PROSPECT OF HEALTH BEHAVIOR OF PATIENTS WITH STROKE PATIENTS

Arnlaug Popovic

Department of Sports Medicine, Aspetar, Aspire Zone, Doha PB 29222, Qatar.

Abstract: Stroke is the primary cause of physical disability and death of adults in my country. The prevalence of unhealthy lifestyle is one of the important reasons for the burden of stroke diseases in my country. Studies have shown that stroke is a behavioral disease. Its development is closely related to lifestyle. Unhealthy lifestyle can increase the risk of stroke by 66%. A healthy lifestyle can prevent 80%of the stroke. Health behavior refers to a series of active behaviors that are conducive to health in order to achieve a better health state. High health behavior levels can reduce the risk of recurrence and complications of patients with stroke. This article provides a reference for the study of the health behavior of patients with stroke patients in order to better carry out research on stroke health behaviors in my country.

Keywords: Stroke; Health behavior; Review

1 EVALUATION TOOL FOR HEALTH BEHAVIOR IN STROKE PATIENTS

1.1 Patients with stroke patients Health Beat, Wanlihong, etc. [6] on the basis of referring to the "Guidelines for the Prevention and Control of Stroke" and "Chinese Resident Dietary Guide", and combined with the health promotion of lifestyle II, it is suitable for my country Patient's health behavior. This scale contains 6 dimensions of exercise, medication, instructions, nutrition, responsibility, tobacco and alcohol, with a total of 25 entries. Each item adopts the LIKERT 4 -level scoring method, and the "never, sometimes, frequent, and conventional" is assigned to 1 to 4 points, respectively. Among them, tobacco, alcohol and medication dimension use reverse scores. The higher the total score, the higher the level of health behavior. This scale is applied to the validity of 0.850 among patients with stroke, and homogeneous trustworthiness and division coefficients are 0.878 and 0.801, respectively, and the reliability of the re - measure is good. It can scientifically and effectively evaluate the health behavior of patients with stroke.

1.2 Healthy Behavior Questions of Patients with Strokes [7] combined with domestic and foreign health behaviors, referring to the second -level prevention guidelines of strokes, and the health behavior questionnaires prepared by stroke patients. The questionnaire includes 5 dimensions, including basic health behavior, health care behaviors, early warning behaviors, avoiding harmful environmental behaviors, and abstinence. Each entry adopts a 5 -level scoring method, from "from" from "never" to "always" $1 \sim 5$ points. The higher the score, the better the health behavior. The CRON-BACH 'sα coefficient of the question volume is 0.807, and the Cronbach' sα coefficient of each dimension is $0.607 \sim 0.801$, 5 dimensional accumulation cumulative contribution rate is 54.47%, and the total content is 0.97. The questionnaire contains the evaluation of the stroke warning behavior and avoiding harmful environment, which can remind patients to deal with the correct treatment and how to avoid the harmful environment.

2 INFLUENCING FACTORS OF HEALTH BEHAVIOR IN STROKE PATIENTS

2.1 Patients 'Disease Factors

(1) Neurological dysfunction: nicholson et al. Study believes that neurological disorders caused by stroke cause patients' exercise and pedestrian function, which hinders patients to participate in sports activities, affects a healthy life. Way. (2) Difficulty swallowing: Difficulty swallowing can make patients give priority to choosing unhealthy but easy to swallow food and reduce the quality of life of patients. For patients who have difficulty swallowing after stroke, the mission of patients and family members should be strengthened, and they should be encouraged to improve the taste of food when preparing food to ensure the healthy diet of patients. (3) Division: Study [7] shows that the health behavior of stroke patients who are more than one year old is better than patients with a disease course of less than one year. Perhaps due to the lack of stroke -related health knowledge in the early stage of the onset, the patient should deal with the patient's missionary stroke healthy lifestyle in the early stage of the onset and guide them to adopt healthy behaviors.

