

Study on the influence of continuous nursing on *the* compliance and quality of life of elderly patients with gastric ulcer

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Abstract: Objective: To explore the improvement of patients' compliance and quality of life in the continuous nursing of elderly gastric ulcer patients. **Methods:** Select our hospital 100 cases of elderly patients with gastric ulcer were randomly divided into the control group and the observation group, 50 cases in each group, the control group using conventional care, the observation group uses continuity of care, statistics in nursing patients with compliance (compliance, the compliance, not from), and to investigate the patient's quality of life, physical function, emotional status, cognitive level, social function, mental status). **Results:** The compliance of the patients in the observation group was higher than that in the overall quality of life, and the status of the control group was relatively backward, with significant difference between the two groups ($P < 0.05$). **Conclusion:** On the basis of routine nursing, continuous nursing can optimize the nursing model for elderly gastric ulcer, strengthen the nursing effect, improve patient compliance at the same time, improve the quality of life of patients, should be advocated and publicized in nursing.

1. Introduction

In the elderly, the gastric artery becomes hardened, the blood flow decreases, the gastric mucosa shrinks, the secretion of mucosa and bicarbonate decreases, and the renewal rate of gastric mucosa epithelium decreases, which leads to the decrease of anti-ulcer formation ability and causes the occurrence of peptic ulcer. Stomach trouble nursing should have continuity, stomach disease treatment itself needs a process, care, intermittent, patients easily again and again, and did not receive adequate care to help patients, combined with some of the old habits and physical state, clinical compliance is not high, the quality of life in patients with common, take the continuity of care, to keep track of the patient, understanding the patient's life habit, nursing with the help of intervention.

2. Materials and Methods

2.1 General Materials

100 cases of elderly gastric ulcer patients admitted to our hospital were randomly divided into the control group and the observation group, with 50 cases in each group. The control group received routine nursing, while the observation group received continuous nursing. In terms of gender, there were 22 males and 28 females in the control group, 26 males and 24 females in the observation group. In terms of age range, the age of the control group was 56~82 years old, and the age of the observation group was 57~84 years old. The mean age of the control group was (64.25 ± 8.52) years, and the mean age of the observation group was (64.29 ± 7.59) years. There were differences in ulcer location, age, gender, course of disease and causation between the two groups, which did not conflict with the results of this survey.

2.2 Methods

Routine care:

(1) diet nursing care: patients should pay attention to diet, especially in daily nursing mode, diet guidance to patients, to remind patients to avoid Fried, cold drinks, coffee, blue flower, tomato and so on have an effect on stomach food, eat every day to timing quantitative, not overeating, too hungry too full, not to eat raw, hard and difficult to digest and stimulating foods, like spicy food. Suggest often eat the following food: banana, honey, frilla, milk, gum.

(2) Health education: explain the causes of elderly gastric ulcer and related disease mechanism to the patients, and combine it with the clinical examination of the patients, so that the patients can have some understanding of their own diseases, do well in the guidance of doctors, and remind the patients to take medicine according to the rules.

Continuous care:

(1) Diet continuous care: keep a record of the patient's diet list, analyze the patient's dietary preferences, and provide the patient with recipes conducive to recovery. It is appropriate to supply foods with high protein, high fat, high energy, low sugar, little residue and easy digestion, and pay attention to supplement various vitamins, iron, potassium, sodium and chlorine. Use monosaccharide and disaccharide less to prevent dumping syndrome. At the same time, pay attention to the nutrition collocation in the diet. As the patients are all elderly, we should pay attention to the analysis of other dietary needs of the patients, keep in touch with the patients' families, and understand the patients' daily diet.

(2) health mission: to observe patients sustained drug reaction, and patients with positive communication, reduce the patient's psychological pressure, continuing education and guide the work, combined with changes in patients with clinical disease, accordingly, organize the patient or family education lecture activities, strengthen the cognition to the disease patients, improve its swot analysis.

(3) exercise nursing: patients produce gastrointestinal diseases, may also form a whole-body reaction, resulting in headache and nausea, should enhance the body resistance, pay attention to exercise, patients have retired, should pay attention to the reasonable arrangement of exercise in the rest time, morning and evening exercise, and pay attention to the regularity, can jog, fast walk, etc..

