

INTRODUCTION

Aging is a process that converts healthy adults into frail ones. It diminishes reserves in most body systems and increases vulnerability to most diseases and to death (*Finch, 1990*). Elderly (aged) people constitute a vulnerable group that needs special care. In Egypt retirement begins at the age of 60 years in governmental and public and private sector jobs, 60 years is considered the age of retirement, which is reached by about 10% of the population. Some consider the geriatric age group as that group of people who passed the retirement age (*Ibrahim, 1997*). In 2000, there were 600 million people aged 60 and over; there will be 1.2 billion by 2025 and 2 billion by 2050. Today, about two thirds of all older people are living in the developing world; by 2025, it will be 75%. In the developed world, the very old (age 80+) is the fastest growing population groups. Women outlive men in virtually all societies; consequently in very old age, the ratio of women/men is 2:1 (CAPMAS, 2002).

Aging is associated with a progressive increase in fasting plasma glucose levels, and a progressive decline in insulin sensitivity is thought to contribute to the physiologic deterioration of glucose homeostasis. Age is an independent risk factor that interacts with diabetes to accelerate the development of complications. About 50% of those older than 60 have abnormal glucose tolerance tests (*Burrell et al., 1997 and Prato, 1998*).

Diabetes mellitus (DM) is the fourth leading cause of death in the United States. Sixteen million Americans have DM. And approximately half are undiagnosed because the disease may be a symptomatic until complications develop. DM is the leading cause of end stage renal disease, blindness, non traumatic amputations, and impotence. Patient with DM are two to four times more likely to develop a heart attack or stroke and hypertension than those without DM (*Gay and Chernecky, 2002*).

DM is considered one of the most major health problems in Egypt. The WHO recently emphasized that diabetes will represent the major public health burden in the 21st Century, that's why it was important to try to attract attention to limit this disease in Egypt now than ever before (*Mahgoub, 2000*). In Egypt the prevalence rate of (DM) increases with age. DM is one of the ten most common diseases among the Egyptian older adult (*Ashour, 1993*). DM is considered one of the most major health problems in Egypt. There are about 3,500,000 diabetic Egyptians (*Hamdy, 2002*). During the period from May 2000 till April 2001, 1257 diabetic elderly were admitted to the diabetic foot out patient clinic of the national diabetes institute Cairo (*Medical out patient Records Department, 2001*).

Health promotion programs are programs designed to improve health and wellbeing of individuals and communities by providing people with the information, skill, services and support they need to undertake and maintain positive life style changes (*Hafez and Bagechi, 1994; Thompson, 1998 and Nies & McEwen, 2001*).

Nurses have a responsibility to assist elderly people to understand their health related experiences and to enhance their abilities to make informed choices. Nursing responsibilities also include promoting the understanding that health behavior changes involve lifestyle change. That is, the health behavior become a part of every day life and not just as time limited self care program. Health promotion is more than the adaptation of positive health habits or the avoidance of negative health behaviors. Health promotion involves a complicated web of knowledge, attitude and practice related to health (*Hill & Lindsey, 1994 and Mass et al., 2001*).

The nurse is a vital member of the comprehensive diabetes care program and educates the diabetic elderly and their care givers about a number of issues important for optimal diabetes care, including monitoring of blood glucose, urine analysis for sugar, insulin administration, guidelines for diabetes management during illness, suitable diet for DM, management of hypoglycemia and hyperglycemia, foot and skin care, diabetes management before, during, and after exercise, and risk factor-modifying activities (*Smeltzer & Bare, 2000 and Braunwald et al., 2001*).

As stated by *Haley (1997) and Mass et al. (2001)*, family care givers provide unpaid care for family members who become dependent or need assistance because of the physical or mental effect of a chronic health problem. Family members are now providing the majority of care, taking primary responsibility for the management of treatment effects and symptoms, for personal and intimate care tasks, and for the supervision and

monitoring of overall patient health status. So care givers play an important role in the management of older diabetics at home (*Morley, 1999*).

When the community health nurse, the family care givers and other involved health care professionals work collaboratively to facilitate a diabetic elderly person's learning, the chances of success will be maximized. The nurse must equipped diabetic elderly and their care givers by giving them knowledge about nutrition, medication, effect and side effect, exercise, disease progression, prevention strategies, monitoring techniques and medication adjustment (*Smeltzer & Bare, 2000*).

The main goal of this study is to help diabetic elderly and their care givers to manage the DM disease in order to prevent its complications, long-term complications and improve their quality of life.