

Factors of Risks in the Self-Regulation for Elderly Consumers of Tobacco

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Abstract

Background: Tobacco consumption and its toxic consequences in elderly is an essential element in current healthcare work from the health professionals themselves.

Objective: to characterize the factors of risks in the self-regulation for elderly consumers of tobacco.

Methods: a descriptive, cross-sectional study was conducted in a health area, where from a population of 70 there was a sample of 41 elderly with tobacco consumption belonging to the "José Ramón León Acosta" polyclinic in Santa Clara. Empirical and statistical methods, open interview and review of individual medical records were used.

Results: the factors of risks of the consumption of tobacco and sex are the cardiopatic (97, 6%), followed by the presence of cerebral heart attack (75, 6%) and hypertension with 70, 7%.

Conclusions: tobacco consumption in elderly is a real health problem. It is very important to carry out health actions to prevent this toxic substance and factors of risks in the self-regulation from the clinical psychology.

Keywords: Elderly; Tobacco; Factors of risks; Illnesses

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Introduction

The biggest adult in Cuba occupies more than 19%, and it is expected that for the year 2025, one of each four Cubans is mature bigger. Of this population one percent is only in institutions, 9% lives alone and the rest cohabits with family, with the result that Villa Clara is one of the most aged counties in Cuba. [1]

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The call third age, also well-known with the terms of age, bigger adulthood or elderly, it has been approached in the literature in an isolated way or I eat involution phase and I don't eat an authentic stage of the human development. It is located around the sixty years, associated to the event of the labor jubilation. [2]

The tobacco, is defined as a dysfunction caused by a substance able to produce dependence, the nicotine. The factors of risk are those characteristics or features linked to social factors that increase the biggest adult's vulnerability to develop illnesses or damages. [3]

At present, there are insufficiencies in community care work to address the problem of tobacco consumption in elderly, which led to the present study aimed at solving the following scientific problem:

What are the characteristics the factors of risks in the self-regulation for elderly consumers of tobacco belonging to the "José Ramón León Acosta de Santa Clara" policlinic? The general objective is to characterize the factors of risks in the self-regulation for elderly consumers of tobacco.

Materials and Methods

A descriptive, cross-sectional study was carried out in a health area, belonging to the "José Ramón León Acosta" polyclinic of Santa Clara municipality, in the period from March 2018 to September 2018. 70 elderly who consumed tobacco were studied, and the simple random sampling without replenishment probabilistic technique was used for the sample selection. It was constituted by 41 elderly, who were previously informed consent.

Methods of the theoretical level

- Synthetic analytical: It made possible the interpretation of each one of the studied texts, to conform the criterion assumed in the epigraphs and paragraphs, as well as to particularize in the data obtained in the surveys to integrate them and to establish the corresponding generalizations.
- Inductive-deductive: It facilitated going from the particular to the general in each of the analyzes carried out in the theoretical study and in the processing of the obtained information.
- Generalization: It allowed the establishment of the regularities that were revealed in the study carried out.

Methods of the empiric level

- Individual clinical histories: It made it possible to provide information on age and sex of the consumption of tobacco in the elderly.
- Open interview: Contributed to identify the factors of risks to the tobacco in the self-regulation.

The selection criteria were the following

Inclusion approaches

All elderly with previous consumption of tobacco beverages. That they reside in the health area belonging to a health area and are dispensed.

Exclusion approaches

Elderly whose legal guardians do not give consent to participate in the investigation. The following variables were used from the data obtained: age, sex and factors of risks in the heart.

Collection of information

In order to carry out the research, the documentary review and individual clinical histories were used as techniques in order to obtain extended information.

Statistic analysis

The information was stored in a data file in SPSS version 21.0 and is presented in tables and statistical graphs, for the description the arithmetic mean, standard deviation, absolute frequencies and percents were calculated. We worked with levels of significance of 5%.

Process

To begin the development of the research, a bibliographic review was made with the use of the database by Pubmed of the subject with a thorough analysis of the most relevant aspects in the Cuban environment as well as at an international level.

Results

Age	Sexo					
	Female		Male		Total	
	No.	%	No.	%	No.	%
60-75	5	12,2	16	39,0	21	51,2
76-80	7	17,1	13	31,7	20	48,8
Total	12	29,3	29	70,7	41	100

Source: Individual clinical histories

Table 1: Distribution of elderly according to age and sex in the consumption of the tobacco.

