Nursing Instruction Guidelines for Controlling Gastritis among Older Adult

Asmaa Hamdan Menshawy **, Prof. Dr. Faten Khayrat El-Guindi**,

Assistant. Prof. Dr. Hala Mohamed Mohamed ***

*M.SC.N. Community Health Nursing, **Professor of Community Health Nursing & ***Professor of Community Health Nursing, Faculty of Nursing/ Ain Shams University Egypt

Abstract: **Gastritis is an inflammation of the stomach lining. It can be acute or chronic it has remained a wide spread health problem among elderly due to presence of chronic health problems. Aim: evaluate the effect of nursing instructions guidelines for older adult for controlling gastritis. Design: A quasi experimental design. Setting: at menoufiya university hospital, Shebine El-koom teaching hospital. Sampling: A purposeful samples of 60 elderly according to specific criteria Tools: two tools were used for data collection. First tool: was an interviewing Questionnaire, (a) Socio – demographic characteristics (b) Medical history of elderly with gastritis (c) Elderly knowledge about gastritis (d) Health needs and problems of elderly with gastritis. (e) Elderly daily living activities with gastritis. Second tool: medical record analysis regarding diagnosis. Results: The most of elderly had satisfactory 'knowledge about controlling gastritis among elderly with gastritis, the most of elderly had correct practices related activities of daily living among elderly with gastritis, There is improvement of measure for prevention gastritis post education program around three quarter were controlled. Conclusion: The developed educational intervention led to significant improvements in elderly knowledge, practices, health need and post educational intervention. The study concluded that the around two third of them were achieved health needs in post education program.The most of elderly had unsatisfactory knowledge about gastritis. Which improved to satisfactory knowledge for majority of elderly respectively post program implementation? More than three quarters of them their knowledge became satisfactory post program. The educational program produced improvement in elderly knowledge related to practices through program Recommendations: Implement education health program to prevent elderly gastritis should be provided for elderly with gastritis in every health care setting provide care for elderly about balance diet, risky habits that lead to gastritis.**

Keywords: **Elderly, Gastritis, Health education program, Gastric pain, level of prevention.**

1. INTRODUCTION

Elderly is defined as person from age 60 years and older. According to **WHO (2015)** the elderly population are categorized into the following groups:

Age 60 to less than 75 years ------- the young old

Age 75 to less than 85years ------- the middle –old

Age 85years and the older ---------- the old-old

Aging is the accumulation of changes in a person over time .Aging is natural process that begins at birth and ends at death. It is the sum of changes that normally occur in an organism with the passage of time**.** The aging process is progressive, but not all individual necessarily show signs of aging at the chronological age **(Mustafa,2016)**

The normal gastric mucosa has remarkable ability to resist acid peptic injury .Although gastritis was interpreted to be an effect of aging and lifelong exposure to various insults ,it is now clear that this common inflammatory condition is due to infection with Helicobacter Pylori **(Dixon M.F. and Sobola,2014).**

Helicobacter Pylori infection is closely associated with chronic gastritis and peptic ulcer disease, with 80-90% of cases of chronic gastritis caused by the organism **(Thomson L.L.et al., 2015).**Histologic gastritis has long been recognized as common in healthy asymptomatic individuals ,recently it has been shown to be associated strongly with gastric H. pylori colonization .H. pylori associated gastritis was found in low socioeconomic status ,crowded living conditions and suboptimal sanitary conditions to be major risk factors .the means of person to person transmission are unknown **(Peterson,2015).**

Gastritis is simply defined as inflammation of the gastric mucosa inflammation the diagnosis of gastritis is both over used and often missed ,over used when it is applied loosely to any transient upper abdominal complaint in the absence of validating evidence and missed because most of patients with chronic gastritis are asymptomatic .There is no general agreement on the classification of gastritis **(Crawfored,2014).**

Significance of the study:

