



A STUDY OF HEALTH STATUS OF GERIATRIC POPULATION IN RURAL AREA OF CG

Dr. Anjali Joshi

Associate Professor, Department of Community Medicine, RIMS, Raipur, CG, India-492006

Dr. Rainita Pise*

Assistant Professor, Department of Community Medicine, RIMS, Raipur, CG, India-492006. *Corresponding Author

Dr Brajendra Kumar

Dean and Professor, Department of Medicine, RIMS, Raipur, CG, India-492006.

ABSTRACT

Elderly are vulnerable to long term diseases of insidious onset such as cardiovascular illness, CVA, cancers, diabetes, musculoskeletal and mental illnesses. Hence the study was conducted to assessing the health status and morbidity pattern among the rural elderly. A cross sectional study was conducted in 6 Primary Health Centers (PHCs) in India among elderly persons who were 60 years and above. One PHC which was selected by random sampling method among six PHCs. 20% of all elderly persons from all the villages in selected PHC by systematic random sampling which formed the study sample (494). All these peoples were examined clinically & necessary information was collected from them. Commonest morbidity observed among the elderly people was depression (31.4 %) followed by musculoskeletal disorder (25.5 %), hypertension (24.1 %), gastrointestinal problems (11.5 %), diabetes mellitus (5.9 %), & neurological problems (4.7 %). This study has highlighted that the elderly suffers from multiple morbidities, which they often attribute to ageing. It requires the strengthening of geriatric health care services in accordance with the common existing problems in the community.

KEYWORDS : elderly people, morbidities, rural area

INTRODUCTION

The population in developing countries is increasing day by day due to the development of medical science and availability of medical facilities at their door steps. Changing demographic transition stages have affected the population of the elderly worldwide. Life expectancy of an average Indian has increased from 24 years in 1900 to 65.4 years in 2004. This results in an increasing numbers of elderly persons which contributes to 7% of India's population. Aging is considered as natural and universal process. It is regarded as an inevitable biological phenomenon. Elderly people are suffering from various physical, mental, social and economical problems. Elderly are vulnerable to long term diseases of insidious onset such as cardiovascular illness, CVA, cancers, diabetes, musculoskeletal and mental illnesses.

MATERIAL AND METHOD

A cross sectional study was conducted among elderly persons above 60 years in Raipur, CG in India. Study area comprised of 100 villages in 6 Primary Health Centers (PHCs) of Raipur district. The study sample included one PHC which was selected by random sampling method (lottery method) among six PHCs. The population of the selected PHC was 43,520. Enlisting of all elderly persons from all the villages in selected PHC were done using Anganwadi workers survey records & Village Panchayat record. A 20% elderly people were selected from this record using systematic random sampling which formed the study sample (total 494). A pilot study was done on 21 subjects to test the pre-designed proforma. Then necessary modifications were done in the proforma before conducting the final study. Each study subject was interviewed with pre-structured & pre-tested questionnaire and their clinical examination was done. If they were having any treatment or health card, necessary information from it was noted. Blood pressure was measured twice for each individual using a mercury sphygmomanometer from the right arm in the sitting position. The Korokoff phases I and V were recorded for systolic and diastolic pressures respectively. If high BP was detected, two more readings were taken on different occasions to confirm hypertension. They were graded as Hypertensive if systolic BP >140 and diastolic >90 mmHg (WHO 1996) and/or treatment with antihypertensive medication. Respiratory diseases were diagnosed if they were having chronic bronchitis, asthma and tuberculosis which were diagnosed earlier by clinicians with necessary investigations or diagnosed during time of clinical examination. Musculo-skeletal diseases were diagnosed if they were having kyphosis, rheumatoid arthritis, Sciatica, osteoarthritis and spondylitis already diagnosed by orthopedician with necessary investigation. For diagnosis of osteoarthritis of knee, criteria of knee pain plus patient age of 40 years or older, morning stiffness lasting less than 30 minutes and crepitus on motion was taken into consideration. Nervous system disorders were diagnosed if they were having cerebral infarction, epilepsy, hemiplegia, Parkinsonism

neuritis, tremors, dementia etc. which was diagnosed by neuro physician and psychiatrist with necessary investigation. Clinical neuropathy was diagnosed when symptoms and signs of peripheral, sensory or motor involvement were present. Depression was diagnosed with the help of Goldberg's depression scale. Screening for vision was tested by Snellen's chart. Per capita monthly income was calculated for each respondent and they were classified into various socioeconomic groups according to Modified Prasad's social classification, which is linked with the Consumer Price Index of the country. The collected data was analysed, tabulated and statistically tested