Factors of risks of the tobacco in the self-regulation	Sex					
	Female		Male		Total	
	No.	%	No.	%	No.	%
Cardiopathic	11	91,6	29	100,0	40	97,6
Cerebral heart attack	9	75,0	22	75,9	31	75,6
Hypertension	8	66,7	21	72,4	29	70,7
Heart attack of the myocardia	8	66,7	20	68,7	28	68,3
Cholesterol	5	41,7	14	48,3	19	46,3
Chest angina	-	-	3	7,3	3	7,3

Source: Open interview.

Table 2: Distribution to incidence of factors of risks of the tobacco in the self-regulation and sex.

Table 2 refers to the factors of risks of the consumption of tobacco and sex, where it was appreciated that the most common effects of tobacco consumption was the cardiopathic (97,6%), followed by the presence of cerebral heart attack (75,6%) and hypertension with 70,7%.

It is important to highlight that elderly who feel depressed have a high probability of consuming tobacco as aversive way, which was reflected in the present work, where 68,3% of the subjects admitted that they had done it for causes of heart attack of the myocardia.

When analyzing the percentage of elderly for each of the reasons by sex, no statistically significant differences were found according to the results of the comparison test of two proportions for independent samples ($p > 0.05$).

Discussions

The results of this investigation belong together since with the world and national tendency every time it increases more the habit in the biggest adults. It coincides with a study carried out by Ariza C, Nebot M, Díez AND, Tomás Z, Valmayor S. [4] about the tobacco in adults in a community in Spain, where it was reported that the half age of beginning in this habit, is located among the 60 years of age. Other studies [5] outline that the early beginning of the habit of smoking brings future problems of health and it is the entrance door for the consumption of alcohol or other legal drugs.

Coinciding with Righetti J. [6] that argue that the biggest prevalence in the tobacco is among the masculine sex, standing out the enormous risk that have of smoking the biggest adults whose family in its great majority makes it and the fateful consequences that brings the addiction for its future life, for the inherent differences to its sex, lifestyle and health. [6,7]

In Cuba the differences among the masculine and feminine indexes of more consumption of adults are marked, according to that referred in the National Program of Control of the Tobacco of the Ministry of Public Health outlined by Achiong Estupiñán F. [8] being reflected this way in the study, where the masculine sex prevails on the feminine one. On the other hand, Núñez TO, Núñez S. [9] in its work outlines that countries like Sweden exist, where the consumption is bigger in women than in men (24% and 22%, respectively).

Ugarte Díaz RM. [10] González Henríquez and Berger Vila K. [11] outlines that it is known the influence that has the example of the family to adopt attitudes, by what becomes precise to surround the old men of positive examples that redound in the prevention of the tobacco, in order to reinforce the attitudes that go against the adoption of the addiction, and where the family plays a fundamental list, behaving as another factor of important risk for the consumption of the tobacco. [11]

Although the risk is defined as an action that may involve a loss, each subject understands it according to their own perceptions; reason why the authors of this article call for reflection all those involved in the elderly attendance, including family and community factors.

The situation described in the Cuban and Mexican contexts is not unique. For example, a Colombian study found that 85% of elderly people between the ages of 60 and 75 had consumed tobacco at some point in their lives. A similar percentage (80, 4%) had done so in the previous year and approximately half of the elderly people studied in the previous month. [12]

Conclusions

Tobacco consumption in elderly is a real health problem. It is very important to carry out health actions to prevent the toxic consequences caused by the tobacco in the self-regulation. The elderly in the study must adopt a new lifestyle as a determinant of health and modify inappropriate behaviors using a cognitive learning infrastructure for the benefit of their health. By way of conclusion, the dependence and tolerance associated with tobacco consumption in the elderly, cause's damage to their health causing biographical, social, psychological and spiritual deterioration that leads to going through various diseases. It is necessary according to the author of the research to carry out a clinical and assistance action strategy to consciously improve the inadequate lifestyle of the elderly due to the excessive and harmful consumption of tobacco for health and to prevent illnesses in the heart as are cardiopatic, cerebral heart attack, hypertension, heart attack of the myocardia and cholesterol.

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