Gastritis is a common condition on the elderly .An estimated 60% of Americans older than 60 years harbor gastritis **(Shayne,2015),**the problem affects approximately 20% of people between 60 and 69 years of age ,and 40% of people over 80years of age **(Thal,2015).** In franc gastritis affects about 599,799 persons while in Egypt, the problem affects approximately 755,577 persons, 40.7% with the absence of a relation to liver disease (**Michal, 2015).**

Aim of the study:

This study aims to evaluate the effect of nursing instructions guidelines for older adult for controlling gastritis through objectives:-

1. Assessing health needs &health problems for elderly adults with gastritis.

2. Assessing older health history status.

3. Assessing daily living pattern and practice older adult about gastritis.

4. Designing and implementing nursing instruction guide for controlling gastritis among older adult.

5. Evaluating nursing instructional guide for older adult with gastritis.

Research Hypothesis:

- Nursing instruction program will improve knowledge about controlling gastritis.

- Nursing instruction program will improve daily living practice for older adult about gastritis.

2. METHODOLOGY

1. Research Design: A quasi experimental design was used.

2. Technical Design: The technical design includes; the setting, subject & tools were used in the study.

Setting:

The study was conducted at the medical departments and outpatient clinics of menoufiya university hospital, Shebine El-koom teaching hospital and the outpatient clinic contained of two rooms, two beds, two hand wash basin, two doctors and two nurses, and orthopedic clinic received patients three days per week (Saturday, Monday and Wednesday).

Sampling:

Type: A purposive sample

Size: The study sample included 60 older adult representing 5% from the total number of older adult of attending during the September 2017 to April 2018year was (1200 older adult) admitted to menoufiya university hospital, Shebine El-koom teaching hospital. Pilot study was included in the sample size.

Criteria:

- Age 60 years and more.

- Conscious and agree to participate in the study.

- Suffering from gastritis & diagnosis by doctor.

- Diagnosis at least 3monthes.

3. **Tool of Data Collection:**

First tool: An interviewing questionnaire: it was used to assess the following parts:

Part one: Older adult socio- demographic characteristics such as age, marital status, educational level, occupation, husband's occupation, family members and monthly income per-capita (Q 1-12).

Part two: It was concerned with medical history of elderly with gastritis (Q 13 -16).

Part three: Patient's knowledge regarding gastritis (Q 26 -33).

It was concerned with patients knowledge regarding gastritis responses to knowledge questionnaire were checked with model answered (Q 35 – 46).

The responses are scored 0 to 1, (0) for incorrect answer and (1) point for correct answer. The points were summed up and converted into a percent score. elderly knowledge was classified into two categories as follow:

"Satisfactory knowledge" scored < 50%.

"Unsatisfactory knowledge**"** scored > 50%.

Part four: Health needs and problems of elderly with gastritis.

physiological, physical, environmental needs and social needs(Q 17 – 21).

Scoring system: The scoring system was followed according to elderly health need in answering the questions and classified into three categories as follow:

(A) Always answer was scored 2,

(B) Sometimes achieved answer was scored 1

(C) Rarely achieved answer was scored zero.

The total score for elderly health needs was classified as follows:

Always: < 60%.

Rarely: > 60

Part five: Concerned with daily living activities (Q 26 – 33).

Scoring system: The scoring system was followed according to elderly health need in answering the questions and classified into three categories as follow:

(A) Dependence answer was scored 2.

(B) Partly dependence answer was scored 1

(C) Independence answer was scored zero.

The total score for elder health needs was classified as follows:

Dependence: < 60%.

Independence (> 60 %)

Second tool:-

Medical Record analysis in order to identify (**General examination** of height, weight, blood pressure, and skin fold measurement. Assessment t to detected progress of elderly patient's condition will be designed.

Administrative Design

An official permission including the title and aim of the study were submitted from the dean of faculty of nursing Ain Shams University and forwarded to the director of the Clinics of menoufiya university hospital, Shebine El-koom teaching hospital, to get an approval for data collection to conduct the study.

