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ON THE LIVING SITUATION OF THE ELDERLY WITH MENTAL ANXIETY IN NURSING HOMES

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Background: In the process of accelerating the pace of modern life and intensifying social competition, people often face huge psychological pressure. If the pressure cannot be effectively relieved, it is very easy to produce anxiety. Due to the growth of age and the degradation of physical function, the elderly is prone to anxiety. In the environment of increasing population aging, the number of elderly people living in nursing homes is increasing year by year. Under normal circumstances, the elderly leaves the familiar environment and are separated from their children's relatives and friends. In addition, they are unfamiliar with the environment of nursing homes, unwilling to communicate, and have weak adaptability. They have an obvious sense of loneliness and lack of spiritual and cultural life, which is very easy to produce negative emotions such as anxiety and depression. Most elderly people are also accompanied by a variety of chronic diseases, which further aggravate their negative emotions and make their mental anxiety more serious, Will have a serious impact on their quality of life. In the current social and academic environment, people usually focus on the external and material needs of the elderly, such as their physical health level, economic income and old-age security, while ignoring the spiritual needs and mental health level of the elderly. In recent years, more and more elderly people suffer from psychological diseases such as anxiety and depression, especially the elderly in nursing homes. The anxiety of the elderly is a common problem that puzzles their physical and mental health. It is mainly manifested in excessive worry, inner anxiety, tension, chest tightness, low sleep quality, restlessness and other symptoms. The anxiety of the elderly is related to many factors, including their own factors and social factors. The causes and influencing factors of mental anxiety of the elderly in nursing homes are diverse, which are mainly divided into four aspects: living environment, children's visit, nursing service and interpersonal relationship. Under the influence of different influencing factors, there are some differences in the mental anxiety of the elderly in nursing homes. The severity of mental anxiety has a significant impact on the life satisfaction, mental state and mental health level of the elderly. It will not only reduce their physical and mental health level, but also be a great burden to themselves and their families.

Objective: In order to improve the mental health level of the elderly in nursing homes and alleviate their mental anxiety to the greatest extent, this study will analyze the living situation of the elderly with mental anxiety in nursing homes, fundamentally explore the causes of their mental anxiety, and put forward corresponding improvement measures.

Research object and method: The elderly with mental anxiety were randomly selected from four nursing homes. 18 elderly people were selected from each nursing home, a total of 72. 72 elderly people with mental anxiety were selected as the research objects, and they were evaluated by Self-rating Anxiety Scale (SAS) and Geriatric Anxiety Inventory (GAI). SAS includes 20 evaluation items of anxiety degree, and the score is limited by 50 points. If the score is lower than 50 points, it means normal. 50-59 points, indicating mild anxiety. 60-69 points, indicating that the elderly subjects are accompanied by moderate anxiety. If the SAS score is 70 or above, the elderly is accompanied by severe anxiety. There are 20 evaluation items in GAI, which makes the elderly subjects answer "yes" and "no" according to their own feelings. The total score of GAI is 20. The higher the GAI score of the elderly, the more serious their mental anxiety symptoms are.

Research design: 72 elderly people with mental anxiety were analyzed by ant colony classification algorithm, and the severity of mental anxiety was obtained under the accurate evaluation of SAS and GAI. For all the elderly subjects, psychological intervention was used to alleviate their anxiety, and the SAS score and GAI score of the elderly subjects before and after the intervention were compared and analyzed.

Methods: By means of regression analysis, the survival situation and anxiety level of the elderly with mental anxiety in nursing homes were explored. The SAS score and GAI score of the elderly before and after the intervention were statistically analyzed by MATLAB software. All measurement data are expressed in the form of mean ± standard deviation, and $P < 0.05$ is taken as the standard with statistical significance.

Results: Table 1 shows the comparison results of SAS score and GAI score of the elderly with mental anxiety in the nursing home before and after the intervention. It can be seen from Table 1 that before the intervention, the mental anxiety symptoms of the elderly were more serious. After the intervention, the

SAS score and GAI score were significantly reduced, indicating that their mental anxiety had been effectively alleviated.

Table 1. SAS and GAI scores of elderly people with mental anxiety in nursing homes before and after intervention

Evaluation time	Before intervention	After 3 months of intervention	After 6 months of intervention	After 9 months of intervention
SAS score	64.37±5.07	56.14±4.68	52.69±5.13	47.69±5.11
GAI score	18.24±1.16	12.01±0.89	9.94±1.08	7.52±0.93

Note: Compared with that before implementation, $^*P < 0.05$.

Conclusions: The living situation of the elderly with mental anxiety in nursing homes is not very optimistic. Therefore, on the basis of giving the elderly basic elderly care services and meeting their daily life needs, we should also accurately evaluate and analyze their mental anxiety symptoms. Intervention measures can significantly alleviate the mental anxiety of the elderly and improve their mental health level.

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META ANALYSIS OF THE EFFECT OF EXERCISE ON COGNITIVE FUNCTION IN PATIENTS WITH ALZHEIMER'S DISEASE

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Background: Cognition is the process in which the human brain receives external information, processes it, and transforms it into internal psychological activities, so as to obtain knowledge or apply knowledge. It includes memory, language, visual space, execution, calculation, understanding and judgment. Cognitive impairment refers to the impairment of one or more of the above cognitive functions, which affects an individual's daily or social ability, and can be diagnosed as dementia. There are many reasons. Except for organic diseases, most of them are caused by mental diseases. Such as neurasthenia, hysteria, hypochondriasis, climacteric syndrome, depression, obsessive-compulsive disorder, Alzheimer's disease, schizophrenia, reactive psychosis, paranoid psychosis, mania, manic depression, etc. The human brain involves a wide range of cognitive functions, including learning, memory, language, movement, thinking, creation, spirit, emotion and so on. Therefore, the manifestations of cognitive impairment are also diverse. These manifestations can exist alone, but they often appear at the same time. Cognitive impairment is a common neuropsychological symptom in patients with stroke, brain injury and various dementia. In the rehabilitation process of patients with brain injury, cognitive impairment is an important factor that hinders the improvement of limb function and activities of daily living. Paying attention to the clinical manifestations of various cognitive impairment, timely examination and diagnosis will help to treat cognitive impairment in time, shorten the rehabilitation process of patients with brain injury and promote the rehabilitation of brain injury. Rehabilitation training plays an important role in alleviating symptoms and delaying the progress of symptoms. Training includes attention training, memory training, calculation training and perceptual obstacle training.

Alzheimer's disease (AD), also known as Alzheimer's disease, is a degenerative disease of the central nervous system. It has a hidden pathogenesis and chronic progression. It is the most common Alzheimer's disease. It is mainly manifested in neuropsychiatric symptoms such as progressive memory impairment, cognitive impairment, personality change and language disorder, which seriously affect social, professional and life functions. The etiology and pathogenesis of AD have not been clarified, and its characteristic pathological change is the formation of amyloid deposition β Extracellular senile plaques, neurofibrillary tangles formed by hyperphosphorylation of tau protein, and neuronal loss caused by glial cell proliferation. The disease may be caused by a variety of social (heterogeneous) factors. From the current research, there are more than 30 possible factors and assumptions of the disease, such as family history, female, head injury, low education level, thyroid disease, high or low childbearing age of mother, virus infection and so on. The following factors are related to the onset of the disease: family history, physical diseases, head trauma, etc. In terms of clinical manifestations, the onset of this disease is slow or hidden. Patients and their families usually don't know when to start. This is more common among people over the age of 70. The symptoms of a few patients quickly become clear after physical disease, fracture or mental stimulation. There are more