

RECOMMENDATIONS

The following were recommended from the present study:

At the level of policy maker:

- Data collection and analysis to evaluate the common health problems (physical, mental and social) of elderly in Egypt.
- Support integration between Ministry of Health And Population, Ministry of Media, Ministry of Social Solidarity and Ministry of Sport to establish educational and leisure programs for elderly to raise the level of awareness among elderly about the healthy life style and how to keep a healthy life through illustration of the importance of physical activities, quitting smoking, controlling diet, periodic checkup, keeping social connection and activities etc.
- Raising the level of annual income for elderly.

At the level of health care system:

- Education and training of medical students and physicians how to deal with especial needs of elderly patients (physical and mental).
- Physicians and other health workers (nurses, social workers) at family health centers and units should care about organization of health education setting to educate elderly attending clinics about the importance of periodic checkup on blood pressure, blood glucose level and lipid profile for elderly and how to maintain a healthy life style.
- Special attention should be directed to early diagnose and treatment of psychiatric problems (depression, anxiety and dementia) in elderly through using simple and quick validated questionnaires during the visits of elderly patients to the out-patient clinic and referring them to psychiatrists if needed.
- Training the elderly how to exercise their brains to stay mentally alert and maintain with intact memory especially recent memory which affected early.

At the level of elderly homes:

- Improving quality of life in elderly homes at both physical and mental levels.
- Provide physical rehabilitation to improve physical function among elderly and promoting independence in self-care.
- Design optimal physical environment to cope with elderly disability and to reduce risk of falls among them.
- Provide safe environment through infection control strategies which prevent transmission of infection in elderly homes for older people.
- Elderly need to feel in elderly homes they are free and not prisoners.
- Elderly homes staff should provide psychological support to elderly.
- Governmental elderly homes needs improvement in services such as medical services (clinic, doctors and nurses), nutritional services and leisure activities.
- Private elderly homes need to make connection between elderly resident and not to be as separate villages or islands.

At the level of community and individuals:

- Elderly is a phase of life all will pass through, so we should put ourselves in their situation to know how they feel and what they need.
- The majority of elderly need help in doing activities of daily living and instrumental activities of daily living. So children should take care of their parents' needs and remember how their parents took care of them when they couldn't do any things as they are now.
- Offspring whose parents instituted in elderly homes should be in contact with them. Relatives should be in contact with their elderly relatives either in the community or in elderly homes.
- Elderly need psychological support from their partner, offspring, friends, relatives and all surrounding individuals.
- Many elderly need financial support and their income are insufficient.

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Appendix I

Personal data and socio-demographic characteristics:-

الرقم المسلسل:

١-السن				
٢-الجنس:	١- ذكر	٢- أنثى		
٣-الحالة الاجتماعية:	١- أعزب	٢- متزوج	٣- مطلق	٤- -
أرمل				
٤- عدد الأبناء:				
٥-التعليم:				
١- اى	٢- يقرأ ويكتب	٣- ابتدائى	٤-إعدادى	
٥- ثانوى	٦- جامعى	٧- فوق جامعى		
٦-المهنة:				
١-يعمل بالقطاع الحكومى	٢- متقاعد من القطاع الحكومى			
٣- يعمل بالقطاع الخاص	٤- متقاعد من القطاع الخاص			
٥- ربة منزل	٦- لا يعمل			
٧-مصدر الدخل:				
١- مرتب من القطاع الحكومى	٢- معاش من القطاع الحكومى			
٣- مرتب من القطاع الخاص	٤- معاش من القطاع الخاص			
٥- مساعدة من (الابناء - اقارب- آخرين)	٦-أخرى:.....			
٨-الدخل الشهرى				
١- أقل من ٣٠٠ ج	٢- ٣٠٠-ج- ٦٠٠ ج	٣- ٦٠٠-ج-٩٠٠ ج		
٤- ٩٠٠-ج-١٥٠٠ ج	٥- ١٥٠٠-ج-٣٠٠٠ ج	٦-أكثر من ٣٠٠٠ ج		
٩-مع من تقيم:				
١- مع افراد الاسرة	٢-مع الزوج/الزوجة	٣- مع أحد الأبناء		
٤-بمفرده	٥- مع اخرين	٦- بدار للمسنين		
١٠-من تقوم بزيارته خارج المنزل/ الدار				
١-الابناء	٢- الاقارب	٣- الجيران	٤-الاصدقاء	٥- اخرين
٦-لا احد				
١١- من يقوم بزيارتك بالمنزل/ بالدار				
١-الابناء	٢- الاقارب	٣- الجيران	٤-الاصدقاء	٥- اخرين
٦-لا احد				

Appendix II

Physical self-maintenance scale:-

A- Activities of Daily Living (IADL) scale:

١ - استخدام الحمام.