I.   Operational design:

The study to be completed passed through different phases included: preparatory phase, pilot study and field work phase.

A. Preparatory phase:

A review of the past and current available related literatures covering all aspects of the research subject, using the available books, journals, articles and nursing magazines**.** In order to get a clear picture on the research problem, as well as, to design the study tools for data collection. Then tools of data collection were tested for content validity through pilot study.

B. Pilot study:

It was conducted on 5 older adult representing 5% of the total study sample and conducted in menoufiya university hospital, Shebine El-koom teaching hospital, in order to its containing of highly study sample, the aim of the pilot study was to evaluate clarity, visibility, applicability and content validity, as well as the time required to fulfill the developed tools. According to the obtained results, modifications such as omission, addition and rewording were done. The number of the pilot study included in the study sample because these older adult need program to improve their pre inadequacy practice and unsatisfactory knowledge.

Content validity:

The tools were tested through five experts from community health nursing department, Faculty of Nursing, Ain Shams University.

The reliability:

It was done by Cronbach's Alpha coefficient test which revealed that the tools consisted of relatively homogenous items as indicated by the moderate to high reliability of each tool. The questionnaire was tested to be reliable with Cronbach's alpha coefficient of 0.78 for items showed tool proved to be strongly reliable.

Field Work:

An official permission including the title and purpose of the study were submitted from the Dean of Faculty of Nursing Ain Shams University and directed to the director of Approvals were obtained orally from each patient who agreed to participate in the study after explaining the objective assuring that it hasn't any harmful effects on them and the information given will be treated confidentially. They were informed that they can leave the study at any time without giving any reason.

The study was carried out from the beginning of first of September 2017 until of April 2017, outpatient interviewed in clinics three days per week (Saturday, Monday &Wednesday) from 10.00 am, to12.00 pm.

Guidelines for Controlling Gastritis Program

Phase 1: Program Development:

The program was designed by the investigator and based on the result obtained from the study tools; also, review of recent, current, national and international related literature in various aspects of older adult for controlling . This program content was revised and validated by experts in Faculty of Nursing, community health nursing department, Ain Shams University.

Phase 2: Assessment:

Assessment was done to determine the older adult needs by using pretest based on the collecting data on the older adult cultures and beliefs, knowledge and their practices, which was carried out through three days/ week for two weeks from

each setting from previous settings; which carried out for 8 weeks for four settings, the average time consumed to fill tools was 30-45 minutes for questionnaire and 10 minutes.

Phase 3: Program Implementation:

Program implementation based on conducting sessions plan using different educational methods and media through using laptop in addition to the use of guiding booklet specifically designed and developed based on older adult assessment needs. Implementation of the program took five weeks months for each setting which carried out for 5 months for four settings, through visited the pre-mentioned settings three days/week, (Saturday, Monday &Wednesday) two hours/ day from (10 am – 12pm) at the outpatient clinics at menuofia university hospital (Internal medicine clinic, orthopedic clinic, number of hours differed from one session to another to accomplish health education sessions and practice training, sessions was conducted at assessment room.

Overall goal of the program:

Improve knowledge and practice of older adult for controlling gastritis .

General objectives of the program: by the end of controlling gastritis for older adult program each older will be able to:

• Identify the meaning of gastritis, parts of stomach and general symptoms of gastritis

• List types of gastritis and causes, bad nutritional habits.

• Acquire basic knowledge about gastritis, nutritional habits , complication of gastritis

• Identify and explain drinks that help treatment of gastritis.

• Develop skills related to performing physical exercise, stress management technique.

• Apply steps of balanced meals for elderly with gastritis daily and knowledge regarding gastritis.

Program sessions:

Time allowed: 10 hours and 45 minutes has been allocated for health education sessions, distributed as (5 hours and 15 minutes for theory and 5 hours and 30 minutes for practice).

