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Comparison of health behaviors between respiratory disease patients and healthy people: Using community health survey data (2009-2012) of Gyeongbuk-province, South Korea

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Statement of the Problem: The prevalence of respiratory diseases and cause of death in Korea are increasing. However, the health behavior of patients with respiratory disease has not been improved sufficiently, and educational counseling programs for chronic respiratory diseases in medical institutions are insufficient. The purpose of this study was to compare the health behaviors of respiratory disease patients and healthy persons.

Methodology & Theoretical Orientation: This study used data from the Community Health Survey (CHS) of Gyeongbuk province through 2009-2012. Among the questionnaires, patients who were diagnosed with pulmonary tuberculosis, asthma and allergic rhinitis were classified as 'respiratory disease patient group'. Patients diagnosed with other chronic diseases by physicians were classified as 'other chronic disease patients' group, and those who had not been diagnosed with disease were classified as 'healthy people group'. After analyzing the data, we compared the health behaviors of 'respiratory disease patient group' and 'healthy people group' after excluding 'other chronic patients group'. The health behaviors such as smoking rate, drinking rate, walking practice rate, weight control attempt rate, stress perception, mental health experienced rate of lying on bed and experience rate were absent.

Findings: Current smoking rates of respiratory disease patients and health groups were 18.7-20.0% and 24.0-29.6%, respectively. The high-risk drinking rates of patients with respiratory disease and those of healthy group were 9.3-23.6% and 10.2-27.1%, respectively. The practice rate of violent physical activity was 10.5-13.0% and 11.2-13.0% in respiratory disease and health group, respectively, and the walking practice rate was 27.8-37.8% and 30.0-40.7% respectively. The rate of weight control attempt was 40.0-47.1% in respiratory disease patients, 32.7-40.6% in healthy patients and about 7% P in respiratory disease patients. Stress awareness of respiratory illness and health group was 28.6-29.5% and 19.4-21.5%, respectively, and respiratory disease group was about 8% P higher. The depressed experience rate was 7.5%-11.0% in respiratory disease group and 2.4%-4.6% in healthy group, respectively, and was about 5% P different. The experience rate lying on a bed was 7.9-9.7% in respiratory disease group and 2.3-5.2% in healthy group, respectively. The incidence of absent absence was 3.4-5.5% in respiratory disease group and 1.6-3.0% in healthy group, respectively.

Conclusion & Significance: The results showed that some health behaviors (smoking, drinking, exercise, etc.) of the respiratory disease group were not improved, especially the stress awareness and depression experience rate of respiratory disease patients were higher than those of healthy people; educational counseling through the program is necessary.

Biography

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