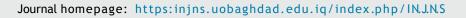
University of Bagrees

Iraqi National Journal of Nursing Specialties





Effectiveness of Instructional Program on Patients' Nutritional Habits for Patients with Peptic Ulcer

Haider Abd Alameer Twair Alhamad* MScN ; Huda Baker Hassan**, PhD

* University of Al-Qadisiyah, Nursing, College, Iraq

** University of Baghdad Nursing, College, Baghdad, Iraq

ARTICLE INFO

Article history: Received 28 January 2023 Accepted 20 May 2023

Keywords: Instruction program, Peptic ulcer patients, Nutritional habits.

AbSTRACT

Objectives: The aim of the current study is to determine the effectiveness of the instruction program on nutritional habits of patients with peptic ulcer, and to find out the relationship between these habits and their socio- demographic characteristics.

Methodology: A quasi-experimental design study was carried out at Al-Diwaniya Teaching Hospital. non-probability sampling which including 30 patients for the study group and 30 patients for the control group. The program and study instrument were prepared from a literature review and previous research, the validity of the questionnaire was determined through a panel of (11) experts and the reliability through a pilot study, the questionnaire's reliability was determined by computing the Alpha Correlation Coefficient to determine the instrument's internal consistency, the statistical and analyzed the data was conducted through the descriptive and inferential statistical analysis procedure.

Results: The study's findings showed that the instruction program had a positive effect on patients' nutritional habits, and a significant statistical association between the patient's employment, level of education, and monthly income and the effectiveness of the instruction program regarding nutritional habits.

Conclusion: The instruction program had a positive effect on patients with peptic ulcers and changed their nutritional habits among the study group.

Recommendations: The study recommends increasing the patient's knowledge regarding nutritional habits and explaining diet through periodic seminars, television programs, and social media and the use of the presents program for the all patients with peptic ulcer.

© 2023 College of Nursing. Published by University of Baghdad.

©2023 College of Nursing. Published by University of Baghdad.

^{*} Corresponding author at: University of Al-Qadisiyah, College of Nursing, Iraq; *E-mail address: haider.alhamad@*qu.edu.iq (HA Alhamad). ORCID: https://orcid.org/0009-0005-6902-3037. DOI: https://doi.org/10.58897/injns.v36i1.637.

فاعلية برنامج ارشادى في العادات الغذائية لمرضى القرحة الهضمية

المستخلص

الأهداف: الهدف من الدراسة الحالية هو تحديد فعالية برنامج ارشادي حول العادات الغذائية لمرضى القرحة الهضمية، ومعرفة العلاقة بين هذه العادات وخصائصهم الاجتماعية والديموغر افية. المنهجية: دراسة تصميم شبه تجريبية أجريت في مستشفى الديوانية التعليمي. أخذ عينات غير احتمالية والتي شملت 30 مريضاً لمجموعة الحالة و30 مريضاً للمجموعة الضابطة. تم إعداد البرنامج وأداة الدراسة من مراجعة الأدبيات والبحوث السابقة، وتم تحديد صحة الاستبيان من خلال لجنة مكونة من (11) خبيراً والموثوقية من خلال دراسة تجريبية ، وتم تحديد موثوقية الاستبيان من خلال لحساب معامل ارتباط ألفا إلى تحديد الاتساق الداخلي للأداة ، تم إجراء البيانات الإحصائي وتحليلها من خلال إجراء التحليل الإحصائي الوصفي والاستنتاجي. النتائج: أظهرت نتائج الدراسة أن البرنامج الارشادي كان له تأثير إيجابي على العادات الغذائية للمرضى، ووجود ارتباط إحصائي معنوي بين وظيفة المريض ومستوى تعليمه ودخله الشهري وفعالية برنامج الار شادي فيما يتعلق بالعادات الغذائية. الخلاصة: تأخيرت نتائج الدراسة أن البرنامج الارشادي كان له تأثير إيجابي على العادات الغذائية للمرضى، ووجود ارتباط المحائي معنوي بين وظيفة المريض ومستوى تعليمه ودخله الشهري وفعالية برنامج الار شادي فيما يتعلق بالعادات الغذائية. الخلاصة: كان للبرنامج الارشادي أثر إيجابي على مالعادات الغذائية بين مجموعة الحالات. الخلوصة: كان للبرنامج الارشادي أثر إيجابي على مرضى القرحة الهضمية وغيرت عاداتهم الغذائية بين مجموعة الحالات. والبرامج التلفزيونية ووسائل التواصل الاجتماعي واستخدام برنامج العروض لجميع مرضى الغرائية بين مجموعة الحارية. والبرامج التلفزيونية ووسائل التواصل الاجتماعي واستخدام برنامج العروض جائية مرضى خلال الندوات الدورية الخرائية.