- ١-أستطيع أن أستختم الحمام وأعتى بنظافتي كاملة بمفردي ولدي القدرة على التحكم في البول.
- ٢-أحتاج إلى المساعدة في نظافتي أو أحتاج إلى التنكير.
- ٣-ملايبي تبتل أو تتسخ وأنا نائم أكثر من مرة أسبوعياً.
- ٤-ملايبي تبتل أو تتسخ وأنا مستيقظ أكثر من مرة أسبوعياً.
- ٥-لا أتحكم في عملية التبول والإخراج.

٢ - التغذية.

- ١-أكل بدون أى مساعدة من الآخرين.
- ٢-أحتاج مساعدة بسيطة خلال تناول الوجبات و/أو أحتاج تجهيزات خاصة للطعام أو أحتاج لمساعدة في التنظيف بعد الأكل.
- ٣-أحتاج مساعدة متوسطة أثناء تناول الطعام.
- ٤-أحتاج مساعدة كبيرة أثناء كل وجبة.
- ٥-لا أكل بنفسى مطلقاً وأقاوم مجهود الآخرين لإطعامى.

٣ - ارتداء الملابس والهندمة.

- ١-أستطيع أن أرتدى وأخلع وأختار ملايبي من الدولاب.
- ٢-أحتاج مساعدة بسيطة أثناء ارتداء وخلع ملايبي.
- ٣-أحتاج مساعدة متوسطة أثناء ارتداء وخلع واختيار الملابس.
- ٤-أحتاج مساعدة كبيرة أثناء ارتداء الملابس ولكن أتعاون مع مجهودات الآخرين.
- ٥-عدم القدرة الكاملة على ارتداء ملابس ومقاومة مجهودات الآخرين لمساعدتى.

٤ - العناية الشخصية (الاهتمام بالشعر والأظافر واليد والوجه والملابس)

- ١-دائماً أهتم بمظهري وملايبي وأعتى بنفسى دون مساعدة.
- ٢-أعتى بنفسى بطريقة مناسبة مع مساعدة بسيطة فى بعض الأحيان.
- ٣-أحتاج إلى مساعدة متوسطة ومنظمة وإشراف على العناية الشخصية.
- ٤-أحتاج إلى رعاية كاملة على العناية الشخصية لكن أستطيع أن أبقي بحالة طيبة بعد مساعدة الآخرين
- ٥-انفى كل جهود الآخرين للحفاظ على العناية الشخصية.

٥- الحركة.

- ١-أستطيع أن أتحرك فى الطرقات والمدينة بمفردى.
- ٢-أتحرك داخل مكان الإقامة وخارجه بمبنى.
- ٣-أتحرك بمساعدة ١- عكاز ب-مشاية ج-كرسى متحرك
- ١- لا أحتاج لمساعدة أثناء الدخول والخروج.
- ٢- أحتاج لمساعدة أثناء الدخول والخروج.
- ٤-أجلس على الكرسى بدون مساعدة ولكن أحتاج مساعدة أثناء القيام.
- ٥-ألتزم الفراش أكثر من ١/٢ الوقت.

٦- الاستحمام.

- ١-أستطيع أن أستحم بمفردى دون مساعدة.
- ٢-أستطيع أن أستحم بمفردى لكن أحتاج لمساعدة فى الدخول والخروج.
- ٣-أستطيع فقط أن أغسل يدى ووجهى دون باقى الجسم.
- ٤-لا أستطيع أن أستحم بمفردى لكن أتعاون فى الاستحمام مع من يساعدى.
- ٥-لا أستحم بمفردى وأقاوم جهود الآخرين.

B-Instrumental Activities of Daily Living (IADL) scale

١- القدرة على استخدام التليفون

- ١- استخدام التليفون جيداً "أتصل بجميع الأرقام.
- ٢- اتصل ببعض الأرقام المعروفة جيداً لدى.
- ٣- أرز على التليفون فقط دون إجراء اتصالات.
- ٤- عدم القدرة على استخدام التليفون نهائياً.

٢- التسوق.

- ١- اشترى جميع احتياجاتي دون الاعتماد على أحد.
- ٢- اشترى بعض احتياجاتي البسيطة دون الاعتماد على أحد.
- ٣- أحتاج إلى مساعدة عند شرائي أى احتياجات.
- ٤- لا أستطيع التسوق نهائياً.

٣- إعداد الطعام.