(4) pain nursing: patients still have pain may after medication, can clean the skin of patients, the pain in patients with post, warm for patients with abdominal massage, massage the pain of patients, the elderly like to soak the foot, soak the foot is one of the forms of continuing care, at the same time continue to study other way of keeping in good health nourishing the stomach, to communicate with the patient.

(5) psychological care: patients should exercise form the correct cognition and thinking, through the form such as CARDS, dialogue, for patients with thinking training, encourage patients in the elderly to participate in the network browsing, etc., to do some new things, to encourage patients to do can do household chores, metastatic disease, and maintain the stability of emotion, reminding family members in the process of communication with the patients, pay attention to some more patience, continue to ask the patient's psychological feelings, ask the patient's mood every day, let patients to timely deal with bad emotions out. With a sense of self-identity, elderly patients in gastric ulcer, easy to generate feelings of inferiority and other emotions, should pay attention to other aspects of patients to obtain a sense of existence, such as encouraging patients to do handicrafts, to form life confidence.

2.3 Observation Indexes

The patients' compliance (compliance, compliance and non-compliance) in nursing were statistically analyzed, and the patients' quality of life (physical function, emotional status, cognitive level, social function and psychological status) were investigated.

2.4 Statistical Treatment

Excel software such as medical office under the discrete data statistics and classified count (X^2 test, is used to infer that two or forming than there is difference between the overall rate), matching measurement data comparison between samples or groups (t test, observe the differences of this group of samples with overall), \bar{x} (average) $\pm s$ (Standard Deviation) said mean add and subtract

Standard Deviation, the small probability event of statistical quality control ($P < 0.05$ said have significant difference (one hundred trials, the frequency is less than 5 times).

3. Results

One patient in the observation group showed non-compliance, mainly due to the lack of medication regularity. In drug therapy, the patient often actively or passively rejected the medication, but still rejected the medication after publicity and education, followed up with a close monitoring mode, followed up with the medication description of the patient at each medication time. In the control group, 9 patients did not follow the rules, 3 patients could not control their drinking and smoking habits, 3 patients were not used to spicy, 3 patients were randomly used drugs, 3 patients took health care products and ignored medical drugs, 3 patients were distrust of nursing staff, and patients' cooperation degree was not high in nursing propaganda.

Table 1 comparison of compliance between the two groups

group	n	full compliance	General compliance	incompliance
the observation group	50	37	12	1
the control group	50	31	10	9
X ²	-	6.235	5.412	5.218
P	-	<0.05	<0.05	<0.05

In terms of the comparison of patients' quality of life, the observation group had fast recovery of physical function, relatively stable emotion, relatively cooperative cognitive level improvement in propaganda and education, good social function and communication status of the patients, positive psychology, full cognition of the disease and confidence in treatment. The overall performance of the control group was slightly lower than that of the observation group, but the quality of life scores also improved.

Table 2 comparison of quality of life between the two groups of patients

group	n	the quality of life				
		body	mood	cognitive	social function	psychological
the observation group	50	77.25±6.23	66.52±6.74	59.68±4.58	66.24±4.12	74.58±5.91
the control group	50	62.59±6.24	55.29±6.36	50.26±9.41	51.26±3.95	63.28±7.05
t	-	3.412	3.265	3.746	6.245	6.925
P	-	<0.05	<0.05	<0.05	<0.05	<0.05

There was one patient in the observation group, accounting for 2% of the patients, who were not satisfied with their clinical symptoms. The gastric ulcer of the patient was not significantly relieved under nursing care, and the patient had strong self-care ability and low dependence on nursing care, and failed to conduct in-depth doctor-patient communication. In the control group, 10 patients were dissatisfied, accounting for 20%. According to the investigation, it is related to the form of nursing, and corresponding considerations should be made in the following nursing, and the meeting should be discussed based on the results of a series of surveys, so as to make continuous nursing innovations.