Introduction

Peptic ulcer is effects on quality-of-life QOL it can have significant impact on his/her health, the compliance of healthy balanced diet regimen by limiting saturated fat and avoid foods that irritate like chili powder, garlic, black pepper, caffeine that cause the stomach to create acids. Alcohol should also be avoided because it has the similar impact on the stomach. Peptic ulcers should be treated with a diet rich in fruits and vegetables and low in strong spices and flavors ⁽¹⁾. Patients with peptic ulcers are recommended to eat smaller, more frequent meals (for example, six little ones per day), eat slowly, sit up straight after meals, avoid consuming food or liquids two hours before night, and abstain from alcohol. PUD patients may find it helpful to keep a food diary and record their symptoms in order to keep track of potential triggers that they might eliminate from their diet ⁽²⁾.

The Gastroenterology Endoscopic Department -Al-Kindy Teaching Hospital – Baghdad-Iraq (2019), mentioned that dietary habits play a significant role in the development of gastrointestinal disorders. Also, hot and spicy foods are statistically associated with GI disorders. Fruits and vegetables contain antioxidants. and numerous studies have indicated that they are effective in preventing GI disorders. However, other studies have produced insignificant statistically significant results. ^{(3),(4)}. Thus, the aim of the current study is to find out the effectiveness of the instruction program on nutritional habits for patients with peptic ulcer, and to find out the relationship between patients' nutritional habits and their socio- demographic characteristics.

Methodology

A quasi-experimental design study was carried out on patients with peptic ulcer who are attending Al-Diwaniya Teaching Hospital between January 17th, 2022, to May 20th, 2023.

Non-probability sample of 30 patients for the study group and 30 patients for the control group were selected for the purpose of the study.

The program and study instrument were prepared from a literature review and previous research. The study instrument consists of four sections, the first section is the sociodemographic consist of 7items of age, gender, occupation, degree of education, marital status, place of residence, and monthly income. The section two is a medical history consist of 6 items (blood group, family history of "peptic ulcer disease" duration of the disease, type of medication, type of ulcer and having a chronic disease). Section three is the smoking habit which consist of one items about the smoking. Section four is about the nutritional habits included (9) items. Rating of each item was scored as (3) for always, (2) for Sometimes, and (1) for never ⁽⁴⁾.

The validity of the questionnaire was determined through a panel of (11) experts, and the reliability through a pilot study, the questionnaire's reliability was determined by Alpha Correlation Coefficient to determine the instrument's internal consistency, the statistical analysis of data was conducted through the descriptive and inferential statistical analysis approaches using frequencies (F), percentages (%), means (MS), and standard deviations (SD)) and inferential statistical analysis approaches were used to assess and evaluate the study's findings.

