Sociodemographic characteristics and self-management of chronic diseases in older adults

Características sociodemográficas y autocontrol de las enfermedades crónicas en adultos mayores

GAMEZ-GAONA, Guillermo†, PEÑARRIETA-DE CÓRDOVA, Isabel, PONCE-CONTRERAS, Ma. Guadalupe*, TELLO-GARCIA, Ma. Ascención and LEIJA-MENDOZA. Alejandra

Universidad Autónoma de Coahuila. Facultad de Enfermería Unidad Saltillo. Calzada Francisco I Madero

ID 1st Author: *Guillermo, Gamez-Gaona*

ID 1st Author: *Isabel, Peñarrieta-De Córdova*

ID 2do Author: *Ma. Guadalupe, Ponce-Contreras/* **ORC ID**: 0000-0003-3174-9682, and **CVU CONACYT ID:** 947777

ID 3th Author: *Ma. Ascención, Tello-Garcia /* **ORC ID:** 0000-0002-9057-6497 and **CVU CONACYT ID:** 683850

ID 4th Author: *Alejandra, Leija-Mendoza*

Abstract

The present is a study was performed by descriptive methodology, Having as objective the analysis and description of the Sociodemographic and self-management características in chronic diseases in older adults in Its different dimensions (knowledge of the disease, adherence to treatment, physical impact management, Mental and social disease) performed in 71 people in the old age stage diagnosed chronic disease or chronic With symptom. The results is in the prevalence of hypertension, an average age of the participants of 69.04 years (SD = 6.72) Between ages 60 and oscillating 85 years. The investigation was Carried out in the health centers of the jurisdiction 8 of the Ministry of Health. Among the results, it was found That a greater percentage of users are women, Which confirms the gender perspective in the planning of care.

Self-Management, chronic diseases and older adult

Resumen

El presente es un estudio se realizó mediante metodología descriptiva, teniendo como objetivo el análisis y descripción de las características sociodemográficas y automanejo en las enfermedades crónicas en adultos mayores en sus diferentes dimensiones (conocimiento de la enfermedad, adherencia al tratamiento, manejo del impacto físico, mental y social por la enfermedad) realizado en 71 personas en etapa de vejez diagnosticadas con enfermedad crónica o síntoma crónico. Los resultados en el predominio de la hipertensión, la edad promedio de los participantes de 69.04 años (DE=6.72) edades oscilantes entre 60 y 85 años. La investigación se llevó a cabo en los centros de salud de la jurisdicción 8 de secretaría de salud. Dentro de los resultados se encontró que un mayor porcentaje de usuarios se constituye de mujeres, lo que confirma considerar la perspectiva de género en la planeación de la atención. Se identifica en gran parte una percepción negativa por parte del paciente en el tratamiento de su patología, mostrando un disminuido apego a su autocuidado, se sugiere dentro de los actos benéficos a la población el implementar la difusión con programas básicos y/o de fácil entendimiento hacia el paciente en donde al nivel de sus capacidades motoras, psicológicas, emocionales y motrices pueda el mismo brindarse los cuidados o en su efecto mejorarlos si es que ya los lleva a cabo.

Automanejo, enfermedades crónicas y adulto mayor

* Correspondence to Author (email: mariaponce@uadec.edu.mx)
† Researcher contributing first author.

Introduction

Due to the large impact of chronic diseases in the health and care expenses of it, a growing interest in self-management programs or self-management in order to alter their knowledge, attitudes and practices against both drug treatment and non-pharmacological perceived purposes of preventing complications. (WHO, 2015) Recently the issue of chronic non-communicable diseases, including those considered to cardiovascular disease, diabetes, overweight and obesity, cancer, chronic lung disease and has achieved worldwide notoriety. Until recently, chronic non-communicable diseases were observed in developing countries used to call them "diseases of rich countries', however, We now know that 80% of all global deaths from these causes occur in middle and low income. Adherence to treatment only reaches 20%, which leads to negative health statistics to the area and cause harmful consequences for the family, society and the government. Chronic noncommunicable diseases (NCDs) are thus one of the biggest challenges facing the health system. They are by several factors: the large number of cases affected; its growing contribution to overall mortality; shaping the most common cause of premature failure, and the complexity and high cost of treatment. Tereshchenko, L. & Baute, G. (2015) which leads to negative health statistics to the area and cause harmful consequences for the family, society and the government. Chronic noncommunicable diseases (NCDs) are thus one of the biggest challenges facing the health system.

