

Health and Social Problems of the Elderly: A Cross-Sectional Study in tertiary care institute

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Abstract

Introduction: India is witnessing a demographic transition, leading to a rapid increase in the number of older people. Elderly persons in India are likely to constitute 17.5% of the population in 2050 from 7.5% in 2001. One of the main factors which determine well-being at old age is the chronic non communicable disease (NCD). However, empirical evidences suggest that the disability and adverse consequences of NCD can be prevented or postponed by investment in health and fitness promotion throughout life. **Aims and objectives:** To study the health and social problems of the elderly reported in a rural tertiary care institute. **Materials and method:** In the present study total 100 patients above 60 years of age attending medicine OPD were enrolled in the study. All the patients enrolled in the study were examined thoroughly after recording the symptomatology of present illness and other details regarding the information on socio-demographic variables, behavioral factors (eg. smoking, use of tobacco and alcohol consumption), past family history and present illness including information on utilization of health services. **Results:** Majority of elderly were in age group of 66-70 years i.e.31%, out of these 56% were males and 44% were females. Insecurity was the most common psycho-social problem (86%). It was seen in male subjects anemia was most common morbidity followed by hypertension and diabetes (28.57% each) was diagnosed. Cataract was present in 23.11% and joint problem was present in 17.86% subjects. In female subjects also anemia was the most common morbidity which was followed by cataract (32.62%) and joint problem (28.26%). The most common disability observed in male patients was locomotive disability (26.79%) followed by hearing and visual disability (25% each). Visual disability (41.30%) was the most common disability observed in female patients which was followed by locomotive disability (28.26%). **Conclusion:** Thus in the end we conclude that the common disabilities seen in elderly were visual disability followed by locomotive and hearing loss was diagnosed. The common health morbidities seen in elderly were anemia, hypertension, diabetes, cataract and arthritis whereas insecurity was the most common psycho-social problem.

Key Word: elderly, psycho-social Problems, disability, morbidity.

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INTRODUCTION

India is witnessing a demographic transition, leading to a rapid increase in the number of older people. A child born

60 years ago in India had an average life expectancy at birth of 32 years, whereas a child born in 2007 is expected to live 64 years and longevity is expected to enhance further. India had the second largest number of elderly (60+) in the world as of 2001, gradually swelling up from 24 million in 1961 to 77 million in 2001¹. Elderly persons in India are likely to constitute 17.5% of the population in 2050 from 7.5% in 2001. The success story of increasing longevity in India is now creating a new challenge for ensuring the well-being of the enormous number of the elderly. Today, the biggest enemies of the geriatric population include solitude, loneliness, isolation, neglect and a sense of not being wanted. Our society has traditionally treated the care of the elderly as the responsibility of the younger generation.

However, the rapid increase in the number of nuclear families, the growing urbanization and the global nature of employment opportunities are forcing a change in this implicit social contract. These changes are compelling many of our elderly to live alone, though it must be said that some of them have chosen to do so. Although the nature and magnitude may vary, their care is a major area of concern and a challenge to both the rich and the poor sections of our society². One of the main factors which determine well-being at old age is the chronic non communicable disease (NCD). However, empirical evidences suggest that the disability and adverse consequences of NCD can be prevented or postponed by investment in health and fitness promotion throughout life.¹ Decline in the disability rate among the elderly in developed countries suggests ‘compression of morbidity’. However, available data in India indicate that the gain in life expectancy is going to be accompanied by increased years of poor health due to chronic diseases, resulting in ‘expansion of morbidity’ rather than ‘compression’¹. The advancement of medical science and increased awareness among the people has brought about a sharp decline in mortality and a steady decline in fertility. These have resulted in a worldwide shift in the demographic profile and have lead to a significant increase in the aged population. Though this demographic shift signifies the triumph of modern medicine and public awareness yet at the same time it throws up a challenge to the modern society and demands the health care system to get equipped accordingly to serve the present and the future need of the community.³

AIMS AND OBJECTIVES

To study the health and social problems of the elderly reported in a tertiary care institute.