Results

 Table (1): Distribution of the Nurses (Study and Control group) According to their Sociodemographic Characteristics (No.=30)

Socio- demographic	Characteristics	Study G	roup	Control	Control Group			
Variables	Categories	Frequency	Percent	Frequency	Percent			
	20-30	10	33.3	8	26.7			
	31-40	5	16.7	5	16.7			
Age	41-50	4	13.3	4	13.3			
	More than 50	11	36.7	13	43.3			
	Mean ± (Std.Dev.)	42.56 ±	15.19	44.06 ±	44.06 ± 14.11			
Gender	Male	12	40.0	12	40.0			
	Female	18	60.0	18	60.0			
	House wife	9	30.0	13	43.3			
	Employee	5	16.7	6	20.0			
Employment	Full-time student	5	16.7	5	16.7			
Employment	Free worker	3	10.0	5	16.7			
	Retired	6	20.0	0	0			
	Not work	2	6.6	1	3.3			
	Read and write	9	30.0	9	30.0			
Level	Primary school	6	20.0	5	16.7			
of	Secondary school	7	23.4	5	16.7			
education	Diploma	2	6.6	3	10.0			
	Graduate	6	20.0	8	26.6			
Marital Status	Single	5	16.7	9	30.0			
	Married	25	83.3	21	70.0			
Decidency	Urban	16	53.3	20	66.7			
Residency	Rural	14	46.7	10	33.3			
	Sufficient	4	13.3	4	13.3			
Monthly income	Barely Sufficient	7	23.4	7	23.4			
	Not Sufficient	19	63.3	19	63.3			

Table (1) show the socio-demographic characteristics of study and control group which as the high percentage for age at more than 50 years old was 36.7%, and 43.3% respectively. Females was high percent in both study and control group, which as 60%, high percent 30% of study group and 43.3% of the control group was housewives. High percent of patient for study and control group was 30% read and write. High percentage for study and control group was married at 83.3% and 70% respectively, high percent 53.3%, and 66.7% of study and control group living in urban respectively ,63.3% of study and control group sufficient income monthly. was not

Nedical Hist	ory	Study g	roup	Control grou	ıp
Variables	Categories	Frequency	Percent	Frequency	Percent
Blood Group	A +	4	13.3	4	13.3
	A -	1	3.3	1	3.3
	B +	5	16.7	5	16.7
	AB +	4	13.3	5	16.7
	0 +	16	53.3	15	50
Family history of peptic	NO	22	73.3	24	80
ulcer	Yes	8	26.7	6	20
Degree of consanguinity	First degree	8	26.7	4	13,3
	Second degree	0	0	2	6.6
How long have you had a	Less 5 year	20	66.7	20	66.7
peptic ulcer	5-10 year	8	26.7	8	26.7
	More 10 year	2	6.7	2	6.7
Medication type	Zantac	11	36.7	4	13.3
	Omeprazole	18	60.0	24	80
	Lansoprazole	1	3.3	2	6.7
Do you have chronic	No	21	70.0	22	73.3
diseases	Yes	9	30.0	8	26.7
Chronic diseases	Diabetes	3	10.0	2	6.6
	Hypertensive	6	20.0	6	20.1

Table (2): Distribution of the Study and Control Groups by their Medical History (No.=30).

Table (2) shows the patient's medical history, which as 53.3% and 50% of the study and control group was their blood group (O+) respectively, 26,7%, and 20% of the study and control group, have a history of peptic ulcer respectively. There were 26.7% and 13.3 % for the study and the control group who had a family history of first-degree disease respectively. Since five years ago, 66.7% of the study and control group use Omeprazole as a treatment for peptic ulcers respectively. 30% and 26.7% of the study and control group have other chronic disease respectively, and 20% and 20.1% of them have hypertension for study and control respectively.

Characteristics	Study G	roup	Control Group			
Variables	Categories	Frequency	Percent	Frequency	Percent	
Smoking	No	25	83.3	27	90.0	
	Yes	5	16.7	3	10.0	
Number of cigarettes per day	15	1	3.3	1	3.3	
	20	3	10.1	2	6.7	
	40	1	3.3	0	0	
Number of years of smoking	3	1	3.3	0	0	
	5	1	3.3	1	3.3	
	10	3	10.1	2	6.7	

Table (3): Assessment of Smoking Habit for Study and Control Groups (No.=30).

