Assessment of Health Problems for the Elderly at the Nursing Home in Baghdad city

Mohammad A. Abdul Mohsin *
Nahida M. AL. Janabi,PhD **
Abdul Khaleq A. Al - Naqeeb,PhD ***

***B.Sc. Community Health Technology, Ministry of Higher Education and Scientific Research**
** **Professor, Foundation of Technical Education/ College of Health and Medical Technology-Baghdad**
*** **Professor, Foundation of Technical Education/ College of Health and Medical Technology-Baghdad**

المستخلص:

الهدف: تقييم المشكلات الصحية والتعرف على المعلومات الديموغرافية للمسنين.
المنهجية: دراسة وصفية، تم جمع البيانات من قبل الباحثين اعتمادا على المقابلة المباشرة مع المسنين باستخدام أداة الدراسة (الاستبيان) وكذلك مراجعة سجلات المسنين.
النتائج: أشارت بأن أغلبية عينة الدراسة (٦٦٪) هم ذكور والبقية كانوا إناث و (٢٤,٣٪) كانوا ضمن مجموعة عمرية (٧٠-٧٤) سنة، (٤٤,٧٪) أرامل، و (٤١,٧٪) لا يقرؤون ولا يكتبون. هذه الدراسة اعتمدت التصنيف الدولي للأمراض (الجدول المختصر) في (١١) فقرة، التي بينت بأن معظم المسنين يعانون من مشكلات صحية: (٨٠,٦٥٪) ضعف السمع، (٦٩,٣٥٪) الاكزيما أو الحساسية، (٦٦,٩٢٪) ضعف الرؤيا، (٦٥,٥٦٪) صعوبة التنفس، (٥٦,٧٪) فقدان الأسنان، (٥٤,٥٥٪) التهاب المفاصل المزمن، (٥١,٧٥٪) الصداع المزمن، (٥١,٥٦٪) فقر الدم، (٤٦,٣٦٪) الإمساك المزمن، (٣٠,٤٣٪) عجز القلب، (٣٠,١٩٪) احتباس البول.
التوصيات: يجب أن يكون هناك طبيب مختص بأمراض الشيخوخة مقيم في الدار وكادر تمريضي يتناسب مع عدد المسنين.

Abstract:

Objective: Assessment of health problems and identify demographical information to elderly. **Methodology:** it is a descriptive study**,** data were collected by the researchers depended on the direct interview with the elderly by using the study instrument (questionnaire) as well as review the records of the geriatric.

Results: The majority of study sample (66%) were males and (24.3%) were within age group (70-74) years**,** (44.7%) were widows, and (41.7%) did not read and write. This study applied the international classification of diseases (short-table) in (11) items, which stated that most of the elderly were complaining from health problems: debility of hearing (80.65%)**,** eczema or allergies (69.35%), debility of vision (66.92%), difficulty breathing (65.56%), loss of teeth (56.7%), chronic arthritis (54.55%), chronic headache (51.75%), anemia (51.56%), chronic constipation (46.36%), heart failure (30.43%), and retention of urine (30.19%).

Recommendations: There must be a doctor with diseases of ageing presented at Nursing home and nursing staff commensurate with the number of elderly.

Keywords: Health problems, Elderly, Nursing home.

Introduction :

Ageing is a universal phenomenon associated with deteriorating health status. It is said that nobody grows old merely by living a certain number of years. With the passage of time certain changes take place in an organism leading to morbidities, disabilities and even death [1].

Ageing is a normal, biological and universal phenomenon. Ageing of the population is occurring throughout the world, more rapidly in developing countries. United Nations considered 60 years to be dividing line between 'old age' and 'middle and younger age group' [2].

Chronic illness is an important aspect of ageing. Nearly three quarters of elderly (65 years and older) report one or more chronic illness, and nearly half report two or more. For example, fully one quarter of all seniors report the occurrence of hypertension and arthritis. Chronic illness significantly diminishes one's current health and functional status and increases the risk of future disability and mortality [3].

Aim of study : The study aim to determining health problems of the elderly who live at the Nursing home.

Methodology :

1.Study Design: is a descriptive study which assessed health problems of the elderly who live in the care home at Baghdad city. To identify health problems, the researcher depends on medical form within the elderly file include diseases diagnosed by private doctors and the card of chronic diseases.

