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Analysis of the Disease Status and Traditional Chinese Medicine Constitution of Elderly People in Care in Guangyuan City Region

Luoyao An[1], Hai Xiang[2], Yang Zhang[2], Zemin Zuo[2], Jia Li[2], Nianjun Yang[2], Zeyun Chen[2,*]

[1]Chengdu University of Traditional Chinese Medicine, Chengdu 611137, Sichuan, China
[2]Department of Traditional Chinese Medicine, Guangyuan Hospital of Traditional Chinese Medicine, Guangyuan 628000, Sichuan, China
Correspondence Author

Abstract: ***A questionnaire survey was conducted on 500 elderly people aged 60 and above who were placed in the pension institutions in the area of Guangyuan City, to analyze the characteristics of disease types and distribution of traditional Chinese medicine constitution among the elderly, and to provide reference for the prevention and treatment of diseases in the elderly with traditional Chinese medicine. Method: The count data was analyzed using chi-square criterion, and the correlation study was analyzed using Single factor Logistic regression analysis. P<0.05 indicates statistical significance. Result: The diseases that elderly people suffer from are mainly concentrated in cerebrovascular, cardiovascular, respiratory, endocrine and metabolic diseases. Traditional Chinese medicine constitution types are mainly concentrated in qi deficiency constitution, yang deficiency constitution, and yin deficiency constitution. The proportion of disease types and traditional Chinese medicine constitution types varies depending on age and gender. There are statistically significant differences in the distribution of gender in cerebrovascular diseases, respiratory diseases, kidney diseases, urinary system diseases, and skeletal muscle diseases. Age has statistical significance in the distribution differences of cardiovascular, cerebrovascular, respiratory, kidney diseases, hematological diseases, endocrine metabolism, and urinary system diseases. There is a statistically significant difference in the distribution of age in the areas of calmness, qi deficiency, yang deficiency, and blood stasis. Conclusion: Male is a risk factor for cerebrovascular diseases, respiratory diseases, kidney diseases, and urinary system diseases. Damp heat constitution is a risk factor for neurological diseases. Qi deficiency constitution is a risk factor for respiratory system diseases. Phlegm dampness constitution is a risk factor for endocrine and metabolic diseases.***

Keywords: Traditional chinese medicine constitution, Distribution characteristics, Elderly population**.**

1. Introduction

In China, the problem of population aging is becoming more and more serious, and how to effectively take care of the elderly has become the focus of social attention. With the increase of the elderly population, the health management problems of the elderly have become prominent, especially in the diagnosis, treatment and care of chronic and multi-system diseases. As a typical aging region, Guangyuan District has taken the lead in carrying out the practice of elderly care under the combination of medical care and nursing model. It is of great practical significance to study the health status of its elderly population. Unlike the community elderly group as the research object, this paper selects the elderly care in medical institutions in Guangyuan District as the research object. The purpose is to explore the physical characteristics of traditional Chinese medicine in the elderly group under the context of multi-system diseases, analyze the relationship between this physical characteristics and diseases of various systems, and further provide a scientific basis for health management under the combination of medical care. First of all, the physiological and pathological characteristics of the elderly are indeed manifested as old age, qi, blood, yin and yang deficiency, viscera decay, positive qi is not enough to resist evil, and prone to a variety of diseases. However, this physiological feature is not the main reason why this article chose the elderly as the subject of study. In fact, the elderly were chosen as the research object because they have a high incidence of multisystem diseases and are complex and diverse. Studying the relationship between their traditional Chinese medicine physique and multi-system diseases can provide more comprehensive guidance for clinical practice. Past studies have mostly focused on the relationship between specific diseases and TCM physique, and there is a lack of a comprehensive discussion of the relationship between multi-system diseases and TCM physique. Therefore, this paper has made an innovative attempt to study the relationship between traditional Chinese medicine physique and multi-system diseases in the Guangyuan area, filling the research gap in this field. However, it should be noted that the research method and depth of this article are still limited, mainly exploring the relationship between individual systemic diseases and traditional Chinese medicine physique, such as neurological, respiratory diseases, and endocrine and metabolic diseases. The reason why these systemic diseases are chosen for logistic regression analysis is their high incidence in the elderly and significant impact on quality of life, and the potential connection between these diseases and traditional Chinese medicine physique is more closely related and has research value. This article aims to reveal key issues in the health management of the elderly through research on the relationship between traditional Chinese medicine physique and multi-system diseases in the Guangyuan area, and to provide a scientific basis for the formulation of relevant prevention and treatment strategies.