Table (3) shows that 16,7%, and 10% of the study and control group were smoker respectively, and the duration of smoking was10 years for study and control group which as 10.1%,6.7% respectively, and the number of cigarettes for both groups consumed per day was twenty cigarettes for both groups which as 10.1%,6.7% respectively.

 Table (4): Assessment of Nutritional Habits for study and Control Group at Pre and Post-test

 Periods

	Study Group								Contro	ol Group			
NO	NO Items		Pre		Post		Pre			Post			
		M.S	Std. Dev.	Level	M.S	Std. Dev.	Level	M.S	Std. Dev.	Level	M.S	Std. Dev.	Level
1.	You eat three main meals a day.	1.20	.407	L	2.47	.507	Н	1.40	.498	L	1.37	.490	L
	Eating at regular fixed times	1.23	.430	L	2.50	.509	Н	1.43	.504	L	1.40	.498	L
3.	chew food well	1.80	.407	Μ	2.30	.466	Μ	2.27	.450	Μ	2.17	.531	Μ
4.	Avoid spicy foods and chili	1.23	.430	L	2.33	.479	М	1.33	.479	L	1.33	.479	L
5.	Avoid foods that cause acidity, such as lemons and oranges	1.33	.479	L	2.37	.490	Н	1.33	.479	L	1.30	.466	L
6.	Oils are used in cooking food	1.93	.691	М	2.37	.490	Н	2.10	.403	М	2.10	.403	М
7.	Avoid drinking coffee, tea or soft drinks	1.33	.479	L	2.40	.498	Н	1.37	.556	L	1.33	.547	L
8.	Eat light meals between the three main meals	1.27	.450	L	2.40	.498	Н	1.33	.547	L	1.30	.535	L
9.	Avoid hot food and drinks	1.33	.479	L	2.43	.504	Н	1.37	.615	L	1.37	.615	L
	Mean of means	1.407	.143	L	2.396	.393	Н	1.548	0.503	L	1.519	0.507	L

"MS: Mean of Scores L=Low (1-1.66)M= Moderate:(1.67-2.33) ,H= High (2.34-3)", SD: standard deviation

Table (4) The nutritional habits of patients with peptic ulcers for the study group changed after applying the instruction program, which as the mean of means was 1.4 at pre test and improved to 2.3 at post test, than the control group not change at pre and post test, which was 1.5.

	Periods of	Р	aired meas	surement	study	group
	measurements	Mean	Std. Dev.	t-value	df	P ≤0.05
Nutritional habits	Pre-test	1.4074	.14394		29	0.001
study group	Post-test	2.3963	.39331	13.180	29	HS
Nutritional habits	Pre-test	1.5481	.34885	1.610	29	.118
control group	Post-test	1.5185	.32797	1.010	29	NS

Table (5): Effectiveness of Instructional Program on Patients' Nutritional Habits for Patients with Peptic Ulcer

SD: standard deviation, T-value= observed T-test; df=Degree of Freedom; P-value= Probability value; HS=Highly Significant (P-value < 0.05); NS=Non-significant (P-value ≤ 0.05)"

The result of table (5) revealed that there were statistical significant differences between pretest and post-test for the study group regarding nutritional habits at the P \leq 0.05level.As for the control group, there were no statistically significant differences between the pre- and post-test.

Table (6): Relationship between the effectiveness of Instructional Program on Patients'Nutritional Habits for Patients with Peptic Ulcer and their Gender.

Independent Samples Test									
GenderNMeanStd.tdf. $P \le 0.05$									
Deviation									
Nutritional habits	Male	12	2.3056	.41608	1.033	28	.310 NS		
Nutritional habits	Female	18	2.4568	.37706	1.012	22.063	.322 NS		

N: number , SD: standard deviation ,"T-value= observed T-test; df=Degree of Freedom; P-value= Probability value; HS=Highly Significant (P-value < 0.05); NS=Non-significant (P-value ≤ 0.05)"

Table (6) Shows that there were no statistical significant differences between the instructional program domain and patients' gender at P ≤ 0.05 level.

