

Quality of Life of Elderly People with Peptic Ulcer in Benha City

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ABSTRACT

Peptic Ulcer has a major impact on the health status and continues to be a considerable cause of morbidity and mortality of elderly people. **The aim** of this study is to assess quality of life of elderly patients with peptic ulcer in Benha City. **Research design:** A descriptive research design was utilized in this study. **Setting:** This study was conducted in Gastroenterology Outpatient Clinics of Benha University Hospital and Teaching Hospital in Benha City. **The sample:** Simple random sample of 25% of all patients attended to previously mentioned setting, the total sample included 150 elderly patients. **Two tools were used I):** A structured interviewing questionnaire which consists of four parts to assess **a):** Socio-demographic characteristics of the studied sample. **B):** Medical history of elderly people with peptic ulcer, **c):** Knowledge and **d):** Practices of elderly people regarding peptic ulcer, **II):** Quality of life scale to assess the effect of peptic ulcer on quality of life among the elderly patients. **Results:** 54% of the studied sample were female, 50.7 % of elderly patients aged from 60 years old, and 50% of them were married. Regarding the level of education, 45.3 % of them were illiterate, and 74% of them were living in rural area, regarding the past medical history 68% of the elderly patients haven't family history regarding peptic ulcer disease, regarding the present history 92.2 % of elderly people had epigastric pain, regarding their knowledge 62% of the elderly people had poor knowledge about peptic ulcer, 66.0% of elderly people had satisfactory practice regarding peptic ulcer, and 42.7% of the elderly people had poor quality of life. **Conclusion:** There were statistically significant relations between the total knowledge score of the elderly people and their age and level of education. **Recommendations:** Health educational program should be developed and implemented for elderly people with peptic ulcer to improve, and update them with the most current information about the disease, practices and quality of life.

Key words: Elderly People, Peptic ulcer, Quality of life

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Introduction

Globally, the number of elderly people (aged 60 years or over) is expected to more than double, from 841 million people in 2013 to more than 2 billion in 2050. Elderly people are projected to exceed the number of

children for the first time in 2047. Presently; about two thirds of the world's elderly people live in developing countries (**Admin, 2014**). In Egypt, the number of older persons reached 5.8 million in 2011 and was estimated 7.3% of total population, and it is expected to increase to 11.6% in 2030 due to the development of health services (**Abd Allah et al., 2014**).

Aging as a natural process of life is due to gradual changes in metabolic activity of organs and disability in regeneration capacity of cells. Worldwide, the average life span of people has been increasing. In addition several factors including heredity, life style and healthy diet, avoiding smoking and physical activity can effect on the longevity of life (Bishak et al., 2014).

Peptic ulcers are sores that develop in the lining of the stomach, lower esophagus, or small intestine (the duodenum), usually as a result of inflammation caused by the bacteria *H. pylori*, as well as related erosion from stomach acids, frequent use of aspirin, ibuprofen, and other anti-inflammatory drugs, smoking, drinking too much alcohol, radiation therapy, stomach cancer (Higuera, 2015).

Pahwa et al., (2010). Who mentioned that peptic ulcer disease is a group of disorders characterized by the presence of ulcers in any portion of gastrointestinal tract (GIT) exposed to acid in sufficient concentration and duration. Although these ulcerations most commonly occur in the stomach (gastric ulcer), or small intestine (duodenal ulcer), peptic ulcer is due to exposure of stomach and duodenum to pepsin and gastric acid. Imbalance occurs between aggressive factors like acid, pepsin, *H. pylori* and defensive factors such as gastric mucus, bicarbonate ions, and prostaglandins along with innate resistance of mucosal cells. Gastro duodenal mucosa utilizes several defense mechanisms against the aggressive factors such as hydrochloric acid and pepsin.

