

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.

REFERENCE

1. Dillin A, Gottschling DE, Nyström T. The good and the bad of being connected: the integrons of aging. *Curr Opin Cell Biol* 2014; 26:107-12.
2. World Health Organization (WHO). 10 facts on ageing and the life course. Geneva: WHO; 2012.
3. Old age. Oxford English Dictionary Online. 2013. Oxford University Press. available at: <http://www.oed.com.librarycatalog.vts.edu/view/Entry/258473?redirectedFrom=old+age>.
4. Old age. Wikipedia, the free encyclopedia. 7 June, 2013. Available from: http://en.wikipedia.org/wiki/Old_age#Definition.
5. World Health Organization (WHO). Definition of an older or elderly person. Geneva: WHO; 2012.
6. Pirkle JJ. The demographics of aging. *Trans Generational* 2009. Available from: <http://transgenerational.org/aging/demographics.htm>. [Accessed On: 2 Mar, 2014].
7. World Health Organization (WHO). What are the public health implications of global ageing? Geneva: WHO; 2011.
8. Ayranci U, Ozdag N. Old age and its related problems considered from an elderly perspective in a group of Turkish elderly. *Int J Geriatrics Gerontol* 2004; 2 (1): 1-15.
9. World Health Organization (WHO). Aging. Geneva: WHO; 2013.
10. United Nations (UN). Policy responses to population decline and ageing. *Population USA: Bulletin of the United Nations*; 2004.
11. World Health Organization (WHO). World population ageing: 1950-2050. Geneva: USA, New York: United Nations Population Division; 2013.
12. Cicirelli VG. Older adults' views on death. USA: Springer; 2006.
13. Population ageing. Wikipedia, the free encyclopedia 7 Apr, 2014. Available from: http://en.wikipedia.org/wiki/Population_ageing#Overview.
14. UNFPA. The State of world population 2012. UNFPA Available from: http://www.unfpa.org/webdav/site/global/shared/swp/2012/EN_SWOP2012_Report.pdf [Accessed On: 20 May, 2013].
15. Kochanek KD, Xu J, Murphy SL, Miniño MM, Kung HC. Deaths: preliminary data for 2009. *NVSS* 2011; 59(4): 1-51.
16. De Blij H. The power of place: geography, destiny, and globalization's rough landscape. London: Oxford University Press; 2009.
17. World Health Organization (WHO). Global Health and Aging. Geneva: WHO; 2011.

18. United Nations (UN), Department of Economic and Social Affairs, Population Division (DESA). World population prospects: the 2010 revision. CD-ROM Edition. New York: United Nations, Department of Economic and Social Affairs, Population Division; 2011.
19. Hayutin AM. Graying of the global population. Public Policy and Ageing Report 2007; 17: 12–7.
20. World Health Organization (WHO). Are you ready? What you need to know about ageing. Geneva: WHO; 2012.
21. World Health Organization (WHO). Functional decline and dependence in ageing populations, panel side event at 66th World Health Assembly. Geneva: WHO; 2013.
22. World Health Organization (WHO). Regional consultation on a strategic framework for active healthy ageing in the South-East Asia Region Colombo, Sri Lanka. Geneva: WHO; 2009.
23. Bloom D, Canning D. Demographic change, fiscal sustainability and macroeconomic performance. Public Policy and Ageing Report 2007; 17: 18–23.
24. United Nations (UN). World population to exceed 9 billion by 2050. New York: United Nations; 2009.
25. United Nations (UN). World population prospects: the 2002 revision, ST/ESA/SERA/222. New York: United Nations; 2003.
26. AARP. Interview with Mr. Tatsuo Honda, Japan's National Institute of Population and Social Security Research. AARP Global Aging Issues. 2006. available at: http://www.aarp.org/research/intl/globalaging/apr_06_newsmaker.html.
27. Population Reference Bureau Group. World population highlights: Key findings from PRB's 2008 world population data sheet. Population Bulletin 2008;63(3):1-12
28. Federal Interagency Forum on Aging-Related Statistics. Older Americans 2012: key indicators of well-being. Federal interagency forum on aging-related statistics. Washington: US Government Printing Office; 2012.
29. Nabalambaa A, Chikokob M. Aging population challenges in Africa. African Development Bank 2011; 1(1): 1-19.
30. United Nations (UN). World population prospects: the 2012 revision. New York: United Nation; 2013.
31. Central Agency for Public Mobilization and Statistics (CAPMAS). Elderly international day. CAPMAS [Cited On: 5 Oct, 2010]. Available from: <http://www.capmas.gov.eg/news.aspx?nid=446#>. [Accessed On: 2 Mar, 2014].

32. Gorman M. Development and the rights of older people. In: Randel J, Gorman M, Ewing D (eds). The ageing and development report: poverty, independence and the world's older people. London: Earthscan Publications Ltd; 1999. 3-21.
33. Definition of Senescence by The Free Dictionary on line. Available from: <http://www.thefreedictionary.com>
34. Senescenc. Wikipedia 29 May, 2014. Available from: <http://en.wikipedia.org/wiki/Category:Senescence>.
35. Taylor A. Physiology of exercise and healthy aging. USA, UK: Human Kinetics; 2008.
36. Horvath S. DNA methylation age of human tissues and cell types. *Genome Biology* 2013; 14 (10): 1-19.
37. Schneider EL. Biological theories of aging. *Generations* 1992; 16 (4): 7.
38. De Grey AD. An engineer's approach to the development of real anti-aging medicine. *Science Aging Knowledge Environ* 2003;2003(1):Vp1.
39. Gerschman R, Gilbert DL, Nye SW, Dwyer P, Fenn WO. Oxygen poisoning and x-irradiation: a mechanism in common. *Science* 1954;119(3097):623-6.
40. Harman D. The aging process. *Proc Natl Acad Sci USA* 1981; 78 (11): 7124-8.
41. Ames BN, Shigenaga MK, Hagen TM. Oxidants, antioxidants, and the degenerative diseases of aging. *Proc Natl Acad Sci USA* 1993;90(17):7915-22.
42. Beckman KB, Ames BN. The free radical theory of aging matures. *Physiol Rev* 1998;78(2):547-81.
43. Failla G. The aging process and cancerogenesis. *Ann NY Acad Sci* 1958;71(6):1124-40.
44. Szilard L. On the nature of the aging process. *Proc Natl Acad Sci USA* 1959; 45(1):30-45.
45. Freitas AA, de Magalhaes JP. A review and appraisal of the DNA damage theory of ageing. *Mutat Res* 2011;728(1-2):12-22.
46. Aviv A, Harley CB. How long should telomeres be? *Curr Hypertens Rep* 2001; 3:145-51.
47. Bekaert S, De Meyer T, Van Oostveldt P. Telomere attrition as ageing biomarker. *Anticancer Res* 2005; 25:3011-21.
48. Bowen RL, Atwood CS. Living and dying for sex. A theory of aging based on the modulation of cell cycle signaling by reproductive hormones. *Gerontology* 2004;50(5):265-90.
49. Papalia D. Physical and cognitive development in late adulthood. New York: McGraw Hill;2012.