2.Sample Size and Setting of the Study: the sample of the study is a convenient sample consisting of (103) elderly, (68) males and (35) females who live at the care home in AL-Rashad district in Baghdad city, the data were gathered through the period from 15 November to 25 December, 2011.

3. Subjects and Methods: this study include the elderly male aged (60) years or above and female aged (55) years or above, the data were gathered through structured direct interview technique and developed questionnaire.

4.The Study Instrument (Questionnaire): is divided into two parts:- Part1: personal and demographic information which consisted of (11) items: age, gender, marital status, education, occupation, financial resources, housing, accommodation, smoking, alcohol, and the use of walking aid, some of these items were scored according to two levels-Likert scale as (1) for Yes, (0) for No [4,5,6]. Part2: health problems which consisted of (11) items: blood and circulatory system (heart), nervous system, urinary and genital system, digestive system, respiratory system, eyes, ears, muscles and skeleton, diseases related to food (diabetes, goiter, anemia), skin, and teeth and gums, these items were scored according to two levels-Likert scale as (1) for Morbid status, (0) for Non-morbid status [6,7,8].

5.Statistical Data Analysis: data are analyzed through the use of SPSS (Statistical Process for Social Sciences) version 10.0 application statistical analysis system and Excel application, tables (Frequencies, Percentages, and Cumulative percent), Arithmetic Mean ($\bar{x}$), Standard Deviation (S.D.), mean of score (M.S.), Relative Sufficiency (R.S.%), Binomial test, and Failure rate value assessment was calculated by the following formula:

$$\text{Failure rate value} = \frac{\text{no. of failure items}}{\text{Total no. of items}} * 100\%$$ [8].

Results:

1.Personal and demographic information:

Table 1. Descriptive statistics for the demographics and some related variables for the studied sample

Variables	Groups	F	%
Age Groups	55 - 59	8	7.8
	60 - 64	21	20.4
	65 - 69	20	19.4
	70 - 74	25	24.3
	75 - 79	10	9.7
	80 - 84	17	16.5
	85 - 89	2	1.9
$\bar{x}$ ± SD		69.79 ± 7.94	
Gender	Male	68	66
	Female	35	34
Marital status	Single	23	22.3
	Married	6	5.8
	Divorced	23	22.3
	Separated	5	4.9
	Widower	46	44.7
Education	Do not read and write	43	41.7
	Read and write	21	20.4
	Primary	13	12.6
	Intermediate	7	6.8
	Secondary	6	5.8
	University or higher	13	12.6
Occupation (before entering the home)	Retired	39	37.9
	Private job	23	22.3
	No working	41	39.8
Earn a salary from the Government	No	64	62.1
	Yes	39	37.9
Earn a subsidies (pocket money) from the home	No	39	37.9
	Yes	64	62.1
Contribute to the family in your material support	No	93	90.3
	Yes	10	9.7
You have independent self-resources	No	100	97.1
	Yes	3	2.9
Place of residence	Urban	100	97.1
	Rural	3	2.9
Type of residence	Own	29	28.2
	Rent	74	71.9
Partners of housing	Alone	21	20.4

Table 1. (continued)

	With your partner	9	8.7
	With children	28	27.2
	With other relatives	45	43.7
Accommodation in the home	Optional	73	70.9
	Obligatory	30	29.1
Do you smoke?	No	60	58.3
	Yes	43	41.7
Do you drink alcohol?	No	96	93.2
	Yes	7	6.8
Do you use any walking aid?	No	41	39.8
	Yes	62	60.2

F: Frequency, % : Percent, $\bar{x}$:Arithmetic Mean, SD: Standard Deviation.

The results of table (1) showed that nearly one quarter (24.3%) of elderly were within age group ranging between (70-74 years), while the lowest percentage of them (1.9%) were within age group (85-89 years). The arithmetic mean and standard deviation of the age groups are (69.79 ± 7.94) for the study sample. The results of this table revealed that two thirds of geriatric (66%) were males, whereas the lower proportion (34%) were females. Most of the study sample were (44.7%) widows, (41.7%) did not read and write, (39.8%) not working. The largest percentage were (62.1%) not earning a salary from the Government, (62.1%) earn a subsidies (pocket money) from the home, (90.3%) did not contributed to the family in their material support, and (97.1%) had no independent self-resources.

