



## SOCIODEMOGRAPHIC AND HEALTH PROFILE OF GERIATRIC PATIENT ADMITTED TO TERTIARY CARE HOSPITAL

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**ABSTRACT** This study is undertaken to study the socio-demographic and health profile of the geriatric population in Acharya Vinoba Bhave Rural Hospital, Sawangi, Wardha. It is a hospital based cross sectional study, conducted from 1<sup>st</sup> April 2019-15<sup>th</sup> May 2019. A total of 100 subjects aged 65 years and above were selected by conventional sampling method among 8 wards of Medicine Department in study area. The Data was entered in Microsoft Excel and analyzed by using frequency and percentages.

**KEYWORDS :** socio-demographic, health, geriatric, tertiary care hospital

### INTRODUCTION:

World Health Organization defines "health" as a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity [1]. Geriatrics" is the branch of medicine dealing with the physiologic characteristics of aging and the diagnosis and treatment of diseases affecting the aged [2]. Elderly people are now the most rapidly growing population group worldwide. According to population census 2011, there are nearly 104 million elderly persons (aged 60 years or above) in India. Of which 53 million were female and 51 million were male. Both the share and size of the elderly population is increasing over time. From 5.6% in 1961, the proportion has increased to 8.6% in 2011 and has projected to be 19% in 2050. For males, it was marginally lower at 8.2%, whereas for females, it was 9.0%. As regards rural and urban areas, 71% of the elderly population resides in rural areas, whereas 29% is in urban areas [3]. India has thus acquired the label of "an ageing nation" with 7.7% of its population being more than 60 years old [4]. An analysis of morbidity patterns by age clearly indicates that the elderly experience a greater burden of ailments (which the National Sample Survey Organisation defines as illness, sickness, injury, and poisoning) compared to other age groups across genders and residential locations. The elderly most frequently suffer from cardiovascular illness, circulatory diseases, and cancers, while the non-elderly face a higher risk of mortality from infectious and parasitic diseases [5]. In India, the elderly people suffer from dual medical problems, i.e., both communicable as well as non-communicable diseases. This is further compounded by impairment of special sensory functions like vision and hearing. A decline in immunity as well as age-related physiologic changes leads to an increased burden of communicable diseases in the elderly. The prevalence of tuberculosis is higher among the elderly than younger individuals. A study of 100 elderly people in Himachal Pradesh found that most of the patients came from a rural background. They were also smokers and alcoholics [6]. It is shown that among the population over 60 years of age, 10% suffer from impaired physical mobility and 10% are hospitalized at any given time, both proportions rising with increasing age. In the population over 70 years of age, more than 50% suffer from one or more chronic conditions [7]. A study conducted in the rural area of Pondicherry reported decreased visual acuity due to cataract and refractive errors in 57% of the elderly followed by pain in the joints and joint stiffness in 43.4%, dental and chewing complaints in 42%, and hearing impairment in 15.4%. Other morbidities were hypertension (14%), diarrhea (12%), chronic cough

(12%), skin diseases (12%), heart disease (9%), diabetes (8.1%), asthma (6%), and urinary complaints (5.6%) [8]. A study on ocular morbidities among the elderly population in the district of Wardha found that refractive errors accounted for the highest number (40.8%) of ocular morbidities, closely followed by cataract (40.4%) while other morbidities included aphakia (11.1%), pterygium (5.2%), and glaucoma (3.1%) [9].

Current statistics for the elderly in India gives a prelude to a new set of medical, social, and economic problems that could arise if a timely initiative in this direction is not taken by the program managers and policy makers. There is a need to highlight the medical and socio-economic problems that are being faced by the elderly people in India, and strategies for bringing about an improvement in their quality of life also need to be explored.

### RATIONALE :

As geriatric population suffers a wide range of illness but are unaware about it, this study was done to assess the common illnesses in this age group so that we can plan to prevent the same.

### OBJECTIVES :

1. To study the socio-demographic profile of geriatric patient admitted to tertiary care hospital
2. To study the health profile of these geriatric patients

### MATERIALS AND METHODOLOGY:

**Study design:** descriptive cross sectional study

**Sample size:** 100

**Sampling technique:** Simple Random Sampling

**Sampling method:** conventional sampling

**Setting:** done at medicine ward of the tertiary care hospital,

**Participants:** geriatric pt admitted under department of medicine, AVBRH

**Variables:** age, sex, education, income.

### DATASOURCE:

we collected data in the form of questionnaire on weekdays after our hospital duties during the internship from medicine wards both male and female. We took the help of sisters in shortlisting the patients of the required age group of >65 years.

**Sampling design:** Every day we used to select 4-5 patients randomly so we completed the sample size in 30 days and we did the data analysis in the rest 15 days.

