

## Life – Style of patients with peptic ulcer A case control study

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### الخلاصة

اجريت دراسة وصفية-استرجاعية(الشاهد و الحالة)في مستشفيات الكرامة التعليمي وبغداد التعليمي ومستشفى الجراحات التخصصية ومستشفى الجهاز الهضمي والكبد للفترة من الاول من كانون الاول ولغاية ١٥ اذار ٢٠٠٢ للتعرف على الاهداف الاتية:

- معرفة خصائص نمط الحياة التي تعد عوامل مساعدة تسهم في الاصابة بقرحة الجهاز الهضمي
- ايجاد العلاقة بين المعلومات الديموغرافية والاصابة بقرحة الجهاز الهضمي.

تم اختيار عينة غرضية غير احتمالية مكونة من (١٠٠) مريض مصابين بقرحة الجهاز الهضمي من الذين ادخلوا الى قسم الناظور وعينة ضابطة من(١٠٠) شخص لايعانون من اضطرابات الجهاز الهضمي ويتطابقون مع المرضى من نواحي العمر،الجنس،الحالة الزوجية والمهنية.

صممت استمارة استبائية مكونة من(٧٣)فقرة ويعد تحديد الصدق والثبات تبين ان قيمة معامل بيرسن هي (  $r=0,89$  ).

وقد جمعت المعلومات بطريقة المقابلة الشخصية مع عينة البحث. وتم استخدام التحليل الوصفي (التوزيع التكراري)،النسبة المئوية،الوسط الحسابي،الوسط المرجح وكذلك معامل بيرسون.

وكذلك التحليل الاستنتاجي مربع كاي،التحليل التائي، وكذلك الانحدار بطريقة الخطوات المتسلسلة كاجراء احصائي. بينت النتائج وجود علاقة بين نمط الحياة والاصابة بقرحة الجهاز الهضمي،وكذلك وجود علاقة بين الصفات الديموغرافية والاصابة بالقرحة.

واوصت الدراسة على ضرورة فتح مراكز تخصصية لامراض الجهاز الهضمي في كافة محافظات العراق لتقديم خدمة اوسع لمرضى قرحة الجهاز الهضمي اضافة الى وضع برنامج تثقيفي لزيادة معلومات المرضى والاصحاء حول المرض والعوامل المساعدة على حدوثه.

### Abstract

A descriptive (retrospective) (a case-control) study was carried out at Al-Karama Teaching Hospital, Baghdad Teaching Hospital and Surgical Specialties Hospital, and Gastro-Intestinal Tract and Liver (GIT) Hospital for the period of December 1<sup>st</sup>, 2001 To March 15<sup>th</sup> 2002.

To identify aspects of life-style that may contribute to the occurrence of peptic ulcer (P.U) as risk factors. And to find out the relationship between the demographic characteristic of the group.

Non-probability (Purposive) sample of (100) cases who were admitted to the endoscopy department who were later on diagnosed as having peptic ulcer.

The other (100) controls, were free of any gastrointestinal disorder. They were matched with the cases by age, gender, marital status, and occupation.

Questionnaire was designed and comprised of (73) items. The reliability of the questionnaire ( $r=0.89$ ).

The data collected by use of interview and analyzed by using descriptive statistical analysis that include frequency, percentage, Mean, Mean of scores, pearson correlation coefficient, and inferential statistical analysis that include chi-square, t-test, and stepwise multiple regression.

The results revealed a significant relationship between life style and the occurrence of peptic ulcer and significant relationship between the demographic characteristics and the occurrence of peptic ulcer. The study recommended that:

Establishing specialized centers of gastro-Intestinal tract in all governorates to present wide services to persons at risk of peptic ulcer and Education program should be designed to increase people information.

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## Introduction

Peptic ulcer disease is a chronic inflammatory condition of the stomach and duodenum <sup>(1)</sup>.

It has been stated that chronic duodenal ulcer and chronic benign gastric ulcer are often grouped together as peptic ulcer (P.U), although the two disease have many similarities they differ in some important aspects such as epidemiology, natural history, out come, and management.<sup>(2)</sup> In addition duodenal ulcer is more frequent than gastric ulcer (4:1). Gastric ulcer (equal frequency in both sexes) while duodenal ulcer (males most frequency) <sup>(3)</sup> It has been emphasized that life-style factors affect in developing (P.U) and healing of ulcer <sup>(5)</sup>.

The aim of the study was to identify the effect of life-style upon the occurrence of peptic ulcer.

## Methodology

A descriptive (retrospective) (a case-control) study was carried out at Al-Karama, Baghdad, Surgical Dpecialties Teaching Hospitals, and Gastro-Intestinal tract and liver (GIT) Hospital for the period of December 1<sup>st</sup> ,2001 to March 15<sup>th</sup> 2002.

A non-probability (parposive) sample of (100) cases who were admitted to the endoscopy departments at the above listed Hospitals and the center, and who were later on diagnosed as having P.U the other (100) controls, were selected from people who were relatives to the patients, and who were free of any gastro intestinal disorders, they were matched with the cases by age, gender, marital staturse, and occupation.

