

PROCEEDING INTERNATIONAL CONFERENCE OF NURSING, HEALTH AND EDUCATION (ICNHE)

PREPARE FOR UPGRADING SKILL FOR GLOBAL NEEDS

PHENOMENOLOGY STUDY: FAMILY EXPERIENCE IN MANAGING
MENTAL DISORDERS IN PANTI DISTRICT

ANXIETY OF ACUTE CORONARY SYNDROME PATIENTS IN REGIONAL
PUBLIC HOSPITAL OF DR.T.C.HILLERSMAUMERE

MANAGER'S STRATEGY IN IMPROVING THE QUALITY OF NURSING
DOCUMENTATION

EARLY DETECTION OF PRESSURE SORES AND HEALTH EDUCATION IN
PREVENTING THE OCCURRENCE OF PRESSURE SORES

FAMILY SOSIAL SUPPORT AND ANXIETY LEVEL OF HOSPITALIZATION
TO PRESCHOOL CHILDREN

THE CONDITION OF THE BABY IN EXCLUSIVE BREASTFEEDING FOR
WORKING MOTHERS AT STIKES RS. BAPTIS KEDIRI

MOTIVATION RELATED TO COMPLIANCE MANAGEMENT OF NON
PHARMACOLOGICAL THERAPYTYPE II DIABETES MELITUS

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MEDAN

INCIDENCE OF INSOMNIA IN THE ELDERLY AT WREDHA NURSING
HOME

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FOREWORD

Thanks to God Almighty for his abundance of grace so that the Proceedings Of Update Comprehensive Nursing Care For Diabetes Mellitus Patients With A Multidisciplinary Approach can be solved well. This Proceeding is a collection of research results that are expected to contribute in improving health status in the community. Research results can be a point of reference for developing other research for the welfare of Indonesian society. This Proceeding contains research papers and is created with the aim of providing knowledge to the general public regarding the latest research and scientific developments so that it is expected to increase knowledge, communication and further motivation for the filing of Intellectual Property Rights.

We would like to thank **Mrs. Selvia David Richard, S.Kep., Ns., M.Kep as Chief of STIKES RS. Baptis Kediri, Libest Asia Consultans, Social Welfare Corporation Prefectual Welfare Society, Asia Kyoei Jigyou Kyodokumiai, Kumiai/AO Japan, Seiyukai Foundation, Rakurakuen Foundation and Southeast Asia Ministers of Education Organization Regional Open Learning Center (SEAMEO SEAMOLEC)** in publishing the proceedings that we have held. We realize that this Proceeding certainly does not escape the deficiencies, for that all suggestions and criticism we expect for the improvement of proceedings in the next issue. Finally we would like to thank all those who have assisted in this activity, and we hope that this proceeding can be useful for researchers, academics and the development of science.

Kediri, 29th November 2019
Committe

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DECREASED BLOOD URIC ACID LEVELS THROUGH HEALTH EDUCATION BY SCREENING METHODS IN THE ELDERLY

Sandy Kurniajati, Akde Triyoga, Yoyok Febrijanto
STIKES RS Baptis Kediri

The elderly population is increasing and life expectancy is high, it will also increase health problems in the elderly. The elderly according to WHO starting age 60 years and over (Ida Untari, 2019). Health problems one of which is joint pain with one cause is gout (Erpandi, 2015). The purpose of this study was to analyze the effectiveness of health education screening methods in reducing blood uric acid levels in the elderly at GBI Tri Bakti Kediri. This study was an observational study using a pre-post test design method. The population used is the elderly at GBI Setia Tri Bakti Kediri and those taken as respondents by fulfilling the prerequisites of being 11 respondents. The action given is health education by screening method. The measured variable is blood uric acid level which is done by taking data 2. The instrument used is measuring blood sugar levels the analysis used is the Wilcoxon test because the normality of the data is not normal. the results of the study that the level of uric acid in the blood at the time of initial examination with an average of 6.8 mg/dl with a standard deviation of 1.33 mg / dl, examination of uric acid levels in the blood after 1 month of health education with an average of 6, 6 mg / dl, standard deviation of 2.06 mg /dl. average decrease in uric acid levels after 1 month 0.2 mg / dl. Wilcoxon test statistical results obtained $p = 0.444$ where $p > 0.05$ so there is no significant difference between blood uric acid levels before the provision of health education and 1 month after health education. it was concluded that the provision of health education by screening methods was not effective in reducing blood uric acid levels in the elderly at GBI Tri Bakti Kediri.

