International Journal of
Health Systems and Medical Sciences

ISSN: 2833-7433
Volume 2 | No 6 | Jun -2023

Influence of Bad Habits on Physical Development in Elderly Men

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Abstract: A person acquires a number of habits during his life. Some of them are absolutely harmless or even useful and serve to streamline life. Others belong to the category of bad habits and can have a significant impact on the duration and quality of a person's life in old age. These include smoking, addiction to alcohol, a sedentary lifestyle, a passion for hoarding, foul language. Changes in anthropometric parameters are also observed in the human body under the influence of harmful habits.

Keywords: elderly age, harmful habits, body mass index.

Introduction: Extending the average life expectancy of people and improving their lifestyle is the goal of every country, and the main task of this country's Health System. Among the factors that determine human health, the first place belongs to a healthy lifestyle. Harmful habits have a huge impact on health. It is inevitable that people who smoke or drink a lot of alcohol will develop diseases. In order to maintain and strengthen their health, working ability, people should give up harmful habits, form a healthy lifestyle and strengthen disease prevention measures.

A typical smoker started smoking regularly at age 17.8. He smokes 20 cigarettes a day. He died at the age of 68.7. Smoking for 50.9 years reduced his life by 10 years (13%). The typical alcoholic starts drinking regularly at age 16, drinks an average of 2.14 drinks per day, and dies at age 55.6. Alcohol reduced his life by 23.1 years (29%). (Madeleine Davis 2014)

Smoking has a direct harmful effect on the respiratory and circulatory systems. Thus, it disrupts the blood supply and oxygen saturation of all tissues and organs. Long-term exposure to tobacco smoke in the respiratory system leads to the destruction of floating cells of the trachea and bronchi, which causes the entry of infectious agents into the lungs. As a result, the risk of infectious diseases increases.

Nicotine has a vasoconstrictive effect on the microcirculation pool, which creates a basis for the formation of blood clots and increases the risk of heart attack and stroke.

Large doses of alcohol or its regular consumption primarily affects the digestive system. Alcohol has a direct chemical effect on the walls of the stomach, can cause ulcers and their malignancy. Alcohol also has a negative effect on the liver and pancreas and destroys the cells of these organs, which are very important for people. The breakdown products of alcohol are toxic to the heart muscle, increasing the risk of heart attacks or heart rhythm problems.

Purpose: Assessing the association of waist circumference with physical activity in elderly men.

Materials and methods: A total of 546 elderly men (60-74 years old) participated in the study. Anthropometric examinations and questionnaires were conducted in family polyclinics in Bukhara.

Body mass index (TMI=weight kg/height m2) was determined according to WHO (1997) classification and evaluated as follows: TMI < 18.5, low body mass; If TMI is 18.6-24.9, the body mass is normal, if TMI is 25.0-29.9, it is overweight; TMI 30-34.9 – obesity I degree; TMI - 35.0-39.9 - obesity II degree TMI > 40 - obesity III degree.

Harmful habits; •The criterion for excessive alcohol consumption is consumption of more than 20 grams per day on the basis of pure alcohol; the following mass concentration of ethanol was used •to assess the consumption of alcoholic beverages (on the basis of pure ethanol) : for beer - 0.04 g of ethanol/ml of drink; •for dry wine (champagne wine) - 0.0927 g ethanol/ml drink; •for fortified wine - 0.1227 ethanol/ml drink; •for a strong alcoholic drink (vodka, cognac, etc.) - 0.3227 g ethanol/ml drink.

The WHO criteria were used in the assessment of smoking: smoking one cigarette per day (one puff) was also considered as having this factor.

Results and analysis: When examining the harmful habits of elderly men, 254 (46.5%) had no harmful habits, 162 (29.7%) had smoked before, 140 (25.6%) were currently smoking, 65 (11.9%) used to smoke snuff, 70 (12.8%) currently smoke snuff, 58 (10.6%) currently smoke snuff and cigarettes, 99 (18.1%) currently drink alcohol, 210 of them (38.5%) said that they used to drink alcohol, 50 of them (9.2%) currently drink alcohol and smoke, and 71 of them (13%) said that they currently drink alcohol and smoke cigarettes.

