



## Morbidity Profile of Elderly Persons

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### Abstract

This cross-sectional study was conducted to know about the morbidity status of the geriatric population reporting at RHTC. A total of 285 elderly persons ( $\geq 60$  yrs.) had reported at RHTC during the study period. All the subjects underwent personal interview and clinical examination. Hypertension was the commonest morbidity (41.4%) followed by musculoskeletal problems (36.8%) and respiratory problems (36.1%). The prevalence of psychosocial problems among patients was found to be 28.8% (males-16.9%, females-48.1%). With the changing pattern of family, migration and other socio-demographic factors; there is a continuous rise in the health problems of elderly in developing countries. It makes a greater demand on the health services of a community.

### Key Words

Morbidity, Elderly population, RHTC

### Introduction

Ageing is a universal phenomenon associated with deteriorating health status. It is said that nobody grows old merely by living a certain number of years. With the passage of time certain changes take place in an organism leading to morbidities, disabilities and even death.

In India, over the past few decades the proportion of 60 years and above has grown up to 6.77% (2001 census). 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.

The problems associated with the ageing of the population are that of absence of facilities for medical treatment and of providing economic and social support. Hence information on morbidity profile of this population is essential for planning its health-care facilities.

### Material and Methods

The present study was conducted in the rural field practice area (RHTC) of Department of Community Medicine, HIMS, Dehradun. This centre is situated at

about 5 kms from the Medical College and caters to about 12,500 population. A study was planned to know about the morbidity status of the elderly persons reporting to the OPD of RHTC from January to December 2004. All the elderly persons ( $>60$  yrs.) coming to the OPD during this period were personally interviewed and examined. Only new cases were registered in the study. The data so collected was entered in the excel sheet and analyzed.

### Results

Overall 285 elderly persons had reported to the RHTC during the study period, which were included in this study. Majority of the symptomatics reporting at the Centre were males (62.1%) as compared to females, which were only 37.5% (table I). Majority of study subjects belonged to the age group of 60 - 64 years (40.7%) (Table III)

Table II shows various health problems related to the study subjects for which they reported to the Centre. Hypertension was the most common problem (41.4%), followed by musculoskeletal problems (36.8%),

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respiratory problems (36.1%) and psychosocial problems (28.8%). Musculoskeletal problems and psychosocial problems were significantly more among females as compared to males ( $p < 0.001$ ).

Hypertension was the commonest morbidity (39.5%) with which male elderly patients presented in the OPD, followed by respiratory problems (36.1%) and eye problems (24.3%); while majority of the females suffered from musculoskeletal problems (64.8%) followed by psychosocial problems (48.1%) and hypertension (36.1%) (Table-II).

It is clear from Table-III that in the age group 60-64 years, respiratory problems were most common (40.5%), followed by hypertension (35.3%); while hypertension was most common (51.5%) in the age group 65-69 years.

**Table I: Age and Sex Distribution**

Age Groups (Yrs)	Male		Female		Total	
	No.	%	No.	%	No.	%
60-64	80	69	36	31	116	100
65-69	42	63.6	24	36.4	66	100
70-74	31	51.7	29	48.3	60	100
>=75	24	55.8	19	44.2	43	100
Total	177	62.1	108	37.9	285	100

**Table II: Sex and Morbidity Status**

Systems	Male		Female		Total		p value
	No.	%	No.	%	No.	%	
Eye	43	24.3	36	33.3	79	27.7	>0.05
Ear	9	5.1	7	6.5	16	5.6	>0.05
GIT	26	14.7	9	8.3	35	12.3	>0.05
Hypertension	70	39.5	48	44.4	118	41.4	>0.05
Musculoskeletal	35	19.8	70	64.8	105	36.8	<0.001
Psycho-social	30	16.9	52	48.1	82	28.8	<0.001
Respiratory	64	36.1	39	36.1	103	36.1	>0.05
Skin	6	3.4	6	5.5	12	4.2	>0.05