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According to the National Institute of Public Health, (2015) since 2000, diabetes mellitus in Mexico is the leading cause of death among women and the second among men, by the year 2010, this disease caused about 83 000 deaths in the country.A central aspect of the field of disease self-management is the identification and development of common strategies centered on the patient to cope with these challenges. Grady and Gough (2015) Regardless of chronic disease in question, has been shown to acquire a generic set of skills is good for people to effectively manage disease and improve their health.

The diagnosis of a chronic disease can produce states of anxiety in the elderly, so it is important counseling nurse to teach the patient the care they should take to avoid complications and create you aware of the importance of being perseverant before a chronic condition. Here the importance of the participation of professional nursing in community health, towards primary prevention to avoid reaching complications; emphasis on teaching, educating, motivating levels of responsibility according to their needs and functional abilities in each of the elderly.

Health services are a privileged space to meet the needs of the elderly, such as integrated family stay, participate actively in their environment and make decisions for the good of their health through self-care. Mendez, V- Becerril, V- Morales, M- Pérez, V (2010). Health services are a privileged space to meet the needs of the elderly, such as integrated family stay, participate actively in their environment and make decisions for the good of their health through self-care. Mendez, V- Becerril, V- Morales, M- Pérez, V (2010). Health services are a privileged space to meet the needs of the elderly, such as integrated family stay, participate actively in their environment and make decisions for the good of their health through self-care. Mendez, V- Becerril, V- Morales, M- Pérez, V (2010).

Overall objective

Identify, analyze and describe the sociodemographic characteristics and self-management of chronic diseases, elderly health centers jurisdiction 8 Ministry of Health, this to make way for future interventions that may be susceptible support groups.

Justification

This study aims to analyze the description and intervention of the definition of the terms "self-management" and "demographics partner" to improve levels of self-management in the elderly and gain understanding of the shortcomings in the implementation of interventions nursing within a social context. Chronic problems once established, may accompany the individual for a long time, his health worsened and finish lead to death; nonadherence to drug therapy or therapeutic failure is a prevalent and significant problem in clinical practice, especially in the treatment of chronic diseases. It is estimated that, in general, 20-50% of patients do not take their medications as are prescritas1, although the default rate can vary greatly depending on the pathology.

In the context of chronic diseases, WHO considers the lack of adherence a priority public health issue because of its negative consequences: therapeutic failures, higher rates of hospitalization and increased healthcare costs.

Thus, in a study of diabetes and heart disease, patients with poor adherence rates were significantly higher mortality compliant patients (12.1% vs 6.7%), and in another study in patients with diabetes, hypertension, hypercholesterolemia and heart failure, found that hospitalization rates were significantly higher for all these diseases in patients with low adhesion (13% vs 30% for diabetics; 19% vs 28% in hypertension). But nevertheless, the behavior of people can play the most important roles in that evolution could even lengthen their lives, those who are properly adhere to treatment regimens and living each of the diseases requires.

The results of this research will allow underlie the further development of other appropriate interventions that affect the sociodemographic characteristics and patient self-care regarding their health, improving quality of life through self-management of chronic diseases It represents a good opportunity for nursing science. those who are properly adhere to treatment regimens and living each of the diseases requires. The results of this research will allow underlie the further development of other appropriate interventions that affect the sociodemographic characteristics and patient self-care regarding their health, improving quality of life through self-management of chronic diseases It represents a good opportunity for nursing science. those who are properly adhere to treatment regimens and living each of the diseases requires. The results of this research will allow underlie the further development of other appropriate interventions that affect the sociodemographic characteristics and patient self-care regarding their health, improving quality of life through self-management of chronic diseases It represents a good opportunity for nursing science.

Framework

Self-management in the field of medicine and health care refers to interventions, training and skills which patients with chronic, illness or disability can effectively care for themselves and can learn how. Bonal, R & Cascaret, X (2009)

Nursing sciences contribute to the field of self-management of disease through research to define the concept, describe its theoretical bases, develop specific interventions for self management and examine their effectiveness in different environments.

