respect to lifestyle dimensions, there has been a significant difference in feeding scores between men and women, Mann-Whitney  $U < 0.05$

## Introduction

Since 2007 there has been a change in the population pyramid in Peru, becoming according to the INEI, there are currently 2,700,000 older adults from a population of 30,135,875 people. These figures represent 8.9% of the total population. The growth rate is 3.3% and will be 3 million 727 thousand seniors in 2020 and 4 million 470 thousand in 2025, with 12% of people 60 years of age and older [1] A. Adler said that the lifestyle and adaptation of the individual to reality form the basis of his psychic balance.

The World Health Organization considers lifestyle as the general way of life based on the interaction between living conditions and individual behavior patterns, which are determined by socio-cultural factors and the personal characteristics of the individual [2]. In this way, he has proposed the following definition: "Lifestyles are patterns of behavior that have been chosen from the alternatives available to people, according to their ability to choose and their socioeconomic circumstances" The domains that integrate the lifestyle have included behaviors and preferences related to the type of food, physical activity, alcohol consumption, tobacco and other drugs, health responsibility, recreational activities, interpersonal relationships, sexual practices, work activities and consumption patterns [3]. The objective of the present study is to measure the lifestyle in the elderly and what is its result in the general and oral health status.

## Material and Method

### Population and Sample

A descriptive correlational, prospective cross-sectional, observational study was performed. The universe was made up of all older adults of "The House of the Elderly" from 60 years to older. The sample was 19 men and 25 women aged 60 to 78 years. They signed their informed consent [4].

- A. Total edentulous patients with motor or mental disorders who cannot properly sanitize themselves have been excluded.

### Data Collection Technique

A record was applied to record sociodemographic data.

- A. Clinical history, a stomatological examination will be performed to evaluate: caries, periodontal disease, bacterial plaque. Were used: the CPOD Index to evaluate dental caries, the CPITN Index to assess periodontal status and the Greene and Vermillon OSHI Hygiene Index, to explore oral diseases, systemic diseases [5,6].

- B. A survey with questions, to know your lifestyle in the dimensions considered: food, physical activity, intellectual activity and knowledge and oral hygiene habits. The Cronbach Reliability Coefficient will be applied, as well as the correlations between the items and their domains. This first version of the

instrument will be applied to a pilot group of 20 older adults to assess the level of understanding and reproducibility.

- C. Respondents were grouped into 4 age groups:

- i. 60-65
- ii. 66-71
- iii. 72 - 77
- iv. 78 or more

### Statistic Analysis

The statistical package SPSS will be used. Descriptive statistics will be performed. Chi-square test will be used to see association between lifestyle and each of the dimensions, and Spearman's  $r$  to find a correlation between Oral Hygiene behavior with the health and function of the stomatognathic system [7].

### Results

Examining the sample of the population of the elderly we have the highest percentage of the female sex with 56.8%, the male 43.2% that make a total of 44 people, with an average age of 72.16 years and a DV of + 6.59 grouped the patients in the study sample presented a healthy lifestyle 7 patients and unhealthy 37. In general health, the most prevalent disease is major hypertension in men [11] and women [8], being the most affected age group of 72-77 years with 20.5% and followed by 78 or more with 13.6%. Only three patients did not report any disease. Six patients had four systemic conditions. Stress was more prevalent in females with 20.5% and 6.8% in males and the most affected groups were 60 to 65 years and 72 to 77 years. With respect to periodontal disease, the excluded category reaches 37.12% due to the absence of index teeth. The prevalence of bleeding is 18.9% and calculations is 19.3% with 18.5% being healthy. Bags of 4 to 5 mm are presented in 5.3%.

The CPO index is 19.98 + 6.45, it allows to measure decay and its level is very high (WHO > 18) and analyzed CPO the carious ones have an average of 2.28, 14.80 of lost and an average of 5, 20 of shutters. The healthy teeth were 43 with an average of 40.40. There is no correlation between CPO and lifestyle [9,10].

The frequency of brushing presents a percentage of 43.2% with 2 max per day as well as health education 54% if you were aware of the oral health talks, compared to 25% and 11% female vs. 9.1% and 11.4% male oral health. The diet based on the consumption of vegetables was higher with 27.3%, 31.8%, 20.5%, 18.2%, 25.0%, 45.5% and 43.2% taking advantage of the female sex (very healthy). In physical activity it was very active in 29.5% of male sex and 15.9% of crafts in the female sex In intellectual activity he was very active in 40.9% of the female sex and writes 15.9% of the male. The Lifestyle index associated with CPOD, CPITIN, and ISHO there is no significant difference  $p > 0.05$  (Tables 1-10).