 Table (7): Association between the Effectiveness of Instruction Program and Patient Age,

 ,Employment ,Level education ,Marital status ,Resident, Monthly income ,Duration of diseases and other Chronic diseases.

Variable		Sum of Squares	df	Mean Square	F	P ≤ 0.05
Age	Between Groups	3.319	23	.144	.742	
C C	Within Groups	1.167	6	.194		.723
	Total	4.486	29			NS
Employment	Between Groups	2.715	5	.543	7.361	
	Within Groups	1.771	24	.074		.001
	Total	4.486	29			HS
Level education	Between Groups	3.636	4	.909	26.732	0.0.1
	Within Groups	.850	25	.034		.001
	Total	4.486	29			HS
Marital status	Between Groups	.249	1	.249	1.645	
	Within Groups	4.237	28	.151		.210 NS
	Total	4.486	29			IND
Resident	Between Groups	.988	1	.988	7.909	
	Within Groups	3.498	28	.125		.009
	Total	4.486	29			HS
Monthly income	Between Groups	1.009	2	.505	3.918	022
	Within Groups	3.477	27	.129		.032 S
	Total	4.486	29			S
Duration diseases	Between Groups	.520	2	.260	1.770	.190
	Within Groups	3.966	27	.147		.190 NS
	Total	4.486	29			110
Other chronic	Between Groups	.019	1	.019	.118	.734
diseases	Within Groups	4.467	28	.160		.734 NS
	Total	4.486	29			110

d.f: degree of freedom; F:Tabulated F; P-value= Probability value; HS=Highly Significant (P-value < 0.05); NS=Non-significant (P-value ≤ 0.05)"

Table(7)Shows that there were a significant statistical association between the patient's employment, level of education, and monthly income and the effectiveness of the instruction program regarding nutritional habits .However, there was no significant correlation between the patient's age, \leq marital status, disease duration. other chronic diseases at Р 0.05 level. or

Discussion

The distribution of the socio-demographic characteristics of present study was high percent of study and control group at age 50 years which of 36.7%, and 43.3% respectively. The majority (60%) of participants were females for both groups and 30% and 43.3%, of them a housewives for both groups respectively.

Regarding the education level the study revealed that (30%) of them read and write for both groups. Also, Highest percentage of them (83.3% and 70.0%)were married for both groups respectively. As well as, (53.3%, 66.7%) living in urban areas for both groups respectively. Regarding monthly income (63.3%)of patients were considering insufficient monthly income for both groups.

A study 2019 conducted at the Elmek Nimir University Hospital in Shendi City, Sudan, on the effects of a program to change people with peptic ulcer disease's lifestyle through self-care. The largest percentage of the study sample were over fifty years old and housewives made up the largest portion of the study group⁽⁵⁾.

A study on the socio-demographic profile of Peptic Ulcer patients in A Tertiary Care Teaching Hospital, Dhaka, Bangladesh found that (56%) of patients who had peptic ulcer disease were within age 41-50 years old and the highest percentage were women ⁽⁶⁾.

A survey on the general public's knowledge of peptic ulcer illness in Jeddah out off 620 participants in the study(78.1%) were female and (136, 21.9%) were males $^{(7)}$.

During assess the risk factors of peptic ulcer in Arar ,Northern in KSA that the prevalence was higher in female than male 71.2% and 28.8%, respectively⁽⁸⁾.

A study conducted at 2019 about nursing instruction guidelines for controlling gastritis among older adult, found that majority of the patients their monthly income is not sufficient. Moreover, more half of them were read and write⁽⁹⁾.

A diagnostic study of eptic ulcer diseas in dyspeptic patients by endoscopy section at the University of Gondar Hospital in northwest Ethiopia revealed that (64%) of their participants in the study were married⁽¹⁰⁾.