At the beginning of the first session, an orientation about the program and its purposes was given. From the second session and so on each session started by a summary about what was given through the previous sessions and objectives of the new one, taking into consideration using simple and clear language to suit the level of all older adult.

 By the end of each session a summary were made and time allocated for questions and answers & plan for next session were made, Except for the last session a termination of sessions through feedback. As for sessions that consumed long time to be fulfilled (more than 60 minute) it included a break before resuming the session.

Teaching methods and media it was; brain storming, demonstration and re-demonstration, and role-play. Suitable teaching aids prepared especially for the program were used such as laptop, printed materials and posters.

Program Booklet:

A Booklet including all content of the program was designed and given to older adult as an educational reference during program implementation and after program implementation. Its aim was providing accurate knowledge & practice related guideline instructions about controlling gastritis for older adult.

Phase 4: Program evaluation

This phase aimed to evaluate the level of improvement in knowledge of older adult through implementation after the program, as well as to identify differences, similarities, areas of improvement and defects. Evaluation was done one week after program implementation.

Ethical consideration

Issues of ethical consideration were discussed with the director of health unit then the directors and head nurses of each setting then with the older adult who attend to follow up .privacy of information collected from them & freedom to withdraw from the study at any time. Then written approval obtained from older adult to apply the study. Also head nurses attended some sessions that conducted at out patient's clinics and obtained a copy of the data collection tools and the program booklet.

Statistical Design:

Data were revised, coded, analyzed and tabulated using the number and percentage distribution and carried out at the computer, using appropriate statistical methods.

The following statistical techniques were used:

Percentage, mean value, standard Deviation, chi-square (X^2), correlation test (r), and Proportion Probability (P-value).

Significance of results

- When P> 0.05 it is statistically insignificant difference.
- When P< 0.05 it is statistically significant difference.
- When P< 0.01or P< 0.001 it is high statistically significant difference.

3. RESULTS

Table (1): Distribution of study sample according to their socio-demographic characteristics (N=60).

Items		No	%
Age	60 – 65	5	8.3
	65 – 70	37	61.6
	70 – 75	18	30.0
Gender	X±SD 68.6±2.9		
	Male	28	45.5
	Female	32	53.3
Marital status	Single	1	1.7
	Married	40	66.7
	Widowed	19	31.7
Education	Illiterate	12	20.0
	Basic education	30	50.0
	Secondary	6	10.0
	High education	9	15.0
Previous Occupation	governmental worker	17	28.3
	Private work	25	41.7
	Manual worker	11	18.3
	House wife	7	11.6
Monthly income	Enough	17	28.3
	Not enough	43	71.7
Income	1000-2000	37	61.7
	2000-2500	23	38.3
Residence	Urban	26	43.4
	Rural	34	56.7
Number of family member	Two	9	15.0
	Three	23	38.3
	Four	28	46.7
Living with	Single	21	35.0
	Family member	39	65.0

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Table (2): Distribution of the studied sample according to present medical history of gastric pain (N = 60).

Gastric pain	No	%
Digestion previous complain	57	95.0
Stomach Pain	58	96.7
Type of stomach pain • Cutting acted pain • Stabbing pain • Heart burn	 6 13 41	 10.0 21.7 68.3
Site of pain • Left epigastria region • Middle abdomen	 27 33	 45.0 55.0
Gastric pain • Continuous • Intermittent	 1 59	 1.7 98.3
Food causes gastric pain	56	93.3
Types of food cause pain • Salty food • Spicy foods • Fatty foods	 25 15 16	 44.6 26.8 28.6
Pain related food	54	90.0
Duration • Every day • Three time	 12 48	 20.0 80.0
Severity of pain • Mild pain • Moderate pain • Sever pain	 9 17 34	 0.15 0.28 0.56

Table (3): Association between sample study Total Knowledge & Their activities of daily living Practice Post Program (N= 0.

