

Quality of Life among Elderly People with Peptic

Ulcer at Geriatric Home

Faten kamal ahmed¹, Fathia Ahmed Mersal², Walaa Abdel Kader mohamed³

¹B.Sc. ²Professor of Community Health Nursing, Faculty of nursing- Ain Shams University

³Lecturer of Community Health Nursing, Faculty of nursing- Ain Shams University
Faculty of Nursing - Ain Shams University.

Abstract

Background: peptic ulcer has a major impact on the health status and continues to be a considerable cause of morbidity and mortality among elderly people. **The aim** of this study is to assess quality of life among elderly people with peptic ulcer at geriatric home. **Design:** descriptive study design was used. **Setting:** The study was conducted at 3 geriatric homes in the Fayoum Governorate and Cairo Governorate. **Sample:** purposive sample was used; they were 60 elderly people aged 60 years old and more of both genders. **Tool:** The tool consists of 4 parts: 1st part, demographic characteristics of elderly people. 2nd part is the medical history of elderly people related peptic ulcer. 3rd part, elderly people knowledge regarding peptic ulcer. 4th part, quality of life scale to assess the effect of peptic ulcer on quality of life among the elderly people. **Results:** The study results showed that 32.2 % of elderly people were aged 70 to less than 80 years old, 50.8 % of them were female, and 54.2% of elderly people were widowed. Regarding level of education 44.1%of them had primary education and 42.4% of them were illiterate, also 83.1 % of elderly people lived in urban areas and 39% of elderly people had a job. Regarding medical history 66.1% of elderly people were nonsmokers, 55.9%of them suffered from gastric ulcer. Additionally, 39% of them had family history of peptic ulcer previously, 45 % of them had epigastric pain. In relation to knowledge 79% of the elderly people had poor knowledge about peptic ulcer, and 91.5% of them had poor quality of life. **Conclusion:** it was concluded that; there was statistically significant relation between gender, marital status of the studied elderly people and their total knowledge about peptic ulcer and there was no statistically significant difference between other demographic characteristics of the studied elderly people and their quality of life, also there was statistically insignificant relation difference between total knowledge of the studied elderly people and their total quality of Life. **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.

Keywords: Elderly people, Peptic ulcer, Quality of life

Introduction:

Globally, elderly people worldwide are living longer. By 2030, 1 in 6 people in the world will be aged 60 years or over. At this time the share of the elderly people aged 60 years and over will increase from 1 billion in 2020 to 1.4 billion. By 2050, the world's population of elderly peoples aged 60 years and older wills double (2.1 billion). The number of elderly people aged 80 years or older is expected to triple between 2020 and 2050 to reach 426 million (WHO, 2021).

Peptic ulcer diseases (PUD) is a common gastrointestinal disease affecting the stomach and duodenum and is characterized by deep lesions into the mucosa. Various dietary and behavioral factors may increase the epigastric pain related to PUD and lead to complications by interfering with the healing process (Abumunaser, 2021). Helicobacter pylori infection and NSAIDs are the primary etiology of PUD. Other risk factors include extreme stress, other chronic conditions, old age, African- American race, smoking, and

alcohol consumption (Cavanagh & Obasi, 2022).

Aging is a complex physiological process affected by both internal and extrinsic factors such as genetics, psychological and social behaviors, and the environment. As people age, cells and tissues gradually deteriorate (Saxon et al., 2021). Age-related changes in the stomach include atrophy, a decline in gastric motility, mucus and bicarbonate secretion, and a rise in stomach PH. These changes increase the risk of peptic ulcer disease (PUD), especially when no steroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen are used (Asiri et al., (2020).

PUD has a substantial impact on a patient's health status because it can significantly reduce the QOL. Several studies have found that people with PUD have lower QOL than the general population and that improving QOL is crucial in the management of PUD (Wan et al., 2020). QOL is termed as a concept concerning physical health, psychological health, social health, and emotional wellbeing. Understanding the factors affecting older people's QOL is crucial for policymakers, planners, and implementers of healthcare and other support programs for older people (Zin et al., 2020). Given that the elderly populations now have a higher life expectancy, it is critical to assist them to live with satisfactory QOL.

Aim of the study:

This study aimed to assess quality of life among elderly people with peptic ulcer at geriatric home through:

- 1- Assessing medical history of older people related to peptic ulcer.
- 2- Assessing elderly knowledge about peptic ulcer.
- 3- Assessing elderly quality of life related to peptic ulcer.

Research questions:

- 1- Is there a relationship between demographic characteristics of elderly people and their knowledge regarding peptic ulcer?
- 2- Is there a relationship between demographic characteristics of elderly people and their quality of life?
- 3- Is there a relationship between knowledge of peptic ulcer and elderly quality of life?

Subjects and Methods:

I- Technical Design:

Includes research design, setting of the study, subjects of the study, and tools for data collection.

Research design:

Descriptive design was used in this study.

