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Original Research Paper

A Study to Assess the Health Profile of Geriatric Age Group People in old age Home of Rewa, Central India.

Medical Science

KEYWORDS : cross sectional study, old age home, sociodemographic profile, health profile, geriatric health care.etc.

Dr.Anjana Niranjan, Post Graduate Student, Department of Community Medicine, Shyam Shah Medical College, Rewa, Madhya Pradesh, India

Dr.Pahram Adhikari Assistant Professor, Department of Community Medicine, Shyam Shah Medical College, Rewa, Madhya Pradesh, India

Dr.Devendra Niranjan. Assistant Professor, Department of Microbiology ,Career Institute of Medical Science and Hospital ,Lakhnow.

ABSTRACT

Background: Aging is a normal process. The modernization plays a vital role in aging process of an individual. The aged feel a sense of social isolation because of disjunction from various bonds like work relationships, and diminish of relatives and friends, mobility of children to far off places for jobs. The situation of the elderly still worsens when there is presence of chronic diseases, physical incapacity and financial stringency.

Objective: To know the sociodemographic profile, health profile and age related health problems of the old age people in old age home.

Material and Methods: A cross sectional study was carried out in old age homes situated in Rewa city of central India, from 1st January to 31st January 2016, All old persons were included in the study after taken their informed consent.

Result: Out of total 180 study participants, 57.77% were males and 42.22% were females. 93.77% reported one or more health related complaints. Most common presenting symptoms were: joint pain (93.33%), loss of teeth (82.77%), impaired vision (85.55%), weakness (70%), impaired memory in (69.44%) , insomnia (47.22%), constipation in (41.11%) and frequency to fall in (15%). The main health related problems were osteoarthritis (91.66%), visual problem (86.66%), hypertension (70.55%), and diabetes mellitus (83.88%).

Conclusion: The study highlighted a high prevalence of morbidity and health related problems in old age groups. We need to strengthen geriatric health care services, social support by people, and proper implementation of geriatric related legislation by government and further research like qualitative research to explore the problems of the elderly.

INTRODUCTION

Rapid growing of industry, modernization in India, it has also effected the people in many ways. The tradition of joint family in the culture of Indian society is disappearing slowly, which was based on the love, affection and tradition. It has also transformed the life of family. People have started in believing in "Nuclear family" rather than combined or joint. It has made people to live with his own family which including husband, wife and their children. This culture has also affected the emotion of each individual person. In today's time parents afraid from their children, that's why they have started refusing to live with them (children). Due to this reason they have started moving in the old age home where they only which for death.

"Forty is the old age of youth; fifty is youth of old age."- a French phrase meaning that natural process of waxing and waning of the body ageing which start at very young age but is visible only in old age[1] Ageing is a normal, physiological, inevitable, biological and universal phenomenon happens in all the living beings. [2] During the process ageing, the impairments in anatomical and physiological leads to affect physical, mental and social wellbeing of the individuals, to some extent these may further lead to pathological conditions. Globally the population aged above 60 years in increasing due to better life expectance and thereby some of the health problems among them are proportionally increased. To focus the attention of the elder persons, the topic of world health day in the year 2012 is "Ageing and Health" with the theme of "Good health and life to years" [3]. In India the population of old citizens is growing in 1901 it was 12.1 million, but it has been recorded in 2011 is 103.2 million [4]. The population of elderly in India (over 60 years) ranks second in the world [5].Older persons constitute one of the most vulnerable sections of the society. The proportion of elderly is much higher in the rural areas than in the urban areas and the increase is greater among women [6]. The Modernization plays a vital role in aging process of an individual. The aged feel a sense of social isolation because of disjunction from various bonds , work relationships, and diminish of relatives and friends, mobility of children to far off places for jobs. The situation of the elderly still worsens when there is presence of chronic diseases, physical incapacity and financial stringency [7] They are not only physically weak, but also lack economic resources and self-esteemed social status. [8] by keeping all these situation in the mind the study was conducted with the Objective of to know the socio-demographic profile, health profile and health related problems of the old age peoples in old age home of Rewa ,India .

MATERIAL AND METHODOLOGY

It was a cross sectional study carried out in old age home in Rewa city, central India from 1st January to 31st January 2016. All persons more than 60 years of age who either live in the old age home or come to visit the home for few hours and come in contact to him when we visit the old age home were included in study. After obtaining the informed consent from the subject's data was collected by using semi structured, standardized, pre tested questionnaire in local language, followed by clinical examination of the elders. Prior conduction of study permission was taken from trusty/manager of Old age home. Data was collected after taken an informed consent. All the peoples age> 60 years were included in the study that was given their concerned to participate in the study. In the present study the total sample size was 180.