50. Balcombe NR, Sinclair A. Ageing: definitions, mechanisms and the magnitude of the problem. *Best Pract Res Clin Gastroenterol* 2001;15:835-49.
51. Salokangas RK, Joukamaa M. Physical and mental health changes in retirement age. *Psychother Psychosom* 1991;55(2-4):100-7.
52. Ohio State University Extension. When does someone attain old age?. Ohio Department of Aging, Ohio State University Extension; 2013.
53. Scharlach AE, Robinson B. Curriculum Module on The Aging Process. Center for Social Services Research, University of California Berkeley, School of Social Welfare. available at:

http://cssr.berkeley.edu/research_units/casas/links_details_curricula_process.html.
54. Birren JE, Fisher LM. Aging and speed of behavior: possible consequences for psychological functioning. *Annu Rev Psychol* 1995;46:329-53.
55. Kausler DH, Kausler BC. The graying of America: an encyclopedia of aging, health, mind, and behavior. Urbana: University of Illinois; 2001.
56. Hits R. Health promotion and preventive care: best practice guide 4.1 British Geriatrics Society (BGS) 2005. Available from:

<http://www.bgs.org.uk/index.php/topresources/publicationfind/goodpractice/362-healthpromotion>. [Accessed On: 5 Aug, 2014].
57. Terman A, Brunk UT. The aging myocardium: roles of mitochondrial damage and lysosomal degradation. *Heart Lung Circ* 2005; 14:107-14.
58. Levin DL, Buxton RB, Spiess JP, Arai T, Balouch J, Hopkins SR. Effects of age on pulmonary perfusion heterogeneity measured by magnetic resonance imaging. *J Appl Physiol* 2007; 102:2064-70.
59. Dirks AJ, Hofer T, Marzetti E, Pahor M, Leeuwenburgh C. Mitochondrial DNA mutations, energy metabolism and apoptosis in aging muscle. *Ageing Res Rev* 2006; 5:179-95.
60. Goldspink DF. Ageing and activity: their effects on the functional reserve capacities of the heart and vascular smooth and skeletal muscles. *Ergonomics* 2005; 48: 1334-51.
61. Prinz PN. Age impairments in sleep, metabolic and immune functions. *Exp Gerontol* 2004; 39:1739-43.
62. Calleja-Agius J, Muscat-Baron Y, Brincat MP. Skin ageing. *Menopause Int* 2007; 13: 60-4.
63. Newton JL. Effect of age-related changes in gastric physiology on tolerability of medications for older people. *Drugs Aging* 2005; 22: 655-61.

64. Vaughan L, Zurlo F, Ravussin E. Aging and energy expenditure. *Am J Clin Nutr* 1991; 53: 821-5.
65. Nusbaum MR, Lenahan P, Sadosky R. Sexual health in aging men and women: addressing the physiologic and psychological sexual changes that occur with age. *Geriatrics* 2005; 60:18-23.
66. Jaul E. The importance of increasing awareness of hearing and vision in the elderly population. *Harefuah* 2006;145:136-40.
67. Ganong WF. *Review of Medical Physiology*. 21st edition. McGraw Hill:USA, 2003.
68. Cook JA, Hawkins DB. Hearing loss and hearing aid treatment options. *Mayo Clin Proc* 2006;81:234-7.
69. Parker BA, Chapman IM. Food intake and ageing—the role of the gut. *Mech Ageing Dev* 2004;125:859-66.
70. Ministry of Labour and Social Affairs. Quality of life in old age, national programme of preparation for ageing for 2008 – 2012. Prague: Ministry of Labour and Social Affairs; 2008.
71. Guralnik JM. Assessing the impact of comorbidity in the older population. *Ann Epidemiol* 1996;6:376–80.
72. Wolff JL, Starfield B, Anderson G. Prevalence, expenditures, and complications of multiple chronic conditions in the elderly. *Arch Intern Med* 2002;162:2269–76.
73. Harris TB. Epidemiology and aging. In: Cassel CK, Leipzig RM, Cohen HJ (eds). *Geriatric medicine: an evidence-based approach*. 4thed. New York: Springer Verlag; 2003.
74. Resnick HE, Stansberry KB, Harris TB, et al; Diabetes, peripheral neuropathy, and old age disability. *Muscle Nerve* 2002; 25(1):43-50.
75. World Health Organization (WHO). *Mental health and older adults*. Geneva: WHO; 2013
76. Moussavi S, Chatterji S, Verdes E, Tandon A, Patel V, Ustun B. Depression, chronic diseases, and decrements in health: results from the world health surveys. *Lancet* 2007; 370(9590):851–8.
77. National Center for Chronic Disease Prevention and Health Promotion (CDC). The power of prevention: chronic disease...the public health challenge of the 21st century. CDC 2009. Available from: <http://www.cdc.gov/chronicdisease/pdf/2009-Power-of-Prevention.pdf>. [Accessed On: 2 Mar, 2014].
78. Aubrey DNJ, de Grey. Life span extension research and public debate: societal considerations. *Studies in Ethics, Law, and Technology* 2007; 1 (1):1941.

79. Anstey KJ, Low LF. Normal cognitive changes in aging. *Aust Fam Physician* 2004;33:783-7.
80. Henry JD, Phillips LH. Covariates of production and preservation on tests of phonemic, semantic and alternating fluency in normal aging. *Neuropsychol Dev Cogn B Aging Neuropsychol Cogn* 2006;13:529-51.
81. Hedden T, Gabrieli JD. Insights into the ageing mind: a view from cognitive neuroscience. *Nat Rev Neurosci* 2004; 5 (2): 87–96.
82. Nilsson LG. Memory function in normal aging. *Acta Neurol Scand Suppl* 2003; 179: 7–13.
83. Johnson MK, Reeder JA, Raye CL, Mitchell KJ. Second thoughts versus second looks: an age-related deficit in selectively refreshing just-active information. *Psychol Sci* 2002; 13 (1): 64–7.
84. Kuhlmann BG, Touron DR. Older adults' use of metacognitive knowledge in source monitoring: spared monitoring but impaired control. *Psychol Aging* 2011;26(1):143-9.
85. Naveh-Benjamin M. Adult age differences in memory performance: tests of an associative deficit hypothesis. *J Exp Psychol Learn Mem Cogn* 2000; 26 (5): 1170–87.
86. Mitchell KJ, Johnson MK, Raye CL, Mather M, D'Esposito M. Aging and reflective processes of working memory: binding and test load deficits. *Psychol Aging* 2000; 15 (3): 527–41.
87. Erikson EH. *Identity: youth and crisis*. New York: Norton; 1968.
88. Erikson EH. *Childhood and society*. 2nded. New York: Norton; 1963.
89. Carver CS, Scheier MF. *Perspectives on personality*. Needham Heights, USA: Allyn & Bacon; 2000.
90. Newman BM, Newman PR. *Development through life: a psychosocial approach: a psychosocial approach*. Boston, Massachusetts, USA: Cengage Learning; 2011.
91. Schaie KW, Willis SL, Caskie GI. The seattle longitudinal study: relationship between personality and cognition. *Neuropsychol Dev Cogn B Aging Neuropsychol Cogn* 2004;11:304-24
92. Hewitt JP. *Oxford handbook of positive psychology*. Oxford: Oxford University Press; 2009. 217–24.
93. Alaphilippe D. Self-esteem in the elderly. *Psychol Neuropsychiatr Vieil* 2008; 6(3):167-76.
94. Orth U, Trzesniewski KH, Robins RW. Self-esteem development from young adulthood to old age: a cohort-sequential longitudinal study. *J Pers Soc Psychol* 2010;98(4):645-58.