Setting:

This study conducted at Fayoum Governorate and Cairo Governorate geriatric homes:

Fayoum Governorate (2 homes: Legitimacy Society Badr Al-Islam Complex include 25 older adults and diagnostic peptic ulcer are 15 older, Shafi'i Fayoum Association "The house of the saint Anba Afram for the elderly" include 12 elderly people and diagnostic peptic ulcer are 5 older). Cairo Governorate (House of Islamic acquaintance in the Mohandessin area contain 72 elderly people and diagnostic peptic ulcer are 40 elderly due to dependent patients of elderly people and taken more of medication), "Total number of elderly people residents of geriatric homes 109 older people, (60 elderly people diagnostic peptic ulcer).

Sample:

Sample was composed of 60 elderly people aged 60 years old and over from both genders.

The sample was (60) to avoid withdrawal and achieve responding rate

Tools of Data Collection:

The data was collected by using one tool: It was designed by the investigator based on reviewing related literatures. The structured interviewing questionnaire sheet was divided into 4 parts:

Part I: Demographic data:

Demographic characteristics of elderly people): this part covering age, gender, marital status, level of education, occupation, place of residence and monthly income.

Part (II): Medical history of elderly people:

Medical history of elderly people related to peptic ulcer (Q8:16): this part covering (1- past history) (Q8:13) include: smoking status, type of peptic ulcer and duration of disease (2-present history)(Q11:13) include: signs and symptoms, Complain from any other health problems and predisposing factors (3-family history) (Q14:16) include family history of peptic ulcer disease, kind of relation, previous hospitalization due to peptic ulcer and methods of treatment in previous hospitalization.

Part III: elderly people' knowledge regarding peptic ulcer:

It includes (meaning of peptic ulcer, reason of peptic ulcer, signs and symptoms of peptic ulcer, preventive measures, methods used in the treatment of peptic ulcer, complications of peptic ulcer and medical treatment.

❖ Scoring systems:

A scoring system was followed to assess total items of knowledge regarding elderly people with peptic ulcer. The correct answer was scored (1) and the incorrect answer will be scored (zero). These scores was summed

Total responses were classified into three categories:

- Good knowledge: If score $\geq 75\%$.
- Average knowledge: If score from 50 to less than 75%.
- Poor knowledge: If score $< 50\%$.

Part IV: it includes scale for assess (Quality of life of elderly people regarding of peptic ulcer: guided by (World Health Organization, 2004) 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 and environment on quality of life of elderly people with peptic ulcer.

❖ **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, while considered average if it 50-75% equals, and considered poor if it $< 50\%$ equals or less.

Operational Design:

Includes preparatory phase, content validity, pilot study and fieldwork.

a) The preparatory phase:

Includes reviewing of related literature and theoretical knowledge of various aspects of the study using books, articles, scientific journal, and internet with the aim of acquiring in-depth knowledge about the study.

b) Pilot study:

It was carried out on 10% (6) of elderly people under the study to test the applicability, clarity, and the efficiency of the tools. There were no modifications found after pilot study. So, these (6) elderly people included in the study. The pilot showed very high levels of reliability. Alpha Cronbach Reliability Analysis of the Used Tool.

c) Content validity:

Revision of the tools was done by a panel of experts composed of 3 Professors of Community Health Nursing to measure the clarity of the tools and the necessary modifications were done accordingly.

d) Content reliability:

Reliability of the tools was tested to determine questionnaire items related to each other. **Cronbach's Alpha Reliability Analysis. The reliability for both knowledge 0.639 and quality of life 0.758.**

The reliability was scaled as follows: 0-0.25 weak reliability, 0.25-0.75 moderate reliability, 0.75-<1 strong reliability and 1 is optimum. The reliability for this questionnaire was 0.639.

Fieldwork:

The investigator was revising the literature to design the tool and the tool was revised from 3 expertise in Community Health Nursing to test the content validity. Also, approval to conduct the study was obtained after written approval from the social solidarity authority and Geriatric Homes and explaining the aim of the study. Data collection was started and finished in 3 months from the beginning of October 2021 ending December 2021 sample was collected during the period from 10a.m to 2p.m and started by introducing whom self to the elderly people and giving a brief idea about the aim of the research. The investigator interviewed each elderly people at the geriatric home two days a week (Monday and Tuesday to collect data from elderly people with distributed instruction guidelines about peptic ulcers to improve their quality of life.). The structured interviewing questionnaire sheet was filled out by the investigator from each participant in the study individually. It took about 20-30 minutes to be filled and took longer with participants who could not read and write. Also, the average numbers interviewed at the geriatric homes were 3-5 elderly people/per day depending on the responses of the interviewers.

III. Administrative Design:

Approval to carry out this study was obtained from the social solidarity authority and the Director of the Geriatric Homes at Fayoum and Cairo Governorate. 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 Geriatric Homes in Fayoum and Cairo Governorate.

Ethical considerations:

The research approval was obtained from Scientific Ethical Committee in Faculty of Nursing at Ain Shams University before starting the study. The researcher clarified the objective of the study to elderly people included in the study to gain their confidence and trust. The researcher assured maintaining anonymity and confidentiality of subjects' data. Elderly people were informed that they are allowed to choose to participate or not in the study and that they have the right to withdraw from the study at any time.

