

Effect of Pain on Daily Living Activities among the Elderly People in Benha City

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Abstract

Background: Elderly people with pain have a high risk for functional impairments with inability to perform ordinary daily living activities. **The aim** of the study was to assess the effect of pain on daily living activities among the elderly people in Benha City. **Research Design:** Descriptive design was utilized in this study. **Setting:** The study was carried out at the Orthopedic and Rheumatology Outpatient Clinics at Benha University Hospital and Benha Teaching Hospital in Benha City. **Sample:** Convenience sample of 130 elderly. **Tools:** Three tools were used in this study to collect the data. **Tool 1** A structured interviewing questionnaire: consists of three parts to assess personal characteristics of the elderly, pain history of elderly and knowledge of the studied elderly. **II:** Lowa Pain Thermometer scale to assess pain intensity. **III:** Scale for assessment of elderly daily living activities. **Results:** 48.5% of studied elderly their age were 60-<65 years old with mean was 65.65±3.95 and 54.6% of them were male. 87.7% of studied elderly had intermittent pain, 70.0 % of them had sudden pain onset and 50.0% of them had hypertension and diabetes mellitus of chronic disease. 50.8% of studied elderly had poor total knowledge level about pain and DLA and only 14.6% of them had good total knowledge level regarding pain and daily living activities. 44.6% of studied elderly had sever pain and 26.9% of them had very sever pain. 73.1% of studied elderly performed daily living activities dependently and 26.9% of them performed daily living activities independently. **Conclusion:** There was no statistically significant relation between studied elderly total knowledge scores and elderly personal characteristics except their educational level. There was a statistically significant relation between studied elderly total daily living activities and total pain degree. **Recommendation:** Develop health education program for the elderly, to control or decrease pain level and improve their daily living activities.

Keywords: Daily Living Activities, Elderly people, Pain.

Introduction

Aging is a universal human experience that culminates in an end. It is adynamic state of existence that changes with elderly perspective. The percentage of elderly people is projected to be 8.1% in 2016, and 9.2% in 2021, and it is expected to reach 20.8% in 2050 in Egypt. This means that, around 20 million Egyptians will be categorized as elderly by that time, this is a big number that resembles a full nation at some parts of the world. Prevalence of pain among the elderly was estimated to be 27.5%, with significant variation across countries (ranging

from 9.9% to 50.3% worldwide) (Rasheedy et al., 2019).

Pain is always the result of pathological conditions that have developed over time. Arthritis, diabetic neuropathy, postherpetic neuralgia, and spondylosis radiculopathies are some of the most common pathologies that cause pain in the older population. There are two types of pain chronic pain and acute pain. Chronic pain is one of the most common conditions among older (≥ 65 years) patients. Chronic pain is associated with substantial disability from reduced mobility, avoidance of

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activity, falls, depression and anxiety, sleep impairment, and isolation. Its negative effects extend beyond the elderly, disrupting both family and social relationships. Chronic pain poses a significant economic burden on society (Tinnirello et al., 2021).

Prevalence rates for pain are expected to increase as populations continue to age. Several studies have demonstrated that pain often occurs with disease in older people. Achieving an adequate pain management for the older patient is complicated by the presence of co-morbid diseases, increased risk of adverse drug reactions, and physician factors such as inadequate training and reluctance to prescribe opioid medications. Furthermore, pain levels may vary frequently within a given day in the elderly, leading to the need for frequent assessment, to maintain desired control (Abdoli et al., 2022).

The elderly have increased pain thresholds but a reduced tolerance to pain. main painful complaints in the elderly are related to neurodegenerative and musculoskeletal conditions, peripheral vascular diseases, arthritis, and osteoarthritis, contributing toward poorly life quality, social isolation, impaired physical activity, and dependence to carry out daily activities. A number of population-based studies suggest that pain-related problems are present in 25% to 50% of community of elderly people (Schwan et al., 2019).

Elderly with pain face a compounding of multiple health, psychological and social problems that make accurate medical diagnosis and proper medical management difficult. Elderly people have high risk for functional impairments with inability to perform ordinary daily living activities and activities related to household management termed instrumental daily living activities (IDLAs). Pain relief measures used to elderly to improve daily living activities (Brown et al., 2018).

Daily Living Activities (DLAs) is a term used to refer to people's daily self care activities. Daily living activities implies activities necessary for maintaining an independent lifestyle with a high quality of life. Older adults may have a harder time completing DLAs independently. Activities of daily living divided into two types: Basic daily living activities and instrumental daily living activities (Sinatti et al., 2022).