2. Clinical Data

2.1General Information

We selected the elderly aged 60 and above who were cared for in Guangyuan (including the Summer Palace of Guangyuan

Traditional Chinese Medicine Hospital, Guangyuan Wanyuan Hospital, Lizhou District Traditional Chinese Medicine Hospital and Guangyuan Mental Health Center) from August 2023 to March 2024. According to the exclusion criteria (about 65%), there were a total of 499 people, 255 cases of men, 244 cases of women, 152 cases of 60-69 years old, 138 cases of 70-79 years old, 171 cases of 80-89 years old, and 38 cases of 90 years old and above. This study conforms to the relevant provisions of the World Health Organization's International Ethical Guidelines for Biological Research involving Humans, and through the ethics review approval of the Medical Ethics Committee of Guangyuan Traditional Chinese Medicine Hospital (2022013), the relevant identity information of the participants did not appear in the public data.

2.2 Inclusion Criteria

Patients aged 60 and above; Patients who can independently answer questions; Patients who voluntarily participate in this study.

2.3 Exclusion Criteria

Patients who are unable to cooperate with the completion of the survey due to serious medical diseases or cognitive dysfunction; Patients who are unable to effectively understand the problem due to serious hearing impairment; Patients who have abnormal data recording due to various reasons; Patients who refuse to participate in this study.

2.4 Survey Method and Content

We recorded the participant's name, sex, age, height, weight, contact information and type of disease by sorting out the participants's hospitalization medical records, including cerebrovascular diseases (transient cerebral ischemia, cerebral infarction, cerebral hemorrhage, subarachnoid hemorrhage, cerebral amyloid vascular disease); neurological diseases (Alzheimer's disease, Parkinson's disease, epilepsy); cardiovascular diseases (Coronary heart disease, hypertension, arrhythmia, heart valve disease, heart failure, peripheral arterial diseases); respiratory diseases (pneumonia, bronchial asthma, chronic obstructive pulmonary disease, pulmonary interstitial disease, respiratory failure); Kidney diseases (acute/chronic renal failure, renal artery stenosis, meridian nephropathy); gastrointestinal diseases (functional dyspepeptic ulcer, gastritis, gastrosis, ischemic intestinal disease, hepatobiliary diseases); blood diseases (anemia, leukemia, myelodys, lymphoma, multiple myeloma. Then we asked and recorded according to the "TCM Physical Classification and Judgment Scale for the Elderly" [1]. In order to ensure the accuracy of the research, each question is asked by the investigator to explain the purpose of the research and assist in understanding the problem. At the same time, in terms of tongue diagnosis, the doctor (above the attending physician) made a judgment to ensure accuracy.

3. Physical Determination and Statistical Methods

3.1 Classification and Judgment Method of Traditional Chinese Medicine Constitution

We adopted the "Classification and judgment scale of traditional Chinese medicine physique for the elderly", the physique of traditional Chinese medicine was divided into 9 basic types of traditional Chinese medicine, such as peace quality, qi deficiency, yang deficiency, yin deficiency, phlegm and dampness, dampness and heat, blood stasis, qi depression, and special constitution. There were a total of 33 questions in the judgment scale, each with 5 scoring levels.