2.2 Patients' Non-Disease Factors

(1) Health Literacy: Parappilly Et Al. believes that the lack of stroke risk factors and health information to prevent stroke affects the formation of the healthy lifestyle of survivors of the stroke. Good health literacy can improve personal response to the disease and promote patients to actively cope with the disease. The higher the health quality level of patients, the better their health behavior. (2) Health belief: High -level health beliefs play a key role in adopting health behaviors for patients with stroke. Liu Xian et al. research showed that positive health beliefs are conducive to patients

adopting a healthylifestyle. (3) Self-efficacy: Brouwer-GOOSSSENSEN et al. [14] believes that self-efficacy is the strongest decisive factor inphysicalexercise, healthy diet and smoking quit of patients with ischemic stroke. The higher the level of self-efficacy of patients with stroke, the better its health behavior. (4) Self-management: Mansfield et al. Research confirmed that effective self-management can reduce the obstacles of stroke survivor activities and promote moderate sports activities. Active self-management can improve the health behavior of patients with strokes and improve bad lifestyles such as smoking, drinking, and high-salt diets. (5) Age and cultural level: Age and cultural levels are an important influencing factor in the health behavior of patients with stroke. The better the healthy behavior of patients with older age and higher cultural levels. It may be the lack of self-discipline of young stroke patients to change lifestyle, and to a certain extent, patients have limited patients to learn health knowledge.

2.3 Family Factors

(1) Family function: Patients with strokes have a positive predictive effect on patients' health behavior. Family intimacy and adaptation performance help patients to maintain a comprehensive health function of patients The health behavior level of patients with strokes. (2) Monthly income per capita: The better the patient's monthly income, the better its health behavior. It may be because patients with good family economy have more time and energy to pay attention to their own health problems, and can obtain better medical and health resources, so as to more actively maintain their own health.

2.4 Social Support

Kelly-Hayes believes that lack of social support in the process of implementing health behaviors will increase the risk of stroke. Higher social support can promote a healthy lifestyle in patients with stroke, and patients with high levels of social support have higher quality of life.

3 INTERVENTION OF HEALTH BEHAVIOR OF PATIENTS WITH STROKE

3.1 Multi-Disciplinary Health Management Team is Mainly Aimed at Patients with Hospitalized Strokes.

The health management team of multiple disciplines is formed by physicians, rehabilitation divisions, psychologists, nutritionists, and health managers. Make it a consciousness of stroke can be controlled and transformed into practical healthy behaviors. The multi-disciplinary health management team combined with the knowledge of medication, rehabilitation, nutrition and psychology, to conduct health education for patients with strokes in the acute stage, improved the patient's sports function and quality of life, and reduced the recurrence rate of patients. Wang Qian et al. Established a multidisciplinary health management team to link up and down in the hospital-community to conduct a health risk assessment of high-risk groups of strokes, and to guide health management through individualized lifestyle guidance, which improved the high-risk groups of strokes. Stroke prevention and treatment of knowledge and health behavior.

3.2 Remote Assistance Management

3.2.1 Relying on the network platform health education
KIM et al. Design network program, patients can establish consultation contact with medical staff through the network. Patients first conduct self-assessment of health behavior. According to the characteristics of the patient's lifestyle, the system automatically sets and feeds the goal of changing behavior. Patients can freely choose different diseases and health knowledge education videos and health knowledge tests, and evaluate their content. After 3 months, the intake of fruits and vegetables in the intervention group increased from 64.1%to 74.7%. And 44.4%of patients in the intervention group reduced intake of high-salt food, compared with 27.8%of the control group, the difference was statistically significant (P <0.05).

3.2.2 Relying on artificial intelligence software health management
Artificial intelligence software to track life signs and activities through sensors, and use cloud platforms to analyze health data. According to the characteristics of the user lifestyle, medical staff guide users to adopt sustainable health behavior. BICK-MORE et al. [26] developed automated artificial intelligence health management software to implement operational actions and treatment operations to the intervention group participants through the form of human-machine simulation dialogue. In the process of human-machine simulation dialogue, participants are required to complete the designated assignments, such as looking for information about exercise in newspapers or magazines; help users solve obstacles encountered in behavior changes and set new health behavior goals. After 2 months, the differences in the intervention group and daily vegetables and fruits are statistically significant compared to the control group (P <0.05). Artificial intelligence automation health management software realizes online interaction with medical and health care personnel, which can effectively improve the health behavior of participants.

