ORIGINAL RESEARCH PAPER
Volume - 10 | Issue - 02 | February - 2021 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

KNOWLEDGE REGARDING ALZHEIMER'S DISEASE AMONG OLD AGE PEOPLE RESIDING IN SELECTED OLD AGE HOME AT KOLHAPUR, WITH A VIEW TO DEVELOP INFORMATION BOOKLET

Nursing

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ABSTRACT

Alzheimer's disease is one of the most feared disorders of the modern times because of its catastrophic consequences for the patient and the family members, who are faced with many crucial end of life decisions. It is a neurodegenerative disease characterized by progressive cognitive deterioration, together with declining activities of daily living, neuropsychiatric symptoms and behavioral changes. It is the most common forms of dementia. The most striking early symptom is the loss of memory(amnesia)which is manifested as minor forgetfulness that becomes steadily more pronounced with progression of illness with relative preservation of old memories.[1]

The warning signs of Alzheimer's disease are memory loss that affects job skills, difficulty in performing familiar tasks, problems with language, disorientation to time and place, poor or decreased judgment, problems with abstract thinking, misplacing things, changes in mood or behavior, changes in personality and loss of initiativeness. Alzheimer's disease patient care is long and hard. Care giving in such cases is intensive and prolonged. Hence, caregivers need to be educated about the nature of the disease and its progression.[2]

The research approach used for this study was quantitative, non-experimental descriptive research design with non probability, purposive sampling technique. Old age people were assessed by structured knowledge questionnaire for Alzheimer's disease. Data was collected on 27/05/2017 from 60 Old age people at Matoshree Vridhashram Chambukhadi, Kolhapur.

The findings revealed that majority of old age (42)70% have average knowledge, (13) 21.67% were having poor knowledge & (5) 8.33% were having good knowledge regarding Alzheimer's disease.

Chi- square test was computed to find the association, which showed that there is no association between knowledge of old age people with their selected socio demographic variables.

KEYWORDS

Assess, Knowledge, Alzheimer's disease, Old Age People, Old age home, Information booklet

I. INTRODUCTION

Alzheimer's disease is common above the age group of 65 years. Although the greatest risk of Alzheimer's disease is increasing age, many environmental, dietary and inflammatory conditions also influences the progression of the disease. Alzheimer's disease is aa complex brain disorder caused by a combination of factors like genes, neurotransmitter changes, vascular abnormalities, stress hormones, head injury and seizures. Alzheimer's disease involves progressive deterioration in two or more areas of cognition, usually memory and language, calculation, visuospatial perception, difficulty in judgement and personality changes.[3]

The path physiological hallmarks of the disease are specific neuropathology and biochemical changes found in patients with Alzheimer's disease. These include neurofibrillary tangles and senile or neuritic plaques. This neuronal damage occurs primarily in the cerebral cortex and results in decreased brain size. Similar changes are found to a lesser extent in normal brain tissue of older adults. Cells principally affected by this disease are the ones that use the neurotransmitter acetylcholine. Biochemically, the enzyme active in producing acetylcholine is decreased. Acetylcholine is specifically involved in memory processing.[4]

The ultimate cause of Alzheimer's is unknown. In Alzheimer's disease, there are mainly three stages of disease; they are early stage, middle stage and late stage. In the early stage, the patients have a tendency to become less energetic or spontaneous though changes in their behaviour often go un-noticed even by the patient's immediate family members. The early stage of Alzheimer's disease is often overlooked and incorrectly labelled as normal old age outcomes. As the disease stage progresses to the middle stage, patients might still be able to perform tasks independently, but may need assistance with more complicated activities. In the late stage patient will not be able to perform even the simple tasks independently and will require constant supervision. They may eventually lose the ability to swallow food and fluid and this can ultimately lead to death.[5]

At present, about 33·9 million people worldwide have Alzheimer's Disease (AD), and prevalence is expected to triple over the next 40 years.[6]

In India, prevalence of dementia is 33.6 per 1000.Alzheimer's disease was the most common type (54 per cent), followed by vascular dementia (39 per cent).[7]

As of 2010, there are an estimated 35.6 million people with dementia worldwide. This number will nearly double every 20 years, to an estimated 65.7 million in 2030, and 115.4 million in 2050. Much of the increase will be in developing countries. Already 58% of people with dementia live in developing countries, but by 2050 this will rise to 71%. The fastest growth in the elderly population is taking place in China, India, and other South Asian and Western Pacific neighbors. By 2050, people aged 60 and over will account for 22% of the world's population, with four-fifths living in Asia, Latin America or Africa.[8]

Hence the investigators felt the need to assess the knowledge regarding Alzheimer's disease among old age peoples.

II. METHODS AND DATA COLLECTION

After extensive review of literature as well as discussion with guide and experts, the tool that is socio- demographical data and Structured knowledge questionnaire regarding Alzheimer's disease were developed to identify the knowledge of old age people regarding Alzheimer's disease in selected old age home at Kolhapur.

Selected socio demographical data comprised of 07 items seeking information on socio-demographic variables like age in years, gender, educational status, marital status, support system, history of any physical illness, any previous knowledge regarding Alzheimer's disease.