95. Berk LE. Development through the lifespan. Needham Heights, USA: Allyn & Bacon; 2010.
96. Posner RA. Aging and old age. Chicago, USA: University of Chicago; 1995.
97. Kennedy GJ. The epidemiology of late-life depression. In: Kennedy GJ (ed). Suicide and depression in late life: critical issues in treatment, research and public policy. New York: John Wiley and Sons; 1996. 23–37.
98. Cox WTL, Abramson LY, Devine PG, Hollon SD. Stereotypes, Prejudice, and Depression: The Integrated Perspective. *Perspectives on Psychological Science* 2012;7(5):427-49.
99. McCurry SM, Logsdon RG, Teri L, Vitiello MV. Evidence-based psychological treatments for insomnia in older adults. *Psychol Aging* 2007; 22(1):18-27.
100. Lindauer MS. Aging, creativity, and art: a positive perspective on late-life development. New York, USA: Springer; 2003.
101. World Federation for Mental Health. Mental health and older people. World Mental Health Day. 2013. Available at: http://wfmh.com/wp-content/uploads/2013/11/2013_wmhday_english.pdf.
102. Denning T, Bains J. Mental health services for residents of care homes. *Age Ageing* 2004;33:1–2.
103. Meeks TW, Lanouette N, Vahia I, Dawes S, Jeste DV, Lebowitz B. Psychiatric Assessment and Diagnosis in Older Adults. *FOCUS* 2009;7(1):3-16.
104. What are the current conditions for older adults? physical & mental well-being. Aging, Services Council 2001. Available from:
http://www.agingservicescouncil.org/documents/Report/00AGINGSERVICESSCAN_physical_mentalhealth.htm#healthstatuscare. [Accessed On: 5 Mar, 2014].
105. Egede LE, Ellis C. Diabetes and depression: global perspectives. *Diabetes Research and Clinical Practice*. 2010; 87(3):302–12.
106. World Health Organization (WHO). Men, ageing and health: achieving health across the life span. Geneva: WHO; 2001
107. What factors influence the mental health and social well-being of older people. CAMH 2008. available from:
http://knowledgex.camh.net/policy_health/mhpromotion/mhp_older_adults. [Accessed On: 5 Mar, 2014].
108. Sharpley CF, Layton, R. Effects of age of retirement, reason for retirement, and pre-retirement training on psychological and physical health during retirement. *Aust Psychol* 1998; 33, 119-124.
109. U.S. Department of Commerce, Bureau of the Census. Income, poverty, and health insurance coverage in the United States: 2005. Census 2006. Available

from: <http://www.census.gov/prod/2006pubs/p60-231.pdf>. [Accessed On: 2 Mar, 2014]

110. Smith S. Family relationships in later life. Available from: <http://strongermarriage.org/>. [Accessed On: 2 Mar, 2014]
111. Psychology and Ageing. A Position Paper prepared for The Australian Psychological Society; 2000
112. Wells YD, Kendig HL. Health and well-being of spouse caregivers and the widowed. *Gerontologist* 1997;37(5):666-74.
113. Rosenbloom CA, Whittington FJ. Effects of bereavement on eating behaviors and nutrient intakes in elderly widowed persons. *J Gerontol* 1993;48(4):S223-9.
114. Arbuckle NW, de Vries B. Long-term effects of later life spousal and parental bereavement on personal functioning. *Gerontologist* 1995;35(5):637-47.
115. Living arrangements of older persons around the world. New York: United Nations Department of Economic and Social Affairs/Population Division; 2005.
116. Ageing and Health: a health promotion approach for developing countries. Manila: WHO Western Pacific Region; 2001.
117. Windle K, Francis J, Coomber C. Preventing loneliness and social isolation: interventions and outcomes. Social Care Institute for Excellence 2011. Available from:
<http://www.scie.org.uk/publications/briefings/files/briefing39.pdf>. [Accessed On: 2013, June 3]
118. Hall M, Havens B. Social isolation and social loneliness in gerontology mental health and ageing. Canada: National Advisory Council on Ageing; 2002.
119. Greaves CJ, Farbus L. Effects of creative and social activity on the health and well-being of socially isolated older people: outcomes from a multi-method observational study. *J R Soc Promot Health* 2006; 126(3): 133-42.
120. Luanaigh CO, Lawlor BA. Loneliness and the health of older people. *Int J Geriatr Psychiatry* 2008; 23: 1213-221.
121. Agahi N, Parker MG. Leisure activities and mortality: does gender matter? *J Aging Health* 2008;20(7):855-71.
122. Thomas P. Trajectories of social engagement and mortality in late life. *J Aging Health* 2012; 24: 547-68.
123. Hooyman NR, Kiyak HA. In: *Aging in Other Countries and Across Cultures in the United States*. Ch. 2. Global health and ageing. USA: WHO, US National Institute of Aging, 2011. 43-68.
124. Shoaib M, Khan S, Khan M. Family support and health status of elderly people: a case study of district Gujrat, Pakistan. *Middle-East J Sci Res* 2011; 10 (4): 519-25.