Table 3 comparison of patients' satisfaction in nursing between the two groups [n(%)]

group	n	satisfaction	general satisfaction	dissatisfaction
the observation group	50	35(70%)	14(28%)	1(2%)
the control group	50	29(58%)	11(22%)	10(20%)
t	-	5.263	5.412	5.239
P	-	<0.05	<0.05	<0.05

4. Discussion

The elderly often suffer from a variety of diseases, the doctor explained that the elderly must take a variety of drugs because of physical reasons, and many of these drugs will directly stimulate the secretion of gastric mucosa or stimulate gastric acid secretion, injury mucosal ulcer formation. At the same time, the patient's gastric peristalsis function decreased, so that things stimulate the pyloric tube, resulting in hypersecretion of gastric hormone, gastric juice acidity increased, promote the formation of ulcers. Gastrointestinal diseases might be more easily than other diseases cause for concern, but also may aggravate the patients were cured, and cause the patients body function problems, irreversible consequences, most of the early symptoms of gastric ulcer patients characterized by abdominal pain, abdominal distention, nausea, acid regurgitation, loss of appetite and indigestion symptoms. Among them, the most obvious is postprandial epigastric pain, usually located under xiphoid process (commonly known as the heart pit) center or left. If stomach ulcer is treated actively, serious symptoms will not appear, if repeated attacks or no standard treatment, lack of continuous nursing observation, serious complications may occur. Should help the patient get rid of the disease as soon as possible, and help to correct the bad habits of the patient through nursing. Investigation of the nursing care, observation group take the continuity of care, on the basis of conventional nursing for continuous improvement, let original nursing forms more diverse, care more rich content, observation group eventually nursing satisfaction is higher, the compliance rate is higher, at the same time the quality of life score in each condition is also very high, the effect of nursing have been improved obviously. Nursing staff should carry out self-examination of nursing on the basis of nursing experience, investigate the feelings of patients, understand the loopholes and deficiencies in continuous nursing, maintain a humble attitude of learning, and carry out corresponding nursing follow-up around medical methods. Of elderly gastric ulcer is difficult to cure, inhibition of the treatment of long time can only temporarily, no longer patients alleviate the pain of patients, care for observation of the patients with intervention, continuation, is not only time, should also be combined with clinical feedback, pay attention to adjust nursing style, the choice is more suitable for the patient's nursing form, continuous communication, from exercise, diet, psychology, education perspective, according to change the condition of elderly patients with gastric ulcer, ongoing discussion, optimization analysis of nursing mode, continuously improve patient adherence, the patients' recognition, and reduce the risk of adverse symptoms, Improve patients' quality of life.

References

- [1] Liu Zihan, Guan Jingshi, Zhang Qi, et al. Effects of continuous nursing on the compliance and sexual quality of elderly patients with gastric ulcer [J]. *Modern Digestion and Interventional Diagnosis and Treatment*, 2018,23 (2) : 234-236.
- [2] You Mingqiong, Pan Yan, Yang Meihua et al. Effect of continuous nursing intervention on the therapeutic effect of active gastric ulcer [J]. *Chinese Journal of Practical Nursing*, 2017,33 (13) : 985-988.
- [3] Liu Xiaoping. Effect of continuous nursing intervention on therapeutic effect and prognosis of active gastric ulcer [J]. *Journal of Clinical Medicine*, 2015, 5 (22) : 113-114.
- [4] Yu Shuang, Luo Shilan. Effects of continuous nursing on medication compliance and quality of life after PCI in elderly patients with acute myocardial infarction [J]. *Journal of Clinical Psychosomatic Diseases*, 2016, 22(s2):167-167.
- [5] Li Qunfeng. Effects of continuous nursing on blood glucose control and quality of life in elderly patients with diabetes [J]. *Chinese Rural Medicine* (18).
- [6] Li Junshan, Hu Hongxia. Impact analysis of continuous nursing intervention on quality of life of elderly patients with hypertension [J]. *Chinese Medical Guide*, 2018, v.16(22):238-239.
- [7] Su Juan. Effects of evidence-based nursing on quality of life and treatment compliance of gastric

ulcer patients [J]. *China Continuing Medical Education*, 2018, 10(14): 181-182.

[8] He Suping. Influence of continuous nursing on quality of life and compliance of elderly patients with type 2 diabetes [J]. *Oriental Diet and Health Care*, 2016(9).

[9] He Caihong. Influence of continuous nursing on compliance of elderly patients with hypertension [J]. *World Journal of Clinical Medicine*, 2016, 10(11).