Significance of the study:

Peptic Ulcer Disease (PUD) is an important cause of morbidity and mortality throughout the world affecting the lives of millions of people in their everyday life. In the United States, approximately four million people have peptic ulcers (duodenal and gastric), and 350,000 and 350, 000 new cases are diagnosed each year. Around 180,000

patients are hospitalized yearly, and about 5000 people die each year as a result of peptic ulcer disease. The lifetime likelihood of developing peptic ulcer is about 10% for males and 4% for females (Siddique 2014). In Egypt, the incidence rate of PUD is approximately 1 million people annually and 1077 deaths per year (Shamseya et al., 2015).

The incidence of peptic ulcer disease increases with age. Patients older than 65 years account for 80% of deaths related to peptic ulcer. Other factors that increase the risk of peptic ulcer disease in older adults are the use of Non Steroidal Anti-Inflammatory Drugs (NSAIDs) and infection with *Helicobacter pylori*. NSAID use has increased markedly in recent years, especially in older adults. The use of NSAIDs increases the risk of developing complicated peptic ulcer disease in older patients compared with younger patients (Yeo et al., 2017).

Aim of the study:

The aim of this study is to assess quality of life of elderly people with peptic ulcer in Benha City through:

- 1- Assessing knowledge and practices of elderly people about peptic ulcer.
- 2- Assessing effect of peptic ulcer on quality of life of elderly people.

Research questions

- 1- Is there a relationship between socio demographic characteristics of elderly people and their knowledge about peptic ulcer?
- 2- Is there a relationship between socio demographic characteristics of elderly people and their practices of peptic ulcer?

3- Is peptic ulcer has an effect on quality of life of elderly people?

Subjects and method:

Research design:

A descriptive research design was utilized to conduct this study.

Setting:

This study was conducted at Gastroenterology Outpatient Clinics of Benha University Hospital and at Gastroenterology Outpatient Clinics of Teaching Hospital in Benha City.

Sampling:

Simple random sample of 25% of all patients attended to previously motioned setting which includes (100 patients) from 400 patients attended in the last years to Benha University Hospital Out Patient Clinics and 50 patient from 200 patient attended in the last years to Teaching Hospital Out Patient Clinics, so the total sample included 150 elderly patients.

Tools for Data Collection: Two tools were used to collect the data:

Tool (I): A structured interviewing questionnaire: It was developed by the investigator and supervisor staff, based on reviewing related literatures, and it was written in simple clear Arabic language: It comprised of four parts:

First part: It was concerned with socio-demographic characteristics of elderly patients involved in the study. It included 8 closed ended questions age, gender, marital status, level of education, occupation, place of residence, monthly income, and type of family.

Second part: It was concerned with medical history of elderly people with peptic ulcer. This part included 7 questions the type of ulcer, current symptoms complain, duration of disease, predisposing factors, family history of peptic ulcer disease, previous hospitalization of peptic ulcer, and present of any causes of peptic ulcer.

Third part: It was concerned with the knowledge of elderly people about peptic ulcer. It was constructed to assess the elderly people knowledge regarding peptic ulcer which included 8 questions that divided into the meaning of peptic ulcer, reasons of peptic ulcer, signs and symptoms, risk factors, prevention, treatment of peptic ulcers, the drugs used to treat peptic ulcers, and complication of peptic ulcers.

Scoring system:

Knowledge score for each answer was given as follows:

- 2 = **Correct.**
- 1 = **Correct & incomplete.**
- 0 = **wrong or don't know.**

The total knowledge score was considered good if the score of the total knowledge >75 % equal and more (12) point, while considered average if it equals 50-75% (8-12) point, and considered poor if it is < 50% equal or less (8) point.

