ISPUB.COM

A Study Of Morbidity Profile Of Elderly In Urban Areas Of North India

D Gaur, M Goel, M Goel, A Das, V Arora

Citation

Abstract

Geriatrics population is an important part of the total community & comprises of about 7-8% of the whole population of one community. Since the expectation of life is also increasing steadily and quality of life being emphasized more & more in our country, the senior citizen group is getting importance day by day. WHO is also concerned about the health of this group and is promoting the concept of healthy aging throughout the World. The study was conducted in 606 persons above the age of 60 years both male (322) and female (284). Joint paints & cataract occupy the top position among different morbid condition i.e. 46% and 45% respectively. Hypertension, GIT problems, Diabetes and Loneliness & depression are among the other major morbidities contributing 22%, 14.8%, 11% and 9% respectively.

DEPARTMENT AND INSTITUTION WHERE THE WORK WAS DONE

Urban field practice attached to Dept. of Community Medicine, Pt. B.D. Sharma PGIMS, Rohtak, India..

INTRODUCTION

Geriatrics population is an important part of the total community & comprises of about 7-8% of the whole population of one community. Since the expectation of life is also increasing steadily and quality of life being emphasized more & more in our country, the senior citizen group is getting importance day by day. It is therefore very essential and desirable that the health of this group is protected and maintained to get the maximum benefits for the over all growth & development of this nation. Earlier the diseases are diagnosed and earlier they are treated, the more will be the benefits in obtaining the optimal level of positive health. The good health enjoyed by these elderly will go a long way in strengthening one health care and economy. Needless to point out that even the WHO is also concerned about the health of this group and is promoting the concept of healthy aging throughout the World.

OBJECTIVES

To know the common health problems in the elderly population of Rohtak town.

STUDY DESIGN

Cross sectional

MATERIAL & METHODS

The information was collected (as such) with the help of postgraduate students, interns, MPHW (M & F) & concerned Anganwari Workers through a pre designed & pre-tested proforma in the urban setting. For hypertension, sphygmomanometer was used taking 140/90 mm of Hg as cut out limits and for diabetes simple urine testing was done using Benedict's qualitative reagent and graded accordingly. Cataract was diagnosed with the help of a torch & differentiated into Mature Senile Cataract & Immature Senile Cataract. Hearing loss was assessed by taking history of the subjects. In cases of loneliness and depression the history of spouse was also taken.

PARTICIPANTS & SETTINGS

606 persons above the age of 60 years both male (322) and female (284) were included in the study who were selected randomly from a population of about 23000 with the help of Anganwari Survey Register. There were 1854 elderly subjects in about 4600 families coming 23096 urban slum populations. The elderly population was enlisted in the study covering 606 elderly subjects both males & females.

RESULTS

Figure 1

Table 1: Age & Sex wise distribution of Study subjects (n= 606)

Age group in years	Male	Female	Total
60-65	180(56.0%)	148(52.1%)	328(54.1%)
65-70	74(22.9%)	65(22.9%)	139(22.9%)
70-75	39(12.1%)	40(14.1%)	79(13.1%)
> 75	29(9.0%)	31(10.9%)	60(9.9%)
Total	322 (100%)	284(100%)	606 (100%)

Figure 2

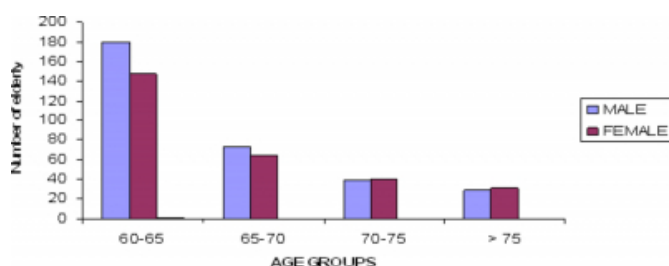Figure 1: Bar diagram : Age group distribution among study population

