

ASSESSMENT OF MORBIDITY PATTERN AMONG ELDERLY PATIENTS VISITING URBAN HEALTH TRAINING CENTER

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ABSTRACT

Background: In India, the proportion of the elderly population is steadily increasing. The health status of this demographic is influenced by various factors, including socio-economic status, personal health conditions, healthcare standards, psychosocial well-being, and other associated factors. While aging itself is not a disease, the elderly population is susceptible to a range of conditions, including endocrine disorders like diabetes, cardiovascular diseases, hypertension, psychological illnesses, musculoskeletal disorders, and cancers. **Material & Methods:** The present observational study was conducted at our tertiary care hospital in the department of urban health training center of community medicine department. Study duration was 6 months from January 2020 to June 2020. All the patients which were more than 60 years of age attending the outpatient department were considered for this analysis. **Results:** Anemia was the most prevalent morbidity, affecting 74% of patients, followed by ophthalmic disorders in 71%, and cardiovascular system (CVS) disorders including hypertension in 64%. Gastrointestinal disorders (GIT) and musculoskeletal system disorders were observed in 59% of patients, while respiratory system disorders were present in 48%. Dental problems affected 46% of patients, followed by skin disorders in 32%, and ENT diseases in 26%. Female genitourinary diseases were seen in 19% of patients, psychiatric disorders in 18%, and male genitourinary diseases in 14%. Endocrine diseases affected 13% of patients, with CNS diseases observed in 11%. **Conclusion:** Given the higher prevalence of morbidities and multi-morbidities among the geriatric population, it is imperative to prioritize elderly healthcare in health programs, planning, and policy-making initiatives. This emphasis should be translated into concrete actions implemented through healthcare services.

Keywords: elderly diseases, morbidity, health care.

INTRODUCTION

In India, the proportion of the elderly population is steadily increasing. The health status of this demographic is influenced by various factors, including socio-economic status, personal health conditions, healthcare standards, psychosocial well-being, and other associated factors. While aging itself is not a disease, the elderly population is susceptible to a range of conditions, including endocrine disorders like diabetes, cardiovascular diseases, hypertension, psychological illnesses, musculoskeletal disorders, and cancers (1).

According to recent census data, India's geriatric population was approximately 100 million, a

significant increase from the 76 million reported in the previous census in 2001. This upward trend is expected to continue, with the growth rate of the elderly population rising from 6.8% in the 1991 census to 8.6% in the 2011 census. If this trend persists, it is estimated that the growth rate will reach 19% by 2050 (2).

This demographic transition brings about various indirect risk factors that affect the health and well-being of the elderly. Factors such as social and economic constraints, industrialization, education levels, urbanization, and changes in lifestyle contribute to their vulnerability to external threats

(3). Challenges such as limited living space due to urbanization, high rents, migration for employment or family reasons, the prevalence of nuclear families, and loneliness in old age or living in old age homes further impact their social and mental health (4).

To address these challenges, the Indian government has implemented various health programs and schemes aimed at improving the overall health status of the elderly population and addressing their co-morbidities and morbidities (5). Present study was conducted to know the overall health condition of morbidity pattern among elderly patients visiting urban health training center.

MATERIALS & METHODS

The present observational study was conducted at our tertiary care hospital in the department of urban health training center of community medicine department. Study duration was 6 months from January 2020 to June 2020. All the patients which were more than 60 years of age attending the outpatient department were considered for this analysis. A total of 100 patients were enrolled for study by simple random sampling. Clearance from Institutional Ethics Committee was taken before start of study and written informed consent for the study purpose was obtained from all the enrolled participants. All the patients were subjected to a pretested proforma and socio-demographic data were recorded along with detailed general physical and clinical examination. All the morbidities of the study participants were recorded and used for data analysis. The data were analyzed by using software's MS Excel 2010, Epi Info v7 and SPSS v22.

RESULTS

In the present study, 100 study participant of age more than 60years were enrolled. The mean age of these elderly patients was 67.1 ± 7.1 years. Out of these 100 geriatric participants, 66% were males and 34% were females. Literacy status of the study population was 68%. The numbers of participants below poverty line were 76% and they had BPL cards with them. In the study populations, there were 4% widows and 1% widowers. In the study populations, there were 4% widows and 1% widowers. In the present study 81% participants were unemployed and 85% were living in a joint family. In the present study 46% of population did not use tobacco in any form. In the present study 31% of elderly population was suffering from only one form of morbidity. Maximum of them were suffering from 2 morbidities 48% and 11% had three

type morbidities, 4% had four type of morbidities and only 1% had 5 or more types of morbidities (Table 1).