3.2 Statistical Methods Use spss25.0 for Data Statistical Analysis

We used the composition ratio to describe the distribution of disease types and traditional Chinese medicine constitution types. The inter-group comparison of counting data was used to determine whether there was a correlation. The correlation adopted single-factor Logtisic regression analysis, with each disease type as the dependent variable, and gender and nine types of traditional Chinese medicine constitution as independent variables. Significantness test, we set the bilateral test level a=0.05, when P<0.05 is the comparative difference, which was statistically significant.

4. Research Results

4.1 Basic Information

The baseline characteristics of 499 elderly research participants in Guangyuan area were summarized from the research data. In terms of gender, 49% are women and 51% are men. The age group distribution is as follows: 30% of people are between 60 and 69 years old, 28% are between 70 and 79 years old, 34% are between 80 and 89 years old, and 7.6% are between 90 years old or older. Among them, the diseases suffered by the elderly in Guangyuan area are mainly concentrated in cerebrovascular (45%), cardiovascular (69%), respiratory system (46%), and endocrine metabolic diseases (41%). In the evaluation of the constitution type of traditional Chinese medicine, 72% of people's constitution are balanced, while the biased constitution type is mainly concentrated in the deficiency constitution such as qi deficiency (33%), yang deficiency (27%) and yin deficiency (36%). Other types of traditional Chinese medicine constitution are distributed as follows: Phlegm-dampness constitution (9.2%), Damp-heat constitution (4.6%), Blood stasis constitution (14%), Qi deficiency constitution (17%), and special constitution (3.6%).

Table 1: Age and gender distribution

Age distribution(year)	Sex		Total
	Female, N = 244	Male, N = 255	
60-69	65	87	152
70-79	69	69	138
80-89	79	74	171
Over 90 years old	13	25	38

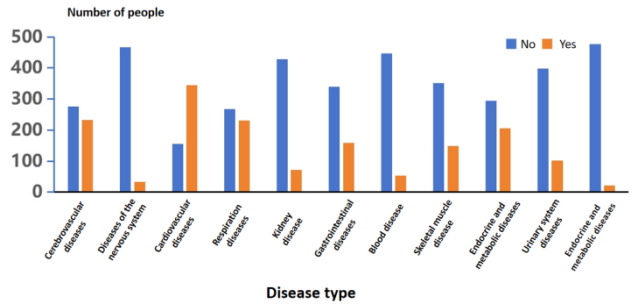

Figure 1: Distribution of disease types

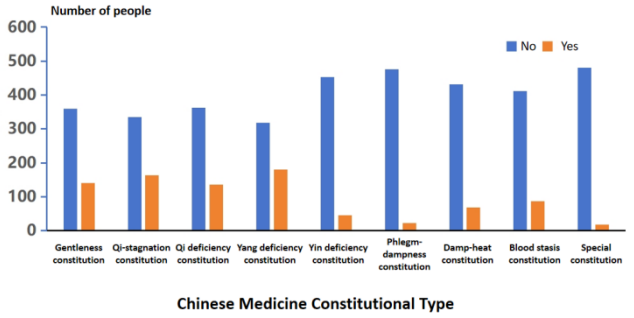

Figure 2: Distribution of constitution types of traditional Chinese medicine

4.1.1 Gender distribution of different types of diseases

As can be seen from Table 2, the number of elderly men is higher than that of women in terms of cerebrovascular diseases, respiratory diseases and kidney diseases, and it is statistically significant. Among urinary diseases, this survey mainly records elderly people with prostatic hyperplasia. Because all patients with prostatic hyperplasia are men, the gender distribution of urinary diseases cannot be analyzed. The number of elderly women with skeletal muscle disease is higher than that of men, and it is statistically significant.

