

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

Research Article
ISSN 2394-3211
EJPMR

A STUDY TO COMPARE THE LIFESTYLE MODIFICATION STRATEGIES ADOPTED BY ADULTS FOR THE MANAGEMENT OF LIFESTYLE DISEASE BEFORE AND DURING COVID 19 PANDEMIC

Mekha Joy¹, Merlin Kurian¹, Neha Austin¹ and Deepak K. Nair²*

¹Final Year Bsc Nursing Students. M.O.S.C. College of Nursing, Kolenchery, Ernakulam, Kerala, India.

²Assistant Professor, Dept. of Communty Health Nursing, M.O.S.C. College of Nursing, Kolenchery, Ernakulam, Kerala, India.



*Corresponding Author: Deepak K. Nair

Assistant Professor, Dept. of Communty Health Nursing, M.O.S.C. College of Nursing, Kolenchery, Ernakulam, Kerala, India.

Article Received on 11/09/2024

Article Revised on 01/10/2024

Article Accepted on 21/10/2024

ABSTRACT

Aim: This descriptive study was conducted to compare the proportion of lifestyle diseases and the lifestyle modification strategies adopted by adults in the management of lifestyle diseases, for the promotion of health and control of lifestyle diseases. **Objectives:** To estimate the proportion of lifestyle diseases among adults and to compare the life style modification strategies adopted by adults for the management of lifestyle diseases before and during COVID -19 pandemic. **Methods:** Non-experimental descriptive survey was employed for the study. Data were collected from a purposive sample of 118 permanent residents of selected Gramapanchayat in Ernakulam district, Kerala. The study participants were asked to complete a structured Socio Demographic variable, a self structured checklist to assess the proportion of lifestyle disease and adoption of lifestyle modification strategies. The data were analyzed using R software. **Result:** Significant difference (p= 0.002) was observed in the dietary pattern, physical activity and smoking habit.

KEYWORD:- Lifestyle modification strategies, Lifestyle disease, COVID 19 pandemic.

INTRODUCTION

Coronavirus disease (COVID-19), which originated in the Wuhan province of China, was declared as a global pandemic by the World Health Organization (W.H.O) on March 11, 2020.^[1] Since then it has spread beyond borders and affected the lifestyle behaviour of people. This pandemic not only adversely affected the physical health of individuals, but also brought forth significant changes in their lifestyle. COVID-19 is a global burden which continues to redefine daily lifestyle related habits in a significant manner as the pandemic progresses through its different phases. Public recommendations and government measures taken to abate infection have indirectly impacted food availability, dietary quality, normal daily activities, access to recreational public settings, social activities, work and financial security.[1]

Maintaining a healthy nutrition status and level of certain exercise is crucial, especially in a period when the immune system might need to fight back. In fact, subjects with (severe) obesity (BMI \geq 30 kg/m2) are one of the groups with a higher risk for COVID-19 complications. [2] Therefore, losing weight may be one of the strategies to lower the risk of severe illness from

COVID-19. Worldwide, authorities and healthcare professional's recommendations on how to stay healthy during the COVID-19 pandemic, besides taking appropriate hygiene measures, are related to healthy lifestyle measures such as assuring sufficient sleep, eat plenty of fresh fruits and vegetables, reduce stress and social isolation and stay active.

The COVID-19 pandemic might motivate people to make healthier choices and adopt a healthier lifestyle. Conversely, COVID-19 control measures such as social distancing and compulsory home isolation can be expected to increase sedentary behaviour and might cause an unhealthy eating and sleeping pattern^[3,4] For example, the interruption of the daily (work) routine caused by the staying at home (Which includes digitaleducation, working from home, and limitation of outdoors and in-gym physical activity) could result in boredom, which in turn is associated with a greater energy intake. [13] In addition, hearing or reading continuously about the COVID-19 pandemic and its possible impact from media can be stressful. [5,6] Stress leads individuals toward overeating, especially 'comfort foods' or inactivity. [7] For future actions it is important to determine the lifestyle changes taken during this

COVID-19 pandemic, and what support will be needed to (dis) continue this health behaviour in a post-COVID-19 era. [8,9] While strict preventive measures are necessary to protect public health, they may, however, radically change individuals' daily habits, including lifestyle-related behaviors. Staying and working at home can affect diet, food choice, and access to food and, thus, reduce possibilities and limit the practice of physical activity. [10]