Literature review

Peñarrieta De Cordova, Leon Gutierrez Mier, Banda and Delabra (2017), shows a prospective, randomized Mexican users of community health centers in Tampico, Mexico, conducted between September 2015 and July 2016. A total of 120 adults aged 18 or older were randomized to intervention groups (n = 62) and control (n = 58). Data were collected at baseline and at 3 and 6 months after intervention with a structured questionnaire repeated measures ANOVA data analysis was used.

Results: Statistically significant differences in participants intervention at 3 and 6 months were found after surgery compared to baseline and the control group for self-management behaviors, including: limiting social activity, perception quality of life, depression, stress, physical activity, communication with physicians, adherence to doctor visits and self-control.

Peñarrieta-de Cordova, Flores Barrios, Gutierrez-Gomez, Piñones-Martinez-Hidalgo QuinteroValle and Castaneda (2017) conducted a study in order to validate the scale

Partners in Health Scale among users of primary care in a Mexican context. The study sample consisted of 552 adult patients with diabetes, hypertension and cancer randomly registered in health centers in Tampico, Tamaulipas or outpatient local hospital. Nursing students of the Faculty of Nursing at the University of Tampico Tamaulipas who were trained to use the scale conducted the survey, supported by faculty members of clinical teaching that monitored implementation. The training enabled students to understand the questions and ensure that the instrument is applied consistently. Supervisors were trained to verify the correct application of the instrument. The instrument measures the ability of patients across a range of categories of self or domains represented by the 12 questions, and the scoring process is followed with time.

The approach served to highlight areas where patients require more education and information, the sample consisted of 391 women (71%) and 161 men (29%), with an average age of 57 years, from 19 to 87 years. Distribution according to the diagnosis found 150 (27%) had hypertension, 100 (18%) had diabetes and hypertension, 203 (37%) had diabetes and 99 (18%) had cancer. To ensure cultural appropriateness, the pilot results suggested changing some terms to make them easily understood by the population studied, without changing the context of the original question in English. The results of reliability for Cronbach were 0.8 and, according to different dimensions, 0.7, 0.8 and 0.7 respectively, indicating a good reliability of the instrument (the closer to 1, the greater the reliability). The scale is therefore a highly reliable test of 12 items.

Tereshchenko, Baute and Zamosky (2016) conducted a descriptive, cross-sectional, prospective study of patients with DM2 adults belonging to the Institutions of Collective Medical Assistance city of Carmel in the period elapsed between March 1, 2013 at 31 March 2014. the instruments used were two surveys. One was composed of structured self completed closed questions Morisky Green (translated) to assess adherence to treatment and another questionnaire conducted by the authors to evaluate the objectives set by them to assess the diabetes disease itself. The surveys were conducted anonymously.

Peñarrieta, Flores-Barrios, Gomez-Gutierrez, Sprockets-Martinez-Gonzalez Resendiz and Quintero-Valley (2015) conducted a traverse correlation study used a sample of convenience. The study was conducted in the Sanitary District No. 2 of Tampico, Tamaulipas, Mexico. The sample consisted of 299 patients, the scale of self-management in chronic diseases, "Partners in Health Scale". For analysis the Kruskal-Wallis test was used, the correlation of Spearman and Kendall-Tau. As a result they found that survey respondents showed a poor self-care.

Amezcua, Rodriguez & Greene (2015), conducted at a single center, longitudinal, observational and analytic study in patients over 18 years with type 2 diabetes over six months diagnosis, with or without co-morbidities such as hypertension, hyperlipidemia and obesity, attending the outpatient department of internal medicine at a health center in Mexico City. Patients were excluded with less than six months with diagnosis diagnosis and comorbid influenced the treatment attachment, such as chronic obstructive pulmonary disease, hyper- or hypothyroidism, cerebrovascular disease, among others. Results in 22 diabetic patients and 33 controlled uncontrolled diabetic patients were found; controlled diabetics patients, 11 had good attachment, 4, regulate attachment and 7, poor adherence to treatment. Of the 33 patients with uncontrolled diabetes, 10 had good attachment 18, regulate attachment and 5, poor compliance to treatment; the economic factor was the main cause of poor adherence to treatment.