Table 2: Gender distribution of different disease types

Type of disease	Sex		P value
	Female, N = 244	Male, N = 255	
Cerebrovascular diseases	95	128	<0.05
Diseases of the nervous system	15	18	>0.05
Cardiovascular diseases	168	176	>0.05
Respiration diseases	91	140	<0.05
Kidney disease	24	47	<0.05
Gastrointestinal diseases	80	79	>0.05
Blood disease	31	22	>0.05
Skeletal muscle disease	90	58	<0.05
Endocrine and metabolic diseases	107	98	>0.05
urinary system diseases	16	85	<0.05
Tumour	9	13	>0.05

4.2 Logistic Regression Analysis

4.2.1 Regression analysis of logistics by gender for different types of diseases

In order to find out whether gender has an impact on the type of disease in the elderly, a single-factor logistic regression analysis is carried out with gender as the independent variable and the disease type as the dependent variable (have=1, none=0). The results are as follows: men in cerebrovascular diseases, respiratory diseases, kidney and urinary system diseases are the risk factors for their disease. Due to the small number of tumors, it is impossible to use logistic regression analysis. Among urinary system diseases, the diseases counted in this survey are mainly prostate hyperplasia. The patients with this disease are all men, so the statistical significance of gender in urinary system diseases can be ignored.

Table 3: Regression analysis of gender for logistics of different disease types

Type of disease	Sex	*OR*	95% CI	*P value*
Cerebrovascular diseases	female	—	—	
	male	1.58	1.11, 2.26	<0.05
Diseases of the nervous system	female	—	—	
	male	1.26	0.61, 2.60	>0.05
Cardiovascular diseases	female	—	—	
	male	1.01	0.69, 1.47	>0.05
Respiration diseases	female	—	—	
	male	2.17	1.50, 3.13	<0.05
Kidney disease	female	—	—	
	male	2.07	1.22, 3.51	<0.05
Gastrointestinal diseases	female	—	—	
	male	0.92	0.63, 1.34	>0.05
Blood disease	female	—	—	
	male	0.65	0.36, 1.16	>0.05
Skeletal muscle disease	female	—	—	
	male	0.50	0.34, 0.75	<0.05
Endocrine and metabolic diseases	female	—	—	
	male	0.80	0.56, 1.14	>0.05
urinary system diseases	female	—	—	
	male	7.12	4.03, 12.60	<0.05

4.2.2 Logistic regression analysis of the influence of different types of traditional Chinese medicine constitution on different diseases

In order to find the impact of the constitution type of traditional Chinese medicine on various diseases, a single-factor logistic regression analysis was carried out with 9 types of traditional Chinese medicine constitution as independent variables and various diseases as the dependent variables (with=1, no=0). The results show that the constitution type of traditional Chinese medicine affects the cardiovascular and cerebrovascular system, kidney diseases and gastrointestinal diseases. , blood diseases, skeletal muscle diseases and urinary system diseases are of no statistical significance. Wet heat is statistically significant for neurological diseases and is a risk factor for neurological diseases. Qi deficiency is statistically significant for respiratory diseases and is a risk factor for respiratory diseases. Phlegm-dampness constitution is statistically significant for endocrine and metabolic diseases, and is a risk factor for endocrine and metabolic diseases. In the logistic regression analysis of this paper, neurological diseases, respiratory diseases and endocrine and metabolic diseases are selected as the main research objects, based on the following considerations: First of all, the incidence of these diseases in the elderly population is relatively high [2], which seriously affects the daily mobility and self-care ability of the elderly, and reduces their quality of life. For example, respiratory diseases (chronic obstructive pulmonary diseases) and endocrine and metabolic diseases (diabetes) are also easy to cause a variety of complications and further aggravate the health burden on the elderly. Secondly, these diseases are selected for research because they are more closely related to the physique of traditional Chinese medicine. Studies have shown that qi deficiency, phlegm and dampness play an important role in the occurrence and development of these diseases [3]. In this study, we also found that there is a high correlation between these diseases and the physique of traditional Chinese medicine. Therefore, exploring the

relationship between these diseases and the physique of traditional Chinese medicine can not only deepen our understanding of the etiology of geriatric diseases, but also provide reference for the prevention and treatment of traditional Chinese medicine.