The six basic daily living activities, that concern one's basic physical needs, are: Ambulating or functional mobility, feeding, dressing, personal hygiene such as bathing, grooming, and brushing teeth, continence to control both bladder and bowel movements, toileting. The second type is the instrumental activities of daily living (IDLAs). IDLAs such as using a telephone, managing medications, preparing meal, house keep in, managing personal finances, shopping for groceries or clothes and accessing transportation (Edemekong et al., 2021).

Community Health Nurses (CHNs) help elderly to promotes health that include an exercise program to reduce pain, eating balanced diet, relief anxiety and depression, and good sleeping. Also community health nurses give health education for elderly about how to relief pain and assess the degree of pain. Community health nurses encourage prevention of chronic diseases and manage arthritis and other causes of pain among the elderly. CHNs coordinate spiritual and psychosocial support for elderly and the families and assessing the ability of the elderly to perform DLAs. The patient's psychosocial function may be determined by assessment of mood, social support groups, family relationships (Janevic et al., 2022).

Significance of the study:

Egypt's elderly population had reached 6.5 million in January 2019, 3.5 million males and 3 million females according to the central Agency for Public Mobilization and statistics

(CAPMAS) and expected to reach 20.8% in 2050. The elderly have the highest incidence of painful diseases. The prevalence of elderly pain exceeding 50% in community-based samples and up to 80% in Nursing home care in Egypt (Hassan et al., 2022). Pain has many detrimental consequences that affect the performance of daily living activities of the elderly and can burden their family, and even society. The problem is even more important among elderly, so I conducted this study to assess the effect of pain on daily living activities among the elderly.

Aim of Study: Was to assess the effect of pain on daily living activities among the elderly in Benha City.

Research questions:

- What is the elderly knowledge regarding pain?
- What is the elderly level of intensity of pain?
- What is the elderly daily living activities?
- Is there a relation between studied elderly total DLAs scores and pain intensity.?

Subject and Methods

Setting:

The study was carried out at the Orthopedic, and Rheumatology Outpatient Clinics at Benha University Hospital and Benha Teaching Hospital in Benha City, because these hospitals received large attendance of elderly with pain.

Sampling:

Convenient sample was used in this study. Sample size was selected at three months period according to certain criteria: Independent elderly over 60 years with pain. The total sample was 130 elderly.

Tools of data collection:

Three tools were used for data collection to carry out this study:

Tool I:- Structured interviewing questionnaire was consisted of three parts :

First part: Was consisted of personal characteristics of the elderly as (age, sex,

marital status, educational level, occupation, living with, and income)

Second part: Was concerned with pain history of elderly which include 5 questions such as (duration of suffering from pain, sites of pain, pain consistency, pain onset and presence of chronic disease).

Third part: Was concerned with knowledge of studied elderly which divided into:

(a) knowledge of elderly about pain which include 13 questions such as (meaning, types, characteristics of acute pain, characteristics of chronic pain, causes of pain, manifestation, sites, degrees, complication, factors that increase pain intensity, diagnosis of pain, treatment and prevention of pain).

(b) Knowledge of elderly regarding DLAs which include 6 questions such as (meaning of daily living activities, types of daily living activities, basic daily living activities, instrumental daily living activities, importance of daily living activities and the source of knowledge).

Knowledge scoring system: It was calculated as follows (2) score for correct and complete answer, (1) score for correct and incomplete answer, and (0) score for don't know. For each area of knowledge, the score of the items was summed- up and these score were converted into percent score, the total knowledge scores was 18 point which represent 100% and categorized into 3 level as following: Good if score of total knowledge > 75% (27 point), average if the score 50%-75% (18-27 point) and poor if the score <50% (18 point).

N .B: The source of knowledge wasn't included in scoring system.

Tool II: Lowa Pain Thermometer scale to assess pain intensity which adopted from (Herr et al., 2007) and modified by investigator which include (mild pain, moderate pain, sever pain, very sever pain and worst possible pain).

Pain intensity scoring system: Designed for the assessment of pain intensity, as (1-2) grade

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was given for mild pain, score (3-4) grade was given for moderate pain, (5-6) grade given for sever pain, (7-8) grade given for very sever pain, and (9-10) grade given for worst possible pain.

Tool III: Was consisted of scale to assess daily living activities of elderly which adapted from (Katz and Akpom, 1976) and include 7 sections such as (nutrition, personal hygiene, clothing, taking medication, using toilet, movement and housekeeping).