A total of 254 elderly men without harmful habits. Their TVI was as follows: 2 (0.8%) were hypotrophic, 18.3; 68 of them (19.2%) were normal, from 21.3 to 24.9, on average 23.8±0.09 ligi; In 105 cases (41.3%), excess body weight ranges from 25.0 to 29.8, with an average of 27.4±0.43; 67 (26.3%) have obesity level I, from 30.1 to 34.7, average 31.8±0.12; 10 (4%) have II degree of obesity, from 35.2 to 37.5, average 35.9±0.25; In 2 cases (0.8%), obesity level III, 40.3 - 41.1 average was found to be 40.7±0.71.

- currently there are 140 people who smoke cigarettes. Among them, there are 2 hypotrophs (1.4%), 18.3-18.4 on average 18.3±0.09; 30 of them (21.4%) were normal, from 19.0 to 24.9, on average 23.6±0.23 ligi; 62 of them (44.4%) have excess body weight from 25.0 to 29.7 with an average of 27.4±0.13; 38 (27.1%) have obesity level I, from 30.1 to 34.7, average 31.7±0.17; 6 (4.3%) have II degree of obesity, from 35.2 to 37.2, average 35.9±0.35 ; 2 (1.4%) have III degree of obesity, 40.2 - 40.6 average 40.4±0.35 the fact that;
- a total of 162 smokers. Among them, hypotrophs are one (0.6%), 18.3; In 39 (24.1%) it was normal, from 19.0 to 24.9; average 23.6±0.22 leagues; 75 of them (46.4%) have excess body weight from 25.0 to 29.8 with an average of 27.4±0.16; 40 (27.4%) have obesity level I, from 30.1 to 34.7, average 31.8±0.17; 5 (3.0%) have II degree of obesity, from 35.2 to 37.2, average 36.0±0.43; 2 of them (1.2%) have III degree of obesity, 40.2 - 40.6 with an average of 40.4±0.35;
- currently there are 70 smokers. Among these there are no hypotrophs; In 7 cases (10.0%), it was normal, from 21.9 to 24.8, on average 23.8±0.44 ligi; 34 of them (48.6%) have excess body weight from 25.0 to 29.7, average 27.1±0.19; 25 (35.7%) have obesity level I, from 30.5 to 34.3, average 31.7±0.20; 4 (5.7%) have II degree of obesity, from 35.2 to 35.9, average 35.5±0.19; the absence of obesity III degree;
- a total of 65 people who smoked before. Among these there are no hypotrophs; In 9 (13.8%) it is normal, from 20.9 to 24.8; average 23.1±0.46 leagues; 25 (38.5%) have excess body weight from 25.0 to 29.7 with an average of 27.0±0.24; 27 (41.5%) have obesity level I, from 30.1 to 34.3, average 31.6±0.21; 4 (6.2%) have II degree of obesity, from 35.2 to 35.9, average 35.7±0.19 the fact that; the absence of obesity III degree;
- currently there are 99 people who drink alcohol. There are no hypotrophs among them. 18 of them (18.2%) were normal, from 19.0 to 24.9, on average 23.4±0.40 ligi; 41 of them (41.4%) have excess body weight from 25.0 to 29.8 with an average of 27.6±0.17, 35 of them (35.4%) have obesity of the first degree, from 30.1 to 34.7, average 31.7±0.18 leagues; 5 (5%) have II degree obesity, from 35.2 to 36.2, average 35.7±0.20, absence of III degree obesity;

- a total of 210 people who drank alcohol before. Among them, one (0.5%) was hypotrophic at 18.4, 38 (18.1%) were normal, from 18.7 to 24.9, with an average of 23.0±0.24 ligi; 95 of them (45.2%) have excess body weight from 25.0 to 29.8 with an average of 27.5±0.10; 61 (29.0%) have obesity level I, from 30.1 to 34.7, average 31.9±0.13; 13 (6.2%) have II degree obesity, from 35.2 to 39.8, average 36.3±0.40; 2 (1%) have obesity level III, from 40.5 to 40.6, average 40.5±0.09;

Conclusion, elderly men with unhealthy habits had higher body mass index than those without unhealthy habits. This, in turn, indicates that bad habits have a negative effect on physical growth indicators.

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