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Hayriye Alp *

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Research Article

In women that made regularly exercise attitude scale use of' painkiller and antropometric measurements

Hayriye Alp
Necmettin Erbakan University, GETAT CENTER, Konya, Turkey.
Corresponding Author: Hayriye Alp, Necmettin Erbakan University, GETAT CENTER, Konya, Turkey.

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Abstract

Introduction: In many countries, requiring medical supervision and a prescription prescription drugs from pharmacies as easily it may be provided. In our country, the non-prescription sale despite the fact that very few number of permitted drugs men, acceptable drug morphine all except with certain medications, such as psychotropic drugs. Drugs can be taken from the pharmacy without a prescription. This case, lead to improper use, accurate diagnosis and delays in treatment, drug resistance, drug interactions, side effects.

Method/ result: In this study, we investigated the use of pain medication in women who exercise regularly. The survey was administered face to face. Participant's measurements were made with tanita device.

Conclusion/ Discussion: Providing information Physicians to patients about the disease can increase adherence to treatment and benefit from treatment. The goal of exercise is to improve physical competence. Physical competence is increased aerobic capacity, muscle strength is increased, flexibility is acquired, body fat is reduced.

Key words: women, painkiller, use, exercise, measurement

Introduction

Due to the developing technology conditions today, while decreasing in infectious diseases, it can cause many cardiovascular diseases due to the sedentary lifestyle (smoking, western diet, inactivity, stress, urbanization, obesity). Fibromyalgia and chronic fatigue syndromes are gradually increasing in response to current stresses. Modern medicine cannot do anything but recommend lifelong analgesics and antidepressants. Disrupted hormonal balance occurs as different responses in individuals (Glass JM 2004) ln certain, we centre on the impact of ordinary aerobic training on the growth of physical signs and use painkiller. Current works show that degraded g tic receptors are also responsible for chronic fatigue. (Bassi N et al 2008) Upon a few decades there has been a public conviction that women should not have coronary heart illness and highly would undergo a heart attack. the widespread belief is that heart disease in also occur in women of earlier age and have worse consequences. (Long T et al, 2008). 1n 2006, 315,000 American women died from heart disease, in coast with 82,000 deaths from stroke and 41,000 from breast cancer.(Long T et al, 2008) In Brazil, 69,493 people died from myocardial infarction in 2006, 40.8*/e of whom were women.(Solimene M C.20 10). With the return of the modern age, the responsibilities of women in both social life and working life have increased considerably. lt is inevitable to see metabolic disorders when living alone, increasing carbohydrate-fat consumption, adding smoking, not getting enough exercise and rest. (Da Lu z PL, Solimene MC (1992). The detection of acute coronary events in women with a large number of risk factors and e›'en after the invasive procedures, mortality rates are quite high compared to men. (Da Luz PL, Solimene MC(1992).Considering the many physiological differences of women (hormonal, genetic, environmental, pharmacokinetic) compared to men, it is now necessary to face possible female cardiac events in our century and take precautions for it.

In our study, we aimed to reveal how exercise affects metabolic parameters in obese women group at risk and the rate of these women needing painkillers. Exercise is related to cardiac circulation, endocrine, respiratory, muscle systems. Exercise provides weight control, as well as blood lipid levels, glucose control, immunological benefits, psychological well-being. The goal of exercise is to improve physical competence. Physical competence is increased aerobic capacity, muscle strength is increased, flexibility is acquired, body fat is reduced. **Today,** drug use is increasing considerably, and it puts a huge burden on state health expenditures. By increasing patient education levels and raising awareness, drug use with high side effects can be reduced.

Exercising, strengthening muscles, increasing oxygen utilization and increasing endogenous opioid release may reduce the need for pharmacological drugs.

Material/Methods

We chose this period since pre and post-menopausal period appeared as

decades of concurrence of many diseases. In this study questioned sriciodemografic characterizes, used painkiller presence, kind, housekeeping, prescribed painkiller buy or not taken reason, the reason for quitting to painkiller, pain killer take frequently, how long making exercise , exercise kind, exercise was whether exchange to pain killer use , need of pain killer use .Survey is include 2 I questions. In this study, we investigated the use of pain medication in women who exercise regularly. The survey was administered face to face.