The medical history of patients with peptic ulcers is a predisposing factor for incidence and deterioration of health status. The medical history of the present sample was 53.3% and 50% of study and control group have blood group (O+)respectively, 26,7%, and 20% of study and control group, have a history of peptic ulcer respectively. Regarding family history 26.7% and 13.3% for study and control group who have a family history of first-degree respectively. (66.7%) of study and control groups with less 5 year for the first time since the beginning of the disease. (60% and 80%) for both study and control groups use Omeprazole as a treatment for peptic ulcers respectively, (30%) and (26.7%) of study and control groups have other chronic disease respectively, and (20%) and (20.1%) of them have hypertension respectively.

A cross-sectional study from Ethiopia on 63 endoscopic confirmed PUD patients and 63 healthy controls to find out association between ABO blood group distribution and peptic ulcer disease. Revealed that PUD trended as being more prevalent among patients with blood group O than other blood group types. It can be explained that the blood group O, H antigen expressed in the gastric mucous membrane is conducive to Helicobacter pylori bacteria attachment, which is recognized as the primary cause of PUD^{(5),(11)}. study revealed that 16,7%, and 10% of study and control group were smoker respectively, and the smoking duration was10 years for study and control groups as 10.1%, 6.7% respectively, and the number of cigarettes consumed per day for both groups was twenty cigarettes as 10.1%, 6.7% respectively.

A study conducted about screening and Preponderance of Peptic Ulcer and its Contributing Risk Factors Among Basrah City Residents in Iraq. Conclude there were a link between smoking and a higher risk of developing peptic ulcer disease, and that smoking increased the chance of H. pylori infections ⁽¹³⁾.

A multiple studies on patients with peptic ulcer mentioned that the smoking play a major role as a risk factors for upper digestive diseases and the occurrence of peptic ulcer perforation and smokers had a PUD prevalence that was around seven times higher than that of non-smokers^{(12),(14),(15),(16)}.

Patients with peptic ulcer disease are

A study at Al Yarmook Teaching Hospital at endexcompitendet our 17/8 yee of the dealing line for the study at Al Yarmook Teaching Hospital at endexcompitendet our 17/8 yee of the dealing line for the study of the

Smoking is one of the unhealthy habits that are harmful the digestive system in several ways smokers tend to have more acidity and peptic ulcers than nonsmokers. The current more frequently (6 small meals per day, for example), eat slowly to provide time for digestion, stand up straight after meals, avoid consuming food or drink two hours before bedtime, and abstain from alcohol ⁽²⁾. The current study enrolled the study group for instruction program about improve thein nutritional habits. The improvement of program was clear on study group through the total mean, which as 1.40 at pre-test to 2.39 at posttest, while the control group still not changes in of nutritional habits through the total mean which as 1.54 at pre to 1.51 at post.

A study conducted on Lifestyle and Status of Peptic Ulcer among Peptic Ulcer Patients in Borama District, Somaliland. Their results revealed that the peptic ulcer status is influenced by lifestyle factors such as smoking and nutritional habits ⁽¹⁷⁾.

A study was conducted about effectiveness of a video education program on food among 50 patients with peptic ulcer disease They concluded that the education program was effective on patient about balance diet⁽¹⁸⁾.

The present study shows a highly significant association between the effectiveness of instruction program and patient employment, level of education, and resident. As well as, a significant association with monthly income. While, no significant association found between the effectiveness of instruction program and patient age, gender, marital status ,duration of diseases , and other chronic diseases at $P \ge 0.05$.

These findings agree with a study conducted on , 100 patients in Al-Najaf, Al-Ashraff City, Iraq which found no statistically significant relationship between the patient's compliance and their gender, age, marital status patient at $P \le 0.05$ level⁽¹⁹⁾.