Fourth part: It was concerned with practices of elderly people regarding peptic ulcer to prevent complications and improve general health status which included 19 items that divided into **1)nutrition** which included(11) questions eating three basic meals of the day, eating food in a regular fixed times, using oils in food cook, avoiding foods that contain spices and eating cayenne, avoiding foods that cause acid such as lemon, orange, chewing eating well,

avoiding drinking coffee; tea or soft drinks, eating light meals between the three main meals, avoiding hot eating and drinks, avoiding use of analgesics such as aspirin and albanadol, don't smoking and stay away from passive smoking, **2)exercise and daily life living activities** which included (4) questions practicing sports exercises such as walking for a period of not less than one quarter of an hour a day on a regular basis, practicing relaxation exercises; and sit in an open and quiet place, practicing relaxation exercises; and sit in an open and quiet place, practicing deep breathing exercises and slowly, doing daily living activities naturally independence such as dressing; personnel hygiene; and climbing stairs **and 3) treatment regimen and follow-up** which included(4) taking medication a regularly, consult doctor in case of side effects of medications such as stool color change, increased acidity and distention, following - up on a regular basis, doing the instruction prescribed by the doctor during follow-up.

Scoring system:

The scoring system for elderly patients practices was calculated as follow:

- 2 = **Good**
- 1 = **Average**
- 0 = **Poor**

The total practices score was considered satisfactory if the score of the total practices > 60%, while considered unsatisfactory if it is ≤ 60%.

. **Tool (II): The second tool:** Scale to measure quality of life of elderly people with peptic ulcer guided by (**World Health Organization, 1998**). The questionnaire was measured on a Likert type scale of (always, sometimes and never) which was modified by investigator to assess the impact physical, psychological and social on quality of life of elderly people.

Scoring system:

The elderly people quality of life score was calculated as:

- 2 = **Always**
- 1 = **Sometimes**
- 0 = **Never**

The total quality of life score was considered good if the score >75% equal and more (>45), while considered average if it 50- 75% equals (30- 45), and considered poor if it <50% equals or less (< 30).

Content validity:

The tools validity was done by five of Faculty's Staff Nursing experts from the Community Health Nursing Specialties who reviewed the tools for clarity, relevance, comprehensiveness, and applicability.

Ethical consideration:

All ethical issue were assured, oral consent has been obtained from each elderly people before conducting the interview and given them a brief orientation to the purpose of the study. They were also reassured that all information gathered would be treated confidentiality and used only for the purpose of the study. The elderly people had right to withdraw from the study at any time without giving any reasons.

Pilot study:

The pilot study was carried out on (15) elderly people which represented 10% of the sample size. The pilot study was aimed to assess the tool clarity, applicability and time needed to fill each sheet, completing the sheet consumed about 30 minutes. No

modifications were done, so the pilot study sample was included to the total sample.

Field work:

The actual field work was carried out over a period of 6months from the beginning of May 2016 to the end of October 2016. Patient consent was obtained before collection of data. The investigator visited the Outpatient Clinic at Benha Hospital from 9 am to 12 am, two days per week (Saturday and Monday) while visited the Outpatient Clinic at Teaching Hospital from 9 am to 12 am, other two days per week (Tuesday and Wednesday) to collect data from elderly people with distributed instruction guideline about peptic ulcer to improve quality of life. The average time needed for the sheet was around 30/minutes, the average number interviewed at the outpatient clinic were 3-5 elderly patients/day depending on their responses of the interviewers.

Administrative design:

Official letters was obtained and delivered from Dean of Faculty of Nursing, Benha University directed to the Director of Benha University Hospital and Teaching Hospital in Benha. Where the study was

conducted concerned the title, objectives, tools and the study technique will be illustrated to gain their cooperation which is needed to allow the researcher to meet the elderly people at Benha University Hospital and Teaching Hospital in Benha.

Statistical design:

All data collected were organized, tabulated and analyzed by using the Statistical Package for Social Science (SPSS version 20), which was used frequencies and percentages for qualitative descriptive data, and χ^2 was used for relation tests, and mean and standard deviation was used for quantitative data, correlation coefficient was used to test degree of significance.