Total Knowledge	Activities of daily living						Chi square test	
	Dependence		Partly dependence		Independence		X^2	P
	N	%	N	%				
Satisfactory (N=45)	23	.38	4	0.06	8	.13		<0.001**
Unsatisfactory (N=16)	9	0.15	6	0.1	1	0.016		
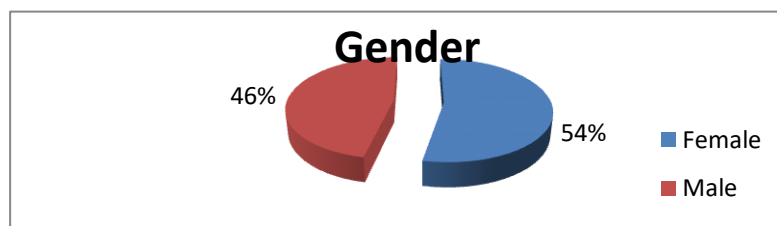
Figure (1): Distribution of the elderly people with gastritis according to their gender (N=60).

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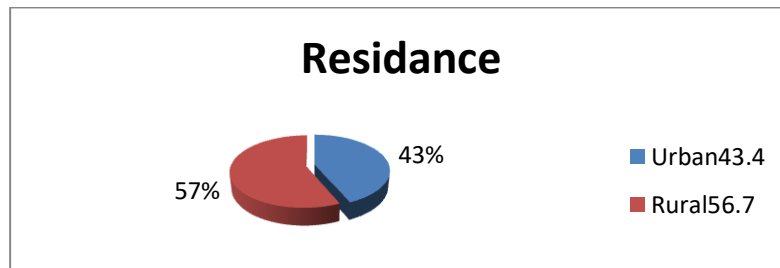
Figure (2): Distribution of the elderly people with gastritis according to their   Residence (N=60).

X=37.9**   *p<0.001**
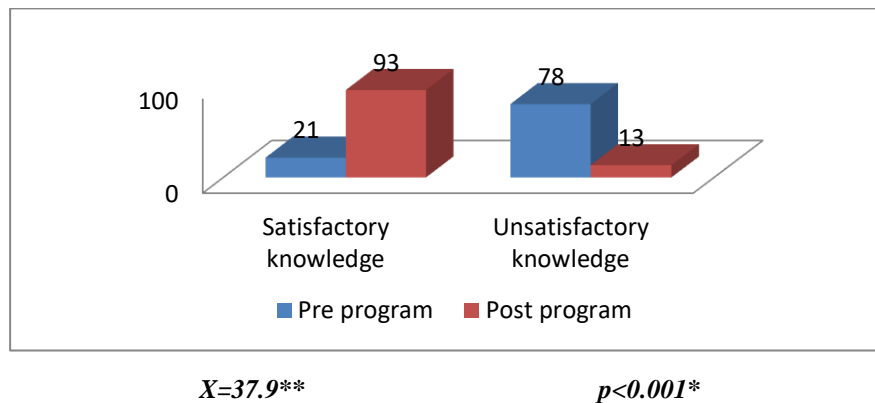
Figure (3): Distribution of studied sample according to their Satisfactory Score Level of   Knowledge Regarding gastritis pre and post program (N=60).
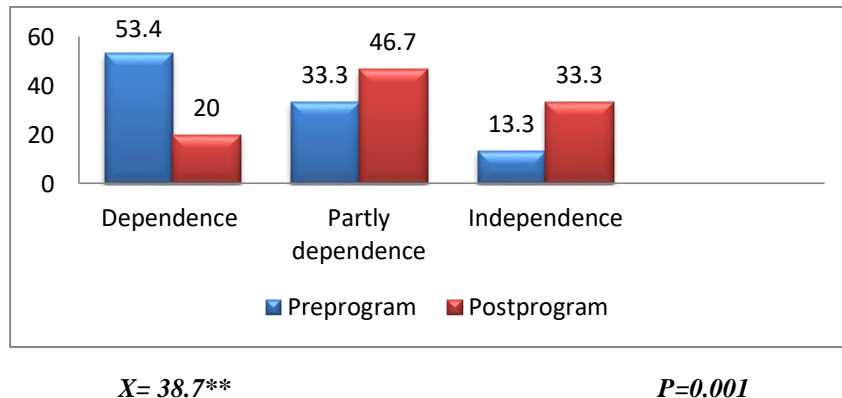

X= 38.7**   *P=0.001*

Figure (4): Distribution of studied sample according to Total Level of activities of daily living in pre and post program (N=60).