Relative to place of residence, the greatest percentage of elderly residents were (97.1%) from urban areas, (71.9%) rented (did not have houses), (43.7%) lived with other relatives. Finally, this table stated that the higher percentage of them were (70.9%) optional to entering the care home, (58.3%) nonsmokers, (93.2%) non drinking alcohol, and (60.2%) used walking aid.

2.Health problems domain:

Table 2. Distribution of health problems domains status among the studied sample

Health problems domain	Status	F	%	C.S. Bin. -test
Blood and Circulatory system (Heart)	Non-morbid	29	28.2	P=0.000 HS
	Morbid	74	71.8	
Nervous system	Non-morbid	33	32	P=0.000 HS
	Morbid	70	68	
Urinary and Genital system	Non-morbid	32	31.1	P=0.000 HS
	Morbid	71	68.9	
Digestive system	Non-morbid	22	21.4	P=0.000 HS
	Morbid	81	78.6	
Respiratory system	Non-morbid	40	38.8	P=0.030 S
	Morbid	63	61.2	
Eyes	Non-morbid	11	10.7	P=0.000 HS
	Morbid	92	89.3	

Table 2. (continued)

Ears	**Non-morbid**	**52**	**50.5**	**P=1.000 NS**
	Morbid	**51**	**49.5**	
Muscles and Skeleton	**Non-morbid**	**15**	**14.6**	**P=0.000 HS**
	Morbid	**88**	**85.4**	
Diabetes, Goiter, Anemia	**Non-morbid**	**53**	**51.5**	**P=0.844 NS**
	Morbid	**50**	**48.5**	
Skin	**Non-morbid**	**53**	**51.5**	**P=0.844 NS**
	Morbid	**50**	**48.5**	
Teeth and Gums	**Non-morbid**	**28**	**27.2**	**P=0.000 HS**
	Morbid	**75**	**72.8**	

F: Frequency, % : Percent, C.S.: Comparison significant, Bin. –test: Binomial test. HS (Highly significant): P<0.01, S (Significant): P<0.05, NS (Non-significant): P>0.05., P-value: Probability of chance.

Table (2) presents health problems of the study sample, which showed that the blood and circulatory system (heart) reported (71.8%) of morbid statuses with a highly significant difference between those whom were morbid and whom were non morbid at P<0.01, then followed by nervous system reported (68.0%) of morbid statuses with a highly significant difference at P<0.01, then followed by urinary and genital system reported (68.9%) of morbid statuses with a highly significant difference at P<0.01, then digestive system reported (78.6%) of morbid statuses with a highly significant difference at P<0.01, followed by respiratory system reported (61.2%) of morbid statuses with a significant difference at P<0.05, followed by eyes problems reported (89.3%) of morbid statuses with a highly significant difference at P<0.01, then ears problems reported (9.5 of morbid statuses with a non-significant difference at P>0.05, followed by muscles and skeleton (85.4%) of morbid statuses with a highly significant difference at P<0.01, then followed by diseases related to food (diabetes, goiter, anemia) and skin reported (48.5%) of morbid statuses with a non-significant difference at P>0.05, finally teeth and gums problems reported (72.8%) of morbid statuses with a highly significant difference at P<0.01, these results showed that the majority of elderly (89.3%) were suffering from diseases associated with eyes, followed by (85.4%) related with muscles and skeleton, the results indicated a highly significant difference at P<0.01, while the lower percentage (49.5%) were complaining from illnesses related with ears, followed by (48.5%) associated with skin and diseases related to food, these results reported a non-significant difference at P>0.05.

