"A study to asses the effectiveness of structure teaching programme on knowledge regarding Alzhimers disease among adults from selected area of Pune city."

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ABSTRACT

Introduction: Alzheimer's disease is defined as the degenerative disease of the brain resulting in progressive memory loss, impaired thinking, deterioration, and changes in personality and mood. It includes deterioration of language, comprehension, memory, and thinking and learning capability. The term Alzheimer was first coined by a German physician, Alios Alzheimer, in 1915,**The present study title:**"A study to asses the effectiveness of structure teaching programme on knowledge regarding Alzhimers disease among adults from selected area of Pune city." **Material and Methods**: In present study, researcher adopted Quasi experimental design one group pretest, post test design. It was carried out on 60 samples. The Non-probability Convenient sampling method was used to data was collected using demographic profile and clinical profile. Data analysis was done mainly using descriptive statistics. **Result:** Result revealed mean score of pretest is 7.75 with sd of 3.5 which is less than post test mean 14.95 with 2.18 SD and calculated value of paired t test was 17.35 with p value 0.00001. so p value 0.00001 is less than 0.05 level of significant which means null hypothesis rejected and there is effect of structure teaching programme. **Conclusion** : After administration 31.7% participants were having Average Knowledge and 68.33% were having Good knowledge one was having poor knowledge .

Keywords: Assess, Knowledge, Effectiveness Structure Teaching Programme , Adults, Alzheimers

INTRODUCTION

Alzheimer's disease is defined as the degenerative disease of the brain resulting in progressive memory loss, impaired thinking, deterioration, and changes in personality and mood. It includes deterioration of language, comprehension, memory, and thinking and learning capability. The term Alzheimer was first coined by a German physician, Alios Alzheimer, in 1915. The WHO mentioned Alzheimer's disease as the most common cause of dementia; however, not all dementia is a result of Alzheimer's. Alzheimer's is becoming a growing burden and the leading cause of disability among older people, and there is no cure for it. It is set to be the biggest killer among the growing elderly population.[1]

Alzheimer's disease (AD) is a neurodegenerative disease that usually starts slowly and progressively worsens.It is the cause of 60–70% of cases of dementia.The most common early symptom is difficulty in remembering recent events As the disease advances, symptoms can include problems with language, disorientation (including easily getting lost), mood swings, loss of motivation, self-neglect, and behavioral issue As a person's condition declines, they often withdraw from family and society Gradually, bodily functions are lost, ultimately leading to death.Although the speed of progression can vary, the typical life expectancy following diagnosis is three to nine years[2]

Approximately 5.8 million people in the United States age 65 and older live with Alzheimer's disease. Of those, 80% are 75 years old and older. Out of the approximately 50 million people worldwide with dementia, between 60% and 70% are estimated to have Alzheimer's disease.

The early signs of the disease include forgetting recent events or conversations. As the disease progresses, a person with Alzheimer's disease will develop severe memory impairment and lose the ability to carry out everyday tasks.

Need of the Study

Alzheimer's disease, also referred to simply as Alzheimer's, is a chronic neurodegenerative disease that usually starts

Eur. Chem. Bull. 2023, 12(Issue 7), 2877-2881

2877

slowly and worsens over time. It is the cause of 60% to 70% of cases of dementia. The most common early symptoms are difficulty in remembering recent events. As the disease advances, symptoms can include problems with language, disorientation, mood swings, loss of motivation, not managing self-care, and behavioural issues. As a person's condition declines, they often withdraw from family and society. Gradually, bodily functions are lost, ultimately leading to death.11

An estimated 6.5 million Americans are living with Alzheimer's disease.Symptoms usually begin after age 60, but Alzheimer's disease likely starts a decade or more before problems first appear.Aging and a family history of dementia are risk factors.Other risk factors include diabetes, high blood pressure (hypertension), physical inactivity, poor diet quality and obesity, poor sleep quality and sleep disorders, tobacco use, traumatic brain injury, and excessive alcohol use.Among adults aged 65 or older, Alzheimer's death rates increased 70% from 2000 to 2020.

Currently, there is no cure for Alzheimer's, but doctors can prescribe drugs and recommend behaviors to help patients manage symptoms.In addition, reducing modifiable risk factors can help delay onset or slow the progression of Alzheimer's disease and related dementias.12

Kushalata Baral(2109) conducted study on Knowledge regarding Alzheimer's Disease among College Students of Kathmandu, Nepal. The mean ADKS (Alzheimer's Disease Knowledge Scale) score is with the lowest and highest mean total scores of 8 and 26, respectively. 49.5% of the respondents scored above the mean. The number of male and female respondents who scored above the mean is 68 and 95, respectively, with value 0.71 and odds ratio 0.922. There is no association between gender and knowledge level. Gender seemed to have no effect on the knowledge about Alzheimer's disease on the basis of the Alzheimer's Disease Knowledge Scale

Aim of the Study

A study to asses the effectiveness of structure teaching programme on knowledge regarding Alzhimers disease among adults.

