



## DISEASE PROFILE OF GERIATRIC ILLNESS IN A TERTIARY CARE HOSPITAL

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**ABSTRACT** Ageing is a progressive and generalised impairment of body. With the advances in health care there is not only an increase in the proportion of elderly population but also an increase in non-communicable diseases like hypertension, diabetes, musculoskeletal disorders, refractive errors. We conducted this study to know the disease profile of geriatric population in a tertiary care hospital. In our study 621 patients out of 1569 admissions in Department of Medicine, during the study period belonged to geriatric population, with a male preponderance (62.7%) in both disease and mortality. In our study most common cause of admission was cerebrovascular disease (34.1%), followed by chronic kidney disease and congestive cardiac failure. Least common causes are poisoning and alcohol intoxication. As there is a rapid expansion in number of elderly population, there is a need to improve geriatric health care services in the developing countries like India and train the health care providers.

**KEYWORDS :** Geriatric Population, Disease Profile, Cerebrovascular Disease, Chronic Kidney Disease

### INTRODUCTION:

Ageing is a progressive and generalised impairment of body functions and loss of adaptive responses to stress and increasing risk of age related diseases. People > 60 years are considered elderly.<sup>1</sup> Increase in the proportion of elderly population is due to low birth rates coupled with long life expectancies. On account of better education, health facilities and increase in life expectancy, the percentage of elderly population (>60) has gone up from 5.3 to 5.7 percent and 6.0 to 8.0 percent respectively during 1991 to 2011.<sup>(1-2)</sup> At least 50% of this population in India have chronic diseases. Non-communicable diseases like hypertension, diabetes, musculoskeletal disorders, refractive errors and their complications are increasing among the ageing population.<sup>(3-4)</sup> This study is taken up to address the most common diseases contributing to morbidity and mortality in geriatric population in a tertiary care hospital in India.

### METHODOLOGY:

This is a hospital based retrospective study involving geriatric age group (>60 years age) admitted in the Department of General Medicine, in a tertiary care hospital. Patients admitted from 1st March 2019 to 31st May 2019 were included. All the data was collected from the medical records. Details about the Age, Co-morbid conditions, previous illnesses, medication history, chief presenting complaint, appropriate investigations and final diagnosis were recorded and the data was analysed.

### RESULTS:

Total admissions during the period of study in Dept of Medicine were 1569. Of these 621 (39.5%) were in the age group of ≥ 60 years. 389 (62.7%) were male subjects and 232 (37.3%) were females. Male to female ratio is 1.7:1. Most common cause of CVA in our present study was hypertension. In our study most common cause of admission was cerebrovascular disease (34.1%), followed by chronic kidney disease (21.5%), followed by respiratory and congestive cardiac failure with 14.7% each. Least common causes are poisoning and alcohol intoxication. Most common cause of CVA in our present study was hypertension. Most common cause of CKD was diabetic nephropathy followed by NSAID's abuse. Most common respiratory disease is COPD in males and pneumonia in females. Most common cardiac disease in males is coronary artery disease and in females is congestive cardiac failure following anaemia. Mortality was higher among males (14.9%) compared to females (9.5%) with a total mortality rate of 12.9% with in geriatric group. Highest mortality was observed in the

age group of more than 80 years (49%). Commonest cause for death was CVA but mortality was high in patients with sepsis and infection (25%). Those with dyselectrolytemias and hyperglycaemia with ketosis recovered.

S.N	Diseases	Males	Females	Total Cases
1	Cerebrovascular accident with hypertension	110	102	212 (34.1%)
2	Chronic kidney disease	98	36	134 (21.5%)
3	Respiratory diseases	65	26	91 (14.7%)
4	Cardiac diseases	54	37	91 (14.7%)
5	Sepsis with acute renal failure	18	8	26 (4.2%)
6	Dyselectrolytemia	16	5	21 (3.4%)
7	Hyperglycaemia and ketosis	8	7	15 (2.4%)
8	Alcoholic intoxication and poisonings	10	3	13 (2.1%)
9	Non specific/ miscellaneous	10	8	18 (2.9%)

### DISCUSSION:

In our study 621 patients out of 1569 admissions in Department of Medicine during the study period were geriatric population, with a male preponderance in both disease and mortality. In our study most common cause of admission was cerebrovascular (34.1%), followed by chronic kidney disease and congestive cardiac failure. There is limited data available on disease profile in the geriatric population regarding hospital admissions. According to S Vosylius et al<sup>(5)</sup> 49% ICU admission are due to neurological diseases, 41.5% are due to cardiac diseases. According to K.Sodhi, M.K.Singla et al<sup>(6)</sup> 24.6% are due to medical causes, 15.8% are due to renal causes, 6.3% are due to neurological causes, 5.14% are due to cardiac causes, 7.64% are due to pulmonary causes. In our study most of deaths occurred in patients aged > 80 years and most of the deaths occurred in acute medical care unit. In our study male > female admissions with a ratio of 1.7:1. According to Srinivas PJ et al<sup>(7)</sup> females were more (68.8%) compared to males (31.3%) and majority of elderly were in age group of 60-69 years & highest load of morbidity was found in >75 years population (100%). In our study mortality among the geriatric admissions was approximately 12.8%, of which mortality due to sepsis and infections was 25%. A study done by Castillo et al<sup>(8)</sup>, showed mortality is varying from 22% to 31%, difference is due to severity of the illness.

### CONCLUSION:

The present study thus clearly shows that elderly population has got

specific needs related to medical aspect. Regular screening and health check-ups to decrease morbidity should be promoted. As there is a rapid expansion in number of elderly population, there is a need to improve geriatric health care services in the developing countries like India and provide training to health care providers.

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