These factors compound over time to radically change lifestyle-related behaviors, especially daily eating, activity and sleep behaviors that are known to be independent risk factors for metabolic complications such as obesity, diabetes, and cardiovascular disorders. [11]

The measures adopted during COVID-19 pandemic may strongly impact the lifestyle behaviors and physical and mental health of adults. [12]

Problem statement

A study to compare the lifestyle modification strategies adopted by adults for the management of lifestyle diseases before and during COVID -19 pandemic in selected Grama panchayat of Ernakulam district.

Objectives of the study

- 1) To estimate the proportion of lifestyle diseases among adults.
- To compare the life style modification strategies adopted by adults for the management of lifestyle diseases before and during COVID -19 pandemic.

MATERIAL AND METHODS

The data was collected for a period from 25/2/2022 to 22/3/2022. After obtaining ethical clearance from

institutional ethics committee of MOSC Medical College Hospital, administrative permission was obtained from Panchayat President of Aikkaranad Gramapanchayat, a pilot study was conducted among permanent residence of selected areas of Aikkaranad Gramapanchayat to assess the feasibility and practicability of the study. The study was conducted among 20 subjectswho were selected by purposive sampling technique. The purpose of the study, self Structured checklist to assess the lifestyle diseases and the lifestyle modification strategies before and during COVID 19 pandemic, were explained and informed consent was taken from each subjects by using online survey mode "Google Form". The data collection was terminated after thanking each participant for their participation and cooperation. The data were analysed by R software.

Description of the tool

Section A: Socio-demographic variables.

It consist of 5 questions for collecting demographic data such as age, gender, religion, education, and occupation. Section B

Tool 1: Self structured checklist to assess the lifestyle diseases.

Self structured checklist consisted of 5 questions to assess the lifestyle diseases.

Tool 2: Self Structured checklist to assess the lifestyle modification strategies before and during COVID 19 pandemic.

Self Structured checklist consisted of 6 items such as dietary pattern, sleep pattern, physical activity, smoking, alcoholism and tobacco and it consisted of 20 sub questions. It consists of a series of statements on lifestyle modification strategies before and during COVID 19 pandemic. Each sub questions has 3 alternatives: Agree, disagree, not applicable.

RESULTS

Description of subjects according to their socio demographic variables

Frequency distribution and percentage of subjects based on demographic variables (n=118)

Sl. No	Sociodemographic variables	Frequency(f)	Percentage (%)
	Age		
1	18-30	19	16.1
	31-45	26	22
	46-60	73	61.9
	Gender		
2	Male	55	46.6
	Female	63	53.4
	Religion		
3	Christian	43	36.4
3	Hindu	58	49.2
	Muslim	17	14.4
	Education		
	Upto 10th standard	43	36.4
4	Pre degree/plus two	29	24.6
	Degree	37	31.4
	Graduate and above	9	7.6
5	Occupation		
3	Unemployed	13	11

Daily wager	36	30.5
Private job	42	35.6
Government job	11	9.3
Business	14	11.9
retired	2	1.7

The data given in the table 1 showed that majority of the subjects (61.9%) belonged to the age groupof 46 to 60 years followed by (22%) were in the age group 31 to 45 and asmall percentage (16.1%) belonged to the age group of 18 to 30 years. Most of the subjects (53.4%) were females and majority (49.2%) belonged to the Hindu religion. Majority of the subjects (36.4%) were below

10th standard, 31.4% weredegree holders, 24.6% were predegree and remaining 7.6% weregraduates. Majority of the subjects (35.6%) had private job, 30.5% were daily wagers, 11.9% were businessmen, 11% were unemployed, 9.3% were Government employee and 1.7% were retired.

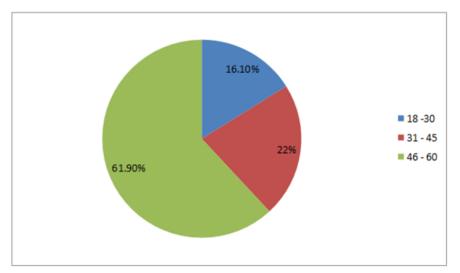


Figure 1: Pie chart showing percentage distribution of age of subjects. (n=118).