The data were collected on age, sex, past and current health status, duration of suffering from disease, medications, disabilities, physical activity, previous and current habits on smoking, alcohol etc. clinical examination was done for each patient after obtaining the data at their doorsteps.

The same instruments were used throughout the study and were standardized at regular interval. Hypertension in this study is defined as systolic blood pressure (SBP) 140 mm Hg or more and diastolic blood pressure (DBP) 90 mm

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Hg or more or history of hypertension and current antihypertensive medication use. [9] JNC VII criteria were used to classify the blood pressure status of the study subjects. [10] Diabetes mellitus identified as the elders who were already diagnosed by a physician or if they were on antidiabetic medicine irrespective of their blood glucose level, which were confirmed with medical records. Arthritis was diagnosed by the presence of swelling or pain in joints, with or without restriction of movements [11] Vision was tested using Snellen's 'E' chart in a well illuminated room in a standard way.[12] If a person could not see the top letter, the perception of light and projection of light rays were tested in all the four directions. Vision in the better eye has been taken as person's visual impairment. Hearing was assessed using Voice test, after ensuring maximum possible silence and each ear was tested separately, after giving appropriate

Instructions. [13] Depression was assessed using Geriatric Depression Scale (GDS). And findings were recorded on proforma. **Data entry and data analysis**: was done in Epi cal -info software version .Percentage and chi-square test was applied.

RESULTS:

In the present study found that majority 133(73.88%) of participants were belong to 60-80 year age group and only 1 (0.55%) was older than 100 year, according to sex wise distribution of participants 57.77% were male and 42.22% female but it was not statistically significant because p=0.2522 it was p>0.05. Out of 180 study participants 74.32% were married, 21.67% were widow/widower and 4.1% were unmarried.

Table 1: Age and Sex wise distribution of inmates of geriatric homes-

S.N.	Age (in years)	Males(n=104)	Females(n=76)	Total(N=180) (%)
1.	61-70	31	17	48(26.66)
2.	71-80	52	33	85(47.22)
3.	81-90	16	19	35(19.44)
4.	91-100	5	6	11(6.11)
5.	> 100	00	1	01(0.55)

Chi square= 4.087 ,p=0.2522

In the present study we found 98.56% were complained some of the health related problem in whom the most common (93.33%) complained among elderly was joint pain followed by impaired vision (85.55%) ,loss of teeth (82.77%) ,poor appetite (80%) and least common were Frequency of fall (15%), Giddiness /Fainting (21.66%) .etc.

Table 2: Common presenting symptoms among elders-

Symptoms	Males (n=104)	Females (n=76)	Total (n=180) (%)
Loss of teeth	89(85.57)	63(82.89)	149(82.77)
Joint pain	97(93.26)	71(93.42)	168(93.33)
Impaired vision	86(82.69)	68(89.47)	154(85.55)
Impaired memory	67(64.42)	58(76.31)	125(69.44)
Weakness	61(58.65)	65(85.52)	126(70)
Insomnia	42(40.38)	43(56.57)	85(47.22)
Constipation	51(49.03)	23(30.26)	74(41.11)
Giddiness /Fainting	22(21.15)	17(22.36)	39(21.66)
Poor appetite	88(84.61)	56(73.68)	144(80)
Body ache	79(75.96)	62(81.57)	141(78.33)
Frequency of fall	12(11.53)	15(19.73)	27(15)
Cough	67(64.42)	51(67.10)	118(65.55)
Headache	54(51.92)	34(44.73)	88(48.88)
Loss of weight	94(90.38)	23(30.26)	117(65)
Tremors of hand	59(56.73)	59(77.63)	118(65.55)
Urinary problems	71(68.26)	42(55.26)	113(62.77)
Breathlessness	63(60.57)	33(43.42)	96(53.33)

As shown in the Table no.3 The prevalence of individual health problems was that the major health problem was osteoarthritis 91.66% followed by Visual problems 86.66%, then diabetes mellitus was 53.88%,hypertension was 48.33% ,Hearing problems 59.44%, COPD in 50.55% and least common were depression was 44.44% but it was more common in females as compared to males.