- ١- أستطيع أن أجهز وأعد وجبات متكاملة بفردي.
- ٢- أستطيع أن أعد وجبات متكاملة إذا توفرت المكونات لدى.
- ٣- أستطيع فقط أن أسخن وأجهز طعام سبق إعداده.
- ٤- أحتاج إلى من يعد ويقدم لى الطعام.

٤- تنظيف البيت.

- ١- أرتب وأنظف البيت بمفردي أو بمساعدة بسيطة أحياناً للأعمال الصعبة.
- ٢- أقوم بالأعمال المنزلية الخفيفة (غسل الأطباق - ترتيب السرائر).
- ٣- أقوم بالأعمال المنزلية الخفيفة ولكن ليس على الوجه المقبول.
- ٤- أحتاج إلى مساعدة فى كل الاعمال المنزلية.
- ٥- لا أساهم فى الأعمال المنزلية نهائياً.

٥- الغسيل الملابس.

- ١- أقوم بالكامل بغسل ملابسى بمفردي.
- ٢- أقوم بغسل الأشياء الخفيفة مثل الشرايات.
- ٣- كل ملابسى يقوم بغسلها آخريين.

6- وسائل المواصلات

- 1-أستخدم المواصلات العامة أو أفود سيارتى الخاصة.
- 2-أنتقل عن طريق التاكسى ولا أستخدم المواصلات العامة.
- 3-لا أستطيع أستخدم المواصلات العامة بمفردى.
- 4-أنتقل بحدود فى المواصلات بمساعدة الأخرين.
- 5-لا أنتقل نهائياً.

7- الالتزام بالعلاجات الخاصة.

- 1-أتحمل مسئولية تناول العلاجات بالجرعات المقررة فى الأوقات المناسبة.
- 2-أتحمل مسئولية تناول العلاجات إذا أعدت لى مسبقاً بجرعات منفصلة.
- 3-غير قادر على تناول علاجاتى الخاصة بمفردى.

8- القدرة على المعاملات المالية.

- 1-أستطيع أن أتعامل باستقلالية فى معاملاتى المالية (وضع ميزانية للمنزل - كتابة الشيك - دفع الفواتير - دفع الأجرة - الذهاب للبنك).
- 2-أستطيع أن أتعامل مالياً فى الأمور اليومية فقط وأحتاج مساعدة فى الأمور المالية الكبيرة.
- 3-غير قادر على التعامل مالياً على الاطلاق.

Appendix III

Psychological state:-

1- Cooper Smith self-esteem inventory

- ١- عادة لا توجد أشياء تضايقتنى. نعم (٠) لا (١)
- ٢- أجد أنه م الصعب جداً أن أتحدث أمام مجموعة نعم (١) لا (٠)
- ٣- لدى أشياء كثيرة فى نفسى أريد تغييرها إن استطعت نعم (١) لا (٠)
- ٤- فى استطاعتى اتخاذ قرار بدون مشقة كبيرة نعم (٠) لا (١)
- ٥- يفرح الآخرون من وجودى معهم نعم (٠) لا (١)
- ٦- أتضايق بسهولة فى البيت نعم (١) لا (٠)
- ٧- أحتاج لقوت كثير لأتعود على أى شئ جديد نعم (١) لا (٠)
- ٨- أنا محبوبة ومشهورة بين أقرانى نعم (٠) لا (١)
- ٩- أسرتى دائماً تحترم مشاعرى نعم (٠) لا (١)
- ١٠- أستسلم بسهولة جداً نعم (١) لا (٠)
- ١١- تتوقع أسرتى أشياء كثيرة منى نعم (٠) لا (١)
- ١٢- من الصعب إلى حد ما أن أظل كما أنا نعم (٠) لا (١)
- ١٣- كل الأمور فى حياتى مختلطة ببعضها نعم (١) لا (٠)
- ١٤- عادة يتبع الناس آرائى وأفكارى نعم (٠) لا (١)
- ١٥- رأيت فى نفسى منخفض نعم (١) لا (٠)
- ١٦- أوقات كثيرة تكون لدى الرغبة فى ترك المنزل نعم (١) لا (٠)
- ١٧- عادة أصاب بالإحباط والزهق تجاه عملى نعم (١) لا (٠)
- ١٨- أنا لست حسن المنظر مثل أغلب الناس نعم (١) لا (٠)
- ١٩- إذا أردت قول شئ أقوله نعم (٠) لا (١)
- ٢٠- أسرتى تفهمنى نعم (٠) لا (١)
- ٢١- معظم الناس محبوبين أكثر منى نعم (١) لا (٠)
- ٢٢- عادة ما أشعر أن أسرتى تدفعنى إلى العمل نعم (١) لا (٠)
- ٢٣- عادة لا أجد تشجيع لما أفعله نعم (١) لا (٠)
- ٢٤- أربغ كثيراً أن أكون شخصاً آخر نعم (١) لا (٠)
- ٢٥- لا يمكن الاعتماد على نعم (١) لا (٠)