MATERIALS AND METHOD

The present study was conducted in the department of medicine of Swami Ramanand Teerth Rural Medical College and Hospital, Ambajogai. Total 100 patients above 60 years of age attending medicine OPD were enrolled in the study. Patients presenting with Dental problem and malignancies were excluded from study. All the patients enrolled in the study were examined thoroughly after recording the symptomatology of present illness and other details regarding the information on socio-demographic variables, behavioral factors (eg. smoking, use of tobacco and alcohol consumption), past family history and present illness including information on utilization of health services. In every case height and weight, body mass index will be measured using standard procedure. Diagnosis of disease will be made on bases of clinical evaluation, diagnosis

and treatment of disease done earlier elsewhere. All morbidity conditions will be diagnosed as per the internationally accepted criteria and various biochemical investigations, electrocardiography (ECG) and x-ray chest. Functional status of elderly was assessed in terms of ability to perform seven activities of daily living without help e.g. dressing, transferring from bed, toileting or taking bath, preparation of food, eating, shopping and walking. Management will depend upon type of health problem present and observed disability in elderly people.

RESULTS

Table 1: Demographic distribution of patients

Variable	Male (n=56)	Female (n=44)	Total (n=100)	
Age	60-65	14 (25.00%)	14 (31.82%)	28
	66-70	17 (30.36%)	14 (31.82%)	31
	71-75	15 (26.79%)	10 (22.73%)	24
	76-80	7 (12.50%)	3 (6.82%)	10
	>80	3 (5.36%)	3 (6.82%)	7
Marital status	Married	48 (85.71%)	40 (90.91%)	88
	Single	0	0	00
	Widow/ Widower	8 (14.29%)	4 (9.09%)	12

It was seen that out of total 100 subjects 56 were male and 44 were female. It was observed that majority of elderly were in age group of 66-70 years i.e. 31% followed by, 24% in 71-75 years, 10% in 76-80 years, 7% above 80 years. Majority of the subjects were married (88%) and 12% were widow/widower.

Table 2: Distribution according to Psycho-Social Problems

Condition	Male (n=56)	Female (n=44)	Total (n=100)
Depression	43 (76.79%)	32 (72.73%)	75
Intra Familial	44 (78.57%)	33 (75%)	77
Insecurity	47 (83.93%)	39 (88.64%)	86

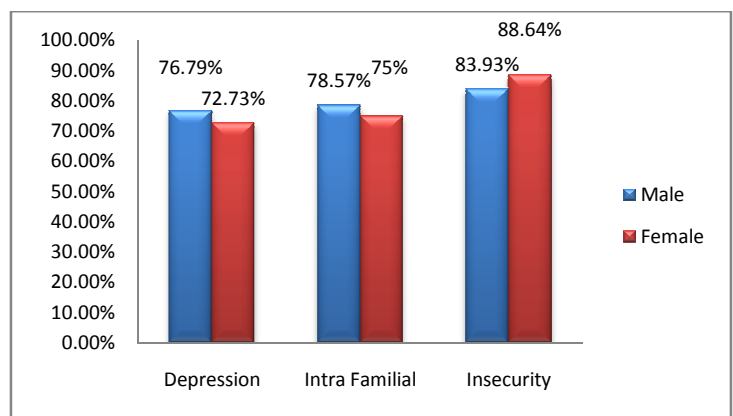


Figure 1: Distribution according to Psycho-Social Problems

It was observed that insecurity was the most common psycho-social problem (86%) in the present study and was more common in females as compared to male. Insecurity was followed by intra familial problems (77%) and depression (75%).

Table 3: Distribution according to Sex wise Morbidity in Elderly

Morbidity	Male (n=56)	Female (n=44)	Total (n=100)
Anemia	36 (64.29%)	34 (77.27%)	70
Hypertension	16 (28.57%)	07(15.91%)	23
Diabetes	16 (28.57%)	07(15.91%)	23
Joint Problems	10 (17.86%)	13(29.55%)	23
Cataract	13 (23.21%)	15(34.09%)	28
Respiratory Morbidity	04 (7.14%)	04(9.09%)	08
GUT Morbidity	05 (8.93%)	00	05
Neuro Psychiatric Morbidity	09 (16.07%)	05 (11.36%)	14

