

Gastro Intestinal Tract Problems among Ageing Adults

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Abstract: *The process of ageing begins at birth and continues throughout life. Many physiological and psychological changes occur with age. There are significant changes in gastrointestinal function that occur in geriatric patients. With increasing age, there is reduced or impaired co-ordination of contraction of the muscular wall of the various parts of the gastrointestinal tract which is also aggravated by the various co-morbidities and adverse effect of many medications, leading to other problems. This research work investigates the severity of Gastro Intestinal disorders among the ageing adults. For the present study the sample comprised of N= 400 ageing adults both males and females, in the age range of 65 to 75 years belonging to rural and urban setting of Jaipur district (n = 200 urban, i.e. 100=males, 100=females and n = 200 rural i.e. 100= males and 100=females). Cornell Medical Index Health Questionnaire (Wig et al, 1999) was used to assess Gastro Intestinal disorders among the respondents. The prevalence of Gastro Intestinal disorders was high in urban ageing adults as compared to rural ageing adults. An ulcer which is a sore or lesion that forms in the lining of the stomach was found to be slightly less in rural population. The dramatic increase in the life expectancy over the last few years' demand that awareness should be there for all of physiological and psychological problems in ageing population.*

Keywords: Ageing Adults, Gastro Intestinal disorders

1. Introduction

Many physiological and psychological changes occur with age. There are significant changes in gastrointestinal function that occur in geriatric patients. With increasing age, there is reduced or impaired co-ordination of contraction of the muscular wall of the various parts of the gastrointestinal tract which is also aggravated by the various co-morbidities and adverse effect of many medications, leading to various types of mobility problems. The dramatic increase in the life expectancy over the last few years' demand that awareness should be there for all of these problems in ageing population (Firth M, (2002); Tandon R, et.al, (2009); Orr WC, (2002). This research work investigates the severity of Gastro Intestinal disorders among the ageing adults. For the

present study the sample comprised of N= 400 ageing adults both males and females, in the age range of 65 to 75 years belonging to rural and urban setting of Jaipur district (n = 200 urban, i.e. 100=males, 100=females and n = 200 rural i.e. 100= males and 100=females). Cornell Medical Index Health Questionnaire (Wig et al, 1999) was used to assess Gastro Intestinal disorders among the respondents.

2. Result

Gastro Intestinal Tract (GIT) Disorder in the participants

The table below shows the Gastro Intestinal Tract disorder reported by the respondents.

Table 1: Gastro Intestinal tract Disorder among Participants (N=400)

Category	Urban n=200			Rural n=200			Chi Sq (p-value)
	Male %	Female %	Total %	Male %	Female %	Total %	
Mild	36	36	36	47	55	51.0	11.456 (0.003)**
Moderate	32	36	34	23	19	21.0	
High	32	28	30	30	26	28.0	
Chi Square (M vs F)	0.502 (0.778) NS			1.294 (0.524) NS			

Note. **p<.01, *p<.05; NS=Not Significant

According to **Table 1** Gastro Intestinal disorders were found to be of low intensity (on the severity scale of CMIHQ) in 36 percent males and females respondents, 32 percent males and 36 percent females had moderately intense Gastro Intestinal disorders. Thirty two percent males and 28 percent female respondents in the urban areas had high severity of Gastro Intestinal disorders. In rural areas 47 percent male and 55 percent of female respondents had low, 23 percent males and 19 percent of females had moderate and 30 percent male and 26 percent female respondents had high severity of digestive/Gastro Intestinal problem. They reported having problems such

as diarrhoea, constipation, acidity and stomach pain. A high significant association was found between rural and urban respondents and Digestive problems at p<0.01 ($\chi^2=11.456$). If we observe the scores of rural and urban population it is clear that Gastro Intestinal disorder were high in urban ageing adults as compared to rural ageing adults.

Although it has been reviewed that with age, many bodily functions slow down, including the digestive tract it just might not work as efficiently or as quickly as it used to. The muscles in the digestive tract become stiffer, weaker

and less efficient. Tissues are also more likely to become damaged because new cells do not form as quickly as they once did.