Table 3. Descriptive statistics of health problems domain status among the studied sample

Health problems domain	No.	M.S.	S.D.	R.S. %	Assessment
Blood and Circulatory system (Heart)	**103**	**0.72**	**0.45**	**72**	**Failure**
Nervous system	**103**	**0.68**	**0.47**	**68**	**Failure**
Urinary and Genital system	**103**	**0.69**	**0.47**	**69**	**Failure**
Digestive system	**103**	**0.79**	**0.41**	**79**	**Failure**
Respiratory system	**103**	**0.61**	**0.49**	**61**	**Failure**
Eyes	**103**	**0.89**	**0.31**	**89**	**Failure**
Ears	**103**	**0.50**	**0.5**	**50**	**Failure**
Muscles and Skeleton	**103**	**0.85**	**0.35**	**85**	**Failure**

Table 3. (Continued)

Diabetes, Goiter, Anemia	103	0.49	0.5	49	Pass
Skin	103	0.49	0.5	49	Pass
Teeth and Gums	103	0.71	0.46	71	Failure

No.: Number, M.S.: mean of score, S.D.: Standard Deviation, R.S.: Relative Sufficiency.

Table (3) shows the summary statistics for the health problems status of domain's items, which represented by mean of score, standard deviation, relative sufficiency, and their assessments by cutoff point (0.5) due to score (0,1). The results of this table demonstrated that health problems domain obtained (81.8%) failure assessments among all items of this domain.

In general, the results demonstrated that most of the assessments were negative (failure), which indicated that the highest mean of score and relative sufficiency (0.89), (89%) respectively among all items was concerned with the eyes problems which has negative assessment but the lowest mean of score and relative sufficiency (0.49), (49%) respectively was concerned with the skin as well as illnesses related to food (diabetes, goiter, anemia) which has positive (pass) assessment.

Table 4. Distribution of health problems domain according to their main morbid statuses items among the studied sample

Health problems domain	Types of morbid statuses									
	F	%	F	%	F	%	F	%	F	%
Blood and Circulatory system (Heart)	Heart failure		Arteriosclerosis		Myocardial infarction		Hypertension		Hypotension	
	42	30.43	14	10.14	35	25.36	40	28.99	7	5.07
Nervous system	Shaking paralysis (Parkinsonism)		Relaxation paralysis		Spastic paralysis		Chronic headache		Epilepsy	
	22	19.3	7	6.14	25	21.93	59	51.75	1	0.88
Urinary and Genital system	Chronic inflammation		Retention of urine		Incontinence		Kidney failure		Enlarged prostate	
	44	27.67	48	30.19	39	24.53	4	2.52	24	15.09
Digestive system	Chronic colon inflammation		Peptic ulcer		Chronic constipation		Chronic diarrhea		-	
	46	30.46	22	14.57	70	46.36	13	8.61		
Respiratory system	Chronic inflammation		Difficulty breathing		Tuberculosis		Asthma		-	
	20	22.22	59	65.56	0	0.0	11	12.22		
Eyes	Debility of vision		Loss of vision		Cataract		Glaucoma		-	
	87	66.92	5	3.85	31	23.85	7	5.38		
Ears	Debility of hearing		Loss of hearing		Chronic inflammation		-		-	
	50	80.65	0	0.0	12	19.35				
Muscles and Skeleton	Osteoporosis		Chronic arthritis		Back and neck chronic pain		-		-	
	14	9.09	84	54.55	56	36.36				
Diabetes, Goiter, Anemia	Diabetes		Goiter		Anemia		-		-	
	24	37.5	7	10.94	33	51.56				
Skin	Eczema or		Skin ulcers		-		-		-	

Table 4. (continued)

	allergies						
	43	69.35	19	30.65			
Teeth and Gums	Loss of teeth and the use denture		Gingivitis		-	-	-
	55	56.7	42	43.3			

F: Frequency, %: Percent.