Table 4: Regression analysis of logistics of neurological diseases by different types of physical distribution of traditional Chinese medicine

Constitution types of traditional Chinese medicine	*OR*	95% CI	*P* value
Gentleness constitution	1.99	0.97, 4.08	>0.05
Qi deficiency constitution	0.75	0.34, 1.66	>0.05
Yang deficiency constitution	0.85	0.37, 1.92	>0.05
Yin deficiency constitution	1.01	0.49, 2.11	>0.05
Phlegm-dampness constitution	0.29	0.04, 2.19	>0.05
Damp-heat constitution	3.25	1.04, 10.16	<0.05
Blood stasis constitution	1.14	0.43, 3.07	>0.05
Qi-stagnation constitution	1.06	0.42, 2.64	>0.05
Special constitution	1.81	0.40, 8.25	>0.05

Table 5: Logistics regression analysis of different types of traditional C

Constitution types of traditional Chinese medicine	*OR*	95% CI	*P* value
Gentleness constitution	0.82	0.56, 1.22	>0.05
Qi deficiency constitution	2.53	1.72, 3.71	<0.05
Yang deficiency constitution	0.89	0.60, 1.32	>0.05
Yin deficiency constitution	0.83	0.57, 1.20	>0.05
Phlegm-dampness constitution	0.88	0.48, 1.63	>0.05
Damp-heat constitution	1.07	0.46, 2.47	>0.05
Blood stasis constitution	0.97	0.58, 1.62	>0.05
Qi-stagnation constitution	1.23	0.77, 1.96	>0.05
Special constitution	1.17	0.46, 2.99	>0.05

Table 6: physique distribution types of different traditional Chinese medicine for endocrine and metabolic diseases

Constitution types of traditional Chinese medicine	*OR*	95% CI	*P* value
Gentleness constitution	0.86	0.58, 1.29	>0.05
Qi deficiency constitution	1.23	0.85, 1.80	>0.05
Yang deficiency constitution	0.96	0.65, 1.44	>0.05
Yin deficiency constitution	1.16	0.80, 1.67	>0.05
Phlegm-dampness constitution	2.20	1.19, 4.07	<0.05
Damp-heat constitution	1.33	0.58, 3.08	>0.05
Blood stasis constitution	1.63	0.97, 2.72	>0.05
Qi-stagnation constitution	0.67	0.41, 1.09	>0.05
Special constitution	1.15	0.45, 2.97	>0.05

5. Discussion

On the whole, the types of diseases in the elderly are mainly concentrated in cardiovascular and cerebrovascular, respiratory and endocrine metabolic diseases, which corresponds to the occurrence of common clinical diseases in China. The types of traditional Chinese medicine in the elderly focus on qi deficiency, yang deficiency and yin deficiency, which is consistent with the research results of Xiao Yao [4]. In Zhang Wei's research, blood stasis and phlegm and dampness account for a relatively high proportion of traditional Chinese medicine physique in the elderly, which is a gap [5] in this study. The reason for this gap may be related to the dietary environment factors in the study area. In the “Huang Di Nei Jing”, it is pointed out that "people are old and decaying, blood and qi are deficient, and yin and yang are deficient", which explains the physiological and pathological characteristics of qi, blood, yin and yang deficiency in the elderly. Taking this as a starting point, it reminds us that we should pay attention to the essence of visceral function deficiency and yin and yang deficiency when caring for the elderly. We can also provide targeted conditioning measures according to the physical characteristics of the elderly.

