

Morbidity pattern among elderly population at tertiary care hospital: A retrospective study

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Abstract

In general, “elderly” age group is defined as persons aged 65 years and above. The two extremes of life child and elderly need special care. Elderly life is full of problems – physical, social and economic. While ageing of the population is essentially a simple phenomenon, its consequences are multiple and not always well recognized. **Methodology:** A hospital based retrospective study was undertaken during the period of April 2014 to 31 March 2015 to know the morbidities in geriatric population admitted in Government Medical College Latur. **Results:** Mean age of geriatric patients was 72 years and maximum age of patient admitted was 106 years. common morbidity seen is cataract and diminished vision (62.92%), followed by Injury and various fractures (19.53), Diseases of circulatory system ; Diseases of blood and blood forming organs (4.52), Diseases of respiratory system (2.71), Infectious and parasitic diseases (2.44), Diseases of digestive system (2.26). **Conclusion:** There is a growing need for interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of the disabled elderly. Further research, especially qualitative research, is needed to explore the depth of the problems of the elderly.

Keywords: Geriatrics, Morbidity Profile.

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INTRODUCTION

In general, “elderly” age group is defined as persons aged 65 years and above. With improvements in health care, there have been resultant increases in life expectancy and increase in the percentage of “elderly population”. For instance, the current estimates are that in our country the percentage of population who are aged 65 years and above, which was 3% a few decades back, is now 5% and is likely to increase to 10% by 2025 AD and 18% by 2050 AD. These demographic changes will require shifting our focus to cater to geriatrics. i.e. special preventive health care needs as well as medical care needs of the elderly population¹. The two extremes of life

child and elderly need special care. Elderly life is full of problems—physical, social and economic. While ageing of the population is essentially a simple phenomenon, its consequences are multiple and not always well recognized. It is rightly said by Sir James Sterling Ross—“You do not heal old age, you protect it, you promote it, you extend it”². The elderly are afflicted by the process of ageing which causes a general decline in health. The peculiarities of health needs of elderly people are that their health problems cannot be seen in isolation. There is a wide gamut of social, psycho-emotional and physical correlates which determine the medical problems and this entire gamut of factors (and not simply the treatment of concerned condition) needs to be addressed. While a number of diseases finally manifest in elderly age (as cardiovascular disease, osteoporosis, cancers), the basic pathologic processes start during early adulthood, even during adolescence³. There is ample scope for research into the degeneration and other diseases of elderly their treatment in hospital and general practice and family into preventive geriatrics and the epidemiology affecting the elderly⁴.

MATERIAL AND METHODS

A hospital based retrospective study was undertaken during the period of 1 April 2014 to 31 March 2015 to know the morbidities in geriatric population admitted in Government Medical College Latur. During this period total 1106 patient above 60 yr were admitted. Mean age of geriatric patients was 72 years and maximum age of patient admitted was 106 years.

RESULTS

Table1: Age wise distribution of study population

Age (yrs)	Number	Percentage (%)
60-65	442	39.96
66-70	332	30.02
71-75	132	11.94
76-80	103	9.31
81 and above	97	8.77
Total	1106	100

Table 1 shows age wise distribution of study population. There were 442 (39.96%) patients belongs to 60-65 yr., followed by 332(30.02%) between 66-70 yrs., 132(11.94%) between 71-75 yrs., 103(9.31%) between 76-80 yrs. and 97(8.77%) belongs to 81 yrs. and above.

Table 2: Sex wise distribution of study population

Sex	Number	Percentage (%)
Male	772	69.80
Female	334	30.20
Total	1106	100

Table 2 shows sex wise distribution of study population. Number of males 772 (69.80%) was more admitted to hospital when compared to the females 334 (30.20%).

Table 3: Religion wise distribution of study population

Religion	Number	Percentage (%)
Hindu	418	37.79
Muslim	356	32.19
Buddhist	300	27.13
Other	32	2.89
Total	1106	100

Table 3 shows religion wise distribution of study population. Majority of the elderly admitted to the hospital belonged to the Hindu religion 418 (37.79%) followed by Muslim 356 (32.19%), Buddhist 300(27.13%) and others 32(2.89%).

Table 4: Distribution of study population according to morbidity status

System	ICD code	Diseases	No.(%)
Diseases of eye	H00-H59	Cataract and diminished vision	696 (62.93)
Injury, poisoning and certain other consequences of external causes	S00-T98	Injury to scalp, head, spine, pelvis, urethra; fracture of skull, mandible, ribs pelvis, spine, upper and lower extremities; burn	216 (19.53)
Diseases of circulatory system ; Diseases of blood and blood forming organs	I00-I99 D50-D89	IHD, stroke, CCF, pericarditis, thrombocytopenia, aplastic anaemia	50 (4.52)
Diseases of respiratory system	J00-J99	Pneumonia, COPD, interstitial lung disease, respiratory failure, pneumonitis	30 (2.71)
Infectious and parasitic diseases	A00-B99	Septicemia, hepatitis	27 (2.44)
Diseases of digestive system	K00-K93	Inguinal hernia, abdominal hernia, intestinal obstruction, liver cirrhosis, rectal prolapse, chronic gastritis	25 (2.26)
Endocrine and metabolic diseases	E00-E90	Diabetes mellitus	14 (1.27)
Symptoms, signs not elsewhere classified	R00-R99	Fever unspecified, abdominal pain unspecified, cardiogenic shock, hypovolemic shock	14 (1.27)
Diseases of nervous system	G00-G99	Encephalitis, epilepsy, hemiplegia, paraplegia. Quadriplegia	13 (1.18)
Diseases of genitor-urinary system	N00-N99	Hydrocele, prostatitis, UTI, renal failure	10 (0.90)
Diseases of skin and subcutaneous tissue	L00-L99	Abscess, furuncle, carbuncle, cellulitis	8 (0.72)
Mental and behavioral disorder	F00-F99	Alcohol abuse, psychosis	3 (0.27)

Table 4 shows distribution of study population according to different morbidity and icd-10 classification (WHO, 1992)⁵ common morbidity seen is cataract and diminished vision (62.92%), followed by Injury and various fractures(19.53), Diseases of circulatory system ;Diseases of blood and blood forming organs (4.52), Diseases of respiratory system (2.71), Infectious and parasitic diseases (2.44), Diseases of digestive system (2.26).

DISCUSSION AND CONCLUSION

According to WHO, the geriatric population of 65 years and above should be considered (WHO, 1995). But we have considered the age group of 60 and above years according to Indian scenario. A study carried out in

Southern part of India reported results that show a prevalence of 82.9% in the age group of 60 years and above⁵. In India, over the past few decades the proportion of 60 years and above has grown up to 7.8 % according to recent census from Govt of India. In study done by Narayan V and Chandrashekhar R⁶ found COPD (20.72%), IHD (19.6%), Cataractb and diminished vision (13.9%) as common geriatric morbidity. The contribution of elderly population to demographic figures is increasing day by day. Increasing problems of healthcare, psychosocial, personal and socio-economic factors associated with the elderly further overwhelm this. There is a growing need for interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of the disabled elderly⁷. Further research, especially qualitative research, is needed to explore the depth of the problems of the elderly. Ongoing activities of early diagnosis and treatment should be continued and strengthened. IEC activities about the needs of elderly and their solution should be launched including seminars; geriatric care Mela"s, outreach programmes should be conducted.

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