The observation difference and associations were considered as the following: (p value)

Highly significant	P < 0.001
Significant	P < 0.05
Not significant	P > 0.05

Result:

Table (1): Frequency distribution of elderly people regarding their socio - demographic characteristics (n=150).

Socio-demographic characteristics	No	%
Age		
60-	76	50.7
65-	35	23.3
70 +	39	26.0
X ±SD	65.4±4.5	
Gender		
Male	69	46.0
Female	81	54.0
Marital status		
Single	19	12.7
Married	75	50.0
Widowed	47	31.3
Divorced	9	6.0
Level of education		
Illiterate	68	45.3
Basic education	42	28.0
Secondary	29	19.3
University education	11	7.3
Occupation		
Work	51	34.0
Not working	99	66.0
Place of residence		
Urban	39	26.0
Rural	111	74.0
Monthly income		
Enough and saved	29	19.3
Enough only	91	60.7
Inadequate	30	20.0

Table (1): Shows that; 50.7 % of elderly people aged from 60 years old, 54% of them were females and 50% of them were married. Regarding the level of education, 45.3 % of them were illiterate, while 66% were not working, 74% of them were living in rural area, while 60.7% of them had enough income / month and 52% of them were living as extended family.

Figure (1): Frequency distribution of study sample regarding gender

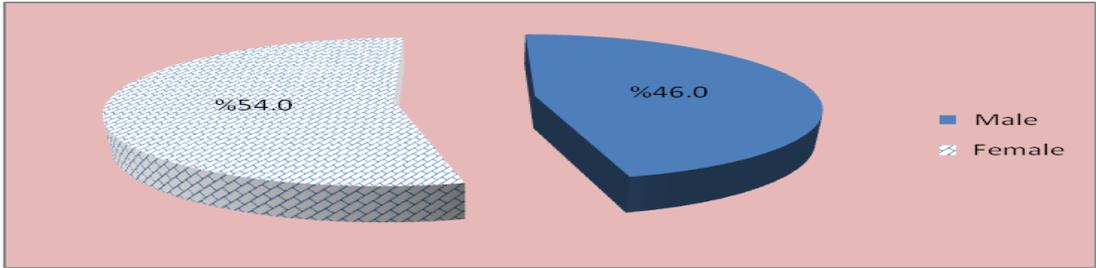


Figure (1): Illustrates that; 54% of the elderly people were females, and the result of study sample 46 % were males.

Table (2): Frequency distribution of the elderly people regarding their peptic ulcers past history, (n=150).

Peptic ulcers past history	No.	%
Current diagnosis		
Gastric ulcer	120	80.0
Duodenal ulcer	12	8.0
Esophageal ulcer	18	12.0
Duration of the disease		
< one year	97	64.7
One year and more	53	35.3
Family history regarding peptic ulcer disease		
Yes	48	32.0
No	102	68.0
Hospitalized related to peptic ulcer disease		
Yes	35	23.3
No	115	76.7

Table (2): Indicates that; 80% of the elderly people had gastric ulcer, while 64.7 % of them diagnosed with peptic ulcer less than one year, 68% of the elderly people hadn't family history regarding peptic ulcer disease and 76.7% of them hadn't hospitalized related to peptic ulcer disease.

Table (3): Frequency distribution of the elderly people regarding their peptic ulcers present history, (n = 150).