3.2.3 Call follow-up
WAN et al. Construct a health behavior reminder system after discharge. According to the characteristics of the patient's lifestyle, set the goal of changes in drug compliance, physical activity, and diet. A month, 3 months, and 6 months followed by phone reminders and intelligent SMS reminders, 15 ~ 20min each time; 6 months later, patients in

the intervention group were in sports activities, low -salt diets, nutrition, tobacco, alcohol, drugs Compared with health behavior and other aspects, compared with the control group, it has improved significantly. Wu Yan et al. showed that after 6 months of the phone reminder, the intervention group was significantly improved compared to the control group after the discharge of the intervention group. It can be seen that phone follow -up allows patients to better understand the risk of recurrence and improve health behavior. It is a low -cost, convenient and feasible method of intervention.

3.3 Psychological Intervention

3.3.1 Music therapy
Kunikullaya et al. according to the hobbies of the participants, played 15 minutes of music at the same time at the same time, at least 5 days a week for 3 months, followed by the weekly follow -up to ensure the compliance of the music. The results show that music intervention can effectively control the blood pressure of participants. According to the interests of local elderly people, Liu Lingling combines health education with the characteristics of local cultural characteristics, combines health education with opera, and interfere with patients with elderly strokes in the form of groups. This suggests that nursing staff can combine patients' interests and health education during the implementation of intervention, which can make health education full of interest and interaction, and help patients to master health education knowledge.

3.3.2 Cognitive Behavior Therapy
Liu Yanjin et al. Cognitive behavior intervention on patients with strokes, by helping patients to recognize the root cause of the wrong cognition, change patients' inherent thinking and beliefs, and rebuild the correct health belief; 2 After the month, the intervention group's medication rose from 29.0%before the intervention to 63.3%. Compared with the control group, the difference was statistically significant ($P < 0.05$).

3.3.3 Motivation Interview
Therapy Application Motivation Interview Motor to excavate the conflict of patients. According to the targeted education of the patient's behavior, explore the benefits brought by changes in behavior, improve the confidence of patients to adhere to health, and improve the health behavior recognition of patients with stroke patients. Knowing that inspiring stroke patients make changes in behavior.

3.4 Companion Supports

Lee et al. in conjunction with the content of life in the United States, formulate a companion support course, hold a peer support meeting once a week, watch health behavior education videos, and share the challenges and solutions faced by dietary changes and exercise behavior. Methods; for quality interviews with 8 participants, the participants said that the companion support group meeting made them feel the benefits, sense of belonging, and the feeling of being concerned about the improvement of health behavior. On the one hand, companions share the resistance and experience encountered by health behavior, encourage companions to change their behavior together, and play an active role in improving health behavior. On the other hand, the companion supports the participants to feel the feeling of being concerned. Helping and supporting each other helps to alleviate negative emotions.

3.5 Healthy Affiliated Caillouet Et Al.

Healthy education education for patients with stroke stimulates the initiative of patients' rehabilitation training, increased the patient's sports activities, and enhanced the implementation of their health. At present, the development of domestic health empowering theory is not yet mature. Medical staff must consider my country's cultural background when implementing empowering intervention, draw on foreign theory and methods, give full play to the support role of the social environment, and promote the healthy empowerment of patients with stroke.

4 CONCLUSION

The study of health behavior of patients with strokes has received more and more attention, and there are also some limitations while making progress. At present, stroke health behavior intervention projects are mainly targeted at patients with hospitalization and community strokes. Rural medical resources are relatively scarce, and the cultural level of patients is relatively low. It is necessary to pay more attention to the people of rural stroke patients. Most of the research on stroke health behavior is quantitative research. Related quality can be carried out to further explore the obstacles and driving force of patients to adopt health behavior to provide effective support and help for them. Patients with strokes still have insufficient understanding of a healthy lifestyle. They need to further strengthen the science of stroke health science, sink the concept of stroke prevention and control to the grassroots, transform disease treatment to disease prevention, and effectively reduce the incidence and recurrence rate of stroke.

COMPETING INTERESTS

The authors have no relevant financial or non-financial interests to disclose.

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