Table (1) shows that the mean age of elderly with gastritis was 68.6±2.9 years while 53.3% of study sample of elderly with gastritis were female and 45.5% were female, As regards their age there were 61.6% of them aged 65 less than 70 years.50.0% of study sample were considered basic education, 53.9% of mother were house wife and only 46.3% of them were employees 11.6% of women were considered house wife, and only 41.7% of them were employees in private work,. As regards family residence for 56.7% of family live in rural area and 43.4% of them live in urban with insufficient family income for 71.7% and 46.7% of them number of family member to 4 family members.

Table (2): shows that 95.0% of the studied sample suffering from digestion complains .Also 96.7% of older adult suffering from stomach pain .The table reveals that 68.3% from studied sample describe the type of stomach pain as heart burn. Portray of the gastric present complains .The site of pain in middle of the abdomen according to study 55% also the reported the nature of pain was intermittent among 98.3% of the study .As salty food 44.6% and spicy food 26.8%. While 0.56% of studied sample had severe pain.

Table (3): illustrates that there is highly statistically significance between studied saple total knowledge & their total activities of daily living P value < 0.001.

Figure (1): reveals that one third of studied sample 53.3% were females and other half 46.7 % were male.

Figure (2): shows that there more one third of studied sample 56.7 were living in rural areas and other half 43.4 were living in urban areas.

Figure (3): discusses that 21% of studied sample had satisfactory knowledge regarding gastritis in preprogram meanwhile in post program raised to 93% with there is highly statistically significance difference P value < 0.0001.

Figure (4): describes that According to total daily activities practice of studied sample , in preprogram 53.4% of them had dependence daily activities   practice while improved to 13.3.6% in post program. Difference observed highly statistically significance P value < 0.001.

4.   DISCUSSION

Gastritis is an inflammation or irritation of the stomach lining. It can be a brief and sudden illness (acute gastritis), a longer –lasting condition (chronic gastritis), or a special condition, perhaps as part of another medical illness. Gastritis has many causes as chronic diseases, GIT changes in old age, infection of Helicobacter pylori, excessive alcohol use, regular use of pain relievers, stress and dietary causes **(AND Reoli, et al., 2016).**

The demographic characteristics of the elderly with gastritis under study showed that the highest percentages of study group, their aged ranged from 60-70years.This may be due to the fact that the prevalence of painful and disabling conditions increases with age **(Meiner & Leueckenotte, 2017).** This was confirming to **Thal (2014),** who mentioned that, gastritis affects approximately twenty percent of people between sixty and sixty nine years of age, and forty percent of people over eighty years of age. This means that the prevalence of gastritis increases with age. Similarly found in the Egyptian study done in Alexandria by **Sorour, 2005)** revealed that 66.6 of Nursing home residents aged 60-70years old had chronic pain due to gastritis; from the researcher point of view by advantage in age many changes occur in the body system especially gastrointestinal system this change might increase occurs of gastritis among elderly people, and this result may be due to inability of elderly people to go to hospitals and they usually prefer the private clinics and take their treatment at home **(Table 1).**

Regarding to hurt burn, **Davies (2014),** mentioned that, heart burn is burning feeling in the center of the chest, sometimes combined with an acid taste in the back of the mouth.it is usually worse by eating a large meal. The present study showed that, most of studied sample suffered from heart burn. This finding is agree with **Burg (2014),** who mentioned that people often use the term burning to describe the pain. This result comes in accordance with **David and Craner (2015),** who observed that the signs and symptoms of gastritis include burning pain, loss of appetite, nauseas and vomiting, indigestion.