For the purpose of data collection, questionnaire was designed that contained (73) items content demographic characteristics and life style aspects.wich include life style indicators that (16)items concerned with the sign and symptoms of peptic ulcer, (18) items concerned with the signs dietary patterns,(14)items cocerned with the psychic status,and(10)items concerned with the social status.All items of the life style indicators were rated and scored as 1 for never,2 for some times,and 3 for always.

The questionnaire was established through a panel of (17)experts to content the validity.

Apilot study was carrid out to check the reliability of the questionnair( $r=0.89$ ). The data collected through the use of interview, and were analyzed through the application of descriptive statistical analysis that include frequency, percentage, Mean, Mean of score, person correlation coefficient.

And inferential statistical analysis that include chi-square, t-test, and stepwise multiple regression.

## Results

**Table (1): Distribution of the matched demographic characteristics which include age, gender, marital status, and occupation of the cases and the controls.**

Age(Years)	Cases		Controls
	F	%	%
20-29	10	10.0	10.0
30-39	22	22.0	22.0
40-49	32	32.0	32.0
50-59	18	18.0	18.0
60 and older	18	18.0	18.0
Total	100	100.0	100.0
Gender	F	%	%
Male	58	58.0	58.0
Female	42	42.0	42.0
Total	100	100.0	100.0
Marital status	F	%	%
Single	22	22.0	22.0
Married	66	66.0	66.0
Divorced	4	4.0	4.0
Widowed	8	8.0	8.0
Total	100	100.0	100.0
Occupation	F	%	%
Managerial employee	1	1.0	1.0
Employee	40	40.0	40.0
Retired	7	7.0	7.0
Self-employed	14	14.0	14.0
Unemployed	12	12.0	12.0
Housewife	24	24.0	24.0
Student	2	2.0	2.0
Total	100	100.0	100.0

The distribution of the matched demographic characteristics out of this table indicated that the majority of the groups were (40-49) years old who were accounted for (32%) of the groups.

Most of them were males (58%). It indicated that most of them were married accounted for (66%). The table presented that majority of the groups were government employee (40%).

**Table (2): Distribution of the cases and controls by their monthly income**

Monthly income	cases		controls	
	F	%	F	%
Sufficient	17	17.0	9	9.0
Barely sufficient	36	36.0	58	58.0
Insufficient	47	47.0	33	33.0
Total	100	100.0	100	100.0

This table presents that monthly incomes insufficient (47%)for the cases and barely sufficient(58%)for the controls.

**Table (3): comparative differences between the groups relative to aspects of the life-style.**

Life-style		N	Mean	t	df	Sig.+ (2-tailed)
Group						
Signs& symptoms	Cases	100	35.2300	14.200	198	0.000+
	controls	100	25.4700			
Dietary pattern	Cases	100	42.8900	0.719	198	0.473
	controls	100	42.4800			
Psychic Status	Cases	100	20.0600	3.020	198	0.003+
	controls	100	18,4300			

+ significant.

Significant differences were reported between the cases and the controls with respect to signs and symptoms, psychic and social status as aspect of life-style./N=Number

**Table (4): Stepwise multiple regression for the effect of life-style on P.U relative to associated variables.**

Predictors	B	R	R square	Sig.
Occupation	-2.472	0.384	0.147	0.000+
Income	4.067	0.470	0.221	0.000+
Exposure to event	-5.548	0.525	0.276	0.000+
Type of ulcer	5.147	0.556	0.309	0.000+

+ significant, B=Regression coefficient, R=Regression, R square= Multiple correlation.

This table indicated that occupation, income, exposure to event, and type of ulcer, were found to be significant predictors of life-style.

## Discussion

The distribution of the matched demographic characteristics out of the results indicated that the majority of the groups were (40-49)years old were accounted for (32%) of the groups. Most of them were males(58%).

It indicated that most of them were married accounted for (66%).The table(1) presented that the majority of the group were government employee(40%).

It has been mentioned that the result of regression of strong dependency needs or others claim that occupational stress, with an opportunity to express hostility(6).

Further more, the finding shows that their monthly income was insufficient(47%)for the cases and barely significantly different sufficient(58%)for the controls. Table(2)

This finding was supported by some literature and relative studies, which stated that people with low monthly income are exposed to P.U more than others.

Stanghellini supported the finding when they reported that there was a relationship between occurrence of P.U and financial difficulties(7).

Significant differences were reported between the cases and the controls with respect to signs and symptoms psychic and social status as aspect of life-style table(3).

Results had confirmed that the most significant determinants of the P.U patient life-style were occupation, income, exposure to events, and the type of ulcer.

These variables had presented significant contribution that influenced their life-style and therefore caused the occurrence of P.U.

These findings were supported through out the work of Taylor(8) who declared that the personality

characteristics of persons who developed P.U are those of individuals who see themselves and were seen by others as strong, independent, hard working, and unemotional.

It can be concluded from the finding that life-style of patients with P.U differ than those who have not P.U, regarding to the signs and symptoms, psychic status and social status, but their dietary pattern was not relative to the life-style of both groups.

### Recommendations

It is recommended that middle age people should be advised to avoid taken ulcerogenic drugs, should be encouraged to decrease their life threatening stress, their dietary pattern should be reviewed with special attention to irritant food, drinking alcohol, and smoking.

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