2- Beck's Depression Inventory Scale:

- (1) ٠ - لا أشعر بحزن .
١- أشعر بحزن .
٢- أشعر بحزن طوال الوقت ، و لا أستطيع أن أتخلص منه .
٣-إننا حزين جدا و غير سعيد لدرجة لا أستطيع تحملها .
- (٢) ٠-لست متشائماً بالنسبة للمستقبل .
١-أشعر أن المستقبل غير مشجع.
٢-أشعر بأنه ليس هناك شيء اتطلع اليه في المستقبل .
٣-أشعر أن المستقبل لا أمل فيه و أن الأمور لن تتحسن .
- (٣) ٠ - لا أشعر أنني فاشل .
١- أشعر أنني فشلت أكثر من أى شخص متوسط .
٢-عندما أنظر إلى ما مضى من سنوات عمري فأنا لا أرى سوى الفشل الذريع .
٣-أشعر بأنى شخص فاشل تماماً .
- (٤) ٠- أنا قانع وراضى تماما عن كل الاشياء التى تعودت القيام بها .
١- لا أستمتع بالاشياء التى تعودت القيام بها .
٢- لا أشعر بالرضا التام من أى شئى .
٣- أشعر بعدم الرضا و الملل من كل شئى.
- (٥) ٠- لا اشعر بالذنب .
١- أشعر بالذنب بعض فترات من الوقت .
٢- أشعر شعوراً عميقاً بالذنب في أغلب الأوقات .
٣-أشعر بالذنب طوال الوقت.
- (٦) ٠- لا أشعر بان املى قد خاب فى نفسي .
١- أشعر بان املى قد خاب فى نفسي.
٢-أشعر بالاشمئزاز من نفسي .
٣-أكره نفسي .
- (٧) ٠- لا تراودنى أى افكار للتخلص من حياتى .
١- تتنابنى افكار للتخلص من حياتى لكن لم أنفذها .
٢- ارغب فى قتل نفسى .
٣- إذا اتاحت لى الفرصة فسوف أنتحر .

- (٨) ٠- لم أفقد الاهتمام بالناس الآخرين .
- ١- أني أقل اهتماماً بالآخرين مما اعتدت أن أكون .
- ٢- لقد فقدت معظم اهتمامي بالناس الآخرين .
- ٣- لقد فقدت كل اهتمامي بالناس الآخرين .
- (٩) ٠ - اتخذ قرارات على نفس المستوى الذي اعتدت عليه .
- ١- أقوم بتأجيل القرارات بصورة أكبر مما مضى .
- ٢- أجد صعوبة أكبر في اتخاذ القرارات عما كنت أقوم به .
- ٣- لم أعد أستطيع اتخاذ القرارات على الإطلاق .
- (١٠) ٠- لا أشعر أني أبدو أفتح مما كنت .
- ١- يقلقني أني أبدو أكبر سناً و أقل جاذبية .
- ٢- أشعر بأن هناك تغيرات مستديمة في مظهري تجعلني أبدو أقل جاذبية .
- ٣- أعتقد أني أبدو قبيحا .
- (١١) ٠- أستطيع أن أقوم بعلمي كما تعودت .
- ١- أحتاج لجهود كبير لكي أبدأ في عمل شيء ما .
- ٢- يجب علي أن أضغط على نفسي بشدة لعمل أي شيء .
- ٣- لا أستطيع أن أقوم بعمل أي شيء على الإطلاق .
- (١٢) ٠- لا أشعر بتعب أكثر من المعتاد .
- ١- أتعب بسرعة أكثر من المعتاد .
- ٢- أتعب بدون بذل أي مجهود .
- ٣- أشعر بالارهاق حتى أني لا أستطيع أن أقوم بأي عمل .
- (١٣) ٠ - أن شهيتي للطعام ليست اسوء من المعتاد .
- ١- أن شهيتي للطعام ليست جيدة كما كانت .
- ٢- أن شهيتي للطعام سيئة جدا الآن .
- ٣- ليس لدي شهية على الإطلاق في الوقت الحاضر .