125. Lowry DS. Aging, social change, and elderly well-being in rural China: insights from mixed-methods village research. University of Michigan Population Studies Center 2009. Available from: <http://www.psc.isr.umich.edu/pubs/abs/6074>. [Accessed On: 6 Mar, 2014].
126. Dubey A, Bhasin S, Gupta N, Sharma N. A study of elderly living in old age home and within familyset-up in Jammu. India, Jammu & Kashmir: University of Jammu; 2011.
127. Železnik D. Self-care of the home-dwelling elderly people living in Slovenia. *Acta Univ Oul*; 2007.
128. GHY-Ting JD, Woo J. Elder care: is legislation of family responsibility the solution?. *Asian J Gerontol Geriatr* 2009; 4: 72–5.
129. Stott D, Young C. Care homes for older people. 2011. Available at: <http://www.thecochranelibrary.com/details/collection/1312113/Care-homes-for-older-people.html>.
130. Hagberg M, Hagberg B, Saveman BI. The significance of personality factors for various dimensions of life quality among older people. *Aging Ment Health* 2002;6(2):178-85.
131. World Health Organization (WHO). Disabilities: definition. Geneva: WHO; 2001.
132. Eileen M. Crimmins. Trends in the health of the elderly. *Annu. Rev Public Health* 2004; 25:79–98.
133. Donmez L, Gokkoca Z, Dedeoglu N. Disability and its effects on quality of life among older people living in Antalya city center, Turkey. *Arch Gerontol Geriatr* 2005; 40: 213-23.
134. Holmes D, Chen WY, Feskanich D, Kroenke CH, Colditz GA. Physical activity and survival after breast cancer diagnosis. *JAMA* 2005; 293: 2479-86.
135. Inoue K, Matsumoto M. Home bound status in a community-dwelling elderly population in Japan. *Asia Pac J Public Health* 2001; 13: 109–15.
136. Rosa TE, Benicio MH, Latorre M, Mdo R, Ramos LR. Determinant factors of functional status among elderly. *Rev Saude Publica* 2003; 37(1): 40–8.
137. Picavet HS, Hoeymans N. Physical disability in the Netherlands: prevalence, risk groups and time trends. *Public Health* 2002; 116: 231-7.
138. Ania Lafuente BJ, Suarez Almenara JL, Guerra Hernandez L, Santana Santana AJ, Acosta Morales CD, Saavedra Rodriguez JM. Healthy ageing and functional disability among elderly inhabitants of the Canary Islands (Spain). *Rev Esp Salud Publica* 1997; 71: 161–71.
139. Griffith L, Raina P, Wu H, Zhu B, Stathokostas L. Population attributable risk for functional disability associated with chronic conditions in Canadian older adults. *Age Ageing* 2010; 39(6):738-45.

140. Renwick DS, Connolly MJ. Prevalence and treatment of chronic airways obstruction in adults over the age of 45. *Thorax* 1996; 51(2):164-8.
141. Marks R. Physical activity and hip fracture disability: a review. *J Aging Res* 2011;2011; 1-18.
142. Yang Y, George LK. Functional disability, disability transitions, and depressive symptoms in late life. *J Aging Health* 2005;17(3):263-92.
143. Peruzza S, Sergi G, Vianello A, Pisent C, Tiozzo F, Manzan A, et al. Chronic obstructive pulmonary disease (COPD) in elderly subjects: impact on functional status and quality of life. *Respir Med* 2003; 97: 612-7.
144. Guralnik JM, La Croix AZ, Branch LG, Kasl SV, Wallace RB. Morbidity and disability in older persons in the years prior to death. *Am J Public Health* 1991; 81(4): 443-7.
145. Evans N. Older adults care. Wild Iris Medical Education, Inc. 2014. Available at: http://www.nursingceu.com/courses/472/index_nceu.html.
146. Strawbridge WJ, Wallhagen MI, Cohen RD. Successful aging and well-being: self-rated compared with Rowe and Kahn. *Gerontologist* 2002;42(6):727-33.
147. Rowe J, Kahn R. Human aging: usual and successful. *Science* 1987; 237 (4811): 143-9.
148. Rowe JW, Kahn RL. Successful aging. *The Gerontologist* 1997; 37 (4): 433-40.
149. Featherman DL, Smith J, Peterson JG. Successful aging in a post-retired society. In: Baltes PB, Baltes MM. *Successful aging: perspectives from the behavioral sciences*. Cambridge, UK: Cambridge University Press; 1993. 50-93.
150. Gilmer DF, Aldwin CM. *Health, illness, and optimal aging: biological and psychosocial perspectives*. Thousand Oaks: Sage Publications; 2003.
151. Wen CP, Wai JP, Tsai MK, Yang YC, Cheng TY, Lee MC, et al. Minimum amount of physical activity for reduced mortality and extended life expectancy: a prospective cohort study. *Lancet* 2011; 378:1244-53.
152. Davis MG, Fox KR. Physical activity patterns assessed by accelerometry in older people. *Eur J Appl Physiol* 2007; 100: 581-9.
153. Chodzko-Zajko WJ, Proctor DN, Fiatarone-Singh MA, Minson CT, Nigg CR, Salem GJ, et al. American College of Sports Medicine position stand. Exercise and physical activity for older adults. *Med Sci Sports Exerc* 2009;41(7):1510-30.
154. Baker LD, Frank LL, Foster-Schubert K, Green PS, Wilkinson CW, McTiernan A, et al. Effects of aerobic exercise on mild cognitive impairment: a controlled trial. *Arch Neurol* 2010;67(1):71-9.
155. Gabrieli J, Hedden T. Insights into the ageing mind: a view from cognitive neuroscience. *Nature Rev* 2004; 5 (2): 87-96.

156. Hall CB, Lipton RB, Sliwinski M, Katz MJ, Derby CA, Verghese J. Cognitive activities delay onset of memory decline in persons who develop dementia. *Neurology* 2009;73(5):356-61.
157. Hawkins B, Foose A, Binkley A. Contribution of leisure to the life satisfaction of older adults in Australia and the United States. *World Leisure* 2004; 2: 37–41.
158. Chiao C, Weng LJ, Botticello AL. Social participation reduces depressive symptoms among older adults: an 18-year longitudinal analysis in Taiwan. *BMC Public Health* 2011;11:292.
159. World Health Organization (WHO). World suicide prevention day. Geneva: WHO; 2012.
160. Depression and suicide facts for older adults. Bethesda: National Institute of Mental Health; 1999.
161. Cummings SM. Predictors of psychological well-being among assisted living residents. *Health & Social Work* 2002; 27: 293-302.
162. Baldwin R. Mood disorders: depressive disorders. In: Jacoby R, Oppenheimer C, Denning T, Thomas A (eds). *Oxford textbook of old age psychiatry*. 4thed. Oxford: Oxford University Press; 2008. 529-56.
163. Stone A, Pearlstein T. Evaluation and treatment of changes in mood, sleep, and sexual functioning associated with menopause. *Obstet Gynecol Clin North Am* 1994;21:391-403.
164. Doris A, Ebmeier K, Shajahan P. Depressive illness. *Lancet* 1999; 354: 1369–75 209.
165. Chiu H, Tam CW, Chiu E. WPA educational program on depressive disorders: Depressive disorders in older persons. Switzerland: WPA; 2008.
166. Baldwin R, Chiu E, Katona C, Graham N. Guidelines on depression in older people: Practising the evidence. London: Martin Dunitz Ltd; 2002.
167. Kennedy SH, Javanmard M, Vaccarino FJ. A review of functional neuroimaging in mood disorders: positron emission tomography and depression. *Can J Psychiatry* 1997; 42:467-75.
168. Krishnan KRR, Gadde KM. The pathophysiologic basis for late-life depression: imaging studies of the aging brain. *Am J Geriatr Psychiatry* 1996;4(Suppl 1):S22-33.
169. Vink D, Aartsen MJ, Schoevers RA. Risk factors for anxiety and depression in the elderly: a review. *J Affect Disord* 2008; 106: 29-44.
170. National Ageing Research Institute (NARI). Beyond blue depression in older age: a scoping study: final Report. NARI 2009. Available from: http://www.mednwh.unimelb.edu.au/nari_research/pdf_docs/FinalReportDepression-in-older-age-scoping-study.pdf. [Accessed On: 5 Sep, 2014].