Peptic ulcers present history	No	%
*Signs and symptoms		
Acidity	115	76.7
Epigastric pain	139	92.7
Nausea	61	40.7
Vomiting	57	38.0
Loss of appetite	81	54.0
Weight loss	49	32.7
Indigestion	46	30.7
Vomiting of blood	17	11.3
Heart burn	99	66.0
*Complain from any other health problems		
Gastrointestinal disease	27	18.0
Cardiovascular disease	102	68.0
Endocrine disease such as diabetes	69	46.0
Renal diseases	21	14.0
Rheumatoid arthritis	80	53.3
Cancer	4	2.7
*Predisposing factors for peptic ulcer		
Smoking	60	40.0
Drinking too much caffeine, such as coffee, tea and cola	117	78.0
Eating spicy foods frequently	98	65.3
Taking analgesics and antibiotics heavily on an empty stomach	113	75.3

***The result wasn't mutually exclusive.**

Table (3): Shows that; 92.2 % of elderly people had epigastric pain, while 68% of them had complain from cardiovascular disease, while 78% of them were drinking too much caffeine, such as coffee, tea and cola and 75.3% of them taking analgesics and antibiotics heavily on an empty stomach.

Table (4): Frequency distribution of the elderly people regarding their knowledge score about peptic ulcer, (n=150).

Knowledge about peptic ulcer	Correct and complete		Correct and incomplete		Wrong	
	No.	%	No.	%	No.	%
Meaning of peptic ulcer.	0	0.0	94	62.7	56	37.3
The reason that lead to peptic ulcer.	4	2.7	52	34.7	94	62.7
Signs and symptoms of peptic ulcer.	6	4.0	43	28.7	101	67.3
Risk factors of peptic ulcer.	11	7.3	63	42.0	76	50.7
Preventive measures.	17	11.3	74	49.3	59	39.3
Methods used in the treatment of peptic ulcer.	16	10.7	61	40.7	73	48.7
Drugs used to treat peptic ulcer.	2	1.3	102	68.0	46	30.7
Complications of peptic ulcer.	8	5.3	39	26.0	103	68.7

Table (4): Shows that; 11.3% of elderly people had good knowledge regarding preventive methods of peptic ulcer, while no one of them ha correct and complete knowledge regarding meaning of peptic ulcer, while 68.7%, 67.3% of them had wrong knowledge regarding

complication of peptic ulcer and signs and symptoms of peptic ulcer and 30.7% of them had Wrong knowledge regarding drugs used to treat peptic ulcer.

Figure (2): Percentage distribution of the elderly people regarding their total knowledge score, (n=150).

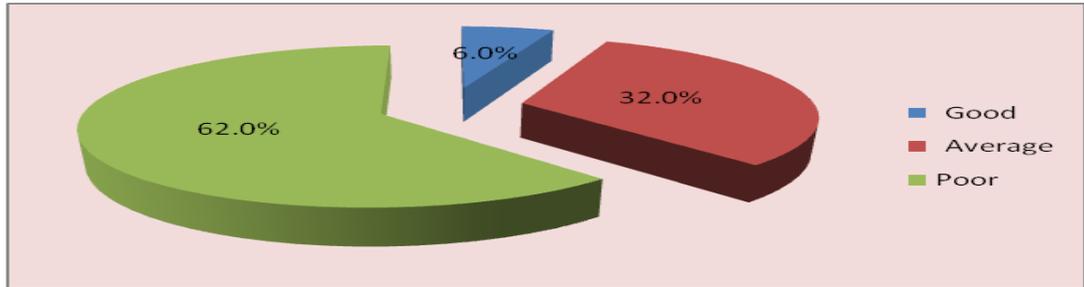


Figure (2): Illustrates that; 62% of the elderly people had poor knowledge about peptic ulcer, while only 6% of them had good knowledge about peptic ulcer.

Table (5): Frequency distribution of the elderly people with peptic ulcer regarding their nutritional practices score, (n=150).