The findings of table (4) represented morbid statuses among the elderly relative to each item. It showed that the blood and circulatory system (heart): heart failure (30.43%); hypertension (28.99%); myocardial infarction (25.36%); arteriosclerosis (10.14%); hypotension (5.07%), followed by nervous system: chronic headache (51.75%); spastic paralysis (21.93%); shaking paralysis (parkinsonism) (19.3%); relaxation paralysis (6.14%); epilepsy (0.88%), followed by urinary and genital system: retention of urine (30.19%); chronic inflammation (27.67%); incontinence (24.53%); enlarged prostate (15.09%); kidney failure (2.52%), followed by digestive system: chronic constipation (46.36%); chronic colon inflammation (30.46%); peptic ulcer (14.57%); chronic diarrhea (8.61%), then respiratory system: difficulty breathing (65.56%); chronic inflammation (22.22%); asthma (12.22%); tuberculosis (0.0%), followed by eyes problems: debility of vision (66.92%); cataract (23.85%); glaucoma (5.38%); loss of vision (3.85%), then ears problems: debility of hearing (80.65%); chronic inflammation (19.35%); loss of hearing (0.0%), followed by muscles and skeleton: chronic arthritis (54.55%); back and neck chronic pain (36.36%); osteoporosis (9.09%), followed by diseases related to food: anemia (51.56%); diabetes (37.5%); goiter (10.94%), then skin: eczema or allergies (69.35%); skin ulcers (30.65%), eventually teeth and gums problems: loss of teeth and the use of denture (56.7%); gingivitis (43.3%). These results indicated that most of the current diseases among older people (debility of hearing, eczema or allergies, debility of vision, difficulty breathing, loss of teeth, chronic arthritis, chronic headache, anemia, chronic constipation, heart failure, and retention of urine).

Discussion:

1. Personal and demographical characteristics:

The present study indicates that the majority of elderly (66%) were men, while the lower proportion (34%) were women and about one third of the study sample (24.3%) of the elderly were within age group ranging between (70-74) years as shown in table (1), this because the social cultural of the Iraqi population does not allow the status of women in such a place ,therefore; males were more than females and also they were more among age group (70-74) years. This results supported by Adai in Iraq-Baghdad (2010), he showed that more than two thirds of geriatric (62%) were men, while the lower percentage (38%) were women and most his study (30%) were within age group (70-74 years) who live in the geriatric home [9]. The present study stated that most of the elderly (44.7%) were widows, this because the majority of elderly who live in the care home had no partner due to the death of one of them before entering the home. These findings coincide with the findings of Goriges in Iraq-Baghdad (1998) who demonstrated that the higher percentage of elderly (40%) were widows in the care institution [10]. Regarding the educational levels, the results in this study demonstrated that the higher percentage of geriatric inmates (41.7%) did not read and write, because these individuals were unfortunately did not have the opportunity to be enrolled in the educa-

tion system due to the low level of their life style. These results were comparable to study done by Mohammad in Iraq-Baghdad (2002) in a comparative study, who stated that more than one third of the geriatric (28%) were unable to read and write who live in the care institution [11], which agrees with results of this study. Concerning occupation, the results revealed that most of the study sample (39.8%) of the elderly were not working before accommodation in the home, whereas the remainders (37.9%), (22.3%) were retired and had private jobs (earners) respectively, this because the majority of them who live in the care home had no occupation due to disease, disability or unable to the work because of their ageing. These findings could be conventional in Iraqi society. These findings were comparable with Latiffah et al in Malaysia (2005), they found that three quarters of the geriatric (77.5%) were not working [12], which strongly agree with current study. Relative to financial resources, the findings of the study indicated that the majority of elderly (62.1%) were not earning a salary from the Government, this because most of them were not retired but on the other hand, the higher percentage (62.1%) of the elderly inmates earned a subsidies (pocket money) from the elderly care home but are insufficient, because they earned a retired salary from the Government, therefore; those will be excluded of the subsidies, also the results demonstrated that the highest percentage (90.3%) were not contributed to the family in their material support, because their families are originally poor or never visited them. Additionally, in the present study, the vast majority of the study sample (97.1%) had no independent self-resources, because they were originally poor or had no jobs or money. In comparison with other study, this is coincide with the finding of Mziad in Syria (2009) who demonstrated that two thirds of the study sample (58.9%) did not received a salary from their government, while about one third of them (21.7%) were received a salary [13], which strongly agree with the present results. AL-Elaiawy in Iraq-Baghdad (2005) in a comparative study, found that the highest percentage of geriatric (94%) had no source of income from family, while the lowest percentage of them (6%) had source of income from family who live in the geriatric home [4], this results similarly with our study. With regard to place and type of residence, the present study shows that the vast majority of residents in the care home (97.1%) of the elderly were from urban areas and in contrast the lowest percentage (2.9%) of them were from rural areas, this because the rural community were more with attachment to the customs and social traditions and religious towards elderly as the ideal. Overall, more than two thirds of the study sample (71.9%) were living in rented house and had no owner house before entering the care home, this because the majority from poor families. This results are in agreement with the results of AL-Anzi in Iraq-Baghdad (1999) in a comparative study, stated that the vast majority of the study sample (96%) were from urban areas, while the rest (4%) were from the rural areas who live in the care institution [14]. Regarding to partners of housing before entering the care institution, the present study shows that most of the older people (43.7%) were living with relatives, this because they were either not married, separated, death of one partner or had no sons. Similarly Maria et al in Philippines (2009), they found that the vast majority of geriatric (92.3%) were living with others people [15], which agrees with the present study. However, in regarding to accommodation in the home, this study revealed that approximately three quarters of the elderly (70.9%) had optional to entering the home, while the lower percentage (29.1%) had obligatory from their families or relatives, this because the elderly either had no families or they were search for a replace-