3-Taylor's Manifest Anxiety Scale:

- ١- نومي مضطرب و متقطع نعم لا
- ٢- مرت بي أوقات لم أستطع خلالها النوم بسبب القلق نعم لا
- ٣- مخاوفي قليلة جداً مقارنة بأصدقائي نعم لا
- ٤- أعتقد أنني أكثر عصبية من معظم الناس نعم لا
- ٥- ننتابني أحلام مزعجة أو (كوابيس) كل عدة ليالي نعم لا
- ٦- لدي متاعب أحياناً في معدتي نعم لا
- ٧- غالباً ما ألاحظ أن يداي ترتجفان عندما أحاول القيام بعمل ما نعم لا
- ٨- أعاني أحياناً من نوبات إسهال نعم لا
- ٩- تشير قلتي أمور العمل و المال نعم لا
- ١٠- تصيبني نوبات من الغثيان (غمات النفس) نعم لا
- ١١- كثيراً ما أخشى أن يحمر وجهي خجلاً نعم لا
- ١٢- أشعر بجوع في كل الأوقات تقريباً نعم لا
- ١٣- أثق في نفسي كثيراً نعم لا
- ١٤- أتعب بسرعة نعم لا
- ١٥- يجعلني الانتظار عصبياً نعم لا
- ١٦- أشعر بالإثارة لدرجة أن النوم يتعذر علي نعم لا
- ١٧- عادة ما أكون هادئاً نعم لا
- ١٨- تمر بي فترات من عدم الاستقرار لدرجة أنني لا أستطيع الجلوس طويلاً في مقعدي نعم لا
- ١٩- لا أشعر بالسعادة في معظم الوقت نعم لا
- ٢٠- من السهل أن أركز ذهني في عمل ما نعم لا
- ٢١- أشعر بالقلق على شيء ما أو شخص ما طوال الوقت تقريباً نعم لا
- ٢٢- لا أتهيب الأزمات و الشدائد نعم لا
- ٢٣- أود أن أصبح سعيداً كما يبدو الآخرين نعم لا
- ٢٤- كثيراً ما أجد نفسي قلقاً على شيء ما نعم لا
- ٢٥- أشعر أحياناً و بشكل مؤكد أنه لا فائدة لي نعم لا
- ٢٦- أشعر أحياناً أنني أتمزق نعم لا
- ٢٧- أعرق بسهولة حتى في الأيام الباردة نعم لا
- ٢٨- الحياة صعبة بالنسبة لي في أغلب الأوقات نعم لا
- ٢٩- لا يقاتني ما يحتمل أن أقابله من سوء حظ نعم لا
- ٣٠- إنني حساس بنفسي بدرجة غير عادية نعم لا

- ٣١- لاحظت أن قلبي يخفق بشدة و أحياناً تنهيج أنفاسي نعم لا
- ٣٢- لا أبكي بسهولة نعم لا
- ٣٣- خشيت أشياء أو أشخاص أعرف أنهم لا يستطيعون إيذائي نعم لا
- ٣٤- لدي قابلية للتأثر بالأحداث تأثراً شديداً نعم لا
- ٣٥- كثيراً ما أصاب بصداع نعم لا
- ٣٦- لا بد أن أعرف بأنني شعرت بالقلق على أشياء لا قيمة لها نعم لا
- ٣٧- لا أستطيع أن أركز تفكيري في شيء واحد نعم لا
- ٣٨- لا أرتبك بسهولة نعم لا
- ٣٩- أعتقد أحياناً أنني لا أصلح بالمرّة نعم لا
- ٤٠- أنا شخص متوتر جداً نعم لا
- ٤١- أرتبك أحياناً لدرجة تجعل العرق يتساقط مني بصورة تضايقتي جداً نعم لا
- ٤٢- يحمر وجهي خجلاً بدرجة أكبر عندما أتحدث للآخرين نعم لا
- ٤٣- أنا أكثر حساسية من غالبية الناس نعم لا
- ٤٤- مرت بي أوقات شعرت خلالها بتراكم الصعاب بحيث لا أستطيع التغلب عليها نعم لا
- ٤٥- أكون متوتراً للغاية أثناء القيام بعمل ما نعم لا
- ٤٦- يداي و قدماي باردتان في العادة نعم لا
- ٤٧- أحياناً أحلم بأشياء أفضل الاحتفاظ بها لنفسني نعم لا
- ٤٨- لا تنقصني الثقة بالنفس نعم لا
- ٤٩- أصاب أحياناً بالإمساك نعم لا
- ٥٠- لا يحمر وجهي أبداً من الخجل نعم لا