Scoring system for daily living activities: Each items had three level of answer independent, partially dependent and dependent. these were scored 2,1 and 0 respectively, the score of the question was summed up. The total score of elderly daily living activities was 42 point which represent 100% and classified into:

- Independent if the score of elderly >75% (63 point)
- Dependent if the score equals 50-75%(63-21point).
- Partially dependent if the score <50% (21 point)

Content validity:

The validity of data collection was checked and revised by panel of five experts from Community Health Nursing Department, Faculty of Nursing, Benha University who reviewed the tool for clarity, relevance, comprehensiveness and applicability and all recommended modifications were carried out.

Reliability of tools:

Reliability was applied by the investigator for testing the internal constancy of the tool, by administration of the same tools to the same elderly under similar condition on one or more occasion. The tools reliability was measured for knowledge of the elderly about pain and daily living activities was 0.750 and reliability for daily living activity was 0.769.

Ethical Consideration:

Informed consent has been obtained from elderly 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 confidentially and used only for the purpose of the study. The elderly had the right to withdraw from the study at any time without giving any reasons. Ethics, values and cultures were respected.

Pilot Study:

The pilot study was carried out on 13 elderly who represented 10% of the total sample size. The pilot study was made to assess the tools clarity, applicability and time needed to fill each sheet as well as to identify any possible obstacles that may hinder the data collection. The pilot study was included in the study because no modifications were done.

Field of work:

The study was carried out from the beginning of August 2022 until the end of October 2022, the period of collecting data was three months, and the investigator visited the Orthopedic and Rheumatology Outpatient Clinics at Benha University Hospital two days per week (Mondays, Wednesdays) from 10:00 am to 12:00pm. Orthopedic and Rheumatology Outpatient Clinics at Benha Teaching Hospital two days per week (Saturdays, Tuesdays). The average number of interviewed elderly was 2-3 elderly per day depending on understanding and response of the interviewers. Each elderly was interviewed individually in the Clinic under the study, the average time taken to complete each interview ranged from 30 -40 minutes. The investigator explained the purpose and importance of the study to participants and obtained their consent.

Statistical analysis:

Computerized data entry and statistical analysis were done using SPSS (Statistical Package for Social Science), Version 20. Descriptive statistics were first applied (numbers, frequency, percentages, tables,

figures, diagrams and standard deviation) then other statistical tests such as chi square.

Statistical significance was considered at:

- P- value >0.05 Not satisfactory significant
- P- value < 0.05 Satisfactory Significant.
- P- value < 0.001 Highly significant.

Results:

Table (1): Shows that 48.5% of studied elderly their age were 60-<65 years old with mean was 65.65 ± 3.95 and 54.6% of them were male. 46.2% of studied elderly were married, 67.7% of them did not read and write and 63.8% of studied elderly had private work. Regarding to living with, 96.2% of studied elderly were living with family member and 68.5% of them had sufficient income.

Table (2): Clears that 65.4% of studied elderly had pain from month to year and 50.8% of them had bone pain. Regarding pain consistency, 87.7% of studied elderly had intermittent pain, 70.0 % of them had sudden pain onset and 50.0% of them had hypertension and diabetes mellitus of chronic diseases.

Figure (1): Illustrates that 50.8% of studied elderly had poor total knowledge level about pain and DLA and only 14.6% of them had good total knowledge level regarding pain and DLA.

Table (3): Shows that 44.6% of studied elderly had sever pain and 26.9% of them had very sever pain.

Figure (2): Illustrates that 73.1% of studied elderly performed DLA dependently and 26.9% of them performed DLA independently.

Table (4): Reveals that there was statistically significant relation between studied elderly total DLAs scores and pain intensity.

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Table (1): Frequency distribution of studied elderly regarding their Personal characteristics (n=130).

Personal characteristics	No	%
Age	\	\
60 <-65	63	48.5
65<-70	38	29.2
70+	29	22.3
Mean ±SD	65.65±3.95	
Sex		
Male	71	54.6
Female	59	45.4
Marital status		
Married	60	46.2
Widow	56	43.1
Divorced	12	9.2
Single	2	1.5
Educational level		
Do not read and write	88	67.7
Read and write	12	9.2
Primary education	17	13.1
University education and above	13	10.0
Occupation		
Do not work	47	36.2
Private work	83	63.8
Living with		
Alone	5	3.8
Family members	125	96.2
Income		
Sufficient	89	68.5
Insufficient	21	16.2
Insufficient and saving	20	15.4

Table (2): Frequency distribution of studied elderly regarding their pain history (n=130).