As depicted in figure 1, 61.90% of subjects belonged to the age group 46 to 60 years, followed by 22% were in

the age group 31 to 45 years and a small percentage 16.1% belonged to the age group of 18 to 30 years.

Description of subjects based on lifestyle disease and adoption of lifestyle modification strategies. (n= 118) Frequency distribution and percentage of subjects based on lifestyle disease (n= 118)

Sl. No	Lifestyle disease	Frequency (f)	Percentage (%)
	Diabetes Mellitus		
1	Yes	48	40.7
	No	70	59.3
	Hypertension		
2	Yes	67	56.8
	No	51	43.2
	Coronary Artery Disease		
3	Yes	14	11.9
	No	104	88.1
	Obesity		
4	Yes	1	0.8
	No	117	99.2
	Cancer		
4	Yes	3	2.5
	No	115	97.5
	Thyroid Disease		
5	Yes	20	16.9
	No	98	83.1

The data given in the table showed that 40.7% subjects had Diabetes Mellitus, 56.8% had Hypertension, 88.1%

had Coronary Artery Disease, 0.8% had obesity, 2.5% had Cancer and 16.9% had Thyroid Disease.

www.ejpmr.com Vol 11, Issue 11, 2024. ISO 9001:2015 Certified Journal 307

Comparison of dietary modification before and during COVID 19 pandemic.

		Bef	Before		During	
Sl. No.	Item	Frequency	Percentage	Frequency	Percenta	
		(f)	(%)	(f)	ge (%)	
1	Fruits and vegetables	105	89	109	92	
2	Nuts and cereals	103	87.30	112	94.90	
3	Milk and milk products	62	52.50	95	80.50	
4	Reduced oil and butter	52	44.10	65	56.10	
5	Never reuse cooking oil	81	68.60	93	78.80	
6	Never eat out	63	53.40	46	39	
7	Decreased sweet food	45	38.10	57	48.30	
8	Avoid preservatives	115	97.50	111	94.10	
9	Reduced red meat	57	48.30	56	47.50	

Comparison of sleep pattern before and during COVID 19 pandemic.

Sl.		Be	efore	During	
No.	Item	Frequency	Percentage	Frequency	Percentage
110.		(f)	(%)	(F)	(%)
10	No difficulty in falling asleep	88	75	88	75
11	7 hours of sleep daily	79	66.90	77	65.30
12	No difficulty in continuing sleep	79	66.90	80	67.80

Comparison of physical activity before and during COVID 19 pandemic.

		Before Dur		ing	
Sl. No.	Sl. No. Item		Percentage	Frequency	Percentag
		(f)	(%)	(f)	e (%)
13	Regular exercise	46	39	66	56
14	No difficulty in doing exercise	39	33.10	67	56.80
15	Engage in household activities	77	65.30	81	68.60

Comparison of smoking habit before and during COVID 19 pandemic.

Sl. no Item		Bef	ore	During		
		Frequency	Percentage	Frequency	Percentage	
		(f)	(%)	(f)	(%)	
16	Habit of smoking	23	19.50	9	7.60	
17	Reduced smoking	10	8.50	7	5.90	

Comparison of alcohol and other substance use before and during COVID 19 pandemic.

		Bet	fore	During	
Sl. no	Item	Frequency	Percentage	Frequency	Percentage
		(f)	(%)	(f)	(%)
18	Habit of alcoholism	16	13.60	11	9.30
19	Reduced alcohol consumption	10	8.50	4	3.40
20	Habit of tobacco chewing	7	5.90	5	4.20

Comparison of lifestyle modification strategies before and during COVID 19 pandemic

Purison	drison of mestyle modification strategies before and during 60 vib 15 pandenne							
Sl. no	Item	Before		During		Paired		
51. 110		Mean	SD	Mean	SD	sample t test	p.value	
1	Dietary pattern	14.77	1.487	15.36	1.466	-3.227	0.002*	
2	Sleep pattern	5.00	1.307	4.95	1.339	0.380	0.705	
3	Physical activity	3.80	1.465	4.40	1.613	-3.167	0.002*	
4	Smoking habit	0.69	1.382	0.43	1.066	3.178	0.002*	
	Alcohol and other							
5	substance use	0.67	1.346	0.51	1.115	1.660	1.100	