Nutrition	Always		Sometimes		Never	
	No.	%	No.	%	No.	%
Taking three basic meals of the day.	54	36.0	70	46.7	26	17.3
Eating food in a regular fixed times	30	20.0	93	62.0	27	18.0
Chewing eating well.	13	8.7	63	42.0	74	49.3
Avoiding foods that contain Spices and eating cayenne.	42	28.0	97	64.7	11	7.3
Avoiding foods that cause acid such as lemon, and orange.	59	39.3	83	55.3	8	5.3
Using oils in food cook.	99	66.0	32	21.3	19	12.7
Avoiding drinking coffee; tea or soft drinks.	32	21.3	75	50.0	43	28.7
Eating light meals between the three main meals.	6	4.0	85	56.7	59	39.3
Avoiding hot eating and drinks.	51	34.0	72	48.0	27	18.0
Avoiding use of analgesics such as aspirin and Albanadol.	22	14.7	85	56.7	43	28.7
Avoiding smoke and stay away from passive smoking.	75	50.0	12	8.0	63	42.0

Table (5): Reveals that; 66% of the elderly people had always practices regarding using oils in food cook, while 4.0% of them had always practices regarding eating light meals between the three main meals, while 49.3% of them had never practices regarding chewing eating well and 5.3 % of them had never practices regarding avoiding foods that cause acid such as lemon and orange.

Figure (3): Percentage distribution of the elderly people regarding their total practices score (n=150).

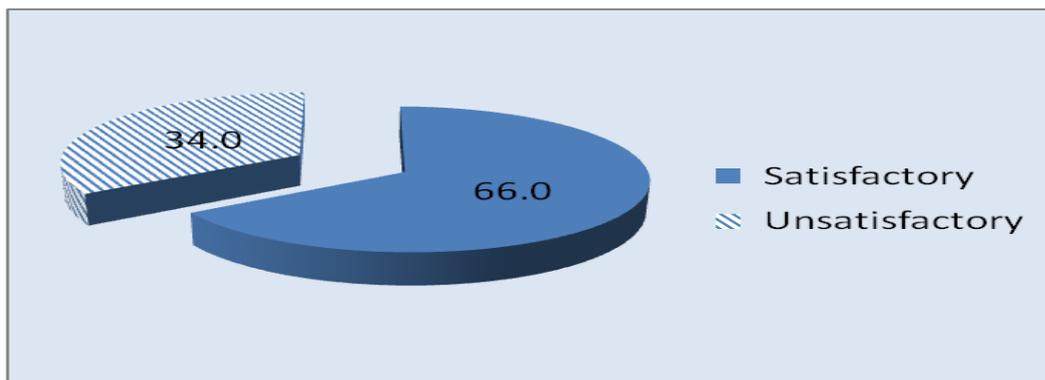


Figure (3): Reveals that; 66% of elderly people had satisfactory practices regarding peptic ulcer, and 34% of them had unsatisfactory practices regarding peptic ulcer.

Table (6): Frequency distribution of elderly people with peptic ulcer in relation to physical status of quality of life, (n=150).

Physical status	Always		Sometimes		Never	
	No.	%	No.	%	No.	%
Health status hinders self caring	17	11.3	91	60.7	42	28.0
Avoid activities that require exertion	58	38.7	89	59.3	3	2.0
Finding difficulty to do daily living activities and personal	21	14.0	117	78.0	12	8.0
Changing nutritional habits as a result of peptic ulcer	107	71.3	42	28.0	1	.7
Health status prevents home care caring	24	16.0	110	73.3	16	10.7
Health status affecting daily living activities such as work, shopping, personnel hygiene	26	17.3	101	67.3	23	15.3
Feeling changes of appetite	106	70.7	42	28.0	2	1.3
Present changes in sleep pattern	72	48.0	66	44.0	12	8.0
Present changes in elimination habits	71	47.3	60	40.0	19	12.7
Feeling pain in the stomach (upper abdomen)	116	77.3	33	22.0	1	.7

Table (6): Shows that, (77.3%, 71.3%, and 70.7%) respectively of the elderly people had always feeling with pain in the stomach (upper abdomen), changing nutritional habits as a result of peptic ulcer and feeling changes of appetite, while 78.0%, 73.3% and 67.3% respectively of them mentioned that; sometimes they finding difficulty to do daily living activities and personal, health status prevents home care caring, health status affecting daily living activities such as work, shopping, personnel hygiene and 28% of them had never quality of life regarding health status hinders self caring.