4- Irritability, Depression, Anxiety (IDA) Scale

- D ١- أنا أشعر بسرور ونشراح.
- ٠- نعم بالتأكيد
١- نعم أحياناً
٢- لا قليلاً
٣- لا على الإطلاق
- ٢- أستطيع أن أجلس وأسترخي بسهولة.
- A
٠- نعم بالتأكيد
١- نعم أحياناً
٢- لا قليلاً
٣- لا على الإطلاق
- D ٣- شهيتي للأكل
- ٠- قليلة جداً
١- قليلة جداً
٢- جيدة
٣- جيدة جداً
- O ٤- أفقد اعتدالي وأصرخ في الآخرين.
- ٠- نعم بالتأكيد
١- نعم أحياناً
٢- لا قليلاً
٣- لا على الإطلاق
- D ٥- أستطيع أن أضحك وأشعر بالمتعة.
- ٠- نعم بالتأكيد
١- نعم أحياناً
٢- لا قليلاً
٣- لا على الإطلاق
- O ٦- أشعر بأنني أفقد السيطرة على نفسي ومن الممكن أن أذى الآخرين.
- ٠- نادراً
١- نادراً
٢- بعض الوقت
٣- أحياناً كثيرة
- A ٧- عندي شعور بعدم الراحة وكأنني معدتي تألمني
- ٠- نعم بالتأكيد
١- نعم أحياناً
٢- لا قليلاً
٣- لا على الإطلاق

- ٨ - فكرة إيذاء نفسى تزودنى.
 I ٣- بعض الوقت
 ٢- نادراً
 ١- بصعوبة
 ٠- لا على الإطلاق
- ٩ - أستيقظ قبل ميعاد استيقاظى D
 ٣- بساعتين أو أكثر
 ٢- بساعة
 ١- بأقل من ساعة
 ٠- لا - أظن نائم حتى ميعاد استيقاظى
- ١٠ - أشعر بأننى مشدود ومتوتر
 A ٣- نعم بالتأكيد
 ٢- نعم أحياناً
 ١- لا قليلاً
 ٠- لا على الإطلاق
- ١١ - أشعر أننى أذى نفسى.
 I ٣- نعم بالتأكيد
 ٢- نعم أحياناً
 ١- لا قليلاً
 ٠- لا على الإطلاق
- ١٢ - أحتفظ باهتماماتى القديمة.
 D ٠- نعم معظمها
 ١- نعم بعض منها
 ٢- لا قليل منها
 ٣- لا شئ على الإطلاق
- ١٣ - أنا صبور مع الآخرين.
 O ٠- كل الوقت
 ١- معظم الوقت
 ٢- بعض الوقت
 ٣- ليس بعد
- ١٤ - أصاب بالهلع والرعب لأسباب غير مهمة.
 A ٣- نعم بالتأكيد
 ٢- نعم أحياناً
 ١- لا قليلاً
 ٠- لا على الإطلاق
- ١٥ - أغضب من نفسى وأسمى نفسى أسماء غير مقبولة.
 I ٣- نعم بالتأكيد
 ٢- نعم أحياناً
 ١- لا قليلاً
 ٠- لا على الإطلاق
- ١٦ - عندما يضايقنى أشخاص أشعر بأننى أريد أن أحرك الباب بشدة.
 O ٣- نعم بالتأكيد
 ٢- نعم بعض الوقت
 ١- لا قليلاً
 ٠- لا على الإطلاق

١٧- أخرج بمفردى دون أن أشعر بالقلق.

A

- ٠- نعم دائماً
١- نعم أحياناً
٢- لا قليلاً
٣- لا على الإطلاق

١٨- مؤخراً أشعر بأننى متضايقة من نفسى.

I

- ٢- كثيراً جداً
٣- كثيراً
٠- لا على الإطلاق
١- بعض الأحيان

5- Memory test

1. Immediate memory

١. كرر هذه الأرقام بنفس ترتيبها

مدى ٣ أرقام (٣-٨-٥)

مدى ٤ أرقام (٤-٩-٢-٦)

مدى ٥ أرقام (٨-٣-٧-١-٥)

مدى ٦ أرقام (٩-١-٥-٢-٨-٦)

مدى ٧ أرقام (٨-٤-٩-١-٧-٥-٣)

مدى ٨ أرقام (٤-٢-٩-٥-٧-٣-١-٦-٢)

٢. كرر هذه الأرقام بطريقة عكسية

مدى ٢ أرقام (٩-٤)

مدى ٣ أرقام (٧-٢-٥)

مدى ٤ أرقام (٩-٤-٦-٣)

مدى ٥ أرقام (١-٨-٢-٤-٩)

مدى ٦ أرقام (٧-٤-٦-٩-٥-٢)