^{*}p value < 0.05

Table showed that there is a significant difference in the lifestyle modification strategies such as dietary pattern,

physical activity and smoking habit before and during COVID 19 pandemic.

www.ejpmr.com Vol 11, Issue 11, 2024. ISO 9001:2015 Certified Journal 308

DISCUSSION

In this present study, 40.7% subjects had Diabetes Mellitus, 56.8% had Hypertension, 88.1% had Coronary Artery Disease, 0.8% had obesity, 2.5% had Cancer and 16.9% had Thyroid Disease.

This findings is in agreement with the study conducted among 200 university or college students.

In the present study, statistically significant difference was obtained in the adoption of lifestyle modification strategies such as dietary pattern, physical activity and smoking habit before and during COVID 19 pandemic. (p<0.05)

Similar findings are reported by a study conducted among 995 subjects.

CONCLUSION

The study was conducted to compare the lifestyle modification strategies adopted by adults for the management of lifestyle disease before and during COVID 19 pandemic among 118 permanent residents of Aikkaranad Gramapanchayat of Ernakulam district. The data were collected using a self structured checklist. The collected data were analysed and interpreted using descriptive and inferential statistics.

The study findings revealed that there was a statistically significant difference in the lifestyle modification strategies such as dietary pattern, physical activity and smoking habit before and during COVID 19 pandemic (p<0.05).

Implications of the study

Findings of the present study have several implications in the field of nursing practice, nursing education, nursing administration and nursing research.

Nursing administration

It is important that health care organizations provides evidence based practice for the management of lifestyle diseases prevalent in the community. Nurse administrator can incorporate the findings of this study in prevention of lifestyle diseases and promotion of health in the community.

Nursing education

Nurse educator can use the findings while teaching about the lifestyle modification strategies needed for adults for the management of lifestyle diseases.

Nursing practice

The goal of community nurse is to provide direct care, educate individuals or public, advocate for health improvements and perform research in community health.

Nursing research

Findings of the study can be used for future studies.

Standardized tools used for assessing the lifestyle modification strategies adopted by adults for the management of lifestyle diseases before and-during COVID 19 pandemic can be used for other related studies.

Recommendations for future research

Based on the results of the study, following recommendations are made:

- The same study can be conducted by using a large sample to generalize the findings.
- Similar study can be conducted by using an experimental design.

Ethics and Consent

Ethical permission was obtained from the IRB of M.O.S.C. Medical College Hospital and formal permission was obtained from concerned authority. Informed consent was obtained from the subjects. Confidentiality and anonymity was ensured using the subject coding system.

Conflict of interest

The authors declare no conflict of interest.

REFERENCES

- 1. Mattioli AV, Pinti M, Farinetti A Nasi M. Obesity risk during collective quarantine for the COVID -19 epidemic. Obes Med, 2020; 20: 100263.
- Gornicka M, Drywien ME, Zielinska MA, Hamulka J. Dietary and lifestyle changes during COVID-19 and subsequent lockdowns among Polish adults: a cross- sectional online survey PLifeCOVID-19 study. Nutrients, 2020; 12(8): 2324.
- 3. Palaiodimos L, Kokkinidis DG, Li W, Karamanis D, Ognibene J, Arora S, et al. Severe obesity, increasing age and male sex are independently associated with worse in hospital outcomes, and higher in hospital mortality, in a cohort of patients with COVID-19 in the Bronx, New York. Metabolism, 2020; 108: 154262.
- 4. Guan H, Okely AD, Aguilar- Farias N, et al. Promoting healthy movement behaviours among children during the COVID-19 pandemic. Lancet, 2020; 4(6): 416-418.
- Ammar A, Brach M, Trabelsi K, et al. Effects of COVID-19 home confinement on eating behaviour and physical activity: results of the ECLB-COVID19 international Online survey. Nutrients, 2020; 12(6): 1583.
- Pietrobelli A, Pecoraro L, Ferruzzi A, et al. Effects of COVID-19 lockdown on lifestyle behaviors in children with obesity living in Verona, Italy: a longitudinal study. Obesity, 2020; 28(8): 1382-1385.
- 7. Martin SA, Pence BD, Woods JA. Exercise and respiratory trat viral infections. Exercise Sport Sci. Rev, 2009; 37(4): 157-164.
- 8. Balanzá-Martínez V, Kapczinski F, de Azevedo Cardoso T, Atienza-Carbonell B, Rosa AR, Mota JC, De Boni RB. The assessment of lifestyle