Also, these findings harmonize with findings of study conducted at the Blood Disease and Oncology Center, with no statistically significant relationship between patient age, gender, age, or marital status and the effectiveness of the instruction program at $P \le 0.05$ level ⁽²⁰⁾.

Moreover, these findings agree with findings of a study that assessed the effect of health education on the ability of patients with peptic ulcer disease to care for themselves, without significant differences between the two groups in terms of gender, age, marital status ⁽²¹⁾.

Furthermore these findings coincide with study a bout the impact of health education on the self-care ability of patients with peptic ulcer disease were found no statistically significant relationship between age ,duration of diseases and effectiveness of the education program at P \leq 0.05 level ⁽²¹⁾.

Additionally these findings parallel with study a bout effectiveness of an instructional program concerning medication adherence which found statistically significant relationship between level of education, resident, monthly income and effectiveness of the education program at P \leq 0.05 level⁽²²⁾.

Conclusion

The instruction program had a positive effect on the nutritional habits of patients with peptic ulcer.

Recommendations

The study recommends increasing the patient's knowledge regarding nutritional habits and explaining diet through periodic seminars, television programs, and social media and the use of the presents program for the all patients with peptic ulcer.

Conflict of Interest

None.

Funding

This research received no specific fund from any funding agency in the public, commercial or not-for-profit sectors.

References

 Matsumoto H, Shiotani A, Graham DY. Current and future treatment of Helicobacter pylori infections. Helicobacter pylori in Human Diseases: Advances in Microbiology, Infectious Diseases and Public Health Volume 11. 2019:211-25.

DOI:https://doi.org/10.1007/5584_2019_36

7

 Yegen BC. Lifestyle and peptic ulcer disease. Current pharmaceutical design. 2018 May 1;24(18):2034-40. DOI:https://doi.org/10.2174/138161282 4666180510092303

- Shehab MJ, Abdul-hassan IA, Mahdi BM. Prediction of Risk Factors in Sample of Iraqi Patients with Developing Gastritis. Iraqi journal of biotechnology. 2021;1(20).
- Elsayad AE, Samir N, El-Hameed A, Sadek H, Mohamed Abd EL-Aal E, Abd Elrazek Mahmuod A. Quality of Life of Elderly People with Peptic Ulcer in Benha City. Egyptian Journal of Health Care. 2017 Jun 1;8(2):86-100.
- Alrayah AO. Effect of Self-Care Life Style Modification Program on patients With Peptic Ulcer Disease in Elmek Nimir University Hospital Shendi City– Sudan-2019 (Doctoral dissertation, Higazi Mohammed Ahmed Abdallah Awad).
- Saber S, Alam MT, Hossain MM, Alam RF. Study on Socio-Demographic Profile of Peptic Ulcer Disease in A Tertiary Care Teaching Hospital, Dhaka, Bangladesh. European Journal of Medical and Health Sciences. 2021 Mar 14;3(2):12-5. DOI:https://doi.org/10.24018/ejmed.202

1.3.2.729

 Dafalla SE, Alghamdi HY, Alsaedi AM, Alzain MA, Alsaedi OD, Khormi MA, Alsaedi AM, Baghdadi AO, Alsaedy AA. Awareness of the general population in Jeddah about peptic ulcer disease. International Journal of Medicine in Developing Countries. 2021;5(2):656-62.

DOI: 10.24911/IJMDC.51-1609363527

 Albaqawi AS, El-Fetoh NM, Alanazi RF, Alanazi NS, Alrayya SE, Alanazi AN, Alenezi SZ, Alanazi RA, Alshalan AM, Alenezi OT, Ali WM. Profile of peptic ulcer disease and its risk factors in Arar, Northern Saudi Arabia. Electronic physician. 2017 Nov;9(11):5740.