Key Word : Blod uric acid Levels, health education, the elderly

Introduction

Increasing population and life expectancy in the elderly will increase health problems in the elderly. WHO knee knees begin at age 60 and above (Ida Untari, 2019). At this age, health problems often change in physiology (cardiovascular system, respiratory system, gastrointestinal system, musculoskeletal system, endocrine system, neurological system, genetourinary system, sensory system) (Padila, 2013), besides that joint pain can be triggered due to fatigue , wrong position, influenza, rheumatism, or gout

(Erpandi, 2015). Gout is a disease of the rest of purine metabolism that comes from food scraps that are not consumed (Wikipedia, 2019). Gout is a disease that attacks the bones and bones by accumulation of uric acid crystals that cause inflammation, this is often called Gout (Zahara, 2013). Uric acid levels are said to increase if more than 6.0 mg / dl in women and more than 7.0 in men (Nopik, 2013).

The elderly population in 2015 in Indonesia reached more than 25 million people (Ida Untari, 2019). According to Nugrogo, it is estimated that the number of elderly in 2020 will be 29.12 million

with a life expectancy of 70-75 years (Padila, 2013). The prevalence of elderly who suffer from gout in Tri Bakti Kediri GBI is 25% (Sandy, 2017). Uric acid is normally excreted by the body through feses and urine, if the kidneys are unable to release uric acid the body will experience a buildup of uric acid with a marked increase in uric acid levels in the blood. The risk factor for uric acid is a lifestyle with consumption of high purine foods, alcohol, conditions medical, such as high blood pressure and deabetes, drugs such as the use of aspirin and deuritica, genetics derived from family, age and sex, in men are more at risk but in women who are already maneupus the risk is the same (Wkipedia, 2019). Increased levels of uric acid in the blood can cause the accumulation of uric acid crystals in the joints which cause inflation called Gout (Darmawan, 2008).

Handling of gout is in the form of pharmacological therapy by administering salicylate groups and nonsteroidal anti-inflammatory drug groups, while handling non-pharmacological treatments or complementary treatments with herbal therapy (Wirahmadi, 2013). How to subscribe to gout according to (Zahara, 2013) is drinking lots of white water 8-10 glasses a day, avoid foods that are high in purines such as red meat, seafood, wine, nuts, yeast, tea, coffee, avoid anxiety, sports routine and drink soursop leaves. Health education is also very important to be given to improve healthy living behavior in the elderly with gout. Health education is a dynamic behavior change where the

change is not just a process of transferring material / theory from one person to another and not a set of procedures, but the change occurs because of the awareness of the individual, group, or society itself (Wahid Iqbal Mubarak and Nurul Chayatin, 2009). Screening according to Lanst and Spasoff in 2000 is identification which is presumptive (presumptive) of a disease or defect that is not recognized to be carried out several tests, examinations or other procedures that can be applied quickly. The Skrening Test separates individuals who look healthy and may suffer from disease from individuals who may not suffer from the disease (Susan Carr, et al, 2014). The purpose of this study was to analyze the effectiveness of health education screening methods in reducing blood uric acid levels in the elderly at GBI Tri Bakti Kediri.

Research methods

The research design used was observational research with the Pre Experiment method with pre-post test design. The population used is the elderly at GBI Setia Tri Bakti Kediri as many as 60 people, and those taken as respondents by fulfilling all the prerequisites became 11 respondents. The action given is health education by screening method. The measured variable was blood uric acid level, which was taken data twice on April 28, 2017 and May 26, 2017. The instrument used was the measurement of blood sugar levels with the Easy Touch GCU tool. The analysis used is the Wilkoxon Test because the data normality test is not normal.

Result

Table 1: Decreased Blood Uric Acid Levels Through Health Education Skrening Methods in the Elderly at GBI Tri Bakti Kediri in April - May 2017.

