Original Research Paper

Ayurveda

A CROSS SECTIONAL STUDY TO ASSESS THE PREVALENCE RATE OF GERIATRIC DISEASES IN RURAL AREA POPULATION OF KAMOTHE,TALUKA PANVEL, NAVI MUMBAI

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ABSTRACT **AIMS-**study to assess the prevalence rate of Geriatric diseases among elderly people from rural area kamothe ,Taluka Panvel,Navi Mumbai.
METHODOLOGY-the cross sectional study was carried out in the rural population of kamothe with the help of volunteer's on 9&10 of october 1918 having population of 3000.total 100 elderly people aged 60& above from 350 family were included in the study detailed information was taken as per questionnaire prepared for the study
RESULT- Among total 100 elderly people 40% were male 60% were females out of which   diabetes22(%), hypertension16(%) ,osteoarthritis14(%),cataract 7(%) heart disease 1(%),thyroid 1(%) ,obesity 2(%),paralysis 1,diagesion problem 42% were most common health problems among the present study
CONCLUSION-in present study the prevalence of diabetes was more 22(%),then hypertension 16(%)osteoarthritis14(%),cataract 7(%),36% people were healthy By changing dietary habits like eating vegetable ,fruits daily, and regular health check up & exercise , may help to prevent lifestyle disorder in future. There by reducing burden on health care system

KEYWORDS : Old Age Diseases, Risk Factor, Lifestyle.

INTRODUCTION-
According to National Institute of health, todays world's older population is 617 million(8.5%).according to a news report " an aging world :2015" this percentage will be 17% that is 1.6 billion by 2015[1].there is need to conduct such type of survey to find out burden of health problems, life style diseases ,risk factors in the elderly population.

Aging causes decline in cognitive functions like formation of speech ,visual perception &ability to calculate ,attention, memory, function such as planning & problem solving

Now a day because of changing diet pattern & sedentary lifestyle many lifestyle disorders are increasing day by day. External factors like pollutants, radiation also affect aging .Lack of screening; many diseases are not identifying early. Also health care is not available equally at rural & urban area. In old age atherosclerosis &embolism are the common due to which cardio vascular diseases, hypertension, thrombus formation are common .Due to slow metabolic rate ,wrong eating habits, obesity, constipation   is increases. Blindness due cataract is also high. Bone density gradually decrease which resulting in osteoporosis because of that fracture is common in old age. Dependency & loneliness can cause mental depression.

some non communicable diseases has root cause in small age like obesity in small age may cause diseases like heart diseases, diabetes. Old age is inevitable biological phenomenon. You donot heal old age ,you protect it,promote it ,extend it [2] but prolong it by using Ayurvedic Rasayan chikitsa[3] .Present study explored the health problem of old age people in rural area kamote .

AIMS &OBJECTIVES
1. This study was to assess the prevalence rate of Geriatric diseases among elderly people from rural area kamothe ,Taluka Panvel, District Raigada Navi Mumbai.
2. And to find out any co relation between risk factors, life style and old age diseases.

METHODOLOGY-
the cross sectional study was carried out in the rural population of kamothe with the help of volunteer's on 9&10 of October 1918 having population of 3000.total 100 elderly people aged 60& above from 350 family were included in the study detailed information was taken as per questionnaire prepared for the study .informed written consent was obtained from the participants, information about demographic details like age, sex ,marital status ,occupation, monthly income, daily routine activity, digestion problem ,vision problem, diet, awareness of visit doctor for routine checkup ,dental problem, risk factor like alcohol consumption, smoking habits, memory impairment ,dependency were assess by asking questions.

STUDY SITE-
the study was carried out in sector 14, rural area kamothe , district raigada Navi Mumbai. Having population of 3000.total 100 elderly people aged 60& above from 350 family were included in the study.

STUDY PERIOD-
on 9&10 of October 1918

STUDY DESIGN-
Cross sectional study design was used

DATA COLLECTION –
data were collected by house to house survey. People of both genders 60 and over years of age were interviewed by themselves or with the help of other family member by trained volunteers after informed consent.

STATISTICAL ANALYSIS-
Statistical analysis was done by Percentage.

ETHICAL ISSUE
Ethical approval was obtained from Ethics committee of D.Y.Patil school of Ayurveda deemed to be university Nerul Navi Mumbai.

RESULTS & DISCUSSION
GENDER-

Range of year	No	Male	Female
60-70	85	36(%)	49(%)
71-80	12	2(%)	10(%)
81-90	2	1(%)	1(%)
91-100	1	1(%)	0(%)

Table 1 shows the maximum no. of individuals (85%) belonged to the age group of 60-70 year.

Out of 100 old age people 40 were males and 60 were females. The overall mean age in female was 65 years and in male it was 65 years. The maximum age among male was 91 years and in female it was 90 years. The mean age of rural elderly population was 65years.as range of elderly increases the no were decreased.

MARITAL STATUS
Among total elderly people 79 were married 21 widows .out of total elderly people 7% were having one child ,42 % were having 2 children, while 51 % were having more than two children

EDUCATIONAL STATUS
In all total elderly 57 people were illiterate.24 %   had taken primary education, 7 % people had taken secondary education .8% had got higher secondary education .only 4% of people were graduate. The

percentage of illiterate was more out of which42% were female 15% were male .the percentage of female is more. In India illiteracy of women is more.

OCCUPATION

Out of 100 elderly people 15 % were retired from their job,20 % were labour ,6 % were doing business,4 were in service,& 55% were housewife.as it is time of afternoon maximum people in study were women.