309

- changes during the COVID-19 pandemic using a multidimensional scale. Revista de psiquiatria y salud mental, 2021; 1, 14(1): 16-26.
- 9. Van der Werf ET, Busch M, Jong MC, Hoenders HR. Lifestyle changes during the first wave of the COVID-19 pandemic: a cross-sectional survey in the Netherlands. BMC Public Health, 2021; 25, 21(1): 1226.
- Constant A, Conserve DF, Gallopel-Morvan K, Raude J. Socio-cognitive factors associated with lifestyle changes in response to the COVID-19 epidemic in the general population: results from a cross-sectional study in France. Frontiers in psychology, 2020; 29, 11: 579460.
- 11. Enriquez-Martinez OG, Martins MC, Pereira TS, Pacheco SO, Pacheco FJ, Lopez KV, Huancahuire-Vega S, Silva DA, Mora-Urda AI, Rodriguez-Vásquez M, Montero Lopez MP. Diet and lifestyle changes during the COVID-19 pandemic in Ibero-American countries: Argentina, Brazil, Mexico, Peru, and Spain. Frontiers in nutrition, 2021; 2, 8: 671004.
- 12. Al-Musharaf S, Aljuraiban G, Bogis R, Alnafisah R, Aldhwayan M, Tahrani A. Lifestyle changes associated with COVID-19 quarantine among young Saudi women: A prospective study. PloS one, 2021; 29, 16(4): e0250625.
- 13. Cervera-Martínez J, Atienza-Carbonell B, Mota JC, Bobes-Bascarán T, Crespo-Facorro B, Esteban C, García-Portilla MP, Gomes-da-Costa S, González-Pinto A, Jaén-Moreno MJ, Sarramea F. Lifestyle changes and mental health during the COVID-19 pandemic: A repeated, cross-sectional web survey. Journal of affective disorders, 2021; 1, 295: 173-82.
- 14. Jia P, Zhang L, Yu W, Yu B, Liu M, Zhang D, Yang S. Impact of COVID-19 lockdown on activity patterns and weight status among youths in China: the COVID-19 Impact on Lifestyle Change Survey (COINLICS). International journal of obesity, 2021; 45(3): 695-9.
- Zhang Y, Ma ZF. Psychological responses and lifestyle changes among pregnant women with respect to the early stages of COVID-19 pandemic. International Journal of Social Psychiatry, 2021; ; 67(4): 344-50.
- 16. Androutsos O, Perperidi M, Georgiou C, Chouliaras G. Lifestyle changes and determinants of children's and adolescents' body weight increase during the first COVID-19 lockdown in Greece: The COV-EAT study. Nutrients, 2021; 13, 13(3): 930.
- 17. Bang YR, Park SC, Jang OJ, Kim JH, Kim EO, Kim SH, Park JH. Lifestyle changes that impact personal quality of life in the COVID-19 pandemic in South Korea. Psychiatry Investigation, 2021; 18(7): 701.
- 18. Dixit S, Nandakumar G. Promoting healthy lifestyles using information technology during the COVID-19 pandemic. Reviews in cardiovascular medicine, 2021; 30, 22(1): 115-25.
- 19. Cancello R, Soranna D, Zambra G, Zambon A, Invitti C. Determinants of the lifestyle changes