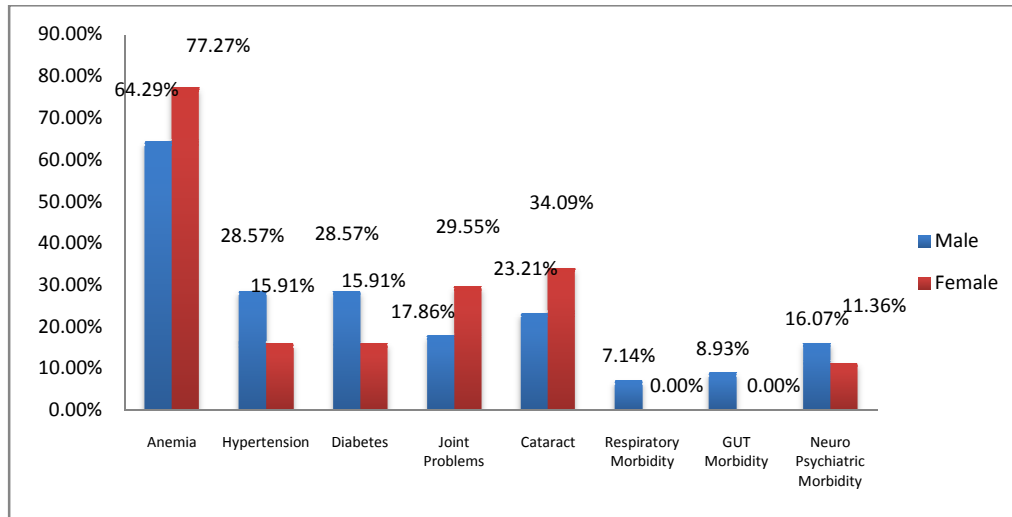


Figure 2: Distribution according to Sex wise Morbidity in Elderly

It was seen in male subjects anemia was most common morbidity followed by hypertension and diabetes (28.57% each) was diagnosed. Cataract was present in 23.11% and joint problem was present in 17.86% subjects. In female subjects also, anemia was the most common morbidity which was followed by cataract (32.62%) and joint problem (28.26%).

Table 4: Distribution according to disability in Elderly

Disability	Male (n=56)	Female (n=44)	Total (n=100)
Speech	05 (8.93%)	04 (9.09%)	09
Locomotive	15 (26.79%)	13 (29.55%)	28
Hearing	14 (25.00%)	07 (15.91%)	21
Visual	14 (25.00%)	19 (43.18%)	33
Mental	03 (5.36%)	04 (9.09%)	07
Nil	20 (35.71%)	9 (20.45%)	29

The most common disability observed in male patients was locomotive disability (26.79%) followed by hearing and visual disability (25% each). Visual disability (41.30%) was the most common disability observed in female patients which was followed by locomotive disability (28.26%).

Table 5: Distribution according to number of disability in Elderly

No. of Disabilities	Male (n=56)	Female (n=44)	Total (n=100)
Nil	20 (35.71%)	09 (20.45%)	29
I	25 (44.64%)	28 (63.64%)	53
II	08 (14.29%)	04 (9.09%)	12
III	02 (3.57%)	01 (2.27%)	03
IV	01 (1.79%)	02 (4.55%)	03

It was evident from the table that in 53% cases were diagnosed with 1 disability whereas in 12% cases, two disabilities were diagnosed. It was seen that multiple disabilities were common in males as compared to female.

DISCUSSION

The present study was conducted to study the various health and social problems in elderly peoples. It was observed that majority of population was in 60-70 age group (59%) which was comparable with the findings reported by P. Sengupta, Shruti Singh *et al.*⁴, who observed that most of the respondents (60.0%) were in