**Table 1:** Percentage distribution of the sample according to age and sex of the Elderly of the House of the Elderly of Squirting.

Age	F		M		TOTAL
	N	%	N	%	
60-65	6	13.60%	3	6.80%	20.50%
66-71	4	9.10%	3	6.80%	15.90%
72-77	11	25.00%	8	18.20%	43.20%
78 a +	4	9.10%	5	11.40%	20.50%
Total	25	56.80%	19	43.20%	44.00%

**Table 2:** Lifestyle Index of the Population of the Elderly of the House of the Elderly of Squirting.

Lifestyle	Frequency	X + DS
Poco Saludable	37	46.59 + 4.29
Saludable	7	
Total	44	

**Table 3:** Diet or Food Habits such as the consumption of vegetables, fruits, sugar... according to the age and sex of the Elderly of the House of the Elderly of Squirting.

Variables	Gender					
	% F			% M		
Feeding	0	2	3	0	2	3
Vegetables	2,3	27,3	27,3		27,3	15,9
Fruits		25,0	31,8	23,0	25,0	15,9
Bread	11,4	25,0	20,5	13,6	25,0	4,5
Sugar	15,9	22,7	18,2	25,0	13,6	4,5
Between meals	9,1	22,7	25,0	11,4	13,6	18,2
Out of home	2,3	9,1	45,5	6,8	13,6	22,7
Ask for more	2,3	11,9	43,2	4,5	13,6	25,0

**Table 4:** Percentage distribution of Systemic Diseases of the Elderly of the House of the Elderly of Squirting.

Variables	Sex				
	n	Female	n	Male	Total
Hypertension	8	18,2%	11	25%	43,2%
Diabetes	7	15,9%	1	2,3%	18,20%
Stress	9	20,5%	3	6,8%	27,30%
Osteo-articular	10	22,7%	6	13,6%	36,40%
Eyepiece	13	29,5%	15	34,1%	63,60%
Hearing aid	3	6,8%	9	20,5%	27,30%

**Table 5:** Results of the CPO dental examination: Carious, absent and sealed component of the Elderly of the House of the Elderly of Squirting.

	CARIADOS		LOST		OBTAINED		
	X + DS	n		n		n	
CPOD	19,98	18	2.28 ± 2,10	44	14.80 ± 8.13	35	5.20 ± 4.45
	± 6.45						
		n					
Teeth	10.40	43					
Healthy	± 6,24						

**Table 6:** Results of the CPITN periodontal examination: Sextant index teeth according to periodontal disease of the Elderly of the House of the Elderly of Squirting.

CODES	TEETH INDEX						
	SEXT. SUP OF THE	SEXT. SUP ANT	SEXT HIS P IZQ	SEXT INF. IZQ	SEXT INF. ANT	SEXT. INF. THERE	TOTAL
Healthy	7	16	7	6	11	2	18.50%
							49
Bleeding	7	6	8	9	9	11	18.90%
							50
Dental calculus	4	3	8	8	18	10	19.30%
							51
4 to 5 mm bag	4	-	2	2	1	5	5.30%
							14
Bag larger than 6 mm	2	-	-	-	-	-	1.51%
							2
Excluded	20	19	19	19	5	16	37.12%
							98

**Table 7:** Simplified Oral Hygiene Index (ISHO) of the Elderly of the House of the Elderly of Squirting.

Unhealthy		Lifestyle		Total
		Healthy		
Will	Good	9,3%	2,3%	11,6%
	Regular	39,5%	11,6%	51,2%
	Bad	34,9%	2,3%	37,2%
TOTAL		83,7%	16,3%	100,0%

Pearson’s chi square  $p > 0.05$

**Table 8:** Gingival Inflammation Index Loe Silness of the Elderly of the House of the Elderly of Squirting.

Unhealthy		Lifestyle		Total
		Healthy		
	Healthy	2,3%		2,3%
Löe-S	Mild gingivitis	2,3%	2,3%	4,7%
	Moderate gingivitis	62,8%	11,6%	74,4%
	Severe gingivitis	16,3%	2,3%	18,6
TOTAL		83,7%	16,3%	100,0%

Pearson’s chi square  $p > 0.05$

**Table 9:** Means of dimensions: Food, Physical Activity, Intellectual activity and health according to age groups and sex of the Elderly of the House of the Elderly of Squirting.

AGE	n	FEEDING X	n	PHYSICAL ACT X	n	ACT. INTELECTUAL X	n HEALTH X
60-65	9	15.11 ± 2.89			7	4.28 ± 1.60	
66-71							
72-77			19	3.21 ± 1.84			
78 to +	9	15.88 ± 2.89					22.44 ± 1.66
AGE							
SEX							
FEMALE		16.20 ± 2.78		3.12 ± 1.64			
MALE						3.31 ± 1.70	21.68 ± 3.30

**Table 10:** Total scores on food, physical activity, intellectual activity, health of the Elderly of the House of the Elderly of Chorrillos.