Bautista and Zambrano (2015) conducted a cross-sectional descriptive study quantitative. The population corresponds to 390 patients attending consultation or control, and the sample consisted of 287 patients from institutions of primary health care. This was selected by random probability sampling simple, performing a general list of patients attending consultation or control and then selecting randomly, according to the size of the sample set. The sample consisted of 287 patients with diabetes mellitus type 2. The age range was between 50 and 80+. The age groups most representative are 50-54 years (23.3%) and 70-74 years (23.0%). The average age in the group of patients was 65.9 years, with a variation coefficient of 10, 1 year. 42.5% of respondents found in less than or equal to 64 years old. With regard to sex, she represented 54.7% female, and 45.3% males. 59.9% of patients currently living with partner (married or cohabiting); while 40.1% has no partner today (single, divorced or widowed). 60% of patients had a stable bonding situation in favor for these individuals, by having a close family support regarding the treatment to be followed to maintain optimal health. The average schooling group of diabetic patients who participated in the study is 4.64 with a coefficient of variation of 3.3 years. The social and economic situation has been determinant in the educational development of persons:

Helen Lagos Méndez and Nestor Flores Rodriguez (2014), quantitative, correlational cross-sectional design, with a population of 100 patients of type 2 diabetes mellitus and hypertension; Apgar family and self-management in chronic diseases: 2 instruments were used. The population was 100 patients with type 2 diabetes mellitus and hypertension. Two instruments were used: apgar family and self-management of chronic disease, who showed a positive correlation between family functionality and self- (Spearman rho = 0.43); the addition, 54% of families of those assessed were moderately dysfunctional and 7% severely dysfunctional patients self- regulating was 56% and inadequate in 9%.

Pañarrieta- De Cordoba Maria Susana Camacho Vergel-, Lezama Sonia Vigo, Rivero-Alvarez Rosario, Taipe- Cancho Jorge Olivas and Borda Hilda (2013) conducted a study in populations that belonged to the jurisdiction of the Ministry health centers health, a sample for convenience was performed with the following inclusion criteria: age 18 and more than three months for the disease. the instrument was applied: "Self-Management in chronic conditions. Partners in Health Scale a total of 382 people. Results: self- is poor with an overall average of 66, for diabetes, hypertension and cancer. differences in the self was found in the size of grip and handling signs and symptoms. People with diabetes had better self-management in signs and symptoms compared to people with hypertension and cancer, while people with cancer showed better self in adherence compared to people with hypertension and diabetes. differences in the self was found by sex. Getting the self-management in people with chronic diseases is deficient in all its dimensions: knowledge, adherence, and management of signs and symptoms. It requires Further research with a gender perspective.

Troncoso, Delgado and Rubiliar (2013) conducted a qualitative study with phenomenologist approach, using a semi-structured interview to a total of 11 people who met the selection criteria, aiming to interpret the precepción of the factors that determine adherence the prescribed treatment of adults with type 2 diabetes who attend the Family Health Center La Floresta commune of Hualpén, Chile, during the months of March and April 2012.

Among the results the importance is stressed that users encode the consumption of drugs and dela realization of the diet, however, the latter is not actually made by these patients.Physical exercise is not interpreted as part of their therapy and concluded that users with DM2 treated in an outpatient made inadequate adherence to its non-pharmacological treatment due to various factors such as lack of adherence to therapeutic dieto indications or the failure of interpretation of physical exercise as part of their therapy.

Mathew R, et al., (2012) conducted a qualitative study with five focus groups (mixed) and nine individual interviews. 35 participants between men and women with type 2 diabetes, who were recruited into a diabetes education center in Toronto, Canada included. The results show an average age of participants was 57, that 51.4% of respondents were women. They conducted a thematic analysis of the material collected in interviews that identified five topics: 1) disclosure and its identification as a person living with diabetes; 2) self monitoring blood glucose; 3) diet in different contexts; 4) use of existing resources for diabetes and 5) social support. The study showed that women were to reveal their diabetes more easily and integrated into their daily lives, while men were more reluctant to tell family about your illness and friends and (self-care practices) cared less environments social. Men focused on the practical aspects of self-monitoring of blood glucose experimenting with various devices in the management of diabetes to reduce dependence on drugs; while women focused on emotional components of self-monitoring of blood glucose. Women spoke of restricted foods from their diets perceived as prohibited, while many men said moderate consumption perceived as unhealthy foods except in social situations. Women used socially interactive resources (education classes and support groups), while men relied more on self-directed learning. Finally, men and women reported that they wanted medical support, both emotional and practice (attention) regarding aspects of self-management of the disease.