171. Seligman MEP, Walker EF, Rosenhan DL. Abnormal psychology. 4thed. New York: Norton & Company;2001.
172. Davison GC. Abnormal psychology. Toronto: Veronica Visentin; 2008.
173. Wetherell JL, Maser JD, van Balkom A. Anxiety disorders in the elderly: outdated beliefs and a research agenda. *Acta Psychiatr Scand* 2005;111(6):401-2.
174. Bryant C, Jackson H, Ames D. The prevalence of anxiety in older adults: methodological issues and a review of the literature. *J Affect Disord* 2008;109(3):233-50.
175. Wittchen HU, Kessler RC, Beesdo K, Krause P, Höfler M, Hoyer J. Generalized anxiety and depression in primary care: prevalence, recognition, and management. *J Clin Psychiatry* 2002;63(Suppl 8):24-34.
176. Beyer JL. Anxiety and panic disorders. In: Blazer DG, Steffans DC, Busse EW (eds). *The American psychiatric publishing textbook of geriatric psychiatry*. Arlington, Virginia, USA: American Psychiatric Publishing; 2004. 283-93.
177. Rodda J, Boyce N, Walker Z. *The old age psychiatry handbook: a practical guide*. Chichester, West Sussex, UK: John Wiley & Sons; 2008.
178. Torpy JM, Burke AE, Golub RM. JAMA patient page. Generalized anxiety disorder. *JAMA* 2011;305(5):522.
179. Schacter DL. *Psychology*. 2nded. New York: Worth Publishers; 2011.
180. Bourne EJ. *The anxiety & phobia workbook*. 5thed. Oakland, CA: New Harbinger Publications
181. Lenze EJ, Karp JF, Mulsant BH, Blank S, Shear MK, Houck PR, et al. Somatic symptoms in late-life anxiety: treatment issues. *J Geriatr Psychiatry Neurol* 2005;18: 89-96.
182. Brenes GA, Guralnik JM, Williamson JD, Fried LP, Simpson C, Simonsick EM, et al. The influence of anxiety on the progression of disability. *J Am Geriatr Soc* 2005;53: 34-39.
183. Naik AD, Concato J, Gill TM. Bathing disability in community-living older persons: common, consequential, and complex. *J Am Geriatr Soc* 2004;52: 1805-10.
184. Beekman AT, de Beurs E, van Balkom AJ, Deeg DJ, van Dyck R, van Tilburg W. Anxiety and depression in later life: Co-occurrence and communality of risk factors. *Am J Psychiatry* 2000;157(1):89-95.
185. Schoevers R, Beekman A, Deeg D, Jonker C, van Tilburg W. Comorbidity and risk patterns of depression, generalised anxiety disorder and mixed anxiety-depression in later life: results from the AMSTEL study. *Int J Geriatr Psychiatry* 2003; 18: 994-1001.

186. Qiu C, Kivipelto M, von Strauss E. Epidemiology of Alzheimer's disease: occurrence, determinants, and strategies toward intervention. *Dialogues Clin Neurosci* 2009;11(2):111-28.
187. Toseland RW, Parker M. Older adults suffering from significant dementia. In: Berkman B (ed). *Handbook of social work in health and ageing*. New York: Oxford University Press; 2006. 117–28.
188. World Health Organization (WHO), Alzheimer's Disease International (ADI). *Dementia: a health public priority*. Geneva: WHO; 2012.
189. Mental Health Foundation. *Mental health statistics: older people*. NICE; 2004. available from: <http://www.mentalhealth.org.uk/help-information/mental-health-statistics/older-people/>. [Accessed On: 5 Sep, 2014].
190. World Health Organization (WHO). *Men aging and health*. Geneva: WHO; 2001.
191. Qiu C, De Ronchi D, Fratiglioni L. The epidemiology of the dementias: an update. *Curr Opin Psychiatry* 2007; 20: 380-5.
192. World Health Organization (WHO). *Dementia: a public health priority*, Geneva: WHO; 2012.
193. DeCarli C. Vascular factors in dementia: an overview. *J Neurol Sci* 2004; 226(1-2): 19-23.
194. Emre M. Classification and diagnosis of dementia: a mechanism based approach. *Eur J Neurol* 2008; 16: 168-73.
195. Cereda E, Pedrolli C, Zagami A, Vanotti A, Piffer S, Faliva M, et al. Alzheimer's disease and mortality in traditional long-term care facilities. *Arch Gerontol Geriatr* 2013;56(3):437-41.
196. Shirey L, Summer L, O'Neill G. *Alzheimer's disease and dementia , challenges for the 21stCentury: chronic and disabling conditions*. Washington: NAAS; 2000.
197. Brookmeyer R, Johnson E, Ziegler-Graham K, Arrighi MH. Forecasting the global burden of Alzheimer's disease. *Alzheimer's and Dementia* 2007;3(3):186–91.
198. Kenny T. *Memory Loss and Dementia*. Available from: <http://www.patient.co.uk/> [Accessed On: 14 June, 2012].
199. Mayo Foundation for Medical Education and Research. *Dementia: It's not always Alzheimer's*. Mayo Clinic 2007. Available from: <http://www.mayoclinic.com>. [Accessed On: 5 Nov, 2014].
200. *Types of dementia*. Alzheimer's. 2013. Association. Available at: <http://www.alz.org/dementia/types-of-dementia.asp>.

201. Aarsland D, Andersen K, Larsen JP, Lolk A, Kragh-Sørensen P. Prevalence and characteristics of dementia in Parkinson disease: an 8-year prospective study. *Arch Neurol* 2003; 60: 387-92.
202. Dementia: A NICE-SCIE Guideline on Supporting People With Dementia and Their Carers in Health and Social Care. National Collaborating Centre for Mental Health (UK). Leicester (UK): British Psychological Society, 2007. Available at: <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0015376/>.
203. Lawton MP, Brody EM. Assessment of older people: Self-maintaining and instrumental activities of daily living. *The Gerontologist* 1969; 9: 179-86.
204. Cooper Smith SA. Self-esteem Inventory. University of California at Davis 1975. Consulting Psychologists Press, 1981.
205. فاروق عبد الفتاح موسى ومحمد احمد الدسوقي. كراسة تعليمات اختبار تقدير الذات للاطفال. القاهرة. مكتبة النهضة المصرية. ١٩٨٠.
206. Beck AT, Rial WY, Rickles K. Short form of depression inventory: cross validation. *Psychol Rep* 1974; 34: 1184- 6.
207. غريب عبد الفتاح غريب كراسة تعليمات مقياس (د) للاكتئاب. كلية التربية، جامعة الازهر. القاهرة. النهضة المصرية. ١٩٨٥. قسم الصحة النفسية مكتبة
208. Badr H. A study of menstrual pattern among adolescent females in Alexandria University. PhD Thesis. Department of Public Health, High Institute of Public Health, Alexandria University. 1995..
209. Taylor JA. A personality scale of manifest anxiety. *J Abnorm Soc Psychol* 1953; 48: 285-90.
210. Snaith RP, Constantopoulos AA, Jardine MY, McGuffin P. A clinical scale for the self-assessment of irritability. *Br J Psychiatry* 1978; 132: 164-71.
211. Hasegawa K. Dementia Screening Scale. In: Liliane I, Djordje K, Norman S (eds). *Evaluations in gerontology*. Vol 2. London: London Press, 1984. 46.
212. Chen YC. Chinese values, health and nursing. *J Adv Nurs* 2001; 36: 270-3.
213. Brodsky J, Habib J, Hirschfeld M. Long-Term Care in Developing Countries: Ten Case- Studies, World Health Organization Collection on Long-Term Care. Geneva: WHO Press, 2002. Available at: http://www.who.int/chp/knowledge/publications/Case_studies/en/.
214. Yount K M, Sibai AM. Demography of aging in Arab countries. In: Uhlenberg P (ed). *International handbook of population aging*. Netherlands: Springer, 2009. 277-318.
215. Al-Nasir F, Al-Haddad MK, Levels of disability among the elderly in institutionalized and home-based care in Bahrain. *East Mediterr Health J* 1999; 5: 247-54.