RESULTS

Proportion of elderly persons in study population was 5.84%. Out of total 2581 elderly persons surveyed in the study population, 1175 were male (46.24%) and 1366 were female (53.76%). Out of these 2581, total 494 elderly persons (19.14%) participated in study (study sample). Literacy rate among the study sample was only 36.4%. Out of 494 study sample, 30.2 % were in age group 60-65 years, 33.8 % were in age group 65-70 years, 22.5 % were in age group 70-75 years, 7.7 % were in age group 75-80 years and 5.8 % were in age group more than 80 years. Majority of the respondent in study sample belonged to socioeconomic class IV (34.6%) & III (32.0 %). 5.9 % respondents were from socioeconomic class I, 17.8 % from socioeconomic class II & 8.7 % from socioeconomic class V. Commonest addiction among the elderly people was tobacco chewing (61.7%) followed by smoking (7.9%), alcohol (2.4%), chewing of pan with betel nut (12.6%). 31.2 % elderly people were having no addictions. At the time of study, 64.6 % elderly were staying with their spouse, 33.2 % were widowed, 1.2 % were divorced and 1% were unmarried. The various symptoms reported by elderly people were, gastric acidity (11.3 %), Hemorrhoids (3.4 %), haematuria (1.01%) and urinary incontinence (1.01%). Among musculoskeletal disorders, osteoarthritis of knee was the commonest problem among 122 (24.7%) respondents. Sciatica was diagnosed among 7 (1.42%) people, spondylitis among 6 (1.2%) persons and rheumatoid arthritis among 5 (1%) persons. Among neurological symptoms, 5 (1 %) elderly people were hemiplegic, 3 (0.61 %) were known case of Parkinsonism, 3 (0.61%) were having facial palsy, and 15(3%) were having peripheral neuropathy. Asthma and chronic bronchitis was present among 13 (2.6%) and 12(2.4%) elderly people respectively. Only one person gave history of urinary calculus and one woman was having cervical prolapse. One person was having pulmonary tuberculosis. Among all respondent 42 (8.5%) elderly people require some assistance from their family members for conducting day to day physical activity. 200 (40.3%) people feel that their care is not taken by their family members.

DISCUSSION

In our study the prevalence of depression was 31.4%. Venkoba Rao and Madhavan et al⁷ reported 60 per 1000 depression cases in geriatric population in semi urban area of Madurai while Sinoff et al reported 60%⁸. In present study 15.8% males and 20% females felt neglected/ignored by their kins. This indicates the need of geriatric psychiatry services in rural area of India. Prevalence of osteoarthritis in present study was 24.1% and more among female. Rahul Prakash¹⁰ in his study reported that 14.6% elderly persons had musculoskeletal problems in which 8.42% males and 17.3% females were suffering from arthritis of knee joints and 2.6% males and 2.7% females were suffering from spondylitis. Donel et al¹⁰ reported the involvement of muscle-skeletal system in 19% of elderly in England and in present study it is comparable. Overall, 4.7% elderly were suffering from neurological disorders. However, Rahul Prakash found, diseases of nervous system among 8.6% elderly, and Kethy and Machnatty¹⁰ reported the disorders of nervous system in 8.5% of elderly persons. Prevalence of hypertension in our study was low (24.1) as compared to other studies probably because the present study was community based. Hanger et al (1990)¹¹ reported prevalence of hypertension about 43.6% among elderly persons in their Christ Church study. Study by Chadha et al¹² reported a hypertension prevalence rate of 52.2% and 58.4% among males and females respectively. In present study prevalence of known diabetes was 5.9%. Rao PV et al¹³ reported that prevalence of known diabetes was 6.1% in individuals aged above 40 year which was unexpectedly high at that time for a rural area with low socio-economic status and decreased health awareness. In present study around 4% people were blind either by right and left eye and around 20% people were having low vision either by left and right eye. The leading cause of diminished vision in developing countries is cataract. In a study by Purohit and Sharma¹⁴ cataract was reported in approximately 40% elderly, whereas, Mishra (1980) reported in 25.8% elderly and Agrawal (1992) reported in 40% elderly in one or both eyes¹⁰. The high prevalence of low vision is due to cataract and fear of its surgery, and the belief that the diminution of vision is the consequence of ageing. Prevalence of asthma (2.6%) and chronic bronchitis (2.4%) in present study was low as compared to other studies. Rahul Prakash¹⁰ reported the prevalence of asthma upto 14% and chronic bronchitis upto 4 6.3% among elderly persons in urban area.

CONCLUSION

This study has highlighted that the elderly suffers from multiple morbidities, which they often attribute to ageing. The most prevalent health problems of the elderly were depression, osteoarthritis hypertension, and cataracts, – all conditions that are treatable. It requires the strengthening of geriatric health care services in accordance with the common existing problems in the community. The elderly should be encouraged to undergo periodic medical checks at a clinic for routine appraisal of their health status, so as to allow early detection and treatment of their morbidities. These services should be accessible & affordable to them.

REFERENCES

1. WHO—International classification of diseases. Vol.I, Page 242, 1977.
2. Kumar P. — Social classification need for constant updating; Indian Jr. of Community Medicine. 17(2): 60-61, 1993.
3. Venkoba Rao — Depressive illness in India; Ind. Jr. of Psychiatry. 26(4), 301- 311, 1984.
4. Sinoff G. et al. — Validity of screening test for depression in the elderly; Int. Jr. of Geriatric Psychiatry. 17(4), 309-314, April 2002.
5. Tellez et al. — Risk factors associated with depression in patients with type 2 diabetes mellitus; Archives of Medical Research. 33(1), 53-60, Jan. 2002. Hanger H.C., Saisbury R. — Screening the elderly a Christ Church study. The NZ Med. J. Oct. 1990.
6. Chadha-. Chadha S.L., Radhakrishna S. — Epidemiological study of Coronary heart disease in urban population of Delhi. Indian J. Med. Research. 92: 424-430, 1990.