

Old age and peptic ulcer: the role of helicobacter pylori



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Human body systems weaken as it age which open the possibility for infections caused by bacteria and other microorganisms. Predominantly elder people are more susceptible to diseases and complications. While some people have higher resistance than others, it is still undeniable that the immunity of people, especially those who aged 50 and above, are weaker than younger people. Thus, precautions and proper exercise ad diet must be observed. Among the different organs affected by aging process is the gastrointestinal tract.

The gastrointestinal tract includes primarily, the mouth, the esophagus, stomach, small intestines, large intestine ad finally the rectum. This tract is the one that is responsible for digestion of food and absorption of nutrients from food. Aging affects the various organs in the gastrointestinal tract differently. Contraction movements affect the passage of the food from the mouth to the esophagus. Spechler (2006), found out that esophageal motility lowers as age increases. According to Azuma and colleagues (2004), the stomach and upper intestines appears to be more vulnerable in people aged 50 and above.

This promotes the possibility of infections and ulcer. Ulcers are open sores that developed on lining of the stomach (Hanson, et al 2005). Nonsteroidal anti-inflammatory drugs and aspirin are believed to cause inflammation and bleeding due to high level of acidity. In the small intestine, problems' concerning bacterial overgrowth develops which results to several complications. As for the large intestine and the rectum, a perceived slower movement or peristalsis may cause constipation. Discussion As discussed

above, the most affected part of the gastrointestinal tract as people aged is the stomach.

One of the major complication that develops in the stomach as people aged is peptic ulcer. Boyanova and colleagues (2003) elaborated on the presence of peptic ulcers among people aged 50 and above and discussed the effect of *Helicobacter pylori* in these patients. The result of their studies show that ' indeed, older peptic ulcer patients have 60% to 70% *Helicobacter pylori* positivity rates'. Boyanova and colleagues (2003) agreed that ' peptic ulcer disease is predominantly HP positive in old-age'. *Helicobacter pylori* are present in the environment and are naturally occurring in the stomach and upper intestines (Klein, 2008).

Salles and Megraud (2007) states that *Helicobacter pylori* infections are gram-negative gastric infection that increases with age worldwide. Klein (2008) further advised that *Helicobacter pylori* caused gastritis in young people and peptic ulcers in adults. Since, the gastrointestinal tract weakens as people get older, elder people become prone to peptic ulcers as stated by Boyanova and colleagues (2003). Goroll and colleagues (2006) mentioned that peptic ulcers are believed to be hereditary since it is seen to run in families. Nonetheless, research on *Helicobacter pylori* and its role in peptic ulcer proves to be a more acceptable explanation.

Peptic Ulcers are characterized as an acute or chronic ulceration of the mucosa of the stomach, duodenum, pylorus or lower esophagus. Ulceration, is caused by the increase of hydrochloric acid in the stomach which caused thinning of the mucosa and sub mucosa (Goroll et al, 2006). According to Sally Roach (2005), the primary signs ad symptoms of peptic ulcer includes, <https://assignbuster.com/old-age-and-peptic-ulcer-the-role-of-helicobacter-pylori/>

abdominal pain which happens two to three hours after meal; burning or gnawing pain in the epigastric region; bleeding in the form of hematemesis, haemorrhage or melena.

Diagnosis is made through esophagogastroduodenoscopy or inserting a camera through the mouth to the stomach. Another diagnosis is made through breath test wherein a certain solution would be taken by the patient that supposed to confirm the presence of *H. pylori*. Another test is blood test for antibodies to *H. pylori* antigen. An elder person suffering from peptic ulcer linked to *Helicobacter pylori* reports burning abdominal pain and vomiting blood (Roach, 2005). The nursing care that is recommended involves teaching the patient about the nature of the disease and the importance of adhering to the drug regimen.

Mostly, the diet of people suffering from peptic ulcer should not include irritating foods such as acidic foods and spices. The treatment of the ailment is primarily geared towards the reduction of pain experienced which undermines the reduction of gastric juices. The acidity of the stomach is neutralized with antacids. When there are severely high levels of *H. pylori*, anti infective medications are prescribes such as tetracycline and amoxicillin. Accordingly, in circumstances wherein medication failed surgery is made through vagotomy or vagotomy with pyloroplasty (Roach, 2005).

Family members should encourage the patient to eat smaller meals regularly and avoid skipping meals. In addition, they should be well informed that certain foods might promote the symptoms of ulcers such as spices and acidic foods. Mitchell and colleagues discussed the possibility that the patient with peptic ulcer might suffer from psychogenic pain disorder related
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to ageing. Goroll and Colleagues (2006) and Day and colleagues (2003), mentioned that anxiety and/or stress are usually a factor that affects healing process.

Thus, the support from the significant others and understanding are encourage. Roach elaborates on the role of the nurse in the treatment of peptic ulcer patients. The nurse should ask the patient to describe the pain and at the same time question about the pain itself (Roach, 2005). Since the elderly patient may not be able to express the needed details, the nurse should be understanding enough and figure out what the patient is trying to say through clues, which might indicate the painful area or experience of pain.

Findings The discussion above indicates that indeed as people increase their age they become more prone to diseases and the organs of the body deteriorates. In this regards, bacteria becomes more harmful since immunity and organ function decreases. In case of *Helicobacter pylori* it results to the thinning of the stomach mucosa and leads to peptic ulcer. Elderly are not only prone to diseases but to complications as well. They develop certain psychological problems and impairment, which might reduce or limit the effectiveness of medication.

Others (elderly) may not understand the purpose of medication at all. To these end, the support and understanding of significant others are highly recommended. The nurse also plays a large role in the care of elderly patient. Aside from being understanding, the nurse should develop an understanding or should possess knowledge regarding the patient's illness.

With respect to peptic ulcer, the foods that the patients take must be <https://assignbuster.com/old-age-and-peptic-ulcer-the-role-of-helicobacter-pylori/>

supervised. The symptoms and signs must be recoded to note improvement. While medication should be encourage and properly given.