2- Recent memory

١. تعرف على هذه الأشياء جيدا و سوف اطلب منك تكرارها لاحقا.
٢. ماذا تناولت فى افطار اليوم؟ و الامس؟
٣. ما اسم محل البقالة الذى يبعد عن مسكنك بمبنى؟
(٠-٢-٤)
(٠-١-٢)
(٠-١-٢)

3- Remote memory

١. ما هو تاريخ ميلادك؟
٢. ما هو تاريخ زواجك؟
٣. متى كانت اول ثورة مصرية فى العصر الحديث؟
٤. ما هو اسم اول رئيس مصرى؟
٥. متى كانت اخر حرب قام بها الجيش المصرى؟
(٠-١-٢)
(٠-١-٢)
(٠-١-٢)
(٠-١-٢)
(٠-١-٢)

6-Dementia Screening Scale:

٣	٠	٠	اليوم: وتاريخه: / /	-١
٢.٥	٠	٠	أين أنت الآن.	-٢
٢	٠	٠	ما عمرك.	-٣
٢.٥	٠	٠	منذ متى وأنت هنا.	-٤
٢	٠	٠	أين ولدت/ مكان ولادتك.	-٥
٢.٥	٠	٠	كم عدد أيام السنة.	-٦
٣.٥	٠	٠	متى كات آخر حرب قامت بها مصر.	-٧
٣	٠	٠	ما اسم رئيس وزراء مصر الحالي	-٨
٤	٢	٠	إطرح ٧ من ١٠٠ ثم ٧ من ٩٣	-٩
٤	٢	٠	كرر هذه الأرقام بطريقة عكسية ٦،٨،٢ / ٣،٥،٢،٩	-١٠
١.٥	٠.٥	٠	أذكر ٥ أشياء وأعد ذكرهم مرة أخرى.	-١١
			٣.٥ ٢.٥	

**A COMPARATIVE STUDY OF THE PSYCHOSOCIAL
PROFILE OF ELDERLY RESIDING IN ELDERLY
HOMES AND THOSE LIVING WITHIN THE
COMMUNITY IN ALEXANDRIA**

دراسة مقارنة للسمات النفس اجتماعية لكبار السن المقيمين في دور المسنين
والذين يعيشون داخل المجتمع بالإسكندرية

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خطة بحث مقدمة
لكلية الطب
جامعة الإسكندرية
إيفاءً جزئياً
لشروط الحصول على درجة
الماجستير في طب الأسرة
من
رانيا سيد محمد
بكالوريوس الطب والجراحة ، الإسكندرية
طبيب مقيم طب الأسرة
مستشفيات وزارة الصحة
قسم طب المجتمع
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INTRODUCTION

The ageing of the world's population in developing and developed countries is an indicator of improving global health. ⁽¹⁾ The population of old and particularly very old people are increasing rapidly throughout the developed and developing world. ⁽²⁾ The worldwide elderly population (60 years of age and older) is forecast to reach 2 billion by the year 2050 ⁽¹⁾. The number of peoples aged 60 and older in the Eastern Mediterranean Region was around 26.8 million (5.8% of the total population) in 2000. It is projected to be 8.7% and 15% of the population by the years 2025 and 2050 respectively. ⁽³⁾

In Egypt, there will be a three-fold increase in the number of people above the age of 60 years by the year 2050. The Percentage of population aged 60+ in 2009 was 6% and is expect to be 20.8% in 2050. ^(3, 4)

The ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. ⁽⁵⁾ Elderly is a period of age which divided into three stages, young old(65-74 years old),old (75-84 years old),oldest old (85+ years old). ⁽⁶⁾

The age of 60 or 65, roughly equivalent to retirement ages in most developed and developing countries. Most developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' ⁽⁷⁾, but in some countries, the cut-off point for older persons is stilling at a lower age of 60, depending on the retirement age. ⁽⁸⁾

Health is more than physical health. The three components of health – physical, mental and social – cannot usefully be separated from each other. Physical well-being affects psychological health, Psychological health affects physical well-being, Social well-being (e.g. social integration, friendships, valued roles, etc.) has a preventive effect on both physical and psychological ill-health.⁽⁹⁾

This group of elderly requires special consideration because of their special needs and vulnerabilities .Many elderly have physical disabilities.⁽¹⁰⁾ They lose their health, mobility and independence when their hearing and vision are deteriorating or when they are developing a physical illness. They have social isolation when their close friends pass away, death of a spouse, migration of family members or when their children leave home.⁽¹¹⁾

All these social and physical factors contribute to an increase in the prevalence of psychiatric problems in elderly such as dementia, depression, anxiety and suicide.⁽¹²⁾