IV. Statistical Design:

The data was collected, coded, and entered a personal computer. It was analyzed with the program Statistical Package for Social Science (SPSS) version 20. Data were presented using descriptive statistics in the form of frequencies and percentages, description of quantitative variables as mean, standard deviation, description of qualitative variables as numbers and percentages and Chi-square test was used to compare qualitative variables. Spearman correlation coefficient used to rank between two variables.

Limitation of the study: Someone withdrew from the sample because he died.

Results:

Table (1): shows that 32.2 % of elderly people were aged 70 < 80 years old, 30.5% of them were 60 < 70 years and the mean of their age years were 76.03 ± 10.19 . Regarding gender, it shows that 50.8 % of them were female and 49.2% of them were male. Also, it shows that 54.2% of elderly people were widowed and 37.3 % of them were divorced. In addition, it shows that 44.1% of them had primary education and 42.4% of them were illiterate. Also 83.1 % of elderly people lived in urban areas, 39% of elderly people working and 79.7% of the

monthly income was enough and 20.3% of them not enough

Table (2): shows that (49.2 %, 45.8%, and 33.9%) **respectively** of elderly people suffered from acidity, epigastric pain, and loss of appetite. In addition (42.4%, 32.3%, and 22%) **respectively** of them suffered from gastrointestinal disease, hypertension, and rheumatoid arthritis. Also 61% of elderly people took a lot of analgesics and antibiotics heavily on an empty stomach.

Figure (1): shows that, **72.9%** of elderly people had poor level of total of knowledge about peptic ulcer. While **27.1%** of them had average level of total knowledge about peptic ulcer.

Figure (2): shows that, 91.5% of elderly people had poor level of total of quality of life. While 8.5% of them had average level from total quality of life.

Table (3): shows that, there was a negative weak correlation between elderly people ' total scores of knowledge about peptic ulcer and their total scores of quality of life with in significant statistical correlation (**p-value** ≥ 0.05).

Table (4): shows that, there are statistical significant relation between gender and marital status of the studied elderly people and their total knowledge about peptic ulcer. Meanwhile, there is no statistically significant difference between other characteristics of the studied elderly people and their total knowledge.

Table (5): shows that, there are statistical insignificant relation between gender and marital and occupation and income and residence status and educational level of the studied elderly people and their total quality of life about peptic ulcer. Meanwhile, there is no statistically significant difference between these characteristics of the studied elderly people and their quality of life.

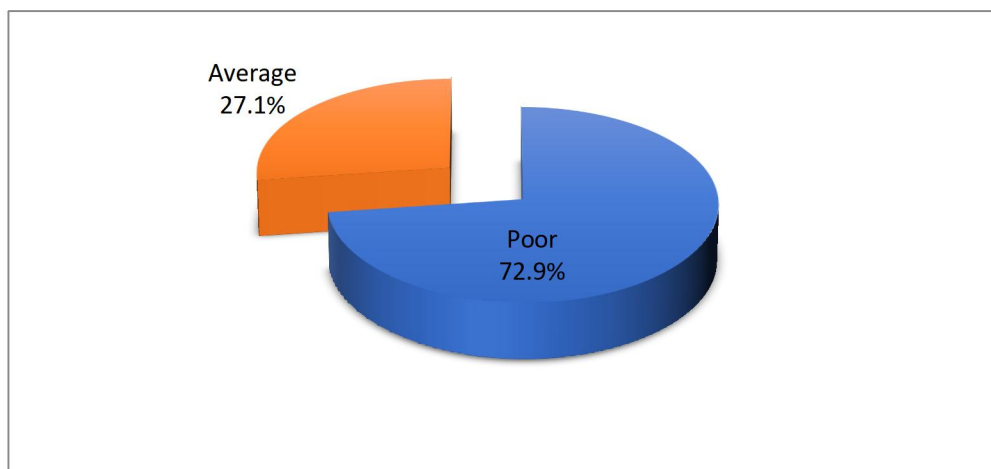
Table (1): Frequency of the studied elderly people according to their characteristic (n=59).

| Items | No. | % |
|-----------------------------|-----|---------------|
| Age/years | | |
| 60 < 70 | 18 | 30.5 |
| 70 < 80 | 19 | 32.2 |
| 80 < 90 | 15 | 25.4 |
| 90 ≤ 100 | 7 | 11.9 |
| $\bar{X} \pm SD$ | | 76.03 ± 10.19 |
| Gender | | |
| Male | 29 | 49.2 |
| Female | 30 | 50.8 |
| Marital status | | |
| Married | 5 | 8.5 |
| Divorced | 22 | 37.3 |
| Widowed | 32 | 54.2 |
| Educational level | | |
| Illiterate | 25 | 42.4 |
| Primary education | 26 | 44.1 |
| Secondary education | 8 | 13.5 |
| Residence | | |
| Rural | 10 | 16.9 |
| Urban | 49 | 83.1 |
| Occupation | | |
| Working | 36 | 0.39 |
| Not working or (housewives) | 23 | 0.61 |
| Income | | |
| Enough and saved | 47 | 79.7 |
| Not enough | 12 | 20.3 |

Table (2): Frequency of the studied elderly people according to their present history (n=59).

