# MORBIDITY PROFILE OF PATIENTS ATTENDING SCREENING OUTPATIENT DEPARTMENT IN A TERTIARY HEALTH CARE CENTRE, CHANDRAPUR.

**Community Medicine**

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## ABSTRACT

Knowledge of burden of disease in a community and its pattern of distribution is essential for formulation of health policies. Morbidity pattern shows the magnitude of the disease and time trends that highlight demographic differences and thus assists in establishment of the priorities.
**Objective:** to study a morbidity profile in outpatient department.
**Methodology:** Retrospective study was done over a period of 8 months. 10171 patients were included using universal sampling method. Data was collected from registers of screening OPD. Data was tabulated and analyzed.
**Results:** out of the total 10171 OPD patients, male patients (57.51%) outnumbered than females (42.49%). Majority of the patients i.e. 2217 (21.80) belonging to 31-40 years of age. Communicable diseases (50.71%) were more commonly reported than non-communicable diseases (37.14%). Among communicable diseases, Upper Respiratory Tract Infections (URTI) (31.99%) and gastrointestinal problems (28.64%) had maximum burden. Musculoskeletal pains (30.89%) and hypertension (25.78%) were the most reported diseases among non-communicable diseases.
**Conclusion:** The study gives a brief outline of morbidity profile of patients attending OPD at tertiary health care centre. It helps administrators to plan, health care providers to deliver the quality health care services as per the community need.

## KEYWORDS

morbidity profile, tertiary health centre, outpatient

## INTRODUCTION

Health is a multidimensional and multifactorial concept. The primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It is an integral part both of the country's health system and of the overall social and economic development of the community[1].

India is one of the many developing countries, which have high levels of morbidity[2].

India is facing a dual burden of communicable and non-communicable diseases where nutrition and other life style factors play important roles[3]. Further, by constantly altering his environment or ecosystem by such activities as urbanization, industrialization, deforestation, land reclamation,

Construction of irrigation canals and dams, man has created new health problems for himself[4].

A comprehensive analysis of morbidity pattern and seasonal variation of diseases in a region or a health care setting provides an efficient tool for the health planners for the formulation of poli-cies. It also helps administrators in efficient use of scarce resources available. A constant watch on the changing pattern of the diseases provides us an opportunity for timely intervention as well as to monitor the progress of the ongoing disease control programs and helps in optimizing the allocation of the limited re-sources[5].

Health is not only the responsibility of an individual but also it is a major public concern.

Quality of health care services can be improved by studying the pattern of illness and variation due to season. Also it is helpful to the administrator to form a firmed policies and management

The present study aims at determining the morbidity pattern in terms of age and sex.

## MATERIALS AND METHOD

A retrospective hospital record based study was carried out at a screening outpatient department tertiary care hospital attached to Government Medical College, Chandrapur over a period of 8 month from Dec 2017 to July 2018. Data was collected in the form of age, sex and morbidity pattern from the registers of screening OPD. Universal sampling method was used to enroll all the registered patients. During the study period, a total of 10171 patients were registered for the study. Data was retrieved to observe the pattern of morbidity for the duration of study period. In-complete entries were not included in the study. Appropriate statistical tests were applied and all statistical calculations were performed by using spss 16 version. Institutional Ethics Committee approval was obtained.

## RESULTS

Table 1 shows that out of the total 10171 patients, male (57.51%) patients outnumbered female (42.49%) patients.

Table 2 depicts that majority of the patients i.e. 2217 (21.80) belonging to 31-40 years of age. Out of the total 5849 male patients, 1465 (25.05%) were belonging to 51-60 years of age whereas out of 4322 female patients, 1369 (31.68%) were belonging to 31-40 years of age.

Table 3 illustrates that Communicable diseases (50.71%) were more commonly reported than non-communicable diseases (37.14%) and others (12.15%). Male patients outnumbered in communicable diseases (52.13%), non-communicable diseases (56.22%) and others (51.29%) than female patients.

The most common reported communicable disease was upper respiratory tract infection (URTI) (1650 i.e. 31.99%) followed by gastrointestinal problems (1477 i.e. 28.64%) whereas amongst the non-communicable diseases, musculoskeletal disorders were reported most commonly i.e. 1167 (30.89%) followed by hypertension (974 i.e. 25.78%) and diabetes mellitus (840 i.e. 22.23%).