Pain history	No	%
Duration of suffering from pain		
Week –month	21	16.2
Month-year	85	65.4
More than year	24	18.5
*Site of pain		
Joints	60	46.2
Bones	66	50.8
Stomach	18	13.8
Head	5	3.8
Peripheral nerves	22	16.9
Teeth	27	20.8
Backbones	37	28.5
Pain consistency		
Continuous	16	12.3
Intermittent	114	87.7
Pain onset		
Sudden	91	70.0
Gradual	39	30.0
*Presence of chronic disease		
- Hypertension	65	50.0
- Diabetes mellitus	65	50.0
- Stiffness and inflammation of the joints	10	7.7
- Rheumatoid	2	1.5
- Stroke	4	3.1
- Heart disease	23	17.7
- Nephrology	8	6.2
- Liver diseases	16	12.3

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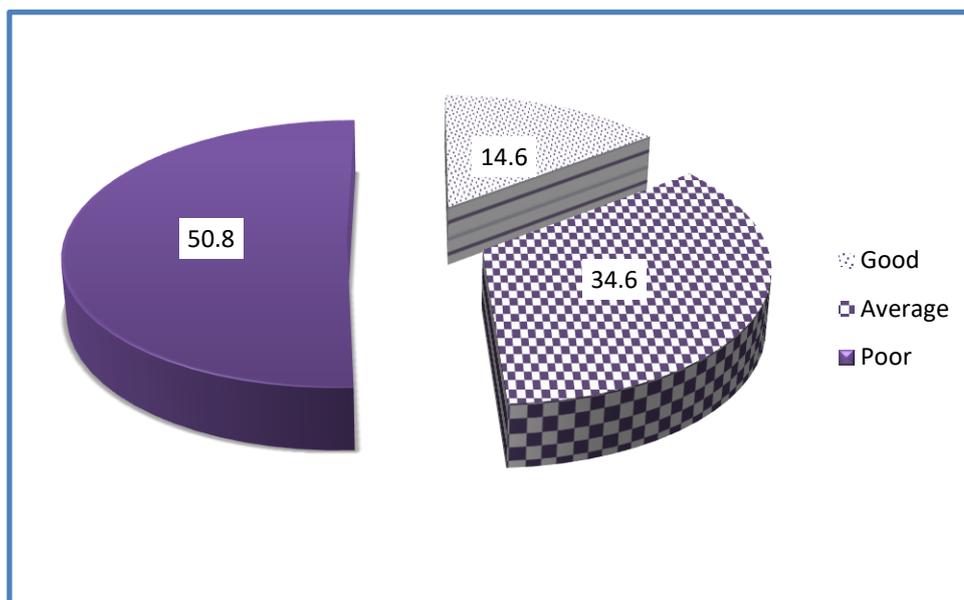


Figure (1): Percentage distribution of studied elderly regarding their total knowledge level about pain and daily living activities (n=130).

Table (3): Frequency distribution of studied elderly regarding their pain intensity (n=130).

Pain intensity	No	%
Mild pain	14	10.8
Moderate pain	14	10.8
Sever pain	58	44.6
Very sever pain	35	26.9
Worst possible pain	9	6.9