Figure (4): Percentage distribution of elderly people regarding total quality of life score.

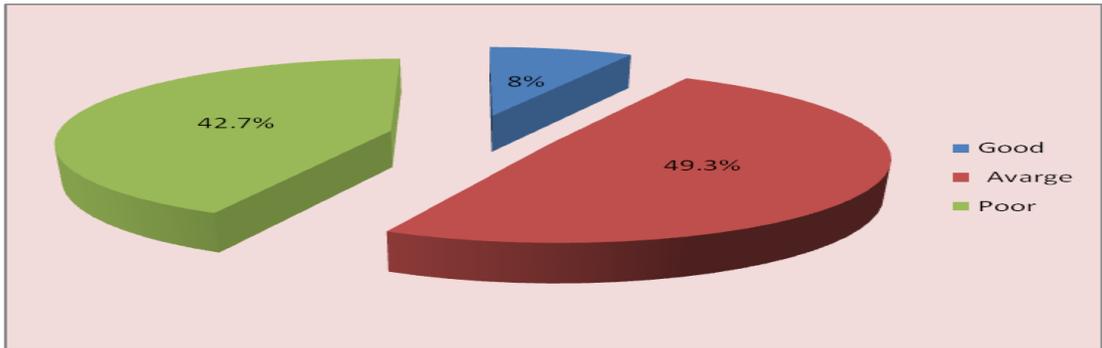


Figure (4): Reveals that; 49.3 % of the elderly people had average quality of life, while 42.7% of the elderly people had poor quality of life, and only 8% of them had good quality of life.

Table (7): Correlation between total quality of life and duration of the disease and hospitalization related disease, (n=150).

Items	Total quality of life	
	r	p-value
Duration of the disease	-.126	.124
Hospitalization related to disease	-.003	0.96

Table (7): Reveals that; there were negative correlation between total quality of life and duration of the disease and statistically significant between total quality of life and hospitalization related to disease.

Discussion:

Peptic Ulcer Disease (PUD) is a disorder of the upper gastrointestinal tract. Ulcers occur when the mucosal lining of the GI tract breaks down, resulting in acute or chronic inflammatory response. Ulcers can develop in the esophagus, stomach, duodenum, or other regions of the GIT. Based on hospitalization rates, the most common form of PUD is gastric, or stomach ulcers. The rate of PUD hospitalizations was found to be highest in adults > 65 years of age (**Hillary, 2013**).

According to socio demographic characteristic of the elderly people with peptic ulcer, the finding of the present study showed that, about half of the elderly people

with peptic ulcer were aged from 60years old (table 1). This finding was in agreement with **Gralnek et al., (2008)**, who reported that peptic ulcer is seen predominantly among the elderly, with 68% of patients over the age of 60 years.

As regard to the gender, the result of the present study showed that more than half of the elderly patients were female (table 1). This finding was in agreement with **Baghianimoghadam et al. (2011)**, who reported that 62.2% of the elderly people were women. On the other hand this finding was incongruent with **Yasin et al., (2011)**, who found that more than half of them were males (58%) and the remaining were females, peptic ulcers are appearing in men more often than women.

Regarding medical history, the present study revealed that the majority of the elderly people were had gastric ulcer (Table 2). This finding was in agreement with **Aryzbekova et al., (2015)**, who reported more patients suffered from stomach ulcer (69.79%) than duodenal (30.21%) ulcers. This finding was disagreed with **Hamid et al. (2006)**, who reported that 80% had duodenal ulcer. The incidence of gastric ulcer has been relatively higher in the elderly people, compared to that of duodenal ulcers that may be due to lower defensive factors such as, decreased mucus, bicarbonate secretion and prostaglandins.