- during COVID-19 pandemic in the residents of Northern Italy. International journal of environmental research and public health, 2020; 17(17): 6287.
- 20. Catucci A, Scognamiglio U, Rossi L. Lifestyle changes related to eating habits, physical activity, and weight status during COVID-19 quarantine in Italy and some European countries. Frontiers in nutrition, 2021; 8.
- 21. Azuma K, Nojiri T, Kawashima M, Hanai A, Ayaki M, Tsubota K, TRF-Japan Study Group. Possible favorable lifestyle changes owing to the coronavirus disease 2019 (COVID-19) pandemic among middleaged Japanese women: An ancillary survey of the TRF-Japan study using the original "Taberhythm" smartphone app. PloS one, 2021; 25, 16(3): e0248935.
- 22. Jin L, Zhang N, Zhu J. Healthy lifestyle changes and mental health of healthcare workers during the COVID-19 pandemic in China. Current Psychology, 2022; 13: 1-0.
- 23. Lange KW, Nakamura Y. Lifestyle factors in the prevention of COVID-19. Global Health Journal, 2020; 1, 4(4): 146-52.
- 24. Kim EG, Park SK, Nho JH. The Effect of COVID-19–Related Lifestyle Changes on Depression. Psychiatry Investigation, 2022; 19(5): 371.
- 25. Dixit S, Nandakumar G. Promoting healthy lifestyles using information technology during the COVID-19 pandemic. Reviews in cardiovascular medicine, 2021; 30, 22(1): 115-25.
- 26. Zhang X, Cheung SS, Chan HN, Zhang Y, Wang YM, Yip BH, Kam KW, Yu M, Cheng CY, Young AL, Kwan MY. Myopia incidence and lifestyle changes among school children during the COVID-19 pandemic: a population-based prospective study. British Journal of Ophthalmology, 2022; 1, 106(12): 1772-8.
- 27. Güner Ö, Öztürk R. Psychological and social impact and lifestyle changes among pregnant women of COVID-19 pandemic: A qualitative study. Archives of Psychiatric Nursing, 2022; 1, 36: 70-7.
- Maffoni S, Brazzo S, De Giuseppe R, Biino G, Vietti I, Pallavicini C, Cena H. Lifestyle changes and body mass index during COVID-19 pandemic lockdown: an Italian online-survey. Nutrients, 2021; 29, 13(4): 1117.
- 29. Papandreou P, Gioxari A, Nimee F, Skouroliakou M. Application of clinical decision support system to assist breast cancer patients with lifestyle modifications during the COVID-19 pandemic: A randomised controlled trial. Nutrients, 2021; 20, 13(6): 2115.
- 30. Chen JH, Yu EW, Su X, Tong KK, Wu AM. Mental distress during the COVID-19 pandemic: Its association with public perceptions toward government's pandemic responses and lifestyle changes. Current Psychology, 2021; 1: 1-9.
- 31. Fila-Witecka K, Senczyszyn A, Kołodziejczyk A, Ciułkowicz M, Maciaszek J, Misiak B, Szcześniak

310

- D, Rymaszewska J. Lifestyle Changes among Polish University Students during the COVID-19 Pandemic. International Journal of Environmental Research and Public Health, 2021; 11, 18(18): 9571.
- 32. Di Renzo L, Gualtieri P, Pivari F, Soldati L, Attinà A, Cinelli G, Leggeri C, Caparello G, Barrea L, Scerbo F, Esposito E. Eating habits and lifestyle changes during COVID-19 lockdown: an Italian survey. Journal of translational medicine, 2020; 18(1): 1-5.
- 33. Gallè F, Sabella EA, Roma P, Ferracuti S, Da Molin G, Diella G, Montagna MT, Orsi GB, Liguori G, Napoli C. Knowledge and lifestyle behaviors related to COVID-19 pandemic in people over 65 years old from southern Italy. International Journal of Environmental Research and Public Health, 2021; 16, 18(20): 10872.
- 34. Tanaka K, Tahara M, Mashizume Y, Takahashi K. Effects of lifestyle changes on the mental health of healthcare workers with different sense of coherence levels in the era of COVID-19 pandemic. International Journal of Environmental Research and Public Health, 2021; 10, 18(6): 2801.
- 35. Jia P, Liu L, Xie X, Yuan C, Chen H, Guo B, Zhou J, Yang S. Changes in dietary patterns among youths in China during COVID-19 epidemic: The COVID-19 impact on lifestyle change survey (COINLICS). Appetite, 2021; 1, 158: 105015.

www.ejpmr.com | Vol 11, Issue 11, 2024. | ISO 9001:2015 Certified Journal | 311