	Total Feeding	Total Physical	Total Academic	Total Health	Total Lifestyle
U de Mann-Whitney	115,500	228,000	209,000	200,000	197,500
W de Wilcoxon	305,500	418,000	534,000	525,000	387,500
Z	-2,911	-,238	-,805	-,894	-,951
Mr. Asymptote (bilateral)	0.004	0.812	,421	,371	,341

Contrast statistics.

### Discussion

The lifestyle index includes items that have already been validated and, given their importance, have been currently defined as “causal of diseases” [12-15]. The study population is of the Elderly. The lifestyle in medical literature is understood as synonymous with habits or form of human behavior [16-20]. No studies on lifestyle in relation to oral health have been found. Euribe studied lifestyle and the control of hypertension in hypertensive patients of the Senior Adult program. Euribe found an association between salt intake and control of hypertension [21]. Hypertension affects 24% of Peruvians of which 50% corresponds to older adults. Thus, since GOHAI was an index designed and validated to measure oral quality of life in Geriatrics, it would be useful to measure lifestyle. This information could be used in educational, preventive

and curative programs and also by other health professionals [18]. In the present case, this has been applied to 44 elderly patients, of which 7 are healthy and 37 unhealthy. Of the sample, 45.5% have done only primary, 52.3% are pensionable.

The female sex presented a healthy diet based on vegetables, vegetables and fruits, and applied the Mann Whitney U test  $p < 0.05$ . Meneses Gómez provides the evidence that lifestyle changes affect the IQ scores. Among the variables that include a healthy lifestyle are physical activity, alcohol consumption, tobacco use, etc. The general health of older adults has been affected by up to 3 conditions, such as high blood pressure, diabetes and osteo-articular problems. In oral problems: dental caries measured with the CPOD index had an average value of 19.98 which corresponds to a high level (WHO) Bardales reports a CPO of 25.7 in 150 elderly patients.

The missing dental component was the most frequent 14.80. Venezuela with 19.1 made with people over 60 [2]. In periodontal disease, dental stones predominated, then bleeding at probing. The healthy condition was 18.5%, the predominant sextants predominated in 37.12% due to the loss of teeth. The 25.6 & Older Adults 72-77 years have moderate gingivitis and 11.6% between 72-77, have severe gingivitis. The Lifestyle index associated with the ordered Simplified Oral Hygiene Index there is no significant difference, Pearson's chi square  $p > 0.05$ . There is no association between lifestyle and the Löe index, Pearson's chi square  $p > 0.05$ .

Schooling and income do not influence lifestyle, Pearson's chi square  $p > 0.05$ .

## Conclusion

1. The lifestyle of the Elderly Adults of the House of the Elderly of Chorrillos is

- a) Healthy ..... 15.9%
- b) Unhealthy ..... 84.1%

This means that the practice of habits does not strengthen a very healthy lifestyle.

- 2. The female sex has a healthy diet based on vegetables, fruits, 01 piece of bread, very little sugar, does not eat between meals, does not eat outside the home and does not request more.
- 3. The male sex has a higher percentage of very active physical activity, being surpassed in crafts by the female sex.
- 4. The female sex has very active intellectual activity.
- 5. General health is greatly affected by hypertension, diabetes, influence of stress. 27.3% of the sample has three systemic diseases. 13.6% have four.
- 6. The female sex observes better overall health than the male sex.
- 7. There is a very high CPO, greater than that recommended by WHO at the age of 65.
- 8. There is no relationship between lifestyle and CPO index.
  - a) 39.5% of females have moderate gingivitis
  - b) 14% of females have severe gingivitis
  - c) The female sex observed a higher frequency of tooth brushing with 25%
- 9. There is no association between lifestyle and ISHO. Oral hygiene is 34.9% bad.

## Recommendations

- 1. Need to create a program of promotion and prevention of oral health for the benefit of patients with 60 years or more. Send a message that reinforces attitudes.

2. Strengthen the help for self-care of the Elderly, defined as the set of actions and decisions taken by a person to maintain and improve their health, prevent, diagnose and mitigate the negative impact of the disease. (15)

- 3. Improve lifestyle and diet.
- 4. The health team considers the natural changes associated with aging.
- 5. Taking into account the biological and social functionality of aging, it is necessary to overcome the social and cultural barriers where the state, social organizations, the community, the family and each individual are involved.

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Rosa Elizabeth Ysla Cheé. Biomed J Sci & Tech Res



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