216. Bebbington A, Darton R, Netten A. Care Homes for Older People: Admissions, Needs and Outcomes, The 1995/96 National Longitudinal Survey of Publicly-Funded Admissions. Personal Social Services Research Unit. Vol 2. 2001.
217. Nagaraj AKM, Mathew J, Nanjegowda RB, Majgi SM, Purushothama SM. Psychiatric Morbidity Among Elderly People Living in Old Age Homes and in the Community: A Comparative Study. *Online J Health Allied Scs* 2011; 10: 5.
218. World Population Ageing. United Nations Department of Economic and Social Affairs/Population Division. New York: 2009.
219. Onder G, Liperoti R, Soldato M, Carpenter I, Steel K, Bernabei R, et al. Case management and risk of nursing home admission for older adults in home care: results of the Aged in Home Care Study. *J AM Geriatr Soc* 2007; 55: 439-44.
220. Hunger M, Thorand B, Schunk M, Döring A, Menn P, Peters A, et al. Multimorbidity and health-related quality of life in the older population: results from the German KORA-Age study. *Health Qual Life Outcomes* 2011; 9: 53.
221. Liu Z, Mason F, Choi C. The Probability of Using an Aged Care Home over a Lifetime (1999-00) Working Paper No. 36, Canberra: Australian Institute of Health and Welfare, 2001.
222. Dey AN. Characteristics of Elderly Nursing Home Residents: Data From the 1995 National Nursing Home Survey. Centers for Disease Control and Prevention, National Center for Health Statistics. No. 289. 1997. 1-12.
223. Abd El-Rahman KS. A Comparison of Depressional Status and Associated Factors among Residents of Geriatric Homes and Elderly Attending Outpatient Clinics in Suburban Community. *J Am Sci* 2013; 9: 327-37.
224. World Population Prospects: The 2008 Revision. New York: United Nations Department of Economic and Social Affairs/Population Division. 2009.
225. Krauss NA, Altman BM. Characteristics of Nursing Home Residents, 1996. Agency for Healthcare Research and Quality, Rockville, MD: 2004.
226. Aznan MM, Aris MD, Draman S. Physical and Mental Health Problems of the Elderly in Nursing Homes in Kuantan, Pahang. *IMJM* 2007; 6: 1-11.
227. Yap LKP, Au SYL, Ang YH, Kwan K Y, Ng SC, Ee CH. Who are the Residents of Nursing Home in Singapore? *Singapore Med J* 2003; 44: 65-73.
228. World Economic and Social Survey. Development in an Ageing World. United Nations Department of Economic and Social Affairs/Population Division. New York: 2007.
229. Davanzo J, Chan A. Living arrangements of older Malaysians. *Demography* 1994; 31: 95-113.
230. Mason K. Family Change and Support of the Elderly in Asia. *Asia Pac Popul* 1992; 17: 13-32.

231. Vitorino LM, Paskulin LM, Vianna LA. Quality of life of seniors living in the community and in long term care facilities: a comparative study. *Rev Lat Am Enfermagem* 2013; 21: 3-11.
232. Mei WY, Zhiwei T. The Elderly in Singapore. *Statistics Singapore Newsletter*. 2011. 1-9.
233. Mohammed H. Health Profile of seniors attending geriatric homes and social clubs in Assiut city. M.Sc. Thesis. Department of Public Health and Community Medicine, Faculty of Medicine, Assiut University. 2013.
234. El Kady HM, Ibrahim HK. Depression among a group of elders in Alexandria, Egypt. *EMHJ* 2013; 19. Available at: <http://www.emro.who.int/index.php>
235. Ranjan SA, Bhattarai M, Dutta. Prevalence of depression among elderly people living in old age home in the capital city Kathmandu. *Health Renaissance* 2013; 11: 213-8.
236. Aref SR. A multidimensional assessment of geriatric mental health profile in Alexandria. PhD Thesis. Public Health Department, Faculty of Medicine, Alexandria University. 1990.
237. World Health Organization. Preventing disability in elderly. Copenhagen: regional office for Europe. Euro reports and studies 65, 1982.
238. Andrews GR, Esterman AJ, Braunack-Mayer AJ, Rungie CM. aging in the western pacific. A four country study. WHO. Western pacific reports and studies. No. 1. Manila, 1986.
239. Natan MB. Coordinating the roles of nursing home staff and families of elderly nursing home residents. *J Nurs Care Qual* 2009; 24: 332-9.
240. Institute of Medicine. The future of disability in America. Washington, DC: The National Academies Press, 2007.
241. Wiener J, Hanley R, Clark R, Van Nostrand J. Measuring the Activities of Daily Living: Comparison Across National Surveys. *J Gerontol* 1990; 45: S229-37.
242. El-Adawy M, Nandakumar KA, Cohen MA. Perception of health status and limitations in activities of daily living among the Egyptian elderly. United States Agency for International Development (USAID). 1998. 1-12.
243. The Characteristics of Long-term Care Users. Agency for Healthcare Research and Quality, Rockville, MD: 2001. Available at: <http://archive.ahrq.gov/professionals/systems/long-term-care/resources/facilities/ltcusers/ltcuse.html>
244. Knodel J, Chayovan N. Population Ageing and the Well-being of Older Persons in Thailand. Population Studies Center Research Report. 2008. 08-659.
245. Lekhraj S, Mustaqim. Physical and Mental Health of the Elderly in a Rural Community of Sepang, Selangor. *Mal J Med Sci* 2004; 11: 52-9.