(\* Many of the subjects reported with multiple symptoms)

**Table III: Age and Morbidity Status**

Systems	60-64 yrs.		60-64 yrs.		60-64 yrs.		60-64 yrs.	
	No.	%	No.	%	No.	%	No.	%
Eye	36	31	30	45.4	8	13.3	5	11.6
Ear	41	35.3	34	51.5	28	46.7	15	34.9
GIT	47	40.5	20	30.3	19	31.7	17	39.5
Hypertension	34	29.3	26	39.4	23	38.7	22	51.2
Musculoskeletal	5	4.3	4	6.1	3	5.0	4	9.3
Psycho-social	15	12.9	6	9.1	4	6.7	10	23.3
Respiratory	4	3.4	6	9.1	-	-	2	4.7
Skin	24	20.6	18	27.3	31	51.7	9	20.9

(\* Many of the subjects reported with multiple symptoms)

Psychosocial problems (especially depression) were quite prevalent (51.7%) in the elderly persons in the age group 70 - 74 years. Elderly persons who were 75 years or above had maximum musculoskeletal problems (51.2%).

#### Discussion

India is a federal country of more than thousand million people. It is estimated that the number of elderly persons will grow to 137 million by 2021 in our country. Migration of younger generation from rural to urban areas and from one urban centre to another results in the elderly persons being left out to fend for themselves at the times when family support becomes more necessary.

Hypertension was present in 41.4% (males-39.5%, females-44.4%) of the symptomatic elderly persons, which is comparable with the findings of Prakash *et al*(1) in which 48% of the elderly persons were hypertensive. Similarly, Chadha *et al*(2) reported a prevalence rate of 52.2% and 58.4% among males and females respectively. In contrast, Garg *et al*(3) found prevalence of hypertension as 16.5% in people > 55 years in an urban area of U. P.

In our study, the prevalence of hypertension has shown a decreasing pattern with increasing age. This can be explained by the fact given by WHO(4) that in both young and older adults Blood Pressure increases with age but the decrease in BP in males with age >= 76 years, maybe because of less mental tension and overall reduction in the responsibilities of the house.

Respiratory problems were found to be 36.1% in the present study, which is comparable (36%) with the findings of Prakash *et al*(1).

Musculoskeletal problems were present in 36.8% elderly people. Mainly female patients were suffering from arthritis and low backache (males-19.5%, females-64.8%). The reason for this is that usually in the postmenopausal group females suffer more from osteoporotic and degenerative changes due to hormonal withdrawal. However, Prakash *et al*(1) reported only 14.6% musculoskeletal problems among elderly in their study.

In our study, the prevalence of psychosocial problems among patients attending RHTC was found to be 28.8% (males-16.9%, females-48.1%). Patients were



suffering from either depression, loneliness or feeling of neglect by their children. Prakash *et al*(1) reported much more psychosocial problems in their study subjects (total-42%, males- 37.8%, females - 49.0%). The prevalence of psychosocial problems among females is comparable in both the studies.

Eye problems (especially cataract) were found to be present in 27.7% elderly population (males-24.3%, females-33.3%), which is very less as compared with that reported by Prakash *et al*(1) (70%), Purohit and Sharma(5) (40%). The reason for this could be that the specialist eye camp held once a month in our centre offers free cataract surgery services and thus the concerned cataract patients mainly report on that day; data of which is not included in this study.

With the changing pattern of family, migration and other socio-demographic factors, there is a continuous rise in the health problems of elderly in developing countries. In such circumstances, it would be beneficial to equip ourselves and the community with skills to tackle the physical as well as psychosocial problems related with the growing age in a holistic manner.

#### Conclusion

Old age is usually associated with increasing health problems. The ageing population is both a medical and sociological problem. It makes a greater demand on the health services of a community. The community must assist the aged to fight the triple evils of poverty, loneliness and ill health.

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