Depression, a type of mood disorder, is the most prevalent mental health problem among elderly.⁽¹³⁾ Depression is more than just a passing mood, it is a condition in which one may experience persistent sadness, withdrawal from previously enjoyable activities, difficulty sleeping, physical discomforts, and feeling “slowed down”.⁽¹⁴⁾ Anxiety, like depression, is among the most prevalent mental health problems among elderly.⁽¹⁵⁾ The two conditions often go hand in hand, with almost half of elderly who are diagnosed with a major depression also meeting the criteria for anxiety .Anxiety in this age group may be underestimated

because elderly are less likely to report psychiatric symptoms and more likely to emphasize physical complaints.⁽¹⁶⁾

Dementia is an acquired global impairment of cognition which has significant effects on occupational, social and functional ability. It includes impairments in capacity to solve problems of day-to-day living, perceptual skills, language and communication and frequently involves disturbances of emotional reactions.⁽¹⁷⁾

Social health is an aspect of health that includes social relationships as part of the broader concept of health, this form of social health includes: social participation; avoiding marginalization; a sense of control and empowerment over one's life; being treated with dignity; low levels of social conflict ;minimal poverty; avoiding undue dependence on others; social interaction and social connections.⁽¹⁸⁾

Social health, in this sense, has implications for both physical and mental health. The less isolated, the greater the sense of control and empowerment, and the more socially integrated a person is, the less they suffer from a range of physical and mental disorders.⁽¹⁹⁾ So social environment through a positive role of social health is an important component of the health promotion strategies adopted by WHO.⁽²⁰⁾

In all countries family members are the major source of care and support as regard (social, medical, financial and emotional) for older people and especially in developing countries, as both cultural values (great respect for elderly as community leaders) and the absence of government-based support systems mean that older people are more reliant on family members for housing and other forms of support.⁽²¹⁾

Urbanization and population change have major implications for the role of family members toward elderly people .Some of those elderly still living in the community with their family and other will be instituted in elderly home.⁽²²⁾

Elderly homes are places for the elderly to reside, rest, be taken care of and live. For the elderly, living at an elderly home should mean spending time with peers, being close to medical and health services and being away from loneliness and depression.⁽²³⁾

Social networks, family and friendships are protective factor against ill-health. People who are socially isolated and marginalized are more susceptible to a range of mental diseases and lack of social support also makes it more difficult to deal with and recover from ill-health.⁽²⁴⁾

The aim of this research is to compare the psychosocial profile of elderly residing in elderly homes with those living within the community in order to study the effects of surrounding environment, social communication, physical illness, socio-economic state and psychological state on elderly.

AIM OF THE WORK

The study will be conducted to fulfill the followings:

General objective:

The purpose of the study is comparing the psychosocial profile of elderly residing in elderly homes and those living within the community in Alexandria.

Specific objectives:

5. To assess the socio-demographic state of elderly residing in elderly homes and those lives in the community.
6. To assess psychological state of elderly resides in elderly home and those lives in the community. e.g.: anxiety, depression, self-esteem, and dementia.
7. To assess daily live activities of elderly resides in elderly home and those lives in the community.
8. To compare between elderly resides in elderly home and those lives in the community. As regard; socio-demographic state, psychological state and daily live activities.

SUBJECTS AND METHODS

Research strategy:

A comparative descriptive approach will be selected to carry out this study.

Research setting:

The study will be carried out in randomly selected two elderly homes and a dental outpatient clinic of family medicine unit as a source of elderly living within the community.

Target population:

A representative sample of residents of elderly homes and elderly living within the community.

Sample Size:

The sample will include fifty residents of elderly homes and another fifty elderly attending dental outpatient clinic of family medicine unit.

Tools of data collection:

A predesigned interview questionnaire will be used to collect data from the elderly, which includes:

1. Socio-demographic data of elderly.
2. Standardized Arabic form of the following:
 - Cooper Smith self- esteem inventory.⁽²⁵⁾
 - Irritability, Depression, Anxiety (IDA) Scale.⁽²⁶⁾
 - Dementia Screening Scale.⁽²⁷⁾

- Instrumental Activities of Daily Living Scale and Physical Self- maintenance Scale.⁽²⁸⁾

Planning for data collection

1. Collective Agreement:

Permission will be obtained from Community Medicine Department, Faculty of Medicine, Ministry Of Health and elderly homes.

2. Pilot Study:

Pilot study will be conducted to serve the following purposes:

1. Accommodation of the aim of the work to actual feasibility.
2. Test all study tools and ensure that all questions are clearly understood,
3. Find out difficulties that may arise and how to deal with them.
4. Estimate the average time required to get the required data.

3. Training:

The investigator will be trained by the supervisors on the skills required to carry this research efficiently.