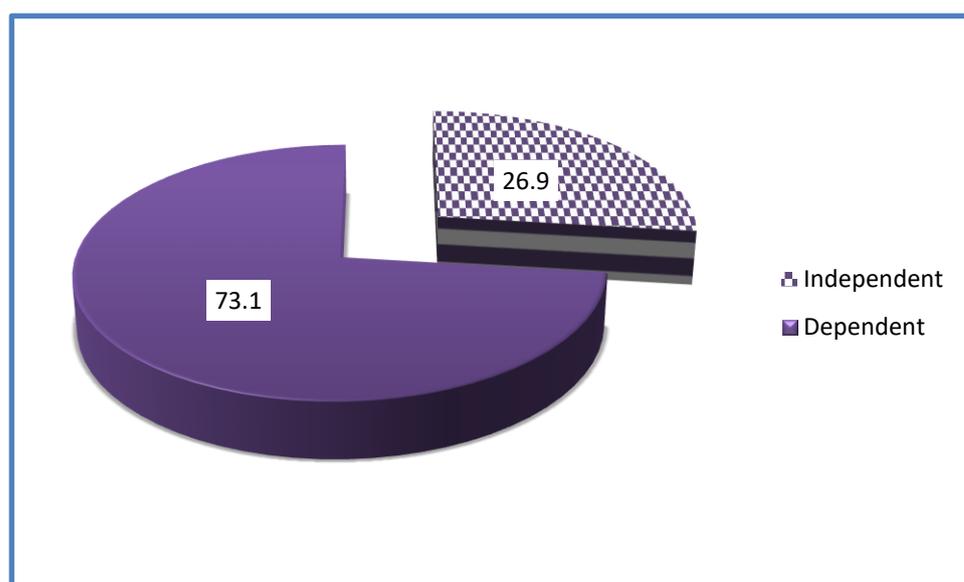


Figure (2): Percentage distribution of studied elderly regarding their total daily Living activities levels (n=130).

Table (4): Statistically relation between daily living activities scores and degree of pain among studied elderly.

Pain intensity	Total daily living activities scores				X ²	p-value
	Dependent (n=95)		Independent (n=35)			
	No	%	No	%		
Mild (n=14)	6	6.3	8	22.9	12.993	.011*
Moderate (n=14)	8	8.4	7	19.9		
Sever (n=14)	11	11.6	11	31.4		
Very sever pain (n=35)	31	32.6	4	11.4		
Worst possible pain (n=9)	6	6.3	3	8.6		

Discussion

Pain is a complex phenomenon, characterized by multiple components that modify and alter its manifestation and increase or decrease its intensity. Pain is highly prevalent among elderly people living in the community, and the pain is associated with impaired muscle strength and physical performance of them Pain has been reported to cause considerable decrease in activities of daily living in elderly people (Bierman & Lee, 2022).

Regarding the personal characteristics of the studied elderly the current study revealed that less than half of the studied elderly their age were 60-<65 years old with mean was 65.65±3.95. This finding was in the same line with Khan et al. (2018), who studied that "Correlates of physical disability in the elderly population" in rural North India (N=322), who reported that less than half of elderly people aged 60 years and above. This might be due to aging process that causes deterioration of function by increasing in age.

The current study revealed that more than half of studied elderly were male and less than half of them were married. These findings were agreement with Moss et al. (2018), who studied "The role of pain in the last year of life of older persons in Australasian" (N= 200), and found

that more than half of studied elderly were male and less than half of them were married.

The current study revealed that three fifths of studied elderly had private work. This result was disagreement with Pearlman & Uhlmann (2019), who studied " Quality of life in elderly, chronically ill Outpatients in America" (N= 258), who reported that less than two thirds of studied elderly had private work. This might be due to the old age who born in the last decades do not have work.

Regarding to pain history of studied elderly the current study showed that about half of them had bone pain. This finding was agreement with Soldato et al. (2020), who studied "Non-malignant daily pain and risk of disability among older adults in Europo" (N=123), and reported that half of the studied sample was suffered from bone pain. This finding was contradicted with Rachael. (2018), who a studied "The Assessment of Pain in Older People In British" (N=300), and found that minority of the studied elderly adult suffered from bone pain. This might be due to bone pain is a highly prevalence of pain especially among old age.

The current study showed that the majority of the studied elderly had intermittent pain. This finding was disagreement with Blyth et al.

(2018) who studied "Pain and falls in older people in Australia" (N=509), and reported that less than half of elderly had intermittent pain in their study. This might be due to the characteristics of pain vary in consistency and onset

The current study showed that half of studied elderly had hypertension and diabetes mellitus of chronic diseases. This finding was agreement with **Rachael (2018)**, who found that one half of the studied older people had both hypertension and diabetes mellitus. On other hand the current finding was disagreement with **Crowe et al. (2019)**, who conducted a study on "Qualitative meta synthesis: The experience of chronic pain across older people in Netherland" (N=149), and reported that most of the studied elderly people had hypertension and diabetes mellitus. This might be due to the old age are a risk for many chronic diseases such as hypertension and diabetes mellitus.

Regarding to the total knowledge level of the studied elderly, the current study showed that one half of the studied elderly had a poor total knowledge level about pain and DLA. This findings was disagreement with **Clynes et al. (2019)**, who studied "Impact of osteoarthritis on activities of daily living in Europ" (N=442), who reported that majority of the studied elderly had a good total knowledge level regarding pain and DLA. This might be due to lack of educational programs designed for studied older patients during hospitalization.

As regard to the studied elderly pain intensity, the current study found that less than half of the studied elderly had severe pain intensity. These results were supported with **Oida & Nakamura, (2020)**, who stated that less than half of the studied elderly had severe pain intensity. This finding was disagreement with **Arockia & Bharathi (2022)**, and reported that the most of their studied patient had moderate pain. This might be due to the elderly have many chronic disease that cause sever pain.

