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Dimensions of loneliness

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In greater numbers our aging population is living both longer and at home. Many have a paucity of supports and affiliations exposing them to the experience of loneliness. This presentation examines the progression from alone to lonely to loneliness. Some theoretical constructs which help develop insights into lonely will be discussed. Finally suggestions for adaptive interventions will be identified.

Risk factors for the prevention of cardiovascular disease

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Introduction: Cardiovascular diseases are the leading cause of morbidity and mortality in the developed world, their frequency is increasing in less developed countries. In an individual, more risk factors present higher risk for cardiovascular disease. The majority of cardiovascular disease is caused by risk factors that can be controlled, treated or modified, such as high blood pressure, cholesterol, overweight/obesity, tobacco use, lack of physical activity and diabetes. Very important is the education of patients which should be initiated as soon as we discovered one of the risk factors for developing cardiovascular disease. Without a well-informed patient, we cannot expect success in a change of lifestyle. The education of patients involved family members, media, the health care system (dietitians, nurses, physicians, psychologists). The aim of the research was to find out patient's lifestyles and to determine their knowledge about risk factors for cardiovascular disease.

Methods: The study was based on quantitative methodology. As a research method we used a questionnaire with close-type questions. The study included two groups of patients. First were included patients who don't have cardiovascular disease (healthy group) and the second group of patients was patients who have been treated for cardiovascular disease. For data processing we used descriptive statistics, and for determining statistically significant differences between groups we used a t-test. Computer program SPSS 20.0 was used.

Results: We found statistically significant difference with regard eating habits (t=6.706; p<0.001) and physical activity (t=3.415; p=0.013) between study groups of patients. Patients who have been treated for cardiovascular disease live unhealthier than patients who don't have cardiovascular disease. We also found that 72% of patients who have cardiovascular diseases have overweight; while it we found that, in a healthy group 80% have normal body weight. Patients who have been treated for cardiovascular disease were statistically significant (t=7.234; p<0.001) often depressed, and also living more stressful (t=8.641; p=0.033). In both groups of patients we did not detect statistically significant differences in the presence of cardiovascular disease in the family (72% and 80%).

Discussion and Conclusion: Change in lifestyle is undoubtedly one of the most important and also one of the most difficult tasks. It usually covers changes in diet, reduce excess weight, and increase physical activity and the abandonment of many bad habits (smoking, alcohol). To reduce morbidity of cardiovascular diseases, it is an important health education in all areas of health care. Here is the important role of nurses who have to provide individual, comprehensive and caring treatment for every patient. But on other hand every patient must also take responsibility for their own health.

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