Regarding present history the present study revealed that the most elderly people had epigastric pain (table 3). This finding was in agreement with **Ali et al., (2013)**, who reported that the most common presentation of peptic ulcer was observed 85% epigastric pain. Also this finding is in agreement with **Siddique (2014)**, who reported most of the respondents (97.4%) had pain in the epigastric region.

Regarding knowledge score of elderly people about peptic ulcer the present study revealed that; less than one third of the elderly people had poor knowledge regarding drugs used to treat peptic ulcer (table 4). This result supported by **Shamseya et al., (2015)**, who reported more than half of the subjects (56.7%) didn't know the methods of treatment at all.

Regarding total knowledge score of elderly people about peptic ulcer the present study revealed that, less than two thirds of the elderly people had poor knowledge about peptic ulcer (figure 2). This result supported by **Karnataka (2014)**, who reported that the studied sample awareness regarding peptic ulcer disease were inadequate. This result might be due to high proportion of studied patients were illiterate and from rural areas or that, the majority didn't receive adequate information from health care personnel.

Regarding nutritional practices of the elderly people with peptic ulcer, the present study showed that, nearly two thirds of them had good practices regarding using oils in food cook (table 5). This finding was in agreement with **Soliman (2011)**, who reported that majority of experimental group avoided add too much fat during cooking. The present study showed that, nearly half of elderly people of had poor practices regarding chewing eating well. This result might be due to the aging process and loss of tooth of elderly people.

Regarding the total practices score of the elderly people with peptic ulcer, the present study showed that, about two thirds of them had satisfactory practices (figure 3). This finding was disagreement with **Abdel Fatah, (2014)**, who reported that, the majority of the studied patient's poor healthy lifestyle practices. This result might be due the severity of the disease and the elderly people know the importance of doing healthy practices to prevent epigastric pain and prevent the complication.

Regarding to physical status of the elderly people with peptic ulcer, this study revealed that, about three quarters of the elderly people had always feeling with pain in the stomach (upper abdomen) (table 6). This finding was in agreement with **Barkun and Leontiadis, (2010)**, who reported that the majority of patients with symptomatic peptic ulcer disease have abdominal pain. Also this finding was supported with **Nadrian et al., (2011)**, who reported the respondents had a low quality of life relating to the dimensions of pain (68.5%).

Regarding total elderly people quality of life the present study revealed that; approximately two fifths of the elderly people had poor quality of life (figure 4). This finding was in agreement with **Barkun and Leontiadis, (2010)**, who reported that patients with peptic ulcer disease, had significantly lower health-related quality of life than the general population. On other

hand this finding was disagreement with **Hafez et al., (2013)**, who reported that 69.9% of the patients had relatively good quality of life.

Regarding correlation between total quality of life and duration of disease, the present study revealed that, there was negative correlation between total quality of life and duration of the disease (Table 7). This finding was in agreement with **Hafez et al., (2013)**, who reported that there was a negative significant between quality of life and disease duration.

Conclusion

Nearly half of the elderly people with peptic ulcer aged ranged from 60 to less than 65years old, while more than half of the elderly people were females, fifths of the elderly people had poor knowledge regarding peptic ulcer, while about two thirds of them had satisfactory practices regarding peptic ulcer and approximately two fifths of them had poor quality of life. There were statistically significant relations between the total knowledge score of elderly people and their age and level of education. There were a statistically significant relations between total practices score of elderly people and age, level of education, occupation and place of residence. There were negative correlation between total quality of life and duration of the disease and also with hospitalization related to disease.

Recommendations:

In the light of the result of the present study, the following recommendations are suggested:

1- Health educational program should be developed and implemented for elderly people with peptic ulcer to improve, and update them with the most current information about the disease, practices and quality of life.

2- Booklets should be available and distributed to each patient with

peptic ulcer disease about disease and health related practices.

3-Further studied need to be focusing on improving quality of life of elderly people with peptic ulcer.

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