Figure 3

Table 2: Distribution of Study subjects according to Socio-economic status

Socio-economic status	Number	%age
Lower	279	46.1
Lower middle	187	30.8
middle	85	14.1
Upper middle	42	6.9
Higher	13	2.1
Total	606	100%

Figure 4

Figure 2: Pie diagram: Income wise distribution among study population
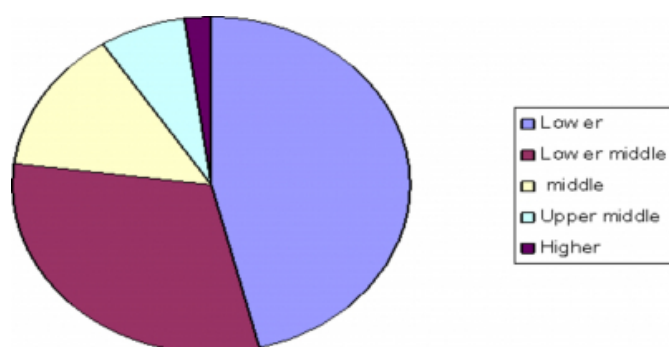
Figure 5

Table 3: Distribution of Study population according to type of Family

Type of family	Number	%age
Nuclear	97	16.1
Three generation	477	78.7
Joint	32	5.2
Total	606	100%

Figure 6

Table 4: Distribution of study subjects according to morbidity conditions

Morbidity condition	Male	Female	Total
Joint pains	139	140	279(46%)
Cataract	142	131	273(45%)
Anaemia	93	168	261(43%)
Loss of teeth	81	71	152(25%)
Hypertension	76	57	133(22%)
GIT problems	54	46	90(14.8%)
Diabetes	39	28	67(11%)
Loneliness & depression	33	22	55(9%)
Ch. Bronchitis	25	18	42(7%)
Hearing loss	24	15	39(6.4%)
COPD	20	16	36(6%)

Figure 7

Table 5: Distribution of some leading morbidity conditions in study subjects according to socio-economic status. (n=606)

Socio-economic status	Joint pains	Cataract	Anaemia	Hypertension	Diabetes mellitus
Lower	154	108	158	67	27
Lower-middle	58	84	69	20	13
Middle	42	63	33	22	14
Upper- middle	18	14	9	17	11
Higher	7	4	2	7	2
Total	279	273	261	133	67

RESULTS AND DISCUSSION

Joint paints & cataract occupy the top position among different morbid condition. It is because these are related with the degenerative disorders of bones & eyes. Life style also plays an important role in their causation.

Anaemia can be explained due to dietary and nutritional deficiency and it is a common problem in all the age groups in our country.

Hypertension & diabetes are related to life style of the community which is not healthy. These problems are increasing with time due to increase in stress & strain and over weight.

Loneliness and depression can be attributed to family relation, tension and less social attention of the family members & the community apart from their individual personality.

Regarding hearing loss chronic-bronchitis &COPD, the results seems to be showing a normal trend which can however, be controlled or diminished by adopting healthy practices in the younger age group and seeking early medical attention whenever required.

The number of defects detected per old age person in our study was 2.35 and the most common of these were joint pains, cataract and anaemia.

CORRESPONDENCE TO

29-A, Sujan Singh Park, Sonipat-131001 (Haryana, India) E mail id: drmanishgoel2000@yahoo.co.in

References

Author Information

D.R. Gaur, M.D., Community Medicine
Senior Professor & Head, Department of Community Medicine, Pt. B.D. Sharma PGIMS

Manish Kumar Goel, M.D., Community Medicine
Assistant Professor, Department of Community Medicine, Pt. B.D. Sharma PGIMS

Meenu Goel, M.D., Anaesthesia
Assistant Professor, Department of Pediatrics, Pt. B.D. Sharma PGIMS

Ansuman Das, M.B.B.S.
Post graduate student, Department of Community Medicine, Pt. B.D. Sharma PGIMS

Varun Arora, M.B.B.S.
Post graduate student, Department of Community Medicine, Pt. B.D. Sharma PGIMS