(https://www.womenshealth.gov/publications/our.../digestive_health.pdf)

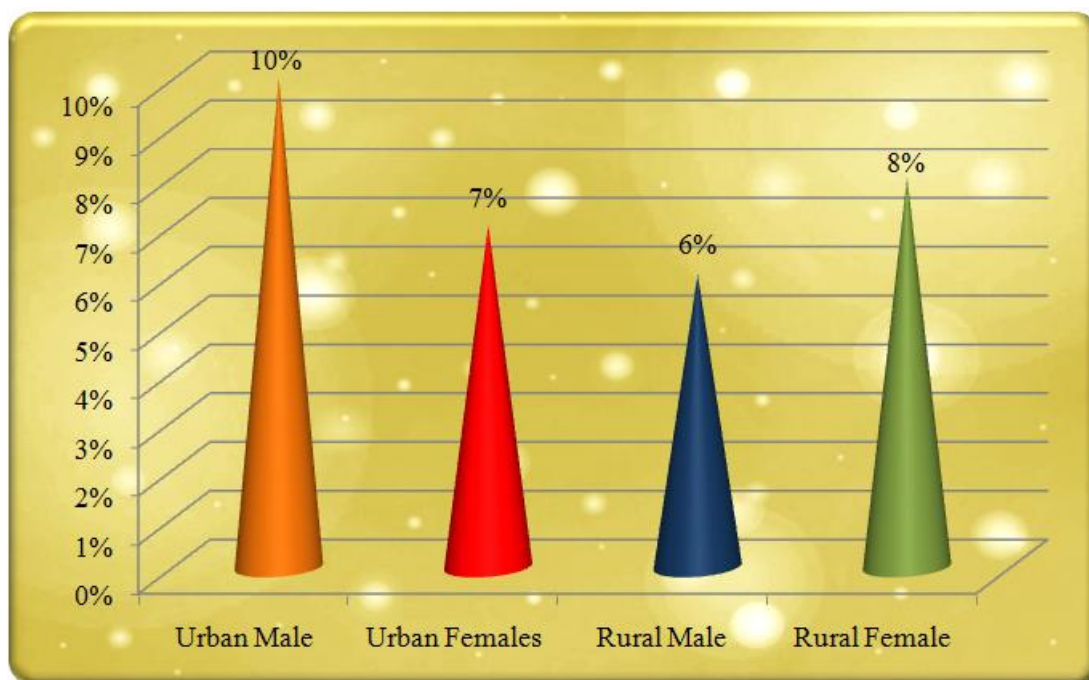


Figure 1: Self reported incidents of Ulcer in Ageing Adults

The **Figure 1** shows that 10 percent of urban males and 7 percent of urban females were suffering with ulcer in the Gastro Intestinal tract. This problem was found to be slightly less in rural population i.e. 6 percent in males and 8 percent in females.

An ulcer is a sore or lesion that forms in the lining of the stomach or duodenum where the digestive fluids acid and pepsin are present (**Dambach, 2005**). It is characterized by high acidity resulting in mucosal erosions causing extreme pain and discomfort. It is the end result of an imbalance between the digestive fluids in the stomach and the duodenum. Most ulcers are caused by an infection, spicy food, acid or stress. Age remains a risks factor for peptic ulcer in ageing patients (**Yen-Ling Peng, 2013**).

3. Conclusion

The dramatic increase in the life expectancy over the last few years' demand that awareness should be there for problems associated to life style pattern in ageing population. Health and wellness are multidimensional, which include the emotional (mental), intellectual, physical, social and spiritual health. Lifestyle management, more than any other factor, is considered to be the best way of preventing illness and early death in our society. Get regular medical check-ups, diets should include fruits and leafy vegetables, drink at least 10 glasses of water daily, take good rest, sleep, good exercise and give up totally the habit of alcohol drinking, smoking, betal-chewing and pan-chewing are considered to be priority healthy lifestyles.

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Reference

- [1] Dambach, B.; Salle, A., & Marteau, C. (2005). Energy requirements are not greater in elderly patients suffering from pressure ulcers. *J Am Geriatr Soc.* 2005; 53:478–82.
- [2] Firth, M.; Prather, C.M.,(2002). Gastrointestinal Motility Problems in the Elderly Patient *Gastroenterology.* 122: 1688 - 1700.
- [3] Tandon R, Ahuja V, Jayanthi V, Dixit V.(2009). Gastrointestinal Motility Disorders. In *A Guide to Elderly Care.* Ed. Sharma O, P. New Delhi, Ch 20: 143-154
- [4] Orr WC, Chen Cl. (2002) Aging and Neural Control of the G.I. Tract IV. Clinical and physiological aspects of Gastrointestinal motility and aging. *Am J Physiol Gastrointest Liver Physiol.* 283: G1226 - G1231
- [5] Wig, N.N, Pershad,D, & Verma, S.K., (1999). Manual for C.M.I. Health questionnaire. National psychological corporation.
- [6] Yen-Ling, P., Hsin-Bang Leu, Jiing-ChyuanLuo, Chin-Chou Huang, Ming-ChihHou, Han-Chieh Lin, Fa-Yauh Lee. (2013). Diabetes Is an Independent Risk Factor for Peptic Ulcer Bleeding. *Journal of Gastroenterology and Hepatology,* 28(8): 1295-1299