ment for the care of the family for one reason or another, e.g. the feeling of neglect and other reasons that lead elderly to resort to the care home. This result is supported by Mziad in Syria (2009) who mentioned that the higher percentage of geriatric (63%) had optional to entering the care institution, while the lower percentage (37%) had obligatory to entering the care home [13]. On the basis of the findings of study, the results revealed that most of the elderly residents (58.3%) did not have a desire towards smoking and the vast majority of them (93.2%) non drinking alcohol, because most of the elderly were complaining from health problems, therefore; they stopped smoking or original they were nonsmokers. Overall, these findings were comparable with Buell et al findings in study done in England (2007) in their study found more than half (59.2%) were nonsmokers [16]. In addition, AL-Elaiawy in Iraq-Baghdad (2005) in a comparative study, found that the highest percentage (84%) did not drink alcohol who live in the geriatric home [4], which strongly agree with the results of this study. Finally, the results stated that the higher percentage of elderly (60.2%) were used walking aid, this because the majority of geriatric were suffering from diseases related with ageing and also some of them were disabled. This results supported by Mziad in Syria (2009) who demonstrated that about three thirds of the elderly (73%) were used walking aid to help them walking e.g. crutches, wheelchair [13].

2.Health problems:

This study applied the international classification of diseases (short-table) in (11) items and that is for the first time in this study [8]. The present study indicated that the majority of elderly (89.3%) were complaining from health problems which are diseases related with eyes, followed by (85.4%) related with muscles and skeleton, the results indicated a highly significant difference at P<0.01, whereas the lower percentage (49.5%) were complaining from illnesses related with ears, followed by (48.5%) associated with skin and diseases related to food (diabetes, goiter, anemia), these results reported a non-significant difference at P>0.05,these diseases may be due to old age as shown in table (2). This result is in agreement with the result of Shafiqul and Hafiz in Bangladesh (2006) in their study stated that the higher percentage (44.6%) of the health problems among old people were eye problems [17]. Also Rahul et al in India (2004), they demonstrated that nearly three thirds of the elderly (70%) were suffering from illnesses related with eyes [18], all these studies were agreed with this study.

The findings of table (3) had been showed that all items of health problems domain having negative assessments except two items diseases related to food (diabetes, goiter, anemia) and skin were positive assessments by using of relative sufficiency. However, the results of the study indicated that the largest mean of score and relative sufficiency (0.89), (89%) respectively were related to the item of eyes which has negative assessments, while the lower mean of score and relative sufficiency (0.49), (49%) respectively were associated with two items skin as well as diseases related to food which has positive assessments. These findings comparable to AL-Elaiawy in Iraq-Baghdad (2005) in comparative study, in his study declared that the higher mean of score (2.16) and relative sufficiency (72%) were related with the item of eyes (cataract and glaucoma) [4].

Table (4) shows that the majority of elderly had chronic illnesses of many sorts. Overall, the findings of this table stated that most of the common diseases among geriatric are debility of hearing (80.65%), eczema or allergies (69.35%), debility of vision (66.92%), difficulty breathing (65.56%), loss of teeth (56.7%), chronic arthritis (54.55%), chronic headache (51.75%), anemia (51.56%), chronic constipation (46.36%), heart failure (30.43%), and retention of urine

(30.19%). Such health problems are occurred due to biological and physiological changes in the body of the elderly and as consequence of age-related phenomenon. However, this study is in agreement with the results of Kavita et al in India (2011) in their study demonstrated that the current illnesses among older people were loss of teeth (70%), joint pain (60.2%), impaired vision (44.2%), constipation (22.6%), headache (6.8%), shortness of breath (5.7%), and urinary problems (4%) [19].