| Items | No.* | % |
|---|------|------|
| Signs and symptoms | | |
| Acidity | 29 | 49.2 |
| Epigastric pain | 27 | 45.8 |
| Nausea | 8 | 13.6 |
| Vomiting | 15 | 25.4 |
| Loss of appetite | 20 | 33.9 |
| Associated health problems with peptic ulcer | | |
| Gastrointestinal disease | 25 | 42.4 |
| Hypertension | 19 | 32.3 |
| Cardiovascular disease | 12 | 20.3 |
| Endocrine disease such as diabetes | 12 | 20.3 |
| Kidney disease | 9 | 15.3 |
| Rheumatoid arthritis | 13 | 0.22 |
| Cancer | 2 | 3.4 |
| Psychological problem | 5 | 8.5 |
| Predisposing factors of peptic ulcer | | |
| Smoking | 13 | 0.22 |
| Drinking too much caffeine | 4 | 6.8 |
| Eating spicy foods | 9 | 15.3 |
| Taking analgesics and antibiotics heavily on an empty stomach | 36 | 61 |
| | 8 | 13.6 |

*Numbers are not exclusive

**Figure (1):** Frequency of the Studied Elderly People According to Their Total Knowledge about Peptic Ulcer.

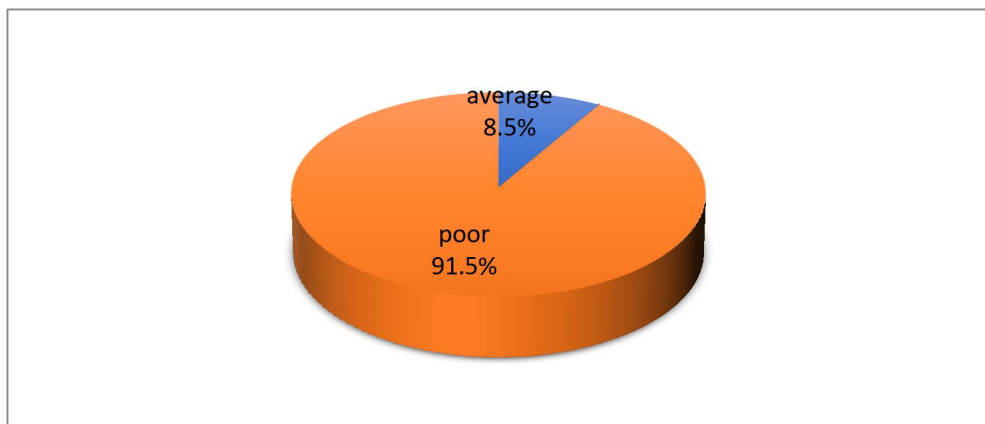


Figure (2): frequency of the Studied Elderly People According to Their Total Quality of Life.

Table (3): Correlation between total knowledge of the studied elderly people and their total quality of life.

| Elderly People' total score of | Quality of life | |
|--------------------------------|-----------------|---------|
| | R | p-value |
| Knowledge about peptic ulcer | - 0.18 | 0.17 |

Table (4): Relation between Characteristics of the Studied Elderly People and Their Total Knowledge about Peptic Ulcer (n=59).

| Items | Elderly people' total knowledge | | | | Chi-square test | | |
|---------------------------|---------------------------------|------|---------|------|---------------------|---------|--------|
| | Poor | | Average | | X ² | P value | Sig |
| | No. | % | No. | % | | | |
| Age/years | | | | | | | |
| 60 < 70 | 12 | 66.7 | 6 | 33.3 | | | |
| 70 < 80 | 14 | 73.7 | 5 | 26.3 | | | |
| 80 < 90 | 12 | 80 | 3 | 20 | 0.750 | 0.86 | Insig. |
| 90 ≤ 100 | 5 | 71.4 | 2 | 28.6 | | | |
| Gender | | | | | | | |
| Male | 17 | 58.6 | 12 | 41.4 | | | |
| Female | 26 | 86.7 | 4 | 13.3 | 5.87 | 0.02* | Sig. |
| Marital status | | | | | | | |
| Married | 3 | 60 | 2 | 40 | | | |
| Divorced | 12 | 54.5 | 10 | 45.5 | 7.62 | 0.02* | Sig. |
| Widowed | 28 | 87.5 | 4 | 12.5 | | | |
| Educational level | | | | | | | |
| Illiterate | 21 | 84 | 4 | 16 | | | |
| Primary education | 18 | 69.2 | 8 | 30.8 | 3.86 | 0.15 | Insig. |
| Secondary education | 4 | 50 | 4 | 50 | | | |
| Residence | | | | | | | |
| Rural | 5 | 50 | 5 | 50 | Fisher's exact test | 0.12 | Insig. |
| Urban | 38 | 77.6 | 11 | 22.4 | | | |
| Occupation | | | | | | | |
| Working | 27 | 75 | 9 | 25 | Fisher's exact test | 0.77 | Insig. |
| Not working (house wives) | 16 | 69.6 | 7 | 30.4 | | | |
| Income | | | | | | | |
| Enough and saved | 33 | 70.2 | 14 | 29.8 | Fisher's exact test | 0.48 | Insig. |
| Not enough | 10 | 83.3 | 2 | 16.7 | | | |

Table (5): Relation between Characteristics of the Studied Elderly People and Their Total Quality of Life (n=59).

| Items | Elderly people' total quality of life | | | | Chi-square test | | Sig |
|---------------------------|---------------------------------------|------|------|------|---------------------|---------|--------|
| | average | | poor | | X ² | P value | |
| | No. | % | No. | % | | | |
| Age/years | | | | | | | |
| 60 < 70 | 3 | 11.1 | 16 | 88.9 | | | |
| 70 < 80 | 2 | 15.8 | 16 | 84.2 | 3.51 | 0.32 | Insig. |
| 80 < 90 | 0 | 0 | 15 | 100 | | | |
| 90 ≤ 100 | 0 | 0 | 7 | 100 | | | |
| Gender | | | | | Fisher's exact test | 0.19 | Insig. |
| Male | 4 | 13.8 | 25 | 86.2 | | | |
| Female | 1 | 3.3 | 29 | 96.7 | | | |
| Marital status | | | | | | | |
| Married | 1 | 20 | 4 | 80 | 2.79 | 0.25 | Insig. |
| Divorced | 3 | 13.6 | 19 | 86.4 | | | |
| Widowed | 1 | 3.1 | 31 | 96.9 | | | |
| Educational level | | | | | | | |
| Illiterate | 1 | 4 | 24 | 96 | 3.48 | 0.16 | Insig. |
| Primary education | 2 | 7.7 | 24 | 92.3 | | | |
| Secondary education | 2 | 25 | 6 | 75 | | | |
| Residence | | | | | Fisher's exact test | 0.19 | Insig. |
| Rural | 2 | 20 | 8 | 80 | | | |
| Urban | 3 | 6.1 | 46 | 93.9 | | | |
| Occupation | | | | | Fisher's exact test | 0.37 | Insig. |
| Working | 2 | 5.6 | 34 | 94.4 | | | |
| Not working (house wives) | 3 | 13 | 20 | 87 | | | |
| Income | | | | | Fisher's exact test | 0.73 | Insig. |
| Enough and saved | 4 | 8.5 | 43 | 91.5 | | | |
| Not enough | 1 | 8.3 | 11 | 91.7 | | | |

Discussion:

The peptic ulcer disease causes significant morbidity and mortality in the elderly. It frequently presents in an atypical manner and is associated with a high incidence of complications. The prevalence of *Helicobacter pylori* increases with age and can have an important role in the development of ulcers. No steroidal anti-inflammatory drugs also contribute to the increased incidence of ulcers and the development of complications in the elderly. Although management of ulcer disease in the elderly is similar to that in the younger population, consideration must be given to the potential for increased incidence of side effects and medication interactions. When endoscopy and surgery are performed there should be an appreciation for the risks associated with concurrent illnesses that can accompany advanced age (Lim et al., 2022).

Socio- Demographic Characteristics of elderly people regarding peptic ulcer.

Considering socio-demographic data, the present study revealed that, one-third of the studied elderly people were aged from 60 to less than 70 years old, with a mean age (76.03±10.19) (Table 1). This finding is in disagreement with the study conducted by Shokry et al., (2021) on Knowledge, practices, and quality of life of elderly patients with peptic ulcer disease at Zagazig University Hospitals which found that 70.7% (M=66.4±5.1) of the study sample were aged less than 70 years old. This result is also in disagreement with the study conducted by Alshammari et al (2018) on Peptic Ulcer Disease in Elderly Population of Arar City, in Northern Saudi as they reported that 63.3% of their participants were aged between 60 and 70 years.

Regarding gender in the study sample, the results revealed that more than half of the studied elderly people were female (**Table1**). This is in agreement with the study conducted by **Hormati et al., 2019**) on Migraine and gastric disorders: Are they associated in Shahid Beheshti Hospital, Qom, in Iran, found that 58.7% of the study sample was female. This result is also in agreement with the study conducted by **Shanshal et al., 2022**) on the impact of peptic ulcer disease on the quality of life at the University of Mosul, Iraq which found that 61% of the study sample were female. This result is also in agreement with the study conducted by **Lipatova, et al (2020)** on the Chronic atrophic gastritis in patients over 60 years of age in Saratov which found that the disease was among women more than among men. **From the investigator point** of view, it was discovered that, according to the most recent WHO data published in 2020, the female mortality rate from peptic ulcer disease in Egypt reached to 0.25% of total death.

Regarding educational level among elderly people, the result showed that more than two-fifths of the studied elderly people were illiterate (Table 1). This result is in accordance with a study conducted by **Alshammari et al., 2018**), on the Peptic Ulcer Disease Elderly Population in Arar City, and found that 50.2% of the study sample was illiterate.

Findings in the present study showed that the majority of the studied elderly people were living in an urban area (**Table 1**). This result disagreement with a study conducted by **Chandran et al., 2019**), on The effectiveness of mindfulness meditation in the relief of symptoms of depression and quality of life in patients with gastroesophageal reflux disease in Indian and found that 43.3% of the study sample were living in an urban area.

Regarding marital status, the current study results revealed that more than half of the studied elderly people were widowed

status (**Table1**). This result in disagreement with a study conducted by **Alshammari et al., 2018**) who mentioned that 35.9% of the study sample were widowed.

Concerning monthly income, the current study found that more than three-quarters of the studied elderly people had sufficient monthly income (**Table1**). This result was reinforced by the study conducted by **Fathy et al., 2021**), on quality of life among the study sample at geriatric homes in El Hlal Elahmer and Noor Wel Amal geriatrics home is located in Beni-Suef governorate, Egypt, and found that 75% of the study sample had satisfying income. From the investigator point of view, these results might be due to the nature of the Egyptian people, as they have the concept of thanks, Allah, for any income and considered it enough due to their religious principles elderly were staying in the geriatric home and the administration of geriatric home is reasonable for everything related to them..

Part II: Medical History of the Elderly People related to peptic ulcer.

The current study results revealed that one-quarter of the studied elderly people were smokers (**Table 2**). This result is in accordance with **Chang et al., (2019)** on factors correlated with smoking cessation success in older adults in Taiwan, and found that one-quarter of smokers were older than 60 years, making smoking cessation in the elderly an important issue. And also, this finding is in the same line as **Abdel-Hady & EL-Gilany., 2020**) who performed a study in Mansoura, Egypt about “tobacco use and its associated factors among older people: a community-based study in Egypt” who mentioned that active and passive smoking among older people is especially prevalence, and rates of nicotine dependence and failure to quit smoking are high.

Findings in the present study revealed that more than half of the studied elderly people had a gastric ulcer (**Table2**).

This finding was in the same line as **Chen et al., (2020)**, on nursing interventions among elderly patients with peptic ulcers in China, and found that 54.5%. This result is also in agreement with the study conducted by **Tang et al., (2020)**, on Clinical factors associated with initial *Helicobacter pylori* eradication therapy: a retrospective study in China which found that 60% of the study sample had a gastric ulcer. From the investigator point of view, these results might be due to lower defensive factors such as decreased mucus, bicarbonate secretion, and prostaglandins related to their aging according to (**Umegbolu., (2022)**).

The current study results showed that two-thirds of the studied elderly people had a peptic ulcer for one year and more (**Table 2**). This result was reinforced by the study conducted by **Alzahrani et al (2020)**, on the Assessment of Health-Related Knowledge and Practices among Patients with Peptic Ulcers in Abha, Saudi Arabia, and mentioned that two-thirds of the study sample had peptic ulcers for more than one year. From the investigator point of view, these findings could be the result of a delay in the disease's detection and the requirement for diagnostic endoscopy to determine the presence of stomach ulcers.

Also, regarding the total knowledge score about peptic ulcer disease, the present study revealed that nearly three-quarters of the studied elderly people had poor total knowledge related to peptic ulcer disease (**figure 1**). This finding is in agreement with the study conducted by **Alsaleem, et al., (2021)** on Prevalence and factors associated with gastroesophageal reflux disease among primary healthcare attendants in Abha, Saudi Arabia who mentioned that three-quarters of the study sample had poor total knowledge. This result also disagreed with the study conducted by **Paudel., (2019)** on the Prevention and Management of Gastroesophageal Reflux Diseases (GERD) and Peptic Ulcer Diseases (PUDs) Among Bhutanese Refugees Utilizing Personalize

Patient Education. at Amherst city, who mentioned that nearly a quarter of their study sample had bad knowledge about peptic ulcers. From the investigator point of view, these results might be due the present result of the studied elderly people had large number of them illiterate of education level and the fact that most of the patients did not receive sufficient information from medical staff.

Considering the responses related to the total physical domain-related QOL, the current study results revealed that more than one-third of the studied elderly people had poor levels in the total physical domain (**figure 2**). This finding is in agreement with **Mohamed et al., 2021**), who performed a study about the Psycho-educational Program for Enhancing Quality of Life for Elderly at Geriatric Home, mentioned that (20%) less than one-quarter of them had a poor level of total physical domain related QOL. **From the investigator point of view**, these findings might be attributed to aging and overall weakness caused by several chronic diseases, such as peptic ulcers, which diminish exercise and damage physical health.

Answer research question NO (1)

Regarding the relation between total knowledge regarding peptic ulcer and the demographic characteristics of studied elderly people, the current study results revealed that there are statistically significant differences between the gender and marital status of the studied elderly people and their total knowledge about peptic ulcers (**Table 11**). This finding is in agreement with **Hafiz et al., (2021)**, who mentioned that there were statistically significant relations between the total knowledge score of the study sample and their level of education. Who performed a study at King Saud University about, *Helicobacter pylori* Infection: Comparison of Knowledge between Health Science and Non-Health Science University Students. This result also agreed with the study

conducted by **Shanmugam, et al., (2021)**, on the Effectiveness of the Structured Teaching Programme on Knowledge, Attitude, and Practice in India, who mentioned that there were statistically significant relations between the total knowledge score of the study sample and their age. From the investigator point of view, these results might be due to the elderly female's differences from the elderly male in accepting more experiences and may help them have good knowledge about more things in life.

Answer research question NO (2)

The current study results revealed that there is no statistically significant difference between these characteristics of the studied elderly people and their quality of life (**Table12**). This finding is in disagreement with **Bagheri et al., (2022)**, who mentioned that there was a significant positive correlation between the total score of elderly QOLs and their age; that means when age increased, the total score of elderly QOLs, who performed a study in Tehran, about, The Relderality of Life among The study sample Iranian Journal of Ageing. This result also disagreed with the study conducted by **Siboni et al., (2019)**, on Quality of Life in Different Chronic Diseases and Its Related Factors in the Faculty of Nursing and Midwifery, Qazvin University of Medical, Iran, which mentioned that there was a significant positive correlation between the total score of elderly QOL and their age, marital status, occupation, education, satisfaction with economic status, and type of disease. This result also disagreed with the study conducted by **Abd Elrahim, et al., (2022)**, who revealed that there was a statistically significant relationship between participants' total QOL scores and their demographic data related to their level of education

Answer research question NO (3)

Regarding the relation between elderly people's total scores of knowledge about peptic ulcer and their total scores of quality of life, the current study results revealed that there was a negative correlation between elderly people's total scores of knowledge about peptic ulcer and their total scores of quality of life when the (p-value was 0.17) (**Table10**). This finding is in disagreement with **Fathy., (2021)**, Who mentioned a highly significant correlation between the total quality of life and total knowledge (($p < 0.01$). This result is also in disagreement with the study conducted by **Abd Elrahim, et al., (2022)**, on the Impact of Educational Guidelines on Improving Knowledge, Lifestyle, and Quality of Life for Pregnant Women with Gastroesophageal Reflux Disease in out-patient antenatal clinics in Minia University Hospital reveals that there was a positive correlation between studied sample's knowledge, and their QOL From the investigator point of view, these results might be their knowledge and awareness of peptic ulcer disease, this has an impact on the quality of elderly people's lives.

Conclusion:

According to current study results, one third of the elderly people with peptic ulcer aged ranged from 60 to less than 70years old, while more than half of the elderly people were females, nearly three quarter of the elderly people had poor knowledge regarding peptic ulcer, while about most majorities of them had poor quality of life.

Based on the study and study questions, the study concluded that there were statistically significant relations between the total knowledge score of elderly people and their gender and marital status. There were a statistically insignificant relations between gender and marital and occupation and income and residence status and educational level of the studied elderly people and their total quality of life about peptic ulcer. There were negative correlation

between total quality of life and duration of the disease and also with total scores of knowledge 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, and quality of life.
- 2-Further studied need to be focusing on improving quality of life of elderly people with peptic ulcer.

References:

- Abd Elrahim, A., HasabAllah, M., Hassan, Z., & Abdalnaem, S (2022).** Impact of educational guidelines on improving knowledge, lifestyle and quality of life for pregnant women with gastroesophageal reflux disease. *Assiut Scientific Nursing Journal*, 10(30), 134-149. <https://doi.org/10.21608/asnj.2022.132420.1355>.
- Abdel Hady, D., & El Gilany, A. H (2020).** Tobacco use and its associated factors among older people: A community-based study in Egypt. *Eastern Mediterranean Health Journal*, 26(01), 68-74. <https://doi.org/10.26719/2020.26.1.68>
- Abumunaser, A. (2021):** Peptic ulcer disease. *Cases on Medical Nutrition Therapy for Gastrointestinal Disorders*, 46-67. <https://doi.org/10.4018/978-1-7998-3802-9.ch003>
- Alsaleem, M. A., Awadalla, N. J., Shehata, S. F., Alsamghan, A. S., AlFlan, M. A., Alhumaidi, M. M., ... & Mahfouz, A. A (2021).** Prevalence and factors associated with gastroesophageal reflux disease among primary health care attendants at Abha city, southwestern Saudi Arabia. *Saudi Pharmaceutical Journal*, 29(6), 597-602.
- Alshammari, M. J. H., Ali, O. M. B., Alshamlani, S. K., Bashantoo, S. K., Qalib, Z. A., Al-Amri, B. Z., ... & Alfalaj, E. H. O. (2018):** Peptic ulcer disease in elderly population of Arar City, Northern Saudi Arabia. *The Egyptian Journal of Hospital Medicine*, 73(4), 6494-6501.
- Alzahrani, M. A., Alfageeh, K., & Thabet, T (2020).** Assessment of health-related knowledge and practices among patients with peptic ulcer. *World Family Medicine Journal/Middle East Journal of Family Medicine*, 18(4), 33-43. <https://doi.org/10.5742/mewfm.2020.93803>
- Asiri, O. A., Alzahrani, A. A., Alshehri, K. M., Althomal, O. W., Alameen, A. A. I., & Serwah, M. A. (2020).** Prevalence of non-steroidal anti-inflammatory drugs usage and assessment of knowledge related to its
- Bagheri, M. J., Asgharnejad Farid, A., & Nasrolahi, B. (2022).** The Relationship Between Self-Efficacy and Quality of Life Through the Mediating Role of Psychological Well-Being in the Elderly. *Ageing Psychology*, 8(1), 54-39.
- Cavanagh, L., & Obasi, E. M. (2022).** Chronic stress, autonomic dysregulation and prospective drug use among African American emerging adults. *Cultural Diversity and Ethnic Minority Psychology*, 28(1), 91-102. <https://doi.org/10.1037/cdp0000364>
- Chandran, S., Raman, R., Kishor, M., & Nandeesh, H. P (2019).** The effectiveness of mindfulness meditation in relief of symptoms of depression and quality of life in patients with gastroesophageal reflux disease. *Indian Journal of Gastroenterology*, 38(1), 29-38
- Chang, C., Huang, W., You, C., Hwang, L., Lu, I., & Chan, H (2019).** Factors correlated with smoking cessation

- success in older adults: A retrospective cohort study in Taiwan. *International Journal of Environmental Research and Public Health*, 16(18), 3462. <https://doi.org/10.3390/ijerph16183462>
- Chen, B., Liu, X., Zhang, H., Zhang, B., & Wang, Y (2020).** Psychological effect of comprehensive nursing intervention in elderly patients with perforated peptic ulcer: A protocol of systematic review. <https://doi.org/10.37766/inplasy2020.8.0069>
- Fathy, A. (2021).** Psycho-educational program for enhancing quality of life for elderly at geriatric home. *NILES journal for Geriatric and Gerontology*, 4(1), 59-72. <https://doi.org/10.21608/niles.2020.30685.101>
- Hafiz, T. A., D'Sa, J. L., Zamzam, S., Dionaldo, M. L., Mubarak, M. A., & Tumala, R. B. (2021).** Helicobacter pylori infection: Comparison of knowledge between health science and non-health science University students. *International Journal of Environmental Research and Public Health*, 18(15), 8173. <https://doi.org/10.3390/ijerph18158173>
- Lim, W. M., Lawrentschuk, N., & Heriot, A. G. (2022):** Benign gastrointestinal conditions. *Men's Health and Wellbeing*, 297-330. https://doi.org/10.1007/978-3-030-84752-4_14
- Lipatova TE, I. E., Tyulyaeva, L. A., Khaybekova, T. V., & Vakhlyueva, O. G (2020).** Chronic atrophic gastritis in patients over 60 years of age: clinical, morpho-functional, and neuroendocrine parameters. *Saratov Journal of Medical Scientific Research*. 2020; 16 (1): 160-163 (in Russian).
- Mohammed Abdullah, K., Mohammad Esmat, O., Thabet Hasaneen, S., & Khalil Ibrahim, W. (2022).** Health risks related to climate changes among older adults. *Egyptian Journal of Health Care*, 13(3), 678-690. <https://doi.org/10.21608/ejhc.2022.254437>
- Paudel, S (2019).** Prevention and Management of Gastroesophageal Reflux Diseases (GERD) and Peptic Ulcer Diseases (PUD's) Among Bhutanese Refugees Utilizing Personalize Patient Education.
- Saxon, S. V., Etten, M. J., & Perkins, E. A (2021).** Physical change and aging. <https://doi.org/10.1891/9780826150561>
- Shanmugam, R., Munusamy, G., & Dukale, (2021), U. G.** Peptic Ulcer. Effectiveness of the Structured Teaching Programme on Knowledge, Attitude and Practice in India.
- Shanshal, S. A., Noori, A. S., Ghazi, J. A., Dahham, A. T., Saleh, A. S. M., & Al-Qazaz, H. K (2022).** Impact of peptic ulcer disease on the quality of life: A Cross Sectional Study. *Research Journal of Pharmacy and Technology*, 15(7), 3267-3272.
- Shokry Abd Allah, E., El Sayed El Badawy, R., & Ramadan Abdel-Aziz, H (2021).** Knowledge, practices, and quality of life of elderly patients with peptic ulcer disease at Zagazig University hospitals. *Egyptian Journal of Health Care*, 12(1), 1380-1399. <https://doi.org/10.21608/ejhc.2021.199137>
- Siboni, F. S., Alimoradi, Z., Atashi, V., Alipour, M., & Khatooni, M (2019).** Quality of life in different chronic diseases and its related factors. *International journal of preventive medicine*, 10.
- Tang, Y., Tang, G., Pan, L., Zhu, H., Zhou, S., & Wei, Z (2020).** Clinical factors associated with initial Helicobacter pylori eradication therapy: A retrospective study in China. *Scientific Reports*, 10(1), 1-5.
- Umegbolu, E. I (2022).** Peptic ulcer disease in school children aged 2-11

years in Southeast Nigeria. *International Journal of Research in Medical Sciences*, 10(5), 1007.

World Health Organization (2004). The world health organization quality of life (WHOQOL)-BREF (No. WHO/HIS/HSI Rev.2012. World Health Organization

Zin, P. E., Saw, Y. M., Saw, T. N., Cho, S. M., Hlaing, S. S., Noe, M. T., Kariya, T., Yamamoto, E., Lwin, K. T., Win, H. H., & Hamajima, N. (2020). Assessment of quality of life among elderly in urban and Peri-urban areas, Yangon region, Myanmar. *PLOS ONE*, 15(10), e0241211. <https://doi.org/10.1371/journal.pone.0241211>