Anthropometric measurements

First, weight, BMI, and metabolic age values were measured with a Tanita device; the same diagnostic device was used for all patients. The Tanita Body Fat Monitor works with the bioelectrical impedance analysis technique, which analyzes the composition of the body. In this interred, a weak and safe electrical current flows through the interstitial fluid between the muscle fibers. When the flow meets the oil layer, it encounters resistance, and the resistive layers are evaluated by the device and measured by weight and height (Huang MH, Yang RC, Hu SH (1996). The results of the measurement include weight, BMI, body fat percentage and weight, body fluid percentage and weight, and these percentage distribution as arms, legs, and body.

Then, the waist, hip circumference, and blood pressure measurements of the patients were all taken by the same nurse. The waist circumference was taken from the umbilicus line, and the hip measurement was taken from the widest line.

Results

Survey was done to 50 women. Women's years range from 17 to 5f›. In this study questioned sociodemografic characterists, used painkiller presence, kind, housekeeping, prescribed painkiller buy or not taken reason, the reason for quitting to painkiller, pain killer take frequently, how long making exercise , exercise kind, exercise was whether exchange to pain killer use , need of pain killer use. When drug preferences were questioned, it was seen that the y used painkillers with the recommendation of doctor prescribing as the level of education increased. It was observed that they started using less pain relief after starring the exercise. Exercising women are less preferred than steroid and opioid use. When drug preferences were questioned, it was seen that they used painkillers with the recommendation of doctor prescribing as the level of education increased. It was observed that they started using less pain relief after starting the exercise.

Exercising women are less preferred than steroid and opioid use.

With these study results, we see that the conscious patient group uses less pain relievers and uses the non-steroidal group with the least side effects.

Variable	Noun=n	%
Gender Female	34	94,4
marital status married	31	56.I
Single	5	I 3.9
Occupation non-working	23	63.9
Variable	Noun=n	%
Gender Female	34	94,4
marital status married	31	56.
Single	5	I 3.9
Occupation non-working	23	63.9
Working	13	36.1
Education level literate	2	5.6
Primary education	II	30.6
Secondary education	5	I 3.9
High school and above	18	50.0
Income level 0- I300tl	2	5.6
I 300-3000t1	1 2	33.4
3000-5000t1	15	4 I .7
5000tl <	7	19.3
exercise status none	1 2	33.3
Rarely	4	II.I
I per week	4	II.I
I -3 per week	II	30.6
3 < per week	5	I 3.9
Smoke don't smoke	33	91.7
Smoking	3	5.3
Alchol drinking		2.8
Non-drink	35	97.2
Additional disease yes	26	72.2
No	I0	27.8
Psychiatric treatment have	9	25.0
Have not	27	75
Previously diet have not	10	27.8
Made	26	72.2

Table.1 *demographic data of participants.*

Variable	X + SS (Min.-Max.)
Age(year)	47.4* 13.0(27-76)
Sbp(mmHg)	I 17.8*10.2(100- 140)
Dbp(mmHg)	74.4*6.1 (60-90)
Kg1	90.2* 12.8(64.8- I 22.7)
Waist1(cm)	101 .3+ I 2.6(70- 140)
Hip I (cm)	I I I .7z9.1 (98- 135)
Total body water (*/e) I	43.6*6.1 (25.9-54)
Bmr(cal)	1 664. 269.9(1 18 I-2518)
Metabolic age (year)	58.2*12.5(37-88)
Lengih(cm)	I 64.3+9.0(I 40- 185)
BM1 2 (kg/m2)	33.3*4.9(24.4-45.2)
BM1 I (kg/m2)	32.1 4.6(24.1 -44)
Kg2	86.9* 12.9(64.1 - 1 21)
Waist 2(cm)	I I 8.6+ I 3.6(70-9 I .4)
Hip 2(cm)	107.8z7.0(96- 125)
Total body water (*/n)2	43.3*5.4(35.4 - 54.6)
Fat ratio (°/e)	44.8*42.0(20.8-28.4)