246. Rozali S. The Association of nutritional risk with physical and mental health problems among elderly in a semi-urban area of mukim kajang, selangor. *Mal J Nutr* 2004; 10: 149-58.
247. Del Duca GF, da Silva SG, Thumé E, Santos IS, Hallal PC. Predictive factors for institutionalization of the elderly: a case-control study. *Rev Saúde Pública* 2012; 46: 147-53.
248. Doumit JH, Nasser RN, Hanna DR. Nutritional and health status among nursing home residents in Lebanon: comparison across gender in a national cross sectional study. *BMC Public Health* 2014; 14: 629.
249. Kliebisch U, Sturmer T, Stebert H, Brenner H. Risk factors of institutionalization in an elderly disabled population. *Eur J Public Health* 1998; 8: 106-12.
250. Krauss NA, Altman BM. Characteristics of Nursing Home Residents, 1996. Agency for Healthcare Research and Quality. 2004. Available at: http://www.meps.ahrq.gov/data_files/publications/rf5/rf5.shtml
251. Baltes PB, Mayer KU. *The Berlin Aging Study: Aging from 70 to 100*. Cambridge, England: Cambridge University Press. 1999.
252. Robins RW, Trzesniewski KH, Tracy JL, Gosling SD, Potter J. Global self-esteem across the life span. *Psychol Aging* 2002; 17: 423-34.
253. Gove WR, Ortega ST, Style CB. The maturational and role perspectives on aging and self through the adult years: An empirical evaluation. *Am J Sociology* 1989; 94: 1117-45.
254. Wylie RC. *The self-concept*. Lincoln NE: University of Nebraska Press. 1979.
255. Ingle GK, Nath A. Geriatric Health in India: Concerns and Solutions. *Indian J Community Med*. 2008; 33(4):214-8.
256. World Health Organization. Burden of mental and behavioural disorders. *Mental Health: new understanding, new hope*. Geneva, Switzerland: The World Health Report 2001. 3-4, 19-45.
257. Blazer DG. Depression in late life: Review and commentary. *J Gerontol A Biol Sci Med Sci* 2003; 58: 249-65.
258. Djernes JK. Prevalence and predictors of depression in populations of elderly: A review. *Acta Psychiatr Scand* 2006; 113: 372-87.
259. Singh AP, Kumar KL, Reddy CM. Psychiatric morbidity in geriatric population in old age homes and community: a comparative study. *Indian J Psychol Med* 2012; 34: 39-43.
260. Leal MCC, Apóstolo JLA, Cruz Mendes AMDC, Marques APD. Prevalence of depressive symptoms and associated factors among institutionalized elderly. *Acta Paul Enferm* 2014; 27: 208-14.

261. Ghubach R, El-Rufaie O, Zoubeidi T, Sabri S, Yousif S, Moselhy HF. Subjective life satisfaction and mental disorders among older adults in UAE in general population. *Int J Geriatr Psychiatry* 2010; 25: 458-65.
262. Abyad A. Geriatric in the Middle East. *ME-JAA*. 2004; 1. Available at: <http://www.me-jaa.com/content0.htm>
263. Rosenbaum JF, Pollack MH, Pollock RA. Clinical issues in the long term treatment of panic disorder. *J Clin Psychiatry* 1996; 57(Suppl 10): 44-8.
264. Australian Bureau of Statistics. National Survey of Mental Health and Wellbeing: Summary of results. Canberra: ABS, 2008.
265. Junginger J, Phelan E, Cherry K, Levy J. Prevalence of psychopathology in elderly persons in nursing homes and in the community. *Hosp Community Psychiatry* 1993; 44: 381-3.
266. Snowden J, Burgess E, Vaughan R, Miller R. Use of antidepressants and the prevalence of depression and cognitive impairment in Sydney nursing. *Int J Geriatr Psychiatry* 1996; 11: 599-606.
267. Hofman A, Rocca WA, Brayne C, Breteler MM, Clarke M, Cooper B, et al. The prevalence of dementia in Europe: a collaborative study of 1980–1990 findings. Eurodem Prevalence Research Group. *Int J Epidemiol* 1991; 20: 736-48.
268. Jorm AF, Henderson AS. Dementia in Australia. Canberra: Commonwealth Department of Health and Family Services, 1998.
269. Ortiz GG, Arias-Merino ED, Flores-Saiffe ME, Velázquez-Brizuela IE, Macías-Islas MA, Pacheco-Moisés FP. Prevalence of Cognitive Impairment and Depression among a Population Aged over 60 Years in the Metropolitan Area of Guadalajara, Mexico. *Curr Gerontol Geriatr Res* 2012; 2012.
270. Chen MJ, Chiu SP, Chen CM, Cheng, Huang GH. Patterns of cognitive change in elderly patients during and 6 months after hospitalisation: a prospective cohort study. *Int J Nurs Stud* 2011; 48: 338-46.
271. Seby K, Chaudhury S, Chakraborty R. Prevalence of Psychiatric and physical morbidity in an urban geriatric population. *Indian J Psychiatry* 2011; 53: 121-7.
272. Esmayel EM, Eldarawy MM, Hassan MM, Mahmoud AA, Mohamed SY. Mental Health Problems and Socio-demographic Correlates in Elderly Medical Inpatients in a University Hospital in Egypt. *Curr Gerontol Geriatr Res* 2013; 2013: 923710.
273. Khater S, Abouelezz NF. Nutritional status in older adults with mild cognitive impairment living in elderly homes in Cairo, Egypt. *J Nutr Health Aging* 2011; 15: 104-8.
274. Singh AP, Kumar KL, Reddy CM. Psychiatric morbidity in geriatric population in old age homes and community: a comparative study. *Indian J Psychol Med* 2012; 34: 39-43.
275. Brickman AM, Y Stern Y. Aging and Memory in Humans. Columbia University, New York, USA. *Encyclopedia of Neuroscience* 2009; 1: 175-80.

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- عدد الأبناء:			٤- مطلق
٥- التعليم:			
١- امي	٢- يقرأ ويكتب	٣- ابتدائي	٤- إعدادي
٥- ثانوي	٦- جامعي	٧- فوق جامعي	
٦- المهنة:			
١- يعمل بالقطاع الحكومي	٢- متقاعد من القطاع الحكومي		
٣- يعمل بالقطاع الخاص	٤- متقاعد من القطاع الخاص		
٥- ربة منزل	٦- لا يعمل		
٧- مصدر الدخل:			
١- مرتب من القطاع الحكومي	٢- معاش من القطاع الحكومي		
٣- مرتب من القطاع الخاص	٤- معاش من القطاع الخاص		
٥- مساعدة من (الأبناء - اقارب - آخرين)	٦- أخرى:.....		
٨- الدخل الشهري			
١- أقل من ٣٠٠ ج	٢- ٣٠٠-٦٠٠ ج	٣- ٦٠٠-٩٠٠ ج	
٤- ٩٠٠-١٥٠٠ ج	٥- ١٥٠٠-٣٠٠٠ ج	٦- أكثر من ٣٠٠٠ ج	
٩- مع من تقيم:			
١- مع أفراد الاسرة	٢- مع الزوج/الزوجة	٣- مع أحد الأبناء	
٤- بمفرده	٥- مع آخرين	٦- بدار للمسنين	
١٠- من تقوم بزيارته خارج المنزل/ الدار			
١- الأبناء	٢- الاقارب	٣- الجيران	٤- الاصدقاء
٥- اخرين	٦- لا احد		
١١- من يقوم بزيارتك بالمنزل/ بالدار			
١- الأبناء	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 أستخدم الحمام وأعتنى بنظافتى كاملة بمفردى ولدى القدرة على التحكم فى البول.
- ٢- أحتاج إلى المساعدة فى نظافتى أو أحتاج إلى التذكير.
- ٣- ملابسى تبتل أو تتسخ وأنا نائم أكثر من مرة أسبوعياً.
- ٤- ملابسى تبتل أو تتسخ وأنا مستيقظ أكثر من مرة أسبوعياً.
- ٥- لا أتحكم فى عملية التبول والإخراج.