Regarding to indigestion, **Davies (2014),** mentioned that, the indigestion is a feeling of discomfort. The result of the present study showed that lower than quarter of the studied sample suffered from indigestion and distention. This result is in accordance with **David and Craner (2014),** Also, **Linda (2013)**, added that indigestion comes on shortly after food and is described as an intermittent burning discomfort due to irritation of the stomach.

Regarding the gastric pain, the results of the present study revealed that most of the total sample suffered from gastric pain. This results supported by **Park, et al., (2015),** and **James &Gray (2013)**. As regards causes of gastritis such intake of fatty foods, the present study reported that more than quarter of studied sample were eat fatty foods. This result comes in agreement with the **Zeno (2012) &Linda (2013),** who reported that older adult with gastritis, should avoid fatty foods. From the researcher this may be due to difficulty of digestion especially in elderly person. While intake of salty foods, the present study revealed that, two third of studied sample this result is in accordance **Bortoli, et al., (2012)** salt inhibits stomach digestion, some times for hours. This result agreement with **Shelton (2013),** salt can irritate the stomach lining. Eating salty foods increases the risk of developing a helicobacter pylori infection. The present study showed that more than quarter of the study group reported that spicy foods cause's gastric pain. This result supported by **Chey and Wong (2013),** foods that are spicy or very acidic and fatty foods cause irritate the stomach lining. **(Table 2)**

The current showed that a minority of studied sample had poor knowledge about definition, causes, signs and symptoms, diagnosis and treatment of gastritis before implementing the program, while after implementation health education program the knowledge of study group improved about all items of gastritis. the result explained that the educational intervention provided for the study group, improved the elderly knowledge and awareness about gastritis which reflected on positive impact on their health. This study result was supported by **Suzanne, et al (2010),** who mentioned that educating the patient with gastritis about causes of gastritis, signs and symptoms and how to treat and prevent it, will improve their health. The present study indicates that chronic pain of gastritis most interfered with daily activities, comfort, social activities and also the mood of the elderly. This study agreement with Egyptian study performed by **sorour, (2010);** while **Tsai & Chung, (2010)** in this study reported that the elderly pain of gastritis most interfered with their daily living activities and mood only. This variance could be related to inaccurate assessment and under treatment of chronic pain of gastritis **(Wilson & Crabtree, 2014).(Table 3)**

(Figure 1), reflect that half of studied sample were females and the other half were males. This results agreement with **Shayne (2015),** who mentioned that, the male to female ratio of gastritis is approximately 1:1.from the researcher point of view, both males and females may be exposed to many factors that can cause gastritis.

(Figure 4),shows that regarding to the Total daily activity 53.4% dependence in preprogram while dependence in post program 20.0% and independence 33.3%in preprogram, 13.3% in post program for elderly daily activity with gastritis there was highly statistical significant relation between pre and post program.

5. CONCLUSION

On the light of the results and answers on research hypothesis the study was concluded that:

The most of elderly had unsatisfactory knowledge about gastritis which improved to satisfactory knowledge for around the majority of elderly respectively post program implementation. The total knowledge of elderly improved post program implementation with highly statistical significant relation between pre and post program implementation X=**37.9****and p= value < 0.0001.

The total knowledge about prevention measure among elderly with gastritis improved post program implementation with highly statistical significant relation between pre and post program implementation the majority of elderly respectively post program implementation. While post program   implementation, the educational program produced improvement in elderly' knowledge related gastritis with clear highly statistical significant relation.

The findings of this study highlight the following recommendations:

- Periodic checkup for elderly with gastritis to prevent gastric complication.

- Simple booklet contains information about gastritis and its care should be available for elderly people.

- Health educational program to prevent elderly gastritis should be provided for elderly with gastritis in every health care setting provide care for elderly about balance diet, risky habits that lead to gastritis.

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