Regarding total daily living activities of the studied elderly, the current study showed that less than three quarters of the studied elderly performed DLA dependently. This finding was supported with **Fong (2019)**, who studied "Pain incidence and functional decline among older adults with major chronic diseases in America" (N=323), who showed that three quarters of the studied elderly had inability to perform activities of daily living independently. This might be due to decline of functions of body and pain with age which may lead to disabilities in older people that affect on performing DLAs.

Regarding the relation between total knowledge scores and personal characteristics among the studied elderly, the current study showed that there was no statistically significant relation between studied elderly total knowledge scores and elderly personal characteristics except their educational level. This result was agreement with **Liu & Wang (2022)**, who studied "Socioeconomic status and ADL disability of the older adults China" (N=217), and reported that there was a statically significant relation between studied elderly total knowledge scores and educational level. This might be due to educational level of individual may affect on ones knowledge in aspects of the lives. This finding was agreement with **Rodri et al. (2021)**, and found that there was no statically significant relation between studied elderly total knowledge scores and their age and gender.

The current study showed that there was statistically significant relation between studied elderly total dependency level and total pain degree. This result was agreement with **Houde et al. (2021)**, who conducted study on " Does age affect the relationship between pain and disability? A descriptive study in individuals suffering from chronic low back pain in Sherbrooke" (N=164), and reported that there was a statistically significant relation between

studied elderly total dependency level and total pain degree.

Conclusion

There is one half of the studied elderly had a poor total knowledge level about pain and Daily Living Activities. Less than half of the studied elderly had severe pain intensity and more than one quarter of studied elderly had very severe pain intensity. Less than three quarters of the studied elderly performed Daily Living Activities dependently. There was no statistically significant relation between studied elderly total knowledge scores and elderly personal characteristics except their educational level. There was statistically significant relation between studied elderly total dependency level and total pain degree.

Recommendations

- Develop health education program for the elderly to increase their knowledge about pain and to improve their daily living activities.
- Continuous assessment of elderly for pain intensity to manage it.
- Periodic follow up for older adults with pain to improve their physical and psycho-social status and prevent pain recurrence.
- Illustrate booklet should be disseminated for elderly people about pain management.

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تأثير الألم على أنشطة الحياة اليومية لدى كبار السن في مدينة بنها

مها عاطف على أبو شادى- نوال محمود سليمان- تيسير حميدو أبو سريع

يمثل الألم مشكلة كبيرة لدى كثير من كبار السن، فيمكنه أن يحد بشكل كبير من قدرة كبار السن على أداء أنشطة الحياة اليومية، وهناك زيادة في عدد الدراسات التي تركز بشكل أساسي على السيطرة على الألم في كبار السن لمنع حدوثه. وكثيرا من كبار السن الذين يعانون من الألم لديهم مشكلة في القيام بأنشطة الحياة اليومية وذلك بسبب الأمراض المزمنة التي تصيبهم مما يجعلهم يطلبون المساعدة من الآخرين. لذا هدفت هذه الدراسة إلى تقييم تأثير الألم على أنشطة الحياة اليومية لدى كبار السن في مدينة بنها. وقد أجريت الدراسة في العيادات الخارجية للعظام والروماتيزم بمستشفى بنها الجامعي ومستشفى بنها التعليمي بمدينة بنها. بناءً على نتائج الدراسة الحالية وأسئلة البحث، هناك نصف كبار السن الذين تمت دراستهم لديهم مستوى المعلومات ضعيف حول الألم وأنشطة الحياة اليومية وأقل من نصف كبار السن الذين شملتهم الدراسة يعانون من الآلام شديدة. قام أقل من ثلاثة أرباع كبار السن الذين شملتهم الدراسة بأداء أنشطة الحياة اليومية بشكل مستقل. لا توجد علاقة ذات دلالة إحصائية بين درجات المعلومات الكلية لكبار السن الذين تمت دراستهم والخصائص الشخصية لكبار السن باستثناء المستوى التعليمي. توجد علاقة ذات دلالة إحصائية بين مستوى الاعتماد على الغير الكلية لكبار السن الذين تمت دراستهم ودرجة الألم الكلي. واوصت الدراسة بتنفيذ برامج تثقيفية لكبار السن لتقليل مستوى الألم وتحسين أنشطة الحياة اليومية لديهم.