Shulman-Green, Jaser, Martin Alonzo, Gray, McCorkle, Redeker, Reynolds and Whittemore (2012) conducted a literature review to locate articles that used qualitative methods to describe the processes of self-management from the perspective of individuals living with a chronic disease. Although quantitative research could include a description of the processes of self-management, the intention was to detail the processes of self-management rather than examining correlations between processes and outcomes. Concluding that "self-management of chronic diseases will remain an important component of health care, identification of self-management processes can help guide future research and clinical practice efforts that support self-management".

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Esquivel, (2012) aimed to assess the level of knowledge and skills that people have with Diabetes Mellitus insulin-dependent (IDDM) and non-insulin dependent (NIDDM) and instruct them in individualized in terms of their self-management sessions at home. For this work 50 adults of a group of 323 patients enrolled were selected control Clinic diabetes, aged 30, with blood glucose elevated above 126 mg / d previously diagnosed with Diabetes Mellitus Insulin Dependent and Non-Insulin Dependent (IDDM and NIDDM). All workers and beneficiaries of Medical Services of the various departments of the Autonomous University of Nuevo Leon. It concluded that based on the results obtained in this study reached the following conclusions: As for the study objectives Individualized Education diabetes: 1.

The need for education is evident when detecting that a minimum percentage knows detect symptoms of high or low glucose and even less know handle it. 2. By observation during interviews some features caused by the aftermath of complications such as impaired vision detected, making it difficult to visualize glucose levels marking the meter; Some patients have added as arthritis disease, which hinders the ability to application of insulin; Some can not read or write. All these are disadvantages for learning, self-management and adherence to treatment. - The need for education is evident when detecting that a minimum percentage knows detect symptoms of high or low glucose and even less know handle it. 2. By observation during interviews some features caused by the aftermath of complications such as impaired vision detected, making it difficult to visualize glucose levels marking the meter; Some patients have added as arthritis disease, which hinders the ability to application of insulin; Some can not read or write. All these are disadvantages for learning, self-management and adherence to treatment. –

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Giacaman, Kompatzkir (2012) was conducted under a quantitative approach, descriptive and transversal. Test Morisky-Green-Levine, consisting of a test autocomunicado patients on adherence, and also identifies some influential factors used. The sample analyzed is clear of all inserts in the Health Program of Ancud Hospital, diabetic patients selected according to certain criteria for inclusion. The total sample corresponds to 90 patients. Regarding the results, a low percentage of adherence to therapeutic regimen (57%) was observed but expected according to the literature pointing 50% worldwide. As levels glycemic control observed results well above the normal level (less than 126 mg / dl according MINSAL), which shows a great work by professionals to bring these patients to appropriate levels. From the results obtained by this research, it is concluded that adherence to antidiabetic treatment is given by multiple causes, which involves a task that requires the interaction of the entire multidisciplinary professional environment and commitment 2 patient and their environment family to achieve a significant increase in adhesion and makes this a very complex task to solve.

Gigoux Jose Felipe Lopez, Patricia Moya Rivera and Jaime Silva Rojas (2012) conducted a descriptive cross-sectional study with prospective recruiting. the universe was of 962 patients with DM2 time more than three years cardiovascular health program a CESFAM income. The sample was not random, voluntary (patients who agreed to answer the test). It was considered as an inclusion criterion, patients who took the test answered all items and record the last metabolic control in clinical tab. Adherence to drug treatment was measured with the application of Morisky - Green, indirect method which aims to assess the patient's attitude to compliance. Reported the self test considered noncompliant if a breach in any of the questions is observed. Metabolic control was assessed with the last record of the concentration of glycated hemoglobin A1c (HbA1c) in the clinical record. The sample consisted of 96 patients, divided into 26% male and 74% female, mean age of 61.8 years and standard deviation of 10.21 years.