Prior permission was obtained from the concerned authority of old age home. For, maximum co-operation, the investigators introduced himself to the respondents and willingness of the participants was ascertained. The respondents were assured the anonymity and confidentiality of information provided by them. By using non-probability, Purposive sampling technique 60 old age people were selected for the study. The investigator himself collected the data by using socio- demographical data and structured knowledge questionnaire regarding Alzheimer's disease from the subjects on 27/05/2017. The data collected were recorded systematically on each subject and were organized in a way that facilitates computer entry and data analysis.

III DISCUSSION

The present study has been undertaken to assess the knowledge regarding Alzheimer's disease among old age people residing in selected old age home at Kolhapur, with a view to develop information booklet.

1) Findings related to selected socio-demographic variables.
Majority of old age people 21 (35%) belonged to age group 66-70 years,14(23.33%) belonged to 60-65 years and also 76-80 years &11(18.34%) belonged to 71-75 years.

Majority of old age people 33 (55 %) were females & Minor 27 (45%) were males.

Majority 48 (80%) of old age people was literate & minor 12 (20%) were Illiterate.

Majority of old age people 19(31.66%) were married & Widow, and 12 (20%) were unmarried & Minor 10 (16.68%) were divorced.

Majority 34 (56.67%) of old age people were having support system of agencies & 15 (25%) were having support system of relatives and 9 (15%) of old age people were having support system of family member & minor 2 (3.33%) were having support system of friend.

Majority 24(40%) of old age people were having history of hypertension ,15 (25%) of old age people were having history of no any illness,11 (18.33%) of old age people were having history of any other illness & minor 10 (16.67%) of old age people were having history of Diabetes Mellitus.

Majority 50 (83.33%) of old age people were not having previous knowledge regarding Alzheimer's disease & Minor 10 (16.67%) were having previous knowledge regarding Alzheimer's disease.

2) Findings related to distribution of samples according to the knowledge scores.
The above diagram reveals that majority of old age people 42(70%) had an average knowledge, 13(21.67%) was having poor knowledge & 5(8.33%) were having good knowledge regarding Alzheimer's disease. **A contradictory study was conducted** to assess the knowledge regarding Alzheimer's disease among adults in a selected community. Convenient sampling technique was used to select 100 adults in the age group between 21 to 50 years as samples for the study. A structured interview schedule was prepared and thirty questions were formulated. Major findings of the study were out of 100 adults 16% had adequate knowledge 37% had moderate knowledge and 47% had inadequate knowledge on Alzheimer's disease. The overall mean value of the adult's knowledge regarding Alzheimer's disease was 53.9%, mean was 16.17 and standard deviation of 15.5. The study revealed that there is a significant association between level of knowledge and demographic variables[9]

3) Findings related to association between knowledge scores regarding Alzheimer's disease with their selected socio-demographic variables.

There is no significant association between knowledge of old age peoples with their selected socio demographic variables.

IV IMPLICATIONS

Implications of the Study
The findings of the study have several implications in different areas which are discussed in following area Nursing Education**,** Nursing Practice, Nursing Administration**,** Nursing Research.

1. Nursing Education
1. Nursing teachers should emphasize the importance of awareness of Alzheimer's disease and how to assess them in patients.
2. Nursing curriculum is responsible for preparing future nurses with emphasis on preventive and promotive health practices regarding Alzheimer's disease
3. Need to conduct in-service education for nurses and health workers.

2. Nursing Practice
1. It can be included in the health educational programme, which should be carried out in old age homes.
2. Learning Package developed and conducted by nursing personnel in old age homes helps in enhancing the knowledge about Alzheimer's disease.
3. Nurses can motivate old age peoples to take care of old age with Alzheimer's disease.

3. Nursing Administration
1. The nurse, as an administrator, should plan and organize workshops and other related programmes for the nursing personnel regarding Alzheimer's disease.
2. Adequate information booklet regarding Alzheimer's disease and how to take care of old age peoples with Alzheimer's disease is made available to all nurses, health personnel and old age peoples.

4. Nursing Research
1. The study will be a motivation for budding researchers to conduct similar studies on a large scale.
2. The study will be a reference for research scholars.
3. Findings of the present study suggest that nurses working in the community must encourage to understand about disease.

V Recommendations

1. A descriptive study can also be conducted on knowledge of old age peoples regarding Alzheimer's disease.
2. A similar study needs to be conducted in old age peoples residing in other areas in order to generalization.

VI CONCLUSION

Based on the findings of the study, the following conclusions were drawn:
In the present study, out of 60 old age people, majority of old age people 42(70%) had an average knowledge, 13(21.67%) was having poor knowledge & 5(8.33%) were having good knowledge regarding Alzheimer's disease.

There is no significant association between knowledge of old age people with their selected demographic variables.

Hence H_0 is accepted.

ACKNOWLEDGEMENT

I extend my thanks to, **Manager of Matoshri old age home, Kolhapur** for allowing me to conduct study in their respective old age home. I appreciate and thank **all the participants of the study** for their co-operation without them this study would not have been possible.

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