Table 3: Prevalence of diseases among elders-

S.N.	Health Problem	Male (104) Frequency (%)	Females (76) Frequency (%)	Total(180) Frequency (%)	p Value	X^2 value
1.	Visual Problem	88(86.61)	68(89.47)	156(86.66)	0.468	0.525
2.	Osteoarthritis	94(90.38)	71(93.42)	165(91.66)	0.248	1.334
3.	Hypertension	54(51.92)	33(43.42)	87(48.33)	0.328	0.953
4.	Diabetes mellitus	69(66.34)	28(36.84)	97(53.88)	0.0002	14.218
5.	Hearing Problem	63(60.57)	44(57.89)	107(59.44)	0.835	0.043
6.	Depression	39(37.5)	41(53.94)	80(44.44)	0.0412	4.168
7.	COPD	52(50)	39(51.31)	91(50.55)	0.981	0.0005

As shown in table no.4 the morbidities pattern among elders living or visiting old age home were indivisual morbidity was present in 23% patient but in most of them composite health problem were present. So the most common(93.33%) health system involvement were endocrinal system,then musculoskeletal system(89.44%) followed by genito-urinary system was 62.77% and least common was dermatological disorder 29.44%.

Table 4: Morbidity pattern of elders-

S.N.	System diseases	Male(104) Frequency (%)	Female(76) Frequency (%)	Total(180) Frequency (%)	p value
1.	Musculoskeletal system	97(93.26)	64(84.21)	161(89.44)	0.0876
2.	Gastro intestinal system	42(40.38)	31(40.78)	73(40.55)	0.9531
3.	Respiratory system	59(56.73)	23(30.26)	82(45.55)	0.0008
4.	Genitourinary system	65(62.5)	47(61.84)	112(62.22)	0.9284
5.	CNS system	66(63.46)	41(53.94)	107(59.44)	0.4754
6.	Endocrine disorders	99(95.19)	69(90.78)	168(93.33)	0.5741
7.	Dermatological disorders	34(32.69)	19(25)	53(29.44)	0.3407

DISCUSSION:

Old age is the last phase of human life cycle and the duration of this period depends upon the lifestyle enjoyed so far. Old age should be regarded as normal, inevitable bio-

logical phenomenon .in the present study found that Regarding the age distribution of elders majority 133(73.88%) of participants were belong to 60-80 year age group and only 1 (0.55%) was older than 100 year according to sex wise distribution of participants 57.77% were male and 42.22% female.

similarly a study conducted by Jaiganesh D , Prasad K. N .et.al[14] (2013) in Chennai was found that Elders of 60-69 years constituted the maximum percentage of 47%. , Number of females is more than the number of males. 98.56% were complained some of the health related problem in whom the most common (93.33%) complained among elderly was joint pain followed by impaired vision (85.55%) ,loss of teeth (82.77%) ,poor appetite (80%) and least common were Frequency of fall (15%), Giddiness /Fainting (21.66%). Similarly a study conducted by H.M.Swami et.al[15] pain in joints (38%), limitation of movements (22.4%), indigestion/heart burn (18.2%), backache (15.3%), and excessive tiredness/weakness (17.9%) were common finding. 93.77% had one or more health related problems this was support the finding of present study but contrast to it a study conducted by Kavita Banker1,et al[16] (2011) found that 70% of inmates had complains of loss of teeth. Joint pain was the second common symptom, comprising 60.2% individuals who had restriction in mobility and limiting day to day activities. Other common presenting symptoms were impaired vision (44.2%), weakness (34.9%), and insomnia (34%) it may because that study was conducted in 2008-09 as we know prevalence of disease were increases day by day.

As shown in the Table no.3 The prevalence of individual health problems was that the major health problem was osteoarthritis 91.66% followed by Visual problems 86.66%, then diabetes mellitus was 53.88%, hypertension was 48.33%, Hearing problems 59.44%, COPD in 50.55% and least common were depression was 44.44% but it was more common in females as compared to males. as similar to others studies,[17,18] while Kavita Banker1,et al[16] (2011) found that 54.9% of elders were suffering from osteoarthritis. M.K.Sharma et al [17] observed osteoarthritis in 57.2% individuals. More females (62.0%) were suffering from osteoarthritis than males (46.5%). The reason for this may be that the post-menopausal females suffer more from osteoporotic and degenerativen changes due to hormonal withdrawal, High prevalence of arthritis/joint pain among females was also reported by N.P.Das et al[6] (Female- 57.1%, Male-43%). The prevalence of Diabetes and hypertension was marginally higher compared to other studies in other parts of India.[18,19] The problem of depression in this study was nearly same to [14] but high in compared to community based studies could be attributed to loneliness, loss of spouse or property, perceiving the lack of care by their children, etc. [20]

Conclusion:

The prevalence of health problem in elderly in the old age home was high and it was continually increasing in coming decades due to increase in life expectancy and increasing culture of nuclear family so it was a great challenge to deals it,so the periodic health checkup of them will reduce the morbid sufferings and further deterioration of the already existing conditions which will enable them to lead a better quality of life.

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