## RESULTS:

### 1.AGE GROUP:

AGE GROUP	FREQUENCY	PERCENT
65 TO 70	39	39.0
71 TO 75	39	39.0
More than 75	22	22.0
<b>TOTAL</b>	<b>100</b>	<b>100.0</b>

### 2.SEX:

SEX	FREQUENCY	PERCENT
FEMALE	35	35.0
MALE	65	65.0
<b>TOTAL</b>	<b>100</b>	<b>100.0</b>

### 3.EDUCATION:

EDUCATION	FREQUENCY	PERCENT
ILLITERATE	37	37.0
PRIMARY	34	34.0
GRADUATE	29	29.0
<b>TOTAL</b>	<b>100</b>	<b>100.0</b>

### 4.INCOME:

INCOME	FREQUENCY	PERCENT
<5000	53	53.0
5000-15000	27	27.0
>15000	20	20.0
<b>TOTAL</b>	<b>100</b>	<b>100.0</b>

### 5.ASSOCIATED CONDITIONS:

	HTN	TB	DM	BA	IHD	CATARACT	RA	CANCER
YES	61	18	35	16	8	58	26	20
NO	39	82	65	84	92	42	74	80
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

### 6.CHEIF COMPLAINTS

CHEIF COMPLAINTS	FREQUENCY	PERCENT AGE
BREATHLESSNESS WITH OR WITHOUT CHEST PAIN	16	16%
DIMINUTION OF VISION WITH OR WITHOUT HEADACHE	21	21%
JOINT PAIN	6	6%
LUMP OR SWELLING IN BODY PARTS	18	18%
OTHERS	35	35%
NIL	4	4%
<b>TOTAL</b>	<b>100</b>	<b>100%</b>

On complete data analysis, we found that out of the 100 participants most of them were in 65-75 age group, 65% were male. Most of the patients were illiterate (37%), 34% had taken primary education and 29% were graduate. Maximum number of participants were earning monthly income of <5000 Rupees (53%), 27% participants earning 5000-15000 Rupees/month and 20% earning >15000 Rupees/month. 61% participants were found to be hypertensive. 18% participants had suffered from tuberculosis and among them 4% had taken treatment. 35% have diabetes mellitus. 16% had bronchial asthma. 8% were found to have ischemic heart disease. Since the study participants were of >65 age group, more than half of them had senile cataract. 26% of the participants had rheumatoid arthritis. 20% participants were suffering from some or the other cancerous conditions. Diminution of vision was the most common presenting complaint in the study participants (21%), followed by lump or swelling in body parts (18%), breathlessness (16%), joint pain (4%), and other symptoms (35%). The system-wise morbidity profile revealed that the most cases had ocular diseases.

## DISCUSSION:

In our study, we found that out of the 100 participants, 39% were in 65-70 years age group, 39% in 71-75 years age group and 22% in more than 75 years age group. Studies conducted in rural southern India showed that elderly population between 70-79 years ranged from 51.7 percent in Guntur district to 39 percent in Villupuram district (Venkateswarlu et al. 2003).

Most of our study participants were illiterate (37%), 34% had taken

primary education and 29% were graduate. This contradicts a study conducted in another rural area of Wardha by Kishore and Garg (1977), in which the percentage of illiterates was found to be 66.5 percent. This difference in findings may be due to the time lapse as they had conducted the study almost 50 years ago.

Since our study participants were of >65 age group, more than half of them had senile cataract. Diminution of vision was the most common presenting complaint in the study participants (21%), followed by lump or swelling in body parts (18%), breathlessness (16%), joint pain (4%), and other symptoms (35%). In case of co-morbid conditions, 61% participants were found to be hypertensive. 18% participants had suffered from tuberculosis and among them 4% had taken treatment. 35% have diabetes mellitus. 26% of the participants had rheumatoid arthritis. 16% had bronchial asthma. 8% were found to have ischemic heart disease. The system-wise morbidity profile revealed that the most cases had ocular diseases. In a similar study conducted in a tertiary care hospital in North East India, easy fatigability was the most common presenting complaint. Other complaints included anorexia (40%), fever (32%), vomiting (29.5%), giddiness (20.5%), and weight loss (16%). The system-wise morbidity profile revealed that the most cases had neurological diseases. This difference in chief complaints in our study may be due to the change in the region in which the studies were conducted.

## CONCLUSION:

Concluding with our findings from the study, maximum number of participants were male. Diminution of vision was the commonest presenting complaint in the population of >65 age group. Cardiorespiratory, endocrine, musculoskeletal, ocular & neurological diseases were important causes for hospitalization and majority of cases had three or more ailments necessitating hospitalization. Majority of the participants were illiterate and earning <5000 Rupees/month. Therefore, we found that the geriatric population in this region is of low socioeconomic status, and so are unable to seek health care services.

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