5.1 Relationship between Gender and Type of Illness

In this Logistic regression analysis, it can be concluded that women have a higher incidence of skeletal muscle diseases than men. Among cerebrovascular diseases and respiratory diseases, the incidence rate of men is higher than that of women. The theoretical support for the above clinical data is as follows: Skeletal muscle diseases belong to the category of "bone atrophy" and "bone paralysis" in traditional Chinese medicine. The main cause is caused by the burning of yin fluid or various diseases that are found to consume liver, blood and kidney essence in the later stage or long term. Women take the liver as the innate, and the liver is mainly excreted. Poor liver qi is easy to affect the operation of qi and blood, and the liver and kidney are of the same origin, thus affecting the physiological function of the kidney. The liver mainly hides blood, the main tendons, the kidney mainly hides essence, the main bones, the liver and kidney deficiency, the lack of essence and blood, the muscles and bones are lost, and then there are lumbar spine pain, soreness and weakness, weakness of the lower limbs and other bone atrophy. The man takes the kidney as the innate, and the "Nei Jing" says: "The person who supervises the vein, the spine belongs to the kidney, and the upper enters the brain". The kidney is closely related to the brain, the kidney essence and kidney qi is insufficient, the kidney essence "hidden marrow" is not in position, the qi and blood are weak, and it is prone to cerebral vascular lesions [6]. The kidney mainly accepts qi, and it is the root of qi. The lung main qi department breathes, and the kidney function is abnormal, which will inevitably affect the decline of lung qi and cause respiratory diseases. To sum up, the types of gender-impacted diseases are not only supported by clinical data, but also based on the theory of traditional Chinese medicine.

5.2 Wet and Hot Constitution is a Risk Factor for Neurological Diseases.

Among the cases collected this time, neurological diseases mainly include Parkinson's disease and epilepsy, and the clinical manifestations are mainly tremor, which belongs to the category of tremor syndrome and epilepsy in traditional Chinese medicine. In “Chishui Xuanzhu · Chenzhen”, it is mentioned that "the wood fire is prosperous, the kidney yin is not full, the lower is empty and solid, it is actually phlegm and fire, and the deficiency is the kidney is deficient". This paragraph shows that phlegm and heat are depressed, the yang is prosperous and the wind moves, and the hair is tremor, confirming that wet heat syndrome is the pathogenic factor of tremor. This conclusion can also be supported by Su Wen · Shengqitongtianlun. "Because it is wet, the head is wrapped, damp and hot is not bust, the big tendons are short, the small tendons are long, the short tendons are restrained, and the long length is impotence." The tendons are the main of the liver, and the liver is yin and use yang, which is easy to create wind and fire. Seeing the disease of the liver, you know that the liver is transmitted to the spleen, and the spleen is easy to hide dampness, the dampness and heat fight each other, the tendons are short, and the hair is urgent. In the clinical treatment of tremor in the elderly, Wang Ruduo believes that

the elderly are full of heart fire, heat and wind, spleen deficiency and dampness, phlegm and heat fight each other, blinding the mind and causing tremor, and choose to clear heat and dampness as the treatment principle [7]. In summary, damp-heat syndrome is an important cause of limb tremor, and it is further inferred that damp-heat constitution is a risk factor for neurological diseases (Parkinson, epilepsy).

5.3 Qi Deficiency is a Risk Factor for Respiratory Diseases.

In the data collection, we found that the respiratory diseases of the elderly in Guangyuan City are mainly concentrated in bronchial asthma and chronic obstructive pulmonary disease, and the main clinical manifestations are wheezing and shortness of breath. It is mentioned in “Su Wen”: "The lung is the general's official, and he is in charge of breathing, and he is out of breath." It shows the relationship between the lungs and wheezing. The qi of the lungs is the master of the body, which suggests that qi deficiency is an important cause of abnormal physiological function of the lungs. A molecular study of the pathogenesis of bronchial asthma and chronic obstructive pulmonary disease shows that asthma and chronic obstructive pulmonary disease often cause inflammatory airway reactions under the influence of inflammatory factors such as IL-8 and TNF-α [8], leading to an increase of bronchospasm and airway secretions. "Lingshu · JingMai" mentions that "the lung main breathing, the matter of breathing, ... those who breathe out, are soresis". The contraction and expansion of the bronchus cause respiratory movement. In the theory of traditional Chinese medicine, it is reflected in the promotion and lowering function of lung qi. Lung qi deficiency can lead to the abnormality of health and anti-relieficiency. Chen Shiduo's "Shishimilu" in the Qing Dynasty mentioned: "Fat people have a lot of phlegm, which is also qi deficiency", indicating that qi deficiency will affect the body's fluid metabolism, and it is difficult for the body to dissolve moisture and discharge phlegm, resulting in phlegm. In the clinical treatment of asthma-slow obstructive pulmonary disease, the application of traditional Chinese medicinal materials with beneficial effects such as astragalus and party ginseng also shows that qi deficiency syndrome is an important factor in its pathogenesis [9].