Table.2. *participant's results of measurement.*

Discussion

Current studies recommend that every day feel with nature has an enduring and strong effect on health, including on depression and anxiety signs (Beyer K.M et al 2014), birth weight (Dadvand P., de N azelle A., Figure as F(2012), diabetes, and obesity (Lachowycz K., Jones A.P(201 I), circulatory and heart disease(. Maas I et al 2009), and longevity (Taka no T., Nakamura K., Watanabe M (2002). The probability y of colon cancer in physically active people is 1.3-2 times lower than in those with sedentary life styles. Breast and urogenital cancer cases are less common in women who regularly exercise physical exercises. Positive contributions are reported to the mental health of the people who exercise regularly and to feel good. It has been reported that regular exercise increases the endorphin levels and contributes to feeling better after exercise. Anxiety, depression, stress levels were reduced. In a study conducted in women who live in middle-age sedentary life, medium-sized (such as football) training has been shown to be more beneficial for brine health than sports such as swimming for longer periods (Mohr M. et al 20l5).

In a study by Seidelin et al., 30 women who were exercised with 12 premenopausal, 18 postinenopausal pilates balls were found to has better hoody fat mass, maximal oxygen uptake, and endurance tests. In both groups, total leg bone density was high while HbA I C was low. It has been reported that the expression of muscle glucose transporter 4 is higher.(6) Aerobic exercise is secretes endorphins and met-enkephalin for making it feel gotxl for the person. These opiates are held responsible for the withdrawal syndrome. Regularly trained athletes are able to drive the sexier. A meta-analysis of gardening published by Soga and colleagues indicates that depression, anxiety, reduced body mass index, and an increased likelihood of living in quality of life (Soga M, Gaston KI, Yainaura Y (2016). With the exercise, the pump function of the heart can also be regulated. (Rodriguez DA et al 2016). On the other hand, abuse of drugs is an increasing problem.

It is determined that one out of every 20 people in the USA abuse drugs. Among the causes of this ratio are inexperienced doctors and pharmacists who do not recognize the patient who misused them, as well as the lack of data of unconscious patients and established reporting systems. (Shepherd I. (2014). In America, the abuse of these drugs, even if they are prescribed, accidentally leads to death. (Griggs CA, Weiner SG, Feldman JA. (2015). The reporting system also affects drug abuse for example; 41 °/c of emergency physicians write drugs by being affected by this system. Another study by Weiner et al (Weigner et al.2013). Detailed studies are needed in this regard.

Conclusion/suggestion

This group of painkillers can lead to serious problems such as bleeding, ulcer development, stomach or intestinal perforation in the digestive tract. Providing information Physicians to patient atxiut the disease can increase adherence to treatment and benefit from treatment. Exercise may decrease painkiller use of habit. Exercise may increase pain threshold. Encouraging today's sedentary people to exercise is crucial for both metabolic parameters and unnecessary use of analgesics.

Thank you for the survey to the members of the sports club.