SOCIOECONOMIC STATUS

Out of 100 people only 15% people were having monthly income 10000-15000,20% people 5000-10000 ,20% people getting 15000-200000,10% were getting 500000-1,50000,35 % women were not working nor getting pension.

Maximum people were from lower income group. Financial dependency were more

DEPENDENCY

Activity	Need help A	Able to do yourself I	Can not do at all D
Walking	5	91	4
Dressing	1	93	6
Bathing	1	95	4
Eating	2	94	4
Toileting	2	94	4
Traveling	8	88	4
Using telephone	6	85	9
Shopping	6	86	8
Preparing meal	6	86	8
Household work	8	87	5
Taking medicine	7	87	6
Managing finance	5	66	29

Out of all elderly 91% could walk themselves, 5%needed help while walking 4% were not able to walk.

93% could dress themselves 1% needed help, 6% could not dress up by themselves.

95 % people could take bath, 1% people needed help, and 4% could not take bath.

94 % people could eat and go to toilet, 2% people needed help, and 4% could not do at all.

88% people could travel themselves 8% needed help, 4% could not travel.

85% people could use telephone 6% people needed help 9% people could not do.

86% people could prepare meal, 6% people needed help, 8% could not do

86% people could do shopping, 6%people needed help, and 8% people could not do at all.

87% people could to do household work, 8% needed help, 5% could not do at all

87% people could take medicine 7% needed help, 6% could not take medicine by themselves

66 % people could do financial management 5% needed help, 29 % could not do at all.

Diet

Out of total 88% people were had mixed diet and 12% people were vegiterian.,58 %people eat fruit occasionally 42% were did no eat fruit.69% people were eat green veg 1-2 times in week 31% did not eat leafy vegetable

EXERCISE

76% people did not exercise only 24% people regularly done exercise. Out total elderly people Percentage of people having digestion problem was more (58%). And also 76% people did not exercise. Which may responsible for causing constipation and other diseases.

VISUAL IMPAIRMENT

Out of all elderly peoples 61% people had difficulty in watching 49% had normal vision

HEARING IMPAIRMENT

Out all people only 27% people had hearing problem 73 % people did not had hearing problem('m/f)

USING HEARING AIDS

Out of 27 % people 9% people used hearing aids

WEIGHT LOSS IN LAST 6 MONTHS

Out total elderly people only 9% people were lost weight in last 6 months.

URINARY PROBLEM

Only 11% people had problem to control over bladder, 89% had no problem

BOWEL PROBLEM

Only 7% people had trouble to control over bowel.

HISTORY OF FALL

Only 13% people had history of fall in last year's 87% were had no history of fall.

ADDICTIONS

Among selected sample 11% people had having habit of tobacco chewing &3% having habit of smoking,14% had habit of drinking alcohol out of which 9% taken once 1% taken twice 2% more than twice2% taken occasional.

Percentage of addiction is less

AWARENESS OF VISIT DOCTOR

Out of all elderly people only 33% people were visit doctor regularly out of which 16% visited once in every month 9% people once in every three months 8% people visited once in every six months

61% people were visited doctor when they felt sick.6% people were not visited to doctor.

Awareness of visiting doctor regularly was necessary to avoid further complication of disease & lifestyle disorder in future and also Burdon on health care system.

MEMORY IMPAIRMENT

Out of total elderly people 75 % people were not having memory problem 22% people forgot family occasion sometimes only 3% of people had memory problem often.in the study percentage of young elderly(60-70) peoples were more.

FEELING LONELY

Out of 100 people 58% were not feeling lonely 32% were feeling lonely sometimes, 10%people feeling lonely often

Maximum peoples were living with their family,

ANXIETY

56% were did not suffer from anxiety, 35% were suffer sometimes, and 9% often suffer from anxiety.

SLEEPLESSNESS

59% were suffer from sleeplessness,43% suffer sometimes, and 16% were often suffered from sleeplessness.

IMPATIENT

Out of 100 people, 44% were not become impatient 20% were become impatient sometimes 22% were often become impatient.

DENTAL PROBLEM

79% people were not had dental problem.20% were had dental problem sometimes only 1% people had dental problem often.

DIGESTION PROBLEM

42% people did not had any digestion problem 58% people had digestion problem.

RESPIRATORY PROBLEM

Out all elderly only 25% were had respiratory problem 75% had no respiratory problem.

Common diseases reported in elderly

Diseases	%
Diabetes	22
Hypertension	16
Heart disease	1
Thyroid	1
Obesity	2
Cataract	7
Osteoarthritis	14
Paralysis	1
Total	64 %

Common health problem in elderly

Health problem	%
Weight loss	9%
Bowel problem	7%
Urinary problem	11%
History of fall	13%
Hearing impairment	27%
Visual impairment	61%
Respiratory problem	25%
Anxiety	44%
Sleeplessness	59%
Memory impairment	22%
Feeling lonely	42%
Dental problem	21%
Digestion problem	58%
Impatient	42%

CONCLUSION :-

out of total elderly people 64% were suffered from disease out of which 22% people were having diabetes,16% were having hypertension,14% were having knee pain,1%heart diseases,1%thyroid 2%obesity, 7%cataract,1%paralysis and 34% people are healthy. Overall in above study morbidity was high in older people also degenerative diseases & lifestyle diseases were more. By changing dietary habits like eating vegetable, fruits daily, and regular health checkup & exercise may help to prevent lifestyle disorder in future. Also use of Rasayan also helps to prolong ageing there by reducing burden on health care system.

The study has following limitations
1.   In present study sample size is small to estimating prevalence of lifestyle diseases and morbidity. Large sample would be required to establish association between risk factors and lifestyle disease.

Source of support: Nil
Conflict of Interest: Nil

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