٢- التغذية.

- ١- أكل بدون أى مساعدة من الآخرين.
- ٢- أحتاج مساعدة بسيطة خلال تناولى الوجبات و/أو أحتاج تجهيزات خاصة للطعام أو أحتاج لمساعدة فى 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 ملابسى من الدولاب.
- ٢- أحتاج مساعدة بسيطة أثناء ارتداء وخلع ملابسى.
- 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 بمظهرى وملابسى وأعتنى بنفسى دون مساعدة.
- ٢- أعتنى 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 أبقى 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 يساعدنى.

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- أرد 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 لي 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 في كل الاعمال المنزلية.
- ٥- لا أساهم في 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 أقود سيارتي الخاصة.
- 2-أنتقل عن طريق التاكسى ولا أستخدم المواصلات العامة.
- 3-لا أستطيع أستخدم المواصلات العامة بمفردى.
- 4-أنتقل بحدود فى المواصلات بمساعدة الآخرين.
- 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 معاملتى 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- رأبى 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- أرغب كثيراً أن أكون شخصاً آخر نعم (١) لا (٠)
- ٢٥- لا يمكن الاعتماد على نعم (١) لا (٠)

2- Beck's Depression Inventory Scale:

- (١) 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 أي شخص متوسط .
٢-عندما أنظر إلى ما مضى من سنوات عمري فأنا لا أرى سوى الفشل الذريع .
٣-أشعر أنني شخص فاشل تماماً .
- (٤) ٠- أنا قانع وراضى تماماً عن كل الاشياء التي تعودتھا .
١- لا أستمتع بالاشياء التي تعودت القيام بها .
٢- لا أشعر بالرضا التام من أي شيء .
٣-أشعر بعدم الرضا و الملل من كل شيء .
- (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 في نفسي .
١- أشعر بان املى قد خاب في نفسي .
٢-أشعر بالاشمئزاز من نفسي .
٣-أكره نفسي .
- (٧) ٠- لا تراودنى أي افكار للتخلص من حياتي .
١- تتنابنى افكار للتخلص من حياتي لكن لم أنفذھا .
٢- ارغب في قتل نفسي .
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 اشعر 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 لجهد 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- اشعر 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- تأثير قلقي 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 يقلقني 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 تتهيح أنفاسي نعم لا
- ٣٢- لا أبكي بسهولة نعم لا
- ٣٣- خشيت أشياء أو أشخاص أعرف أنهم لا يستطيعون إيدائي 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 نعم لا
تضايقتني جداً
- 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 نعم لا
أستطيع التغلب عليها
- 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 وانشراح. 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 ٣- جيدة جداً
٢- جيدة
١- قليلة لحد ما
٠- قليلة جداً
- O ٤- أفقد اعتدالي وأصرخ في الآخرين. ٣- نعم بالتأكيد
٢- نعم أحياناً
١- لا قليلاً
٠- 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. ٣- أحياناً كثيرة
٢- بعض الوقت
١- نادراً
٠- أبداً
- A ٧- عندي شعور بعدم الراحة وكأني معدتي تألمني ٣- نعم بالتأكيد
٢- نعم أحياناً
١- لا قليلاً
٠- لا على الإطلاق

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

١٧- أخرج بمفردى دون أن أشعر بالقلق.

٠- نعم دائماً

١- نعم أحياناً

٢- لا قليلاً

٣- لا على الإطلاق

A

١٨- مؤخراً أشعر بأننى متضايقة من نفسى.

٣- كثيراً جداً

٢- كثيراً

١- بعض الأحيان

٠- لا على الإطلاق

I

5- Memory test

1. Immediate memory

١. كرر هذه الارقام بنفس ترتيبها

مدى ٣ ارقام (٣-٨-٥)

مدى ٤ ارقام (٤-٩-٢-٦)

مدى ٥ ارقام (٨-٣-٧-١-٥)

مدى ٦ ارقام (٩-١-٥-٢-٨-٦)

مدى ٧ ارقام (٨-٤-٩-١-٧-٥-٣)

مدى ٨ ارقام (٤-٢-٩-٥-٧-٣-١-٦-٢)

٢. كرر هذه الارقام بطريقة عكسية

مدى ٢ ارقام (٩-٤)

مدى ٣ ارقام (٧-٢-٥)

مدى ٤ ارقام (٩-٤-٦-٣)

مدى ٥ ارقام (١-٨-٢-٤-٩)

مدى ٦ ارقام (٧-٤-٦-٩-٥-٢)

2- Recent memory

١. تعرف على هذه الاشياء جيدا و سوف اطلب منك تكرارها لاحقا. (٠-٢-٤)

٢. ماذا تناولت فى افطار اليوم؟ و الامس؟ (٠-١-٢)

٣. ما اسم محل البقالة الذى يبعد عن مسكنك بمبنى؟ (٠-١-٢)

3- Remote memory

١. ما هو تاريخ ميلادك؟ (٠-١-٢)

٢. ما هو تاريخ زواجك؟ (٠-١-٢)

٣. متى كانت اول ثورة مصرية فى العصر الحديث؟ (٠-١-٢)

٤. ما هو اسم اول رئيس مصرى؟ (٠-١-٢)

٥. متى كانت اخر حرب قام بها الجيش المصرى؟ (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

Protocol of a thesis submitted
to the Faculty of Medicine
University of Alexandria
In partial fulfillment of the
requirements of the degree of
Master of Family Medicine
By
Rania Sayed Mohammed
MBBCh, Alex.
Family physician Resident
Ministry of Health Hospitals
Department of Community Medicine
Faculty of Medicine
University of Alexandria
2011

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
كلية الطب
جامعة الإسكندرية
٢٠١١

Supervisors

المشرفون

Prof. Dr. Amira Ahmed Seif EL-Din

Professor of public Health
Faculty of Medicine,
University of Alexandria.

أ.د/ أميرة أحمد سيف الدين

أستاذ الصحة العامة

كلية الطب

جامعة الإسكندرية

Prof. Dr Nadia Fouad Farghaly

Professor of public Health,
Faculty of Medicine,
University of Alexandria.

أ.د/ نادية فؤاد فرغلي

أستاذ الصحة العامة

كلية الطب

جامعة الإسكندرية

CO-RESEARCHER

Ghada Hamed Moursy

3rd grade student

Faculty of Medicine

University of Alexandria.

Mobile phone: 0191097974

E-mail: ghada-hamed@yahoo.com

الباحث المساعد

غادة حامد مرسى

طالبة بالفرقة الثالثة

كلية الطب

جامعة الاسكندرية

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.