The overall proportion of patients who was adherent to drug treatment was 62.5%, being similar in both sexes and mean age 63.06 (ic: 95% 60.56-65.57). No statistically significant differences by gender and age. the desirable metabolic control was present in 28% of patients but was not related to the self-reported adherence (p = 0.052). Elor was 2.5 (CI 95% 0906-7374). Metabolic control was assessed with the last record of the concentration of glycated hemoglobin A1c (HbA1c) in the clinical record. The sample consisted of 96 patients, divided into 26% male and 74% female, mean age of 61.8 years and standard deviation of 10.21 years. The overall proportion of patients who was adherent to drug treatment was 62.5%, being similar in both sexes and mean age 63.06 (ic: 95% 60.56-65.57). No statistically significant differences by gender and age. the desirable metabolic control was present in 28% of patients but was not related to the self-reported adherence (p = 0.052). Elor was 2.5 (CI 95% 0906-7374). Metabolic control was assessed with the last record of the concentration of glycated hemoglobin A1c (HbA1c) in the clinical record.

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In Synthesis: Related articles express similarity in the results, which is present greater participation by the female gender, this demonstrated by Maria Isabel Peñarrieta of córdova and mathew R, and Col, as to-linked self-management can be said to share affinity seen leaving Peñarrieta articles, Tereshchenko, Amezcua, Troncoso Esquivel and the decreased Giacaman, null or non-existent self-management by the patients operated in such investigations. Taking into account the points of greatest notoriety in each of the related articles and reaching enable self- deeper among the population, the health sector would show improvement to the protection of health, prevention and control of diseases more importance or mostly frequent;

Concept definition: Self-Management:
Self-management refers to the ability of the person along with his family, community and health care team to manage symptoms, treatments, changes in lifestyle and psychosocial, cultural and spiritual consequences of chronic diseases (Richard and Shea, 2011). Self-management in the field of medicine and health care refers to interventions, training and skills which patients with chronic, illness or disability can effectively care for themselves and can learn how. you opt for the concept of self-management in this study by the fact of being a concept that includes, in addition to disease-related care, issues such as handling the implications, physical, social and emotional derived therefrom, negotiations with the health personnel attending, and identifying signs and symptoms of alarm. In other words, be regarded increased efficacy or patient. Bonal empowerment, R & Cascaret, X (2009) The success or failure of the self-management of patients with chronic disease diagnosed is determined by factors such as processing and disease (complexity of treatment, disease duration and quality in the provision of health care), intrapersonal factors (age, sex, self-esteem, depression and anxiety), factors inter personal (quality in the relationship between patients and facilitators service health) and environmental factors. Elasy and Albright (2001). People with chronic diseases not only have to deal with the symptoms of his illness, but also, they have to deal with the emotional impact it can have on your life. J. Franek, (2012)
METHODOLOGY

In this chapter the study design, population, sample, sample inclusion criteria, exclusion and elimination, ethical considerations, and measurement instruments, data collection plan and statistical analysis plan was addressed.

Design: To conduct this study proposed a descriptive design since in such variables of interest are detailed and analysis of sociodemographic characteristics shown and self-management in chronic diseases in the elderly intervention participants. Grove, Gray & Burns (2015).

Population, sample and sampling: A descriptive design was used to specify the behavior of self-management in its three dimensions (knowledge, adherence and management of physical, mental and social impact of the disease) and sociodemographic characteristics in older adults and people in pre-participants age of the intervention project "Taking control of your health" Headquarters Saltillo. The first data for undergraduate and graduate students who were trained previously made. Baseline measurement was 146 subjects, of which only 71 were taken, and these who were in aging stage, part of a quasi-experimental study, two groups: control and intervened. The measurement was in health centers belonging to the jurisdiction # 8 health secretary in Saltillo, making use of a convenience sample, since participants were older adults; same that made use of such health centers, who in turn are diagnosed with a chronic illness or chronic symptoms and who agreed to participate in the intervention. Self-management behavior was measured using a global approach Partners in Health Scale (PHS) which comprises a total of 12 items.

To measure the level of knowledge of the disease two items were used; adherence with 6 items and to measure the physical, mental and social impact of the disease four items of the original instrument (PHS), for the 3 spheres were used, the ratio of the score is directly proportional, so that the higher the score, greater mastery of self-management. who in turn they are diagnosed with a chronic illness or chronic symptoms and who agreed to participate in the intervention. Self-management behavior was measured using a global approach Partners in Health Scale (PHS) which comprises a total of 12 items.

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Inclusion criteria: elderly users of health centers jurisdiction 8 health secretary in Saltillo, diagnosed with a chronic illness or chronic symptoms and who agreed to participate in the nursing intervention "Taking control of your health" were included, who have been interviewed and assessed at baseline.