the age group 60-69 years. Sanjiv grover ,C.R.V. Narasimhalu⁵ and P Swai⁶ also observed similar findings in their study. In the present study males were 56% and 44% were females. Majority of them belongs to 60-70 years of age group. The findings were comparable with the findings reported by Shanker Matta, Sandeep Bhalla *et al.*,⁷ Grover , C.R.V. Narasimhalu.⁵ It was seen that 88% of elderly were married and 12% were Widow/Widower. Among 12% cases loneliness was common. It is indeed true that it is marital status that determines ones position within the family. In a study by Syed Nabeel Zafar⁸ *et al.* 76.4% were married whereas Ankur Barua, R Mangesh, HN Harsha Kumar⁹ observed 78.6% were married and 21.4% were either unmarried or widow. Thus the findings of present study correlate with these two studies. It was observed that insecurity was the most common psycho-social problem (86%) in the present study and was more common in females as compared to male. Insecurity was followed by intra familial problems (77%) and depression (75%). Depression was least common i.e. 75% more common in males than females. loneliness & depression can be attributed to family relation, tension & less social attention of family members & the community apart from their individual personality .These observation were also seen in the studies conducted by Veena Sriram *et al.*¹⁰ and V.B. Singh *et al.*¹¹ who reported significant differences in the psychosocial correlates. Persons living effectively with the disease had significantly lesser depression and lesser anxiety. Further, they were more energetic and had a more positive well being. It was seen in male subjects anemia was most common morbidity followed by hypertension and diabetes (28.57% each) was diagnosed. Cataract was present in 23.11% and joint problem was present in 17.86% subjects. In female subjects anemia was the most common morbidity which was followed by cataract (32.62%) and joint problem (28.26%). In present study anaemia was most common in 77% of cases followed by cataract in 28%, hypertension 23%, joint problems 23%, Diabetes mellitus 23%. Anaemia in elderly may be multifactorial with etiology as nutritional, physiological and pathological problems. Cataract in the rural population may be due to increased exposure to ultraviolet radiation during long hours of work in open fields. The National blindness control programme has an important role in reducing the quantum of cataract in the community by organizing eye camps. Specialist eye camp held once a month in our setup offers free cataract surgery services and thus the concerned cataract patients mainly report on that day. Present study shows similarity with various studies. A Khokhar, M Mehra *et al.*¹² reported that a significantly higher proportion of women 79.61% suffered from problems of joints and locomotion

as compared to men 60.71%. Genito-urinary problems were significantly higher in men. Whereas Kamlesh Joshi,*et al.*¹³ reported that the most prevalent morbidity was anaemia, followed by, hypertension cataract, and osteoarthritis. Rahul Prakash *et al.*¹⁴ reported that 34.7% males and 60% females had cataract. Syed Nabeel Zafar *et al.*⁸ reported hypertension in 42.5%, diabetes mellitus 28.1% and arthritis 26.6%. were the most commonly reported chronic ailments. 50.5%. Mathur A¹⁵ mentioned poor vision 45.4%, hypertension 38.2%, arthritis 36.1%, , MK Sharma, HM Swami, V Bhatia, *et al.*,³⁶ reportes osteoarthritis was more in females as compared to males 70.1% Vs 41.6%. Osteo-arthritis was present in only 50.2% of the elderly aged 65-74 years, K.S. Ganesh¹⁷ observed that majority of the disabled had Hypertension (34) followed by joint pain (32) , Diabetes (25). Sitaram Guptar *et al.*¹⁸ found that diminished visual acuity (29.05%), arthritis and disorders of muscles and joints (24.60%), hypertension (23.82%), gastrointestinal complaints (14.65%), diabetes (12.82%). It was observed that the overall prevalence of disability was 71%, which was more common in males as compared to female. Among disabilities visual disability was most common observed in 33% cases followed by locomotive disability in 28% cases, auditory in 21% cases, speech in 9% cases. Disability was present in 58% cases of 61-70 years age group & 31% cases of 71-79 age group, 9% cases of above 80 years of age. In the study by Marie-Louise Barrenas *et al.*¹⁹ reported that 30% of the subjects hearing problems. Shashi Kant *et al.*²⁰ studied morbidity among elderly persons residing in a resettlement colony of Delhi and found that out of 233 elderly studied 14% had auditory disability and impaired vision observed in 22% elderly. Adegbehingbe BO, Fajemilehin BR *et al.*,²¹ reported that cataract (42.3%), was the leading causes of visual impairment. In the present study disability was absent in 29% cases out of which males were 20% & females were 9% cases. It was seen that multiple disabilities were common in males as compared to female. In 53% cases were diagnosed with 1 disability whereas in 12% cases, two disabilities were diagnosed. Kamlesh Joshi, *et al.*¹³ in their study reported that 42.5% were diagnosed as having 4-6 morbidities. In a study by Cigolle CT, Langa KM *et al.*²², 49.9% had 1 or more geriatric conditions.

CONCLUSION

Thus in the end we conclude that the common disabilities seen in elderly were visual disability followed by locomotive and hearing loss was diagnosed. The common health morbidities seen in elderly were anemia, hypertension, diabetes, cataract and arthritis whereas insecurity was the most common psycho-social problem.

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