

Effect of Targeted Nursing Based on Basic Living Care on Patients With Chronic Gastric Ulcer

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Abstract: Objective: To explore the effect of targeted nursing based on basic living care on patients with chronic gastric ulcer. **Method:** Ninety patients with chronic gastric ulcer treated in our hospital from August 2018 to August 2019 were selected and divided into observation group (n = 45) and control group (n = 45) randomly. The control group was given routine care. On the basis of the control group, the observation group was given targeted care based on basic living care. Compare the compliance behavior in two groups. **Results:** After the intervention, the compliance score of the observation group was higher than that of the control group, and the difference was statistically significant ($P < 0.05$). **Conclusion:** The use of targeted care based on basic living care for patients with chronic gastric ulcer can improve their compliance behavior, which is worthy of clinical application.

Keywords: Chronic gastric ulcer; Targeted nursing based on basic living care; Compliance behavior

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1 Introduction

Chronic gastric ulcer is a common digestive system disease and its etiology is complicated. It is generally believed that the digestion of gastric wall or duodenal wall is caused by gastric acid and pepsin. This self-digestion process is the direct cause of ulcer formation. The clinical feature is recurrent unconstant epigastric pain, often accompanied by regurgitation, belching, nausea, vomiting, blood in the stool, etc., which greatly affects patients' daily life, study and work. It is particularly important to provide targeted care

based on individual differences of the patients during intensive treatment. In view of this, this study explores the effect of targeted care based on basic living care on patients with chronic gastric ulcer. The specific analysis is as follows.

2 Information and methods

2.1 General information

Approved by the medical ethics committee of our hospital, 90 patients with chronic gastric ulcer treated in our hospital from August 2018 to August 2019 were selected. They were divided into observation group (n = 45) and control group (n = 45) randomly. The observation group consisted of 26 males and 19 females; the age was 25-70 with the average age of (47.23 ± 5.33); weight 40-80 kg, with the average of (59.52 ± 6.49) kg. The control group included 25 males and 20 females; the age was 26-70 with the average age of (47.52 ± 5.78); weight 41-81 kg, with the average of (60.25 ± 5.89) kg. Inclusion criteria: The patients met the diagnostic criteria for chronic gastric ulcers, and were confirmed by gastroscopy and laboratory examinations. The patients were informed of this study and voluntarily signed consent forms, and had high compliance^[1]. Exclusion criteria: patients with severe heart, liver, and kidney function impairment; patients with complications such as gastrointestinal bleeding; Patients with mental disorders or gastric cancer. The comparison of the above data between the groups was not significant ($P > 0.05$), which was comparable.

2.2 Methods

Patients in both groups were treated with Amoxicillin, Omeprazole and clarithromycin.

2.2.1 Control group

Routine care is given on this basis, including observing the patient's clinical performance, medication guidance, and basic life guidance.

2.2.2 Observation group

On the basis of the control group, targeted care based on basic living care is given: Comprehensive evaluation: Ask patients about their living conditions, family, education, occupation and other basic information when they are hospitalized. And check the severity of the patient's condition and physical and mental conditions, and develop targeted nursing measures. Health education: According to the difference in patients' education level, publicize relevant knowledge about chronic gastric ulcer to patients, improve the understanding of the disease among patients and their families, and master medication methods, precautions, adverse reactions, etc. so as to improve medication compliance. Psychological counseling: Understand patients' psychological state and conduct targeted psychological counseling through communication. Extroverted patients can improve compliance by explaining the dangers of the disease; introverted patients need great patience and consolation. Successful treatment cases can be introduced to help them build confidence in treatment. Encourage patients to adjust their mentality and maintain a happy mood. Life care: Choose light, high-protein, digestible, low-calorie foods as far as possible. Avoid spicy, greasy, cold, and irritating foods. Follow the principle of regular quantitative and small meals; Make a scientific exercise plan and have a certain amount of aerobic exercise

every day; Reasonably arrange rest and work time, ensure adequate sleep time, and develop healthy habits; add and subtract clothes according to the climate, pay attention to keep warm.

2.3 Evaluation index

Compliance behavior: The self-designed compliance evaluation questionnaire was used to evaluate the compliance behavior of patients after intervention. The retest reliability of the scale was 0.712. The scale included taking medicine on time, smoking cessation, alcohol restriction, moderate exercise, reasonable diet, regular review, etc. There were 6 items in each aspect, one point was calculated for each correct answer, the score was 0-30 points, the higher the score was, the better the compliance behavior was.

2.4 Statistical methods

The data were processed by SPSS18.0 software, and the measurement data and counting data were expressed as $\bar{x} \pm s$ and n (%). The *t* and χ^2 tests were used, respectively. $P < 0.05$ was considered statistically significant.

3 Results

3.1 Compliance behavior

Before the intervention, the compliance scores of the two groups were not significantly different ($P > 0.05$); after the intervention, the compliance behavior scores of the observation group were higher than the control group, and the difference was statistically significant ($P < 0.05$). See Table 1.

Table 1. Comparison of compliance scores between two groups of patients ($\bar{x} \pm s$, points)

groups	before intervention	after intervention	<i>t</i>	<i>P</i>
control group(n=45)	6.73±1.25	18.76±3.46	21.936	0.000
observation group(n=45)	6.80±1.42	22.55±4.21	23.780	0.000
<i>t</i>	0.248	4.666	-	-
<i>P</i>	0.805	0.000	-	-

4 Discussion

Gastric ulcer is a common gastrointestinal disease. Its pathogenesis is related to helicobacter pylori infection, excessive gastric acid secretion, weakened gastric mucosal protection, and local mucosal damage. Antibiotic triad and proton pump inhibitor therapy

are commonly used in clinical practice, but due to the long treatment time and poor patient compliance, it is particularly important to add reasonable nursing interventions during the treatment process.

Targeted nursing intervention is a personalized and effective nursing model. It is a differentiated nursing measure implemented based on the evaluation results

based on a full evaluation of the individual differences of patients^[2]. The results of this study show that after the intervention, the compliance behavior score of the observation group was higher than the control group, indicating that patients with chronic gastric ulcer can improve their compliance behavior with targeted care based on basic living care. The reason is that the application of targeted nursing based on basic life care can effectively improve patients' cognition level of disease knowledge and improve medication compliance. Through communication with patients, understand their psychological state and carry out targeted psychological counseling, to help them establish treatment confidence; Guide patients from diet, medication, exercise, work, life and other aspects to improve their compliance; Inform patients to consciously regulate their emotions and maintain an optimistic attitude, so as to improve the therapeutic effect. However, due to the small number

of included samples and the lack of long-term follow-up of patients, the results have certain limitations, and a large number of clinical studies are still needed to further confirm the authenticity of the results.

In summary, the application of targeted care based on basic living care for patients with chronic gastric ulcer can improve their compliance behavior, which is worthy of clinical application.

References

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