On the other hand, the present study similar to what was found in other study done by Lawrence et al in Nigeria (2011), they mentioned that the elderly having morbid statuses more commonly were hypertension (40%), eye problems (42.4%), and osteoarthritis (26.8%) [7]. There is some differences between this studies and the present study by types and percent of diseases may be due to difference in demographics as well as the environment and type of food.

Recommendations:

1. Establishing counseling centers in the Ministry of Labor and Social Affairs to present information and services for elderly.
2. There must be a full time specialist doctor with diseases of ageing in home and nursing staff commensurate with the number of elderly.

References:

1. Surekha K, Ruchi J, Jayanti S, and Ramesh C: Morbidity Profile of Elderly Persons, India. Indian Journal of Community Medicine. 2007; 9 (2): 87-89.
2. Meisheri YV: Geriatric services-need of the hour. JPGM. 1992; 38 (3): 103-105.
3. Edward H.Wagner and James T.Pacala. New ways to care for older people. Springer Publishing Company;1999.
4. AL-Elaiawy A. ***Assessment of biopsychosocial problems for institution- alized and non-institution- alized geriatric people in Baghdad city***. College of Nursing. University of Baghdad, Iraq; 2005.
5. Lena A, Ashok K, Padma M, Kamath V, and Kamath A: ***Health and Social Problems of the Elderly: A Cross-Sectional Study in Udupi Taluk***, Karnataka/India. Indian Journal of Community Medicine. 2009; 34 (2): 131-134.
6. Polit O and Hungler B: ***Nursing research Principles and Methods***. Lippicottco. Philadelphia; 1999.
7. Lawrence A, Modupe M, Eme T, and Adetola M: ***Morbidity pattern amongst elderly patients presenting at a primary care clinic in Nigeria.*** Afr J Prm Health Care Fam Med., 2011; 3 (1): 1-5.
8. AL-Naqeeb A. Vital statistics. ***Foundation of Technical Education*** /Iraq; 2011.
9. Adai M. ***Nutritional assessment of nursing home residents in Baghdad city.*** College of Nursing. University of Baghdad, Iraq; 2010.
10. Gorgies S. ***Evaluation of basically constructed self-care educational program for elderly population in Baghdad geriatric home***. College of Nursing. University of Baghdad, Iraq; 1998.
11. Mohammad K. ***Evaluation of elderly knowledge, attitudes, and practices towards disease prevention.*** College of Nursing. University of Baghdad, Iraq; 2002.
12. Latiffah AL, Nor Afiah M, and Shashikala S: ***Psychological well-being of the elderly people in Peninsular Malaysia.*** The International Medical Journal. 2005; 4 (2): 40,41.
13. Mziad R. ***Assessment the experience of residential care for the elderly in the province of Damascus.*** College of Arts and Humanities. University of Damascus, Syria; 2009.
14. AL-Anzi A. ***Investment times of vacuum elderly***. College of Arts. University of Baghdad, Iraq; 1999.
15. Maria D, Pura Rayco-Solon, Judy D, and et al: ***Physical activity, energy requireements, and adequacy of dietary intakes of older persons in a rural Filipino community***. Nutrition Journal. 2009; 8 (19): 5.
16. Buell JI, Arsenault, Tmscott, and et al: ***Multivitamins use and B vitamin status in a home bound elderly population***. Journal of nutrition, health, and aging/England. 2007; 11 (4): 2.

17. Shafiqul Kalam IM and Hafiz TA: ***Morbidities among older people in Bangladesh***. BRAC University Journal. 2006; 3 (2): 78.
18. Rahul P, Choudhary SK, and Uday S: ***A study of morbidity pattern among geriatric population in an urban area of Udaipur Rajasthan/India***. Indian Journal of Community Medicine. 2004; 29 (1): 35-39.
19. Kavita B, Bipin P, and Geeta K: ***Study of health profile of residents of geriatric home in Ahmedabad district***, India. National Journal of Community Medicine. 2011; 2 (3): 378-382.