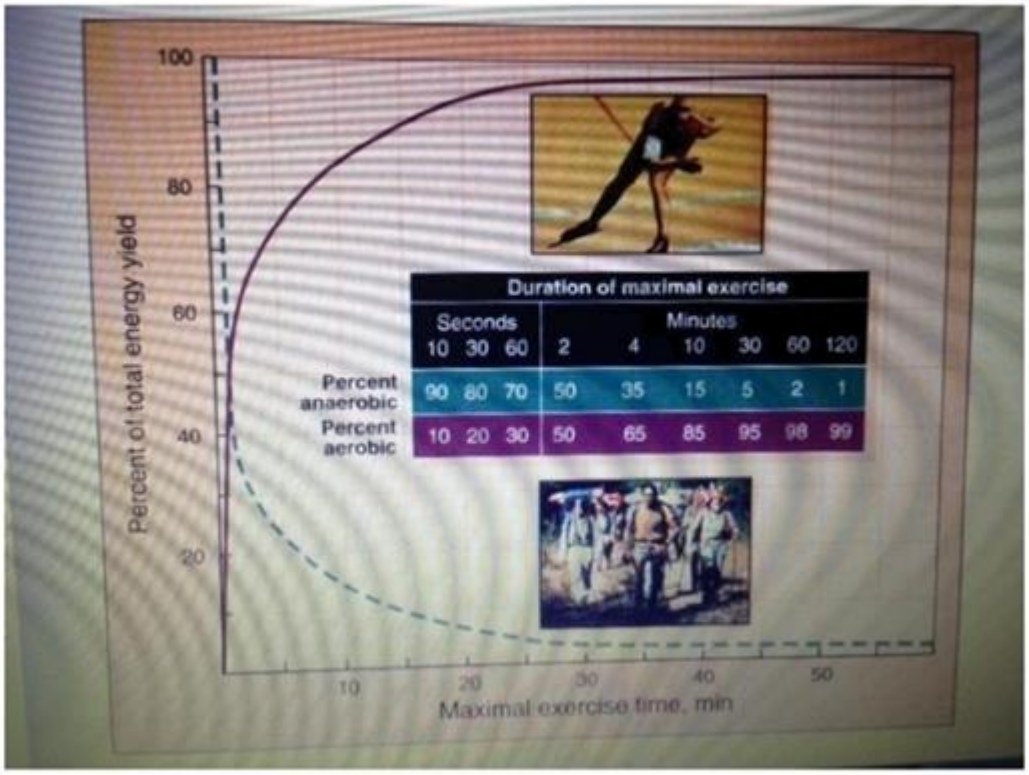

Figure.1 *total energy yield duration exercise.*

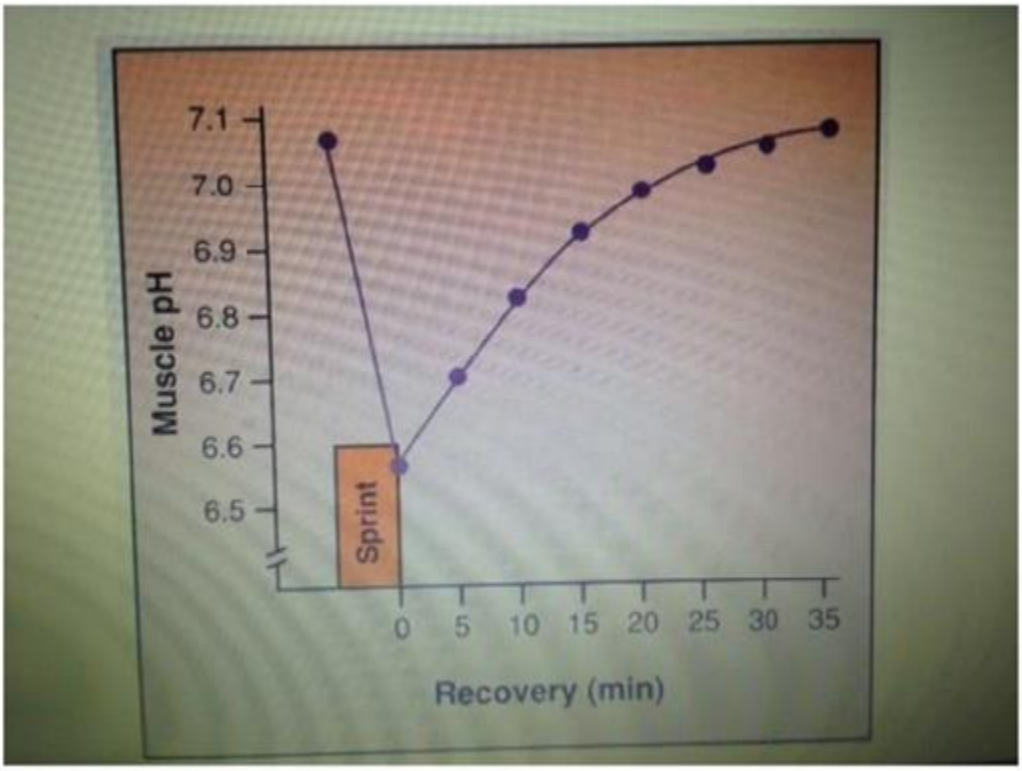

Figure.2 *Exercise Duration and Energy Yield*