Exclusion criteria: They were grounds for exclusion of all project participants who do not partially or completely covered with the requirements; as were the elderly being, be diagnosed with a disease or chronic symptoms less than 3 months; incomplete filling of the instruments, unreliable or erroneous data of the items that made up the survey. Data collection site: Application of Partners in Health Scale instrument was conducted in health centers: The health center González September 27 SN-S, Huerta de Venancio, 25030 Saltillo, Coahuila. Health center Laureles Sunflower 247, Sunflower, 25080 Saltillo, Coahuila. Health center tree Francisco I. Madero 504, Centro, 25000 Saltillo, Coahuila. Urban Health Center Ramos Arizpe Jose Maria Morelos 801, Centro, 25900 Ramos Arizpe, Coahuila.

Ethical considerations: Basing this investigation in Article 17 section one, which is considered an investigation without risk studies using techniques and methods of retrospective documentary research and those in which no intervention or intentional modification is performed on physiological, psychological variables and social individuals participating in the study, among those considered: questionnaires, interviews, review of medical records and others on what is not identified or sensitive aspects of their behavior are addressed. This research became attached to the General Provisions of the Regulations of the General Health Act (1987) in Research for Health.

According to Title II, Chapter I, Article 13, in this investigation he prevailed the criterion of respect for human dignity and protection of the rights and welfare of participants. In order to comply with what prescribed in Article 21, Section I, IV, VI, explained in clear and complete justification and objectives of the research, the benefits could be obtained and guaranteed to receive a response to any question and clarification on any questions about procedures, risks, benefits and other related research participants affairs. Article 22: Informed consent must be in writing and shall meet the following requirements: It will be made by the principal investigator, indicating the information specified in Article 21 and according to the technical regulations issued by the Secretary.

It will be reviewed and, where appropriate, approved by the ethics committee of the institution of health care. Indicate the names and addresses of two witnesses and the relationship they have with the research subject. It must be signed by two witnesses and the research subject or his legal representative, if any. If the research subject not know how to sign, will print your fingerprint and sign their name another person designated by him, and will run in duplicate, one copy being held by research subject or his legal representative. Measurements and Instruments: Cedula of demographics: In the certificate of demographics data age, sex, marital status and medical service that has included the participant. Self-management behavior was measured using a global approach Partners In Health Scale (PHS) which comprises a total of 12 items.

To measure the level of knowledge of the disease two items were used; adherence with 6 items and to measure the physical, mental and social impact of the disease four items of the original instrument (PHS), for the 3 spheres were used, the ratio of the score is directly proportional, so that the higher the score, greater mastery of self-management. Within the dimensions of self-management are the following: 1. Conocimiento disease; know how absent or at what level of absenteeism, lack of health of the individual is. 2. Attachment or adherence; which it is the compliance and consistency to enhance the quality of life. 3.Manejo physical impact, social and emotional development of the disease, where all human beings tend to react similarly in such a situation, though not all with the same intensity or expressing the same emotion or feeling, the most common ways of reacting to the disease are fear, denial , anxiety or distress, depression or sadness, anger, hostility, irrational or superstitious thinking, guilt, remorse, some kind of envious of those who are healthy, helplessness, shelter, inferiority, shame or modesty to name a few and the same follows the physical and social impact with the patient.

The instrument though not all with the same intensity or expressing the same emotion or feeling, the most common ways of reacting to the disease are fear, denial, anxiety or distress, depression or sadness, anger, hostility, irrational or superstitious thinking, guilt, remorse, some kind of envious of those who are healthy, helplessness, shelter, inferiority, shame or modesty to name a few and these same physical and social impact which the patient follows Copes disease. The instrument though not all with the same intensity or expressing the same emotion or feeling, the most common ways of reacting to the disease are fear, denial, anxiety or distress, depression or sadness, anger, hostility, irrational or superstitious thinking, guilt, remorse, some kind of envious of those who are healthy, helplessness, shelter, inferiority, shame or modesty to name a few and these same physical and social impact which the patient follows Copes disease. The instrument inferiority shame or modesty to name a few and these same physical and social impact which the patient follows Copes disease. The instrument inferiority shame or modesty to name a few and these same physical and social impact which the patient follows Copes disease. The instrument

Self-management in chronic conditions: The Spanish version was used in the instrument "partthers in healt scalemr361" which was validated by Peñarrieta, Reyes, Krederdt, Flores Resendiz and Chavez -Flowers (2015) obtaining a reliability Cronbach alpha of 0.72. This instrument consists of 12 items derived from four dimensions: Global Index, knowledge, adherence and symptom management. The response options are structured on a scale of zero to eight where a lower score lower self-management.

Results

Descriptive statistics were performed using frequencies, percentages, measures of central tendency and (mean, median and standard deviation) dispersion sociodemographic study population as well as the self-management variables and sociodemographic and self-management of chronic disease in elderly characteristic features.

n = 71 Source: self-care instrument

GAMEZ-GAONA, Guillermo, PEÑARRIETA-DE CÓRDOVA, Isabel, PONCE-CONTRERAS, Ma. Guadalupe, TELLO-GARCIA, Ma. Ascención and LEIJA-MENDOZA. Alejandra. Sociodemographic characteristics and self-management of chronic diseases in older adults. ECORFAN Journal-Republic of El Salvador 2018

Variable	Yes		Do not	
	F	%	F	%
Diabetes Mellitus II	26	36.6	Four. Five	63.4
Hypertension	51	71.8	twenty	28.2

Table 1 Descriptive analysis of socio-demographic dat

Variable	Fx	%
Sex Female	63	88.7
Male	8	11.3
Total	71	100.0
Civil status Married/	35	49.3
Free Union	0	0
Widower	twenty-one	29.6
Divorced	4	5.6
Single	eleven	15.5
Total	71	100.0
Serv. Médic None	one	1.4
Popular insurance	51	71.8
Social Security	18	25.4
Other	one	1.4
Total	71	100.0

Table 2 Frequencies in chronic diseases *N = 71*
Source: self-management tool

Variable	X	md	OF	min	Max
In general, what you know about your health status is	6.24	8.00	2.33	0.00	8.00
In general, what you know about your treatment,	6.41	8.00	2.31	0.00	8.00
Take the medicines and / or drugs and performed the care prescribed by your doctor or health worker.	7.21	8.00	1.58	1.00	8.00
He shares your doctor or health worker on issues that you decide	5.14	6.00	3.14	0.00	8.00
He can ask the doctor or health worker considers some aspects that should change in your treatment or incorporate	3.90	4.00	3.39	0.00	8.00
Attending scheduled appointments your doctor or health worker	7.54	8.00	1.42	0.00	8.00
It keeps track of your symptoms and early warning signs	6.96	8.00	2.10	0.00	8.00
Take action at the first signs warning	7.63	8.00	1.69	1.00	8.00
You can manage the side effects of their health status in relation to daily physical activity	6.96	8.00	1..81	0.00	8.00
You can keep the emotional and spiritual balance with respect to their health.	7.21	8.00	1.29	4.00	8.00
You can interact with others every day, despite his health.	7.31	8.00	1.48	0.00	8.00
In general, it takes a healthy lifestyle: I manage to live a healthy life	7.42	8.00	1.22	2.00	8.00

Table 3 Descriptive Statistics: Self-Management in chronic conditions
n = 71 Source: self-management tool
n = 71 Source Instrument self-care

Discussion

The study population presented similarity compared with studies addressed, leaving uncovered a predominance of female gender, hypertension as the most common chronic disease and very noticeable lack of self-management, include age as a transcendent figure. It is noteworthy that self-management is especially valuable, since it represents itself a combination of the goals of the patient, the family, the community and the medical environment, all working together to improve the management of ongoing disease. So, if you consider self-management with all elements or fields that comprise (knowledge of the disease, attachment or adherence to treatment and management of physical, social and emotional impact of the disease) not only is an approach,

Conclusions

It is concluded that this study provides support to confirm that the sociodemographic characteristics and self-management should be included in future research and interventions that implements the nursing staff, in order to achieve a change of habits and lifestyles that help both the individual and his family.

Recommendations

Future considerations regarding the creation of a greater number of studies addressing the topic is suggested.

Titrate know where deeper function of each of the sociodemographic characteristics and the relationship with self-management.
Improving communication skills, facilitate language so that is understandable to the participant (adapted individuals).

Assessing the ability of self-management (understanding of strengths and barriers). Incorporate self-management in primary care: encourage patients to share experiences on self-management; act as coordinator to provide background information on self-management at the local level.

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