Table 1: Distribution of the geriatric population according to number of morbidities

Number of morbidity	No. of cases
1	31%
2	48%
3	11%
4	4%
5 or more	1%

In the present study, the most common morbidity was anemia in 74% of patients followed by ophthalmic disorders which were found in 71% of patients. CVS disorders including hypertension was found in 64% patients, 59% patients had disorders of GIT and musculoskeletal system. 48% of patients had disorders of respiratory system, 46% had dental problems, 32% patients had skin disorders and ENT diseases found in 26% patients. Female genitourinary disease seen in 19% of patients followed by psychiatric disorders in 18%, diseases of male genitourinary diseases found in 14% of patients, endocrine diseases seen in 13% and 11% CNS diseases. (Table 2)

Table 2: Morbidity distribution among study participants.

Morbidity distribution	Number of cases
Anemia	74%
Ophthalmic disorders	71%
Cardiovascular system (CVS)	64%
Gastrointestinal system (GIT)	59%
Musculoskeletal system (MSS)	59%
Respiratory system (RS)	48%

Dental problems (Dental)	46%
Dermatological disorders (SKIN)	32%
Eye nose and throat problems (ENT)	26%
Female genitourinary	19%
Psychiatric problems (PSY)	18%
Male genitourinary system	14%
Endocrine system (ENDO)	13%
Central nervous system (CNS)	09%

DISCUSSION

In the present study, 100 study participants were enrolled for the assessment of morbidity pattern and patients from outpatient department were selected for the study. The mean age of these elderly patients was 67.1 ± 7.1 years. Out of these 100 geriatric participants, 66% were males and 34% were females. The most common morbidity reported was anemia in 74% of patients which was followed by ophthalmic disorders which were found in 71% of patients. A study conducted by Chandrashekhar et al found that maximum number of study participants 35% were in the age group of 60-65 years. They enrolled 185 participants for urban area with female predominance of 60%. They enrolled 185 participants for rural area with 42% females and 58% were males. The most common morbidity found was psycho social problem seen among 38%, of participants, which was followed by ophthalmic disorders 35.40%, and ocular disorders among 23% of patients and cardio vascular diseases found in 18% of study population (6).

In the present study 31% of elderly population was suffering from only one form of morbidity. Maximum of them were suffering from 2 morbidities 48% and 11% had three type morbidities, 4% had four type of morbidities and only 1% had 5 or more types of morbidities. Similar findings were obtained in a study conducted by Singh et al among geriatric population for the morbidity assessment and they reported that among the study population out of total only 3% of study participants were not suffering from any form of diseases. Maximum numbers of study participants (26%) were suffering from three

morbidities and out of the total 13% of study participants had 5 and more morbidities at the time of assessment (7).

In the present study other common morbidities reported were cardiovascular disorders including hypertension was found in 64% patients, 59% patients had disorders of GIT and 59% patients had diseases of musculoskeletal system. A study conducted by Bardhan et al among geriatric population reported that musculoskeletal diseases were the most common and found in 59% of study participants followed by dental problem in 58% and ophthalmic disorders comes than and found in 55% of patients. CVS and endocrine diseases were found in only 10% patients respectively. Psycho-social illness was found among 23% of study population (8).

In the present study other common morbidities reported among 48% of patients who had disorders of respiratory system, 46% of study participants had dental problems, 32% of study participants had skin disorders and ENT diseases found in 26% study participants. A study conducted by Ghosh et al among geriatric population reported that most common morbidity found was gastro-intestinal disorders in 51% cases which were followed by Osteoarthritis seen in 49% of patients. Cardiovascular diseases reported among 41% patients. Respiratory diseases (Asthma, ARI and COPD) were found in 41% of cases. CNS disorders were found in 2.5% of study population. Diabetes mellitus was reported in 9.5% of study population (9).

In the present study other common morbidities reported were female genitourinary disease seen in 19% of patients which were followed by psychiatric disorders in 18%, diseases of male genitourinary diseases were found in 14% of patients, endocrine diseases seen in 13% patients and 11% patients had CNS diseases. A study conducted by Kumar et al among geriatric population reported that most common morbidity found was Respiratory diseases seen in 45.6% of patients, which was followed by cataract seen in 36.8% of patients, cardiovascular disorders seen in 34.4% of patients and hearing impairment was found in 33.2% of patients. Osteoarthritis was reported among 31.2% of cases and anaemia was relatively less in contrast to present study and found in only 20.8% of cases. Morbidities shows statistically significant association with age and increases with age (10).

CONCLUSION

Based on our study findings, it is evident that there is a higher prevalence of morbidities and multi-morbidities among the geriatric population. Therefore, it is imperative to prioritize elderly healthcare in health programs, planning, and policymaking, and ensure effective implementation through healthcare services. Additionally, there is a crucial need to raise awareness among the elderly age group through Information, Education, and Communication (IEC) methods and activities, which can contribute to improving their overall health status.

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