MUSKLE PH and RECOVERY

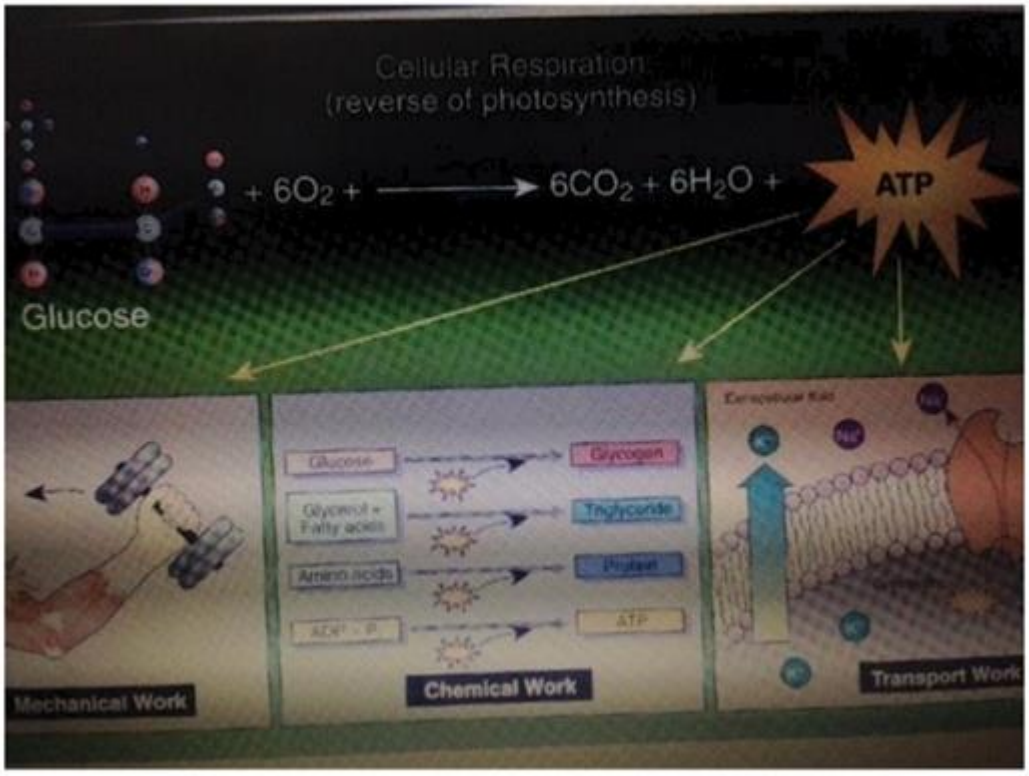

Figure 3.*Celuler Respiration*

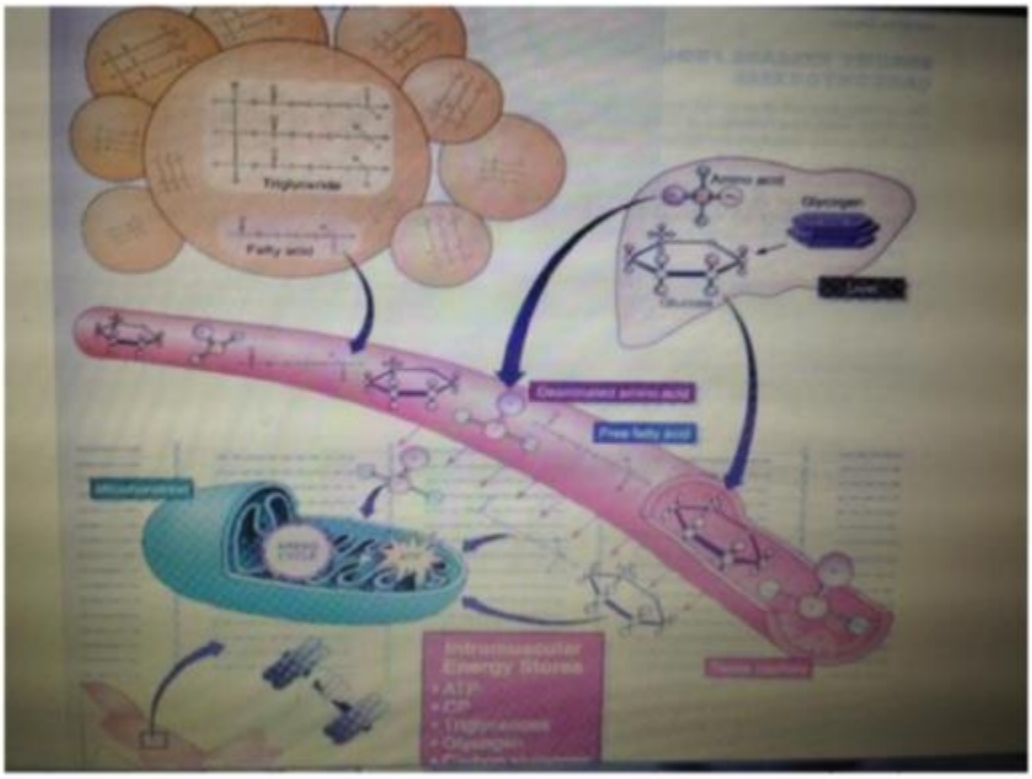

