Status of Morbidities in Geriatrics Age Group with Special Reference to Spouse in an Urban Area of Meerut

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Abstract: The prevalence of overall morbidity due to common chronic non communicable diseases in the defined population was found to be 64.38%. The major cause of morbidity was found to be hypertension in 41.10% subjects, 17.81% subjects were found to be diabetic, 16.44% population was found to be suffering from joint pain and 8.22% population was found to be suffering from asthma. 86.67% hypertensive were taking regular medication and another 86.67% were using diet control measures and 76.67% patients were using both as control measure. Among diabetics 76.92% patients were taking regular medication and 84.62% patients were using both for the control of diabetes. The percentage of healthy people having spouse was 40.43% and that of those not having spouse was 26.92%, which was found to be statistically non significant.

Keywords: Morbidity, Geriatrics, Spouse

I. Introduction

Aging is associated with an increasing prevalence of multiple diseases and disabilities. It is also associated with a decline of the functional reserve of multiple organ systems, and a progressive restriction in personal and social resources¹. In India, over the past few decades the proportion of 60 years and above has grown up to 6.77 % (2001census). 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 life expectancy of an average Indian has increased from 54 years in 1981 to 64.6 years in 2002.² According to Sharma the population of people aged 60 years or above is likely to increase to 18.4% of the total population by the year 2025.³

Old age is not a disease in itself, but the elderly are vulnerable to long term diseases of insidious onset such as cardiovascular illness CVA, cancers, diabetes, musculoskeletal and mental illnesses. They have multiple symptoms due to decline in the functioning of various body functions.

Objectives

- 1. To find out the prevalence of chronic non communicable diseases in geriatric population.
- 2. To study the effect of presence or absence of spouse on the morbidity status of old population.
- 3. To study the treatment compliance in patients.

II. Material & Methods

The present study was a cross-sectional study. Data was collected from geriatric population of Gandhi Nagar, an urban area registered at the urban health centre, of LLRM Medical College Meerut. Chosen area had a total population of approx. 1406 out of which 136 individuals were in geriatric age group they were interviewed on a pretested preformed questionnaire, 63 individuals were found to be non-cooperative so that only 73 individuals could be included in the study. Subject were declared non-cooperative when they could not be contacted even after second visit.

Table 1. prevalence of morbidity in geriatric age group			
	Male, n=45(%)	Female, n=28(%)	Total,n=73 (%)
Healthy	19 (73.08%)	7(26.92%)	26(35.62%)
Non Healthy	26 (55.32%)	21(44.68%)	47(64.38%)

III. Results & Observations

The prevalence of overall morbidity due to common chronic non communicable diseases in the defined population was found to be 64.38% of which 55.32% were males and 44.68% were females.

Diseases	Male, n=46 (%)	Female, n=27 (%)	Total n=73 (%)
Hypertension	50.00	50.00	41.10%
Diabetes mellitus	53.85	46.15	17.81%
Joint Pain	41.67	58.33	16.44%
Asthma	83.33	16.77	8.22%
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Table 2: sex wise distribution of common non-communicable diseases.*

*Multiple Response

The major cause of morbidity was found to be hypertension in 41.10% subjects which was equally distributed among males and females.17.81% subjects were found to be diabetic of which 53.85% were males and 46.15% were females.16.44% population was found to be suffering from some or the other kind of joint pain of which 41.67% were males and 58.33% were females.8.22% population was found to be suffering from asthma of which 83.33% were males and 16.7% were females.

	Healthy	Non Healthy
Spouse Present	19(40.43%)	28 (59.57%)
Spouse Absent	07(26.92%)	19 (73.08%)
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Table 3: $n=73,x^2=1.40, d.f.=1, p>0.05$

Table 3 shows that of those having spouse 40.43% subjects were healthy while among those not having spouse only 26.92% subjects were healthy and the percentage of non healthy in those having spouse was 59.97% while it increased to 73.08% in those having no spouse.

able 4: Prevalence	e of diabetes	mellitus with	relation to spouse
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	Diabetics	Non Diabetics	
Spouse Present	8(16.33%)	41(83.67%)	
Spouse Absent	5(20.83%)	19(79.17%)	
16 1 0.05			

Table 4: n=73, x²=0.219, d.f.=1, p>0.05

Table 4 shows that of those having spouse 16.33% subjects were diabetic while among those not having spouse it increased to 20.83% and the percentage of non diabetic in those having was spouse 83.67% while it decreased to 73.08% in those having no spouse.

Tuble 5. prevalence of hypertension with relation to spouse		
	Hypertensives	Normotensives
Spouse Present	20(42.55%)	27(57.45%)
Spouse Absent	14(53.58%)	12()46.15%

Table 5: prevalence of hypertension with relation to spouse

Table 5: n=73, x²=0.85, d.f.=1, p>0.05

Table 5 shows that among those having spouse 42.55% subjects were hypertensive while among those not having spouse it increased to 53.58% and the percentage of normotensives in those having was spouse 57.45% while it decreased to 46.15% in those having no spouse.

The prevalence of hypertension in study group was 41.10% of which 86.67% hypertensive were taking regular medication and another 86.67% were using diet control measures and 76.67% patients were using both as control measure. But only 10% of patients were aware of its complications. Among diabetics 76.92% patients were taking regular medication and 84.62% patients were using diet control measures where as 69.23% were using both for the control of diabetes. Unfortunately none of the diabetics among study subjects were aware of its complications. Statistically non significant but higher prevalence was seen of both hypertension and diabetes mellitus in the absence of spouse.

IV. Discussion

However, different studies show varied results in the morbidity pattern. Hanger et al⁴ 1990 reported in their Christ Church study of elderly the prevalence of hypertension to be 43%. In another study by Chadha et al⁵ prevalence of hypertension was 52.2% in males and 58.2% in females. In the present study 41.1%

individuals had hypertension and it was equally distributed among males and females (50.0%) each, which is comparable with these studies.

A study conducted by Purty et al⁶ in the rural area of Pondicherry reported pain in the joints and joint stiffness in 43.4%, Other morbidities were hypertension (14%), diabetes (8.1%), and asthma (6%). Rahul et al⁷ in their study on morbidity pattern among geriatric population quoted another study by Donel et al(1979) showing prevalence of musculo-skeletal problems like pain & stiffness as 19% and of asthma as 11.5%. In the present study prevalence of joint pain was 16.4% and asthma 8.2%, which is comparable with these studies. In a study done in Uadaipur, Rajasthan total 42% of elderly had psycho-social problem in which 21.0% in males and 27.3% in females had problem of loneliness⁷ while in the present study 73.0% morbid individuals were found alone.

V. Conclusion

Prevalence of morbidity is more in geriatric group without spouse which was found to be statistically non significant

References

- 1] Reuben, DB (1997) Geriatric assessment in oncology. Cancer 80,1311-1316[CrossRef][ISI][Medline]
- 2] Ministry of Health and Family Welfare, Government of India. Annual report: Health plan and policy. New Delhi: Ministry of Health and Family Welfare; 2002:15.
- 3] Sharma S. Ageing: An Indian experience. Souvenir of ANCIPS 94, Madras, 1994:101-5.
- 4] Hanger HC, Saisbway R., 'Screening the elderly, 'A Christ Church study' The NZ Med. J.1990 Oct.
- 5] Chadha SL, Radhakrishnan S. 'Epidemiolocal study of coronary heart disease in urban population of Delhi 'IJMR 1990,92,424-30
- 6] Purty AJ, