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LIFESTYLE PATIENTS WITH THE SOMATIC DISEASES

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Introduction

Globally «lifestyle» is used as an umbrella concept for disease prevention and health promotion. Lifestyle has been defined by the World Health Organization as the patterns of behavioral choices from the alternatives that are available to people according to their socio-economic circumstances and the case with which they are able to choose certain ones over others [1].

Lifestyle are like components that determine the generation of some or various diseases like poor nutrition, physical inactivity, alcohol consumption, smoking and medical checkup. In this study five categories were analyzed.

There is a strong connection between lifestyle and health status, and this fact has been and is still being demonstrated by many studies from past years. Worldwide lifestyle is considered to be relevant but this research shows if a change in level of lifestyle of the patients contributed to their current disease [2].

Aim

To establish and map out evidence of lifestyle level to different somatic diseases as well as identify if lifestyle as a whole is necessary or not.

Material and Methods

32 patients were examined in which 13 patients were from cardiology department, 15 patients were from therapeutic department and 4 patients from the gastroenterology department respectively. The research was conducted using structured questionnaires among selected patients enrolled at Gomel city clinical hospital № 3, Belarus. The patients completed questionnaires that were designed to examine their lifestyle level. The questionnaire compromised of 9 questions under the following categories: 1) bad habits 2) nutrition 3) sleep hours and physical activity 4) medical checkups.

The knowledge of level of lifestyle associated with all diseases were analyzed by chi square. The level of lifestyle according to the score was classified as low below 50 %, satisfactory below 69 % and high above 70 % respectively. Chi square was used to access the significance of the responses and p value of < 0.05 was considered statistically significant.

Results and Discussions

We commissioned a total of 32 patients to study, 17 (53 %) male and 15 (47 %) female. The age ranging from 18–90 years of age, the median age was 54 years. 6 (19%) patients was below the age of 54 years.

The gastroenterology department with 1 (25 %) male and 3 (75 %) female.

Bad habits: 3 (75 %) females don't smoke, but drink. 1 (25%) male smoke and drink alcohol.

Nutrition: 2 (67 %) female eat vegetables 3–5 times a day, 1 (33 %) female eat vegetables once a day. 1 (25 %) male eat vegetables 3–5 times a day. 90 % patients eat pork. 75 % patients drink 1–2 liters a day while 25 % do not. Majority of patients eat 3 times a day (95 %).

Sleep and exercise: 50 % patients sleep 7–9 hrs and 50 % sleep 3–4 hrs. 2 (67 %) female don't exercise and 1 (33 %) once in a while. 100 % male don't exercise. There's not a significant difference using fisher's test (p = 0.05).

Medical checkup: 95 % rarely check and 5 % check regularly.

The cardiology department with 5 (39 %) male and 8 (61 %) female.

Bad habits: 8 (100 %) female patients don't smoke and don't drink. 3 (60 %) male smoke, 5 (100 %) male drink.

Nutrition: 3 (38 %) female eat pork, 5 (62 %) eat pork sometimes. 6 (75 %) female eat vegetables 3 – 5times a day. 2 (25 %) female eat once a day (P = 0.10). 6 (75 %) female drink 1–2 liters, 2 (25 %) drink less. 8 (62 %) female patients eat 3 times a day. 1 (20 %) male eat vegetables, 4 (80 %) male eat vegetables once a day. 1 (20 %) male eat pork sometimes, 4 (80 %) male eat pork everyday. (P = 0.26). 2 (40 %) male take 1–2 liters, 3 (60 %) male take less. 5 (30 %) male eat 3 times a day.

Sleep and exercise: 4 (80 %) males sleep from 7–9 hrs, 1 (20 %) male sleep less. 3 (37 %) females sleep less, 5 (63 %) females sleep 7–9 hrs (P = 0.50). 1 (20 %) male exercise, 4 (80 %) male don't exercise. 3 (37 %) female exercise and 5 (63 %) female exercise (P = 0.50).

Medical checkup: 5 (39 %) male didn't go. 4 (50 %) female go and 4 (50 %) don't go.

The therapeutic department with 11 (73 %) male and 4 (27 %) females.

Bad habits: 6 (54 %) male don't and 5 (46 %) do smoke. 4 (26 %) female don't smoke. 4 (36 %) male don't drink alcohol and 7 (64 %) male do. 2 (50 %) female drink and 2 (50 %) don't drink alcohol (p = 0.22).

Nutrition: 11 (73 %) male eat 3 times a day. 4 (27 %) female eat 3 times a day. 8 (72 %) male eat pork and 3 (27 %) don't. 4 (27 %) female eat pork. 5 (45 %) male eat 3 times a day and 6 (55 %) eat less. 2 (50 %) female eat 3 times a day and 2 (50 %) eat less (P = 0.02). 7 (64 %) male take 1–2 liters a day and 3 (27 %) take less. 4 (27 %) female take 1–2 liters.

Sleep and exercise: 11 (73 %) male sleep 7–9 hrs. 4 (27 %) female sleep 7–9 hrs. 4 (36 %) male exercise and 7 (64 %) don't exercise. 3 (75 %) female exercise and 1 (25 %) don't exercise.

Medical checkup: 9 (82 %) male hardly go and 2 (18 %) go once in a while. 4 (100 %) of total female don't go.

Conclusions

Our findings and data supports and supplements the existing literature on lifestyle and all diseases, indicating that lifestyle behaviors are individually predictive of life wellness or illness.

In gastroenterology department majority patient consume pork and don't go for check up. Cardiology department level of male smokers and drinkers were high and less vegetable consumption. In therapeutic department majority of patients don't go for checkup and high pork consumption. The data underscores the urgent need for health education for lifestyle as the knowledge level among patients mostly in gastroenterology department. Targeting all age groups internal medicine courses and books are recommended among university students to help broaden their knowledge about level and effect of lifestyle in all diseases.

REFERENCE

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