NO. RES	BLOOD ACID LEVELS		CHANGE (ml/dl)	EXPLANATION
	I (ml/dl)	II (ml/dl)		
1	7,9	7,1	-0,8	Down
2	7,0	7,1	0,1	Up
3	6,6	5,4	-0,8	Down
4	5,5	3,0	-2,5	Down
5	5,1	4,5	-0,6	Down
6	7,2	10,4	3,2	Up
7	7,5	8,0	0,5	Down
8	4,3	4,7	0,4	Up
9	8,6	6,6	-2,0	Down
10	7,9	7,9	0	Permanent
11	7,5	7,9	0,4	Up
Mean	6,8	6,6	-0,2	Down
SD	1,33	2,06	1,51	
Minimal	4,3	3,3	-2,5	
Maksimal	8,6	10,4	3,2	
Normalitas	0,346	0,838		
Uji Wilcoxon = 0,444, N=5, P=5, T= 1				

Table 1 shows that the level of uric acid in the blood at the initial examination with an average of 6.8 mg / dl with a standard deviation of 1.33 mg / dl, the lowest value of uric acid levels was 4.3 mg / dl and the highest was 8.6 mg / dl. Examination of uric acid levels in the blood after 1 month of health education with an average of 6.6 mg / dl, standard deviation of 2.06 mg / dl and lowest uric acid levels of 3.3 mg / dl and highest of 10.4 mg / dl. The average decrease in uric acid levels after 1 month is 0.2 mg / dl. The results of Wilcoxon test statistics were obtained $p = 0.444$, where $p > 0.05$ so there was no significant difference between blood uric acid levels before the provision of health education and 1 month after health education.

Discussion.

The elderly at GBI Tri Bakti Kediri have an average uric acid level of 6.8 mg / dl with most of them being women. Uric acid values are normal in women at the highest 6 mg / dl (Herlina Ersi, 2013). This shows that the average value of the research results is more than the normal value and shows a high risk of gout. Increased levels of uric acid in the blood due to the body through the kidneys are not able to secrete the rest of purine metabolism through urine and feces. Men are more at risk than women, but when women are maneuvering women will have the same risk (Wikipedia, 2019). Elderly men have a greater risk. Apart from the age factor, with the increasing age of entry in degenerative age, disruption of the body's physiological system is disturbed, including the purine metabolic system. In women, especially

the elderly women would have entered menopause if the risk of gout is in accordance with the theory. Menopausal women will experience a decrease in the production of the hormone estrogen which will affect the general metabolic performance of the body and specifically purine metabolism.

Gout / gout factors are obesity, high consumption of purines, disruption of uric acid and stress (Suryo Wibowo, 2016). Factors of risk of emergencies are life style with consumption of high-urinary intake, alcohol, conditions, medical conditions such as high blood pressure, diabetes, drugs, family standards (family), family use, aspirin, pregnancy, family, family, family, family and family. Elderly with obesity shows a high nutrient content stored (calories) which is stored continuously in the long run. This storage process requires additional energy and will affect the performance of the kidneys in the release of residual purine metabolism. Uric acid enters the body from food intake. Obesity refers to food intake is higher / greater than the calories used. This imbalance also refers to large deposits of uric acid in the body. Elderly with obesity will certainly be related to eating habits. Food patterns with high levels of purines and alcohol, tea, coffee, red meat, agur, yeast, tape in the elderly will encourage older people to have elevated blood uric acid levels. Elderly people in the Kediri community drinking coffee and cigarettes have become a food culture. This food culture pattern will unwittingly increase the risk of the elderly experiencing an increase in gout. Lansia also tends to have high blood pressure or hypertension. High blood pressure will give an increased burden on the work of the kidneys, so it will reduce the ability of the kidneys to secrete the rest of the purine

metabolism. Lansia GBI Tri Bakti Kediri who has high blood pressure will certainly be at risk of increasing uric acid.

The highest levels of uric acid in the blood in the elderly can be 10.4 mg / dl. Acid levels are said to increase if more than 6.0 mg / dl in women and more than 7.0 mg / dl in men (Nopik, 2013). Increased levels of uric acid in the blood can cause a buildup of uric acid crystals in the joints that cause inflammation called Gout (Darmawan, 2008). Elderly blood uric acid levels are above normal values, both for women and men, this shows the amount of uric acid deposits in the blood, which results in a buildup of uric acid crystals in the joints. Elderly who experience accumulation of uric acid crystals in the joints is called suffering from gout. Complaints of pain in the joints, especially the weight-bearing joints and finger joints will increase. The process of joint inflammation is characterized by swollen joints, red and painful will often be seen in the elderly. Handling of gout in the form of pharmacological therapy by administering salicylate groups and nonsteroidal anti-inflammatory drug groups, while handling non-pharmacological or complementary virgins with herbal therapy (Wirahmadi, 2013). How to subscribe to gout according to (Zahara, 2013) is drinking lots of water 8-10 glasses a day, avoid foods that contain high purines such as red meat, seafood, wine, nuts, yeast, tea, coffee, hindarin anxiety, if regular exercise and soursop leaves. Diets in patients with acid that must be avoided are foods that contain high uric acid (100-1000 mg / 100g uric acid) such as brain, liver, heart, kidney, offal, meat / broth extract, duck, sardines, tapioca, mussels, shellfish (Sunita Almatier, 2004). Providing pharmacology to the elderly with gout