Fig. 1 sows that the most common morbidity among the patients <20 years were URTI (317 i.e. 31.48%) whereas the patients of 31-40 years of age reported most commonly URTI (397 i.e. 17.91%) followed by gynaecological problems (369 i.e. 16.64%).

In the age group of 51-60 and > 60 years, MSK became the most

common morbidity i.e. 349 (16.92%) and 361 (17.62%) respectively followed by hypertension and diabetes mellitus.

## DISCUSSION

In our study, male (57.51%) patients outnumbered female (42.49%) patients suggesting male dominance society. Similar finding was noted by Arti Gupta et al[6] in rural Pudducherry, south India that male patients (51%) predominate OPD registration whereas seema sharma et al[7] found more number of female patients (53.9%) attending OPD.

The study confirms that our health systems are stressed with a dual burden of disease with communicable diseases (50.71%) contributing more than that of non-communicable diseases (37.14%). Similar finding was reported by seema sharma et al[7] in her study on Morbidity profile of outpatients attending an urban health centre in a district of haryana where she found burden of communicable disease to be 51.1% and of non-communicable to be 34.1%.

Among the communicable diseases, URTI (31.99%) reported most commonly followed by gastrointestinal problems (28.64%). This corresponds with the findings of other studies done by Yadav V.[8], M K Sharma.[9], Abhishek.[10], Lamichhane.[11] and Sharma et al[12] and contradicts the finding in an earlier study done by Kumari et al.[13]

In our study, higher proportion of musculoskeletal disorders (30.89%) were found amongst non-communicable diseases followed by hypertension (25.78%) and diabetes mellitus (22.23%) and this is similar to other studies done by Yadav V.[8], Jyvasjarvi S.[14], Dharmaratne S.[15], Sharma MK.[12], Gupta A.[16], Shankar R.[17] and Lai MS.[18] However, a study in Lucknow shows hypertension to be the major non-communicable disease followed by anaemia[19].

**CONCLUSION:** The study gives a brief outline of morbidity profile of patients attending OPD at tertiary health care centre. It helps administrators to plan, health care providers to deliver the quality health care services as per the community need.

### Table 1. Sex wise distribution of patients

| Characteristics | Number | Percentage |
|---|---|---|
| Male | 5849 | 57.51 |
| Female | 4322 | 42.49 |
| Total | 10171 | 100 |

### Table 2. Age-wise distribution of patients

|  | Male | Female | Total |
|---|---|---|---|
| <20 years | 568 (9.71) | 439 (10.16) | 1007 |
| 21-30 yrs | 799 (13.66) | 489 (11.31) | 1288 |
| 31-40 yrs | 848 (14.50) | 1369 (31.68) | 2217 |
| 41-50 yrs | 1098 (18.77) | 449 (10.39) | 1547 |
| 51-60 yrs | 1465 (25.05) | 598 (13.84) | 2063 |
| > 60 yrs | 1071 (18.31) | 978 (22.63) | 2049 |
| Total | 5849 (57.51) | 4322 (42.49) | 10171 |

### Table 3. Pattern of diseases present in study population

|  | C.D | NCD | Others | Total |
|---|---|---|---|---|
| Male | 2689 (52.13) | 2124 (56.22) | 634 (51.29) | 5849 |
| Female | 2469 (47.87) | 1654 (43.78) | 602 (48.71) | 4322 |
| Total | 5158 (50.71) | 3778 (37.14) | 1236 (12.15) | 10171 |
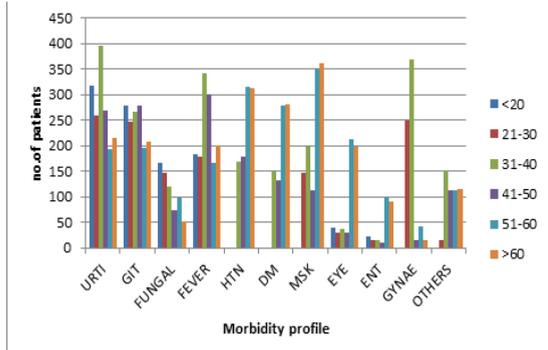


Fig. 1 Age-wise morbidity of patients

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