5.4 Phlegm-dampness Constitution is a Risk Factor for Endocrine and Metabolic Diseases

In this statistical data, endocrine and metabolic diseases are mainly characterized by abnormal glycolipid metabolism. Hyperlipidemia is characterized by an increase in LDL-C, TC and TG levels in the blood [10]. Han Shuhui's research shows that blood biochemical indicators of patients with Phlegm-dampness constitution, such as total cholesterol (TC) and low-density lipoprotein (LDL-C), are generally higher [11]. Further pathological syndrome studies also show that there is a significant correlation between phlegm, dampness and hyperlipidemia. In the casein study, the relationship between the spleen and hyperlipidemia is particularly close, and there is a positive correlation between spleen function and cholesterol levels. According to the theory of traditional Chinese medicine, "the spleen is the source of phlegm", and spleen deficiency is easy to lead to the formation of phlegm and dampness. In the treatment of traditional Chinese medicine, drugs such as Zedia and Poria are often used to strengthen the spleen and improve moisture [12]. Modern medical research further confirms that abnormal lipid metabolism can lead to insulin resistance, which is one of the main pathogenesis of diabetes [13], and insulin resistance is the main pathogenesis of diabetes. Combined with the idea of "the same treatment of different diseases" in traditional Chinese medicine, we can infer that Phlegm-dampness constitution is not only a pathogenic factor of hyperlipidemia, but also an important basis for diabetes. This inference is also based in the classic literature of traditional Chinese medicine. Traditional Chinese medicine classifies diabetes in modern medicine as "quenching thirst" symptoms, and "spleen" is regarded as an early manifestation of quenching thirst. “Su Wen” recorded the relationship between spleen and quenching thirst for the first time and its pathogenesis: "This overflow of five qi is also called spleen spleen. The husband's five flavors are hidden in the stomach. The spleen travels its essence, and the saliva is in the spleen, so it makes people sweet. This person must eat sweetness and fat. The fattener makes people internal heat, and the sweet makes people full, so his anger overflows and turns into quenching thirst. This discussion reveals that hypertrophy, sweet and thick taste lead to the dysfunction of the spleen and stomach transportation, the obstruction of the operation of the body fluid, which eventually causes phlegm and dampness, which gradually develops into a pathological process of spleen, and then transforms into a pathological process of quenching thirst (i.e. diabetes). To sum up, Phlegm-dampness constitutions may play an important role in abnormal glycolipid metabolism by affecting lipid metabolism.

6. Conclusion

This article mainly discusses the types of diseases of the elderly in Guangyuan, the physical distribution characteristics of traditional Chinese medicine and their related influencing factors. However, the data statistics in this article are relatively insufficient, and it is difficult to represent the overall situation of the elderly population in Guangyuan, and the research is conducted in the form of questionnaires. When the participants answer questions, some subjective factors will be mixed, which will affect the accuracy of the questionnaire, and the research method is relatively simple. In the process of formation, genetics, environment and lifestyle are closely related. In addition to the immutability of genetic factors, the environment and lifestyle can change accordingly. This study lacks follow-up of the participants. However, this article tries to explore the relationship between multisystemic diseases and traditional Chinese medicine constitution to make up for the gap in this research field. Moreover, this article mainly takes the elderly in the combined medical and nursing mode in Guangyuan as the main research body, explores the relationship between the constitution and disease of the elderly in the combined medical and nursing mode, and provides a scientific basis for the health management and nursing care of the elderly.

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Types and Current Disease Status of Elderly People in Urban Elderly Care Institutions in Guangyuan City (Guiding).

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