Figure 4.*1n Exercise Body Systems*

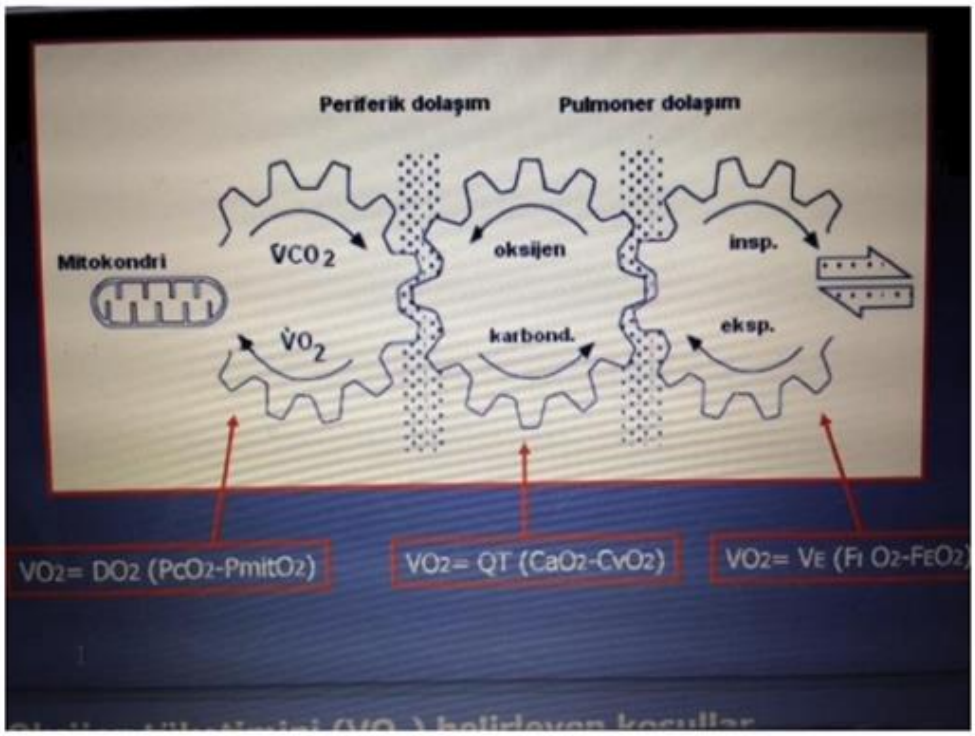

Figure 5.*Oxygen Transport Ln Exercise*

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