Methodology

In present study, researcher adopted Quasi experimental design one group pretest, post test design. It was carried out on 60 samples. The Non-probability Convenient sampling method was used to data was collected using demographic profile and clinical profile. Data analysis was done mainly using descriptive statistics.

Result

SECTION I: DESCRIPTION OF DEMOGRAPHIC PROFILE:

The majority of the adult age between 35% were from 21-25 years and majority of the individuals 61.67% were male. than female.Majority of 78.33% participants were married and 21.67% were unmarried. Majority of 33.33% were graduate.100% participants were from Urban area .

90% participants were not aware regarding Alzheimer-disease& 10% were aware about regarding Alzheimer-disease. The source of infection 6.67% from Mass Media.

SECTION II: Finding related to knowledge regarding Alzheimer disease among adults from selected area of Pune city before administration Structure Teaching Programme

n=60

Knowledge	Frequency	Percentage	Mean	SD
Good	4	6.67		
Average	32	53.33	7.75	3.5
Poor	24	40.00		

TABLE NO 1

Percentage wise distribution according to source of information

Table 1 Depicts that 40% participants were having poor Knowledge and 53.33% were having average knowledge 4% were having good knowledge .

SECTION III: Finding related to knowledge regarding Alzheimer disease among adults from selected area of pune city after administration Structure Teaching Programme

n=60

Knowledge	FFreq	Ppercentage	M mean	Ssd
Good	41	68.3		
Average	19	31.7	14.95	2.18
Poor	0	0		

TABLE NO 2

Table 2 Depicts that 31.7% participants were having Average Knowledge and 68.33% were having Good knowledge one was having poor knowledge .

SECTION IV: finding related to effectiveness of structure teaching programme on knowledge regarding Alzheimer disease among adults from selected area of Pune city.

Knowledge	mean	sd	df	t ttest	P Value	RRemark
Pre test	7.75	3.5	59	17.35	0.00001	Significant
Post test	14.95	2.18				

n=60

TABLE NO 3

Table 3 depicts that mean score of pretest is 7.75 with sd of 3.5 which is less than post test mean 14.95 with 2.18 SD and calculated value of paired t test was 17.35 with p value 0.00001. so p value 0.00001 is less than 0.05 level of significant which means null hypothesis rejected and there is effect of structure teaching programme.

Discussion

The findings of the study was discussed with the objectives and hypothesis stated. The present study was undertaken "A study to asses the effectiveness of structure teaching programme on knowledge regarding Alzhimers disease among adults from selected area of Pune city."

In this study Findings revealed that mean score of pretest is 7.75 with sd of 3.5 which is less than post test mean 14.95 with 2.18 SD and calculated value of paired t test was 17.35 with p value 0.00001. so p value 0.00001 is less than 0.05 level of significant which means null hypothesis rejected and there is effect of structure teaching programme.

In similar study by A study conducted by Eman Baleegh, et al 2021 on Effectiveness Of Structured Teaching Program On Knowledge and Fear of Alzheimer's Disease in Cognitively Intact Older Adults. A quasi-experimental, pre and post intervention research design was implemented. Result showed that Both ADKS and FADS overall scores showed significant increase after the program implementation (17.62±4.07 and 41.61±24.70 vs.19.18±3.59 and 48.05±26.66;respectively). This improvement favours young elderly female, single, and illiterate elderly who have poor health status, haven't information about the disease or didn't provide any care for Alzheimer's patients, and worried from affection of the disease. A statistically significant positive correlation was found between ADKS total mean score of studied elders and their fear from AD (FADS) before and after the implementation of the structured teaching program. Study concluded that the intervention program improved knowledge but increased fear of AD in elderly.

Conclusion

The present study was undertaken A study to asses the effectiveness of structure teaching programme on knowledge regarding Alzhimers disease among adults from selected area of Pune city.

Result revealed that Finding revealed that 40% participants were having poor Knowledge and 53.33% were having average knowledge 4% were having good knowledge . 31.7% participants were having average knowledge and 68.33% were having Good knowledge one was having poor knowledge .

Eur. Chem. Bull. 2023, 12(Issue 7), 2877-2881

2879

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Recommendation:

o Comparative study can be done

o Similar Study can be done in larger population.

Conflict of Interest

 The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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2880

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Eur. Chem. Bull. 2023, 12(Issue 7), 2877-2881

2881