DOI: 10.19082/5740

- Menshawy A, El-Guindi F, Mohamed H. Nursing Instruction Guidelines for Controlling Gastritis among Older Adult. International Journal of Novel Research in Healthcare and Nursing. 2019;6(3):778-88.
- Assefa B, Tadesse A, Abay Z, Abebe A, Tesfaye T, Tadesse M, Molla A. Peptic ulcer disease among dyspeptic patients at endoscopy unit, University of Gondar hospital, Northwest Ethiopia. BMC gastroenterology. 2022 Apr 5;22(1):164. DOI:https://doi.org/10.1186/s12876-022-02245-6
- Teshome Y, Mekonen W, Birhanu Y, Sisay T. The association between ABO blood group distribution and peptic ulcer disease: a cross-sectional study

from Ethiopia. Journal of blood medicine. 2019 Jul 4:193-7. doi/full/10.2147/JBM.S209416

- AL-Rawy SK, Al-Bayati S. Peptic Ulcer in a Group of Iraqi Diabetic Patients. IRAQI JOURNAL OF COMMUNITY MEDICINE. 2010;23(3).
- 13. Jaccob AA, Kadhim SN, Hassan AM, Mohsin AA, Muslim SK. Screening and Preponderance of Peptic Ulcer and its Contributing Risk Factors Among Basrah City Residents in Iraq. Current Drug Safety. 2021 Nov 1;16(3):284-9. DOI:https://doi.org/10.2174/157488631 5666201013151640
- Salih A, Widbom L, Hultdin J, Karling P. Smoking is associated with risk for developing inflammatory bowel disease including late onset ulcerative colitis: a prospective study. Scandinavian journal of gastroenterology. 2018 Feb 1;53(2):173-8. https://doi.org/10.1080/00365521.2017. 1418904
- 15. Chuang YS, Wu MC, Yu FJ, Wang YK, Lu CY, Wu DC, Kuo CT, Wu MT, Wu IC. Effects of alcohol consumption, cigarette smoking, and betel quid chewing on upper digestive diseases: a large cross-sectional study and metaanalysis. Oncotarget. 2017 Sep 9;8(44):78011.

doi: 10.18632/oncotarget.20831

- 16. Malmi H, Kautiainen H, Virta LJ, Färkkilä MA. Increased short- and long- term mortality in 8146 hospitalised peptic ulcer patients. Alimentary pharmacology & therapeutics. 2016 Aug;44(3):234-45. https://doi.org/10.1111/apt.13682
- Egeh BI. Lifestyle and Status of Peptic Ulcer among Peptic Ulcer Patients in Borama District, Somaliland. AUAJ. 2019 Nov 2;1(001):25-32.
- 18. Anand SJ, Sara B. A study to assess the of Video effectiveness Teaching Programme on Diet and Stress Management among patients with Peptic Ulcer Disease in RMMCH, Annamalai University, Chidambaram. Asian Journal of Nursing Education and Research. 2015;5(3):389-91.

DOI: 10.5958/2349-2996.2015.00078.6

- 19. Abdul-hussain M. Effectiveness of an Instructional Program Concerning Non-Pharmacological Guideline on Controlling Essential Hypertension among Patients at AL-Sader Hospital in AL-Ashraf AL-Najaf City. Iraqi National Journal of Nursing Specialties. 2020 Sep 27;33(1):93-103.
- Abid JM, Mohammed WK.
 Effectiveness of an Instructional Program on Patients' Knowledge about

Home Safety While Receiving Anti-Cancer Medications at Al-Karama Teaching Hospital in Al-Kut City. Iraqi National Journal of Nursing Specialties. 2021;34(2):8-15.

- 21. Wang L, Chen H, Ding L. The impact of health education on the self-care ability of patients with peptic ulcer disease. Int. J. Clin. Exp. Med. 2020 Jan 1;13:9005-11.
- 22. Saud AT, Hassan HB. Effectiveness of an Instructional program concerning Medication adherence on Knowledge of Hypertensive Patients at AL-Razi Center in Al-Basra Governorate. Journal of Madenat Alelem University College. 2019 Jan 1;11(1):48-65.