must be referred to a doctor or health center to get salicylate therapy and nonsteroidal anti-inflammatory therapy, while nurses can advise the elderly to keep drinking more than 8-10 water per day to help the kidneys remove residual purine metabolism. The elderly are expected to be able to avoid foods that have high uric acid content such as organ meats, fish, broth and other sources of fat that are high in uric acid. In addition to herbal-giving diets as complementary treatments that can independently be given to the elderly with gout is gnosticides tailings. In addition, health education for the elderly or families and the elderly community in GBI Tri Bakti Kediri is needed. Health education is also very important to be given to improve healthy living behavior in the elderly with gout. Health education is a dynamic behavior change where the change is not just a process of transferring material / theory from one person to another person and not also a set of procedures, but the change occurs because of the awareness of the individual, group, or society itself (Wahid Iqbal Mubarak and Nurul Chayatin, 2009). Health education about the awareness of early detection of uric acid with the goal of the elderly can have awareness for changes in healthy behavior by being able to make efforts to prevent increased levels of uric acid in the blood and not fall in its collaboration.

Screening according to Lanst and Spasoff in 2000 is identification which is presumptive (presumptive) of a disease or defect that is not recognized to be carried out several tests, examinations or other procedures that can be applied quickly. The Skrening Test separates individuals who look healthy and may suffer from disease from individuals who may not suffer

from the disease (Susan Carr, et al, 2014). Through screening activities, it is expected that early diagnostics will be enforced and prevention can be done quickly, so that the elderly do not enter into more serious conditions or their complications. Screening activities require cohesiveness so that all of the elderly can be screened and the elderly are increasingly familiar with early detection of acid with their normal threshold values.

The results of the study decreased the average uric acid levels after 1 month 0.2 mg / dl. The results of Wilkoxon test statistics obtained $p = 0.444$, where $p > 0.05$ so that the health education screening method is not effective in reducing uric acid levels in the elderly at GBI Tri Bakti Kediri. According to Lawrence Green in 1980 behavior is influenced by 3 main factors, namely predisposing factors including characteristics and values. Enabling factors include facilities, supporting infrastructure, reinforcement factors, which are factors that encourage health workers, community leaders, government policies, etc. (Soekidjo Notoatmodjo, 2010). The provision of health education using the Gout Screening method which was carried out twice in April and May 2017 in the elderly gout decreased by an average of 0.2 mg / dl, but this has not indicated a significant reduction. The provision of health education by screening method is a possible factor that facilitates the elderly to get information on the results of uric acid examination in their blood. Further education efforts are needed as to the factor of the disposition of the elderly at GBI Tri Bakti Kediri. GBI Tri Bakti Kediri is located in the village of Minggiran, Gampeng District, Kediri Regency, a rural area with agrarian and Christian communities. Traditional values and cultural characteristics often

take a long time to experience changes in new things. Religious Tokha as a reinforcing factor can be optimized to support changes in elderly behavior by increasing uric acid levels. Walaupun health education has not shown significant results are not necessarily useless and useful. Implementation of continuous health education activities needs to be done and continuously monitored changes in the behavior of the elderly and the results of decreasing gout in the elderly's blood.

Conclusions

It is concluded that the provision of health education by the screening method is not effective in reducing blood uric acid levels in the elderly at GBI Tri Bakti Kediri Health education as an enabling factor needs to be combined with predisposing factors for elderly and religious leaders as a reinforcing factor for behavioral changes and decreasing uric acid levels in the blood in blood. elderly

Suggestion

Improving the health status of the elderly needs to be improved by early detection through a comprehensive check up (general ck up) at least once a year. The elderly Posyandu must have an education program for elderly on the management of gout sufferers and to regularly check uric acid levels in the elderly, at least once a year. The elderly Posyandu can demonstrate the recommended, restricted or prohibited foodstuff model for gout sufferers during the elderly posyandu activities, so that the elderly will have independence in maintaining their health status. The role of religion as a reinforcing factor can be involved in achieving changes in the elderly and

decreasing uric acid. Families as pendaping and elderly care givers at home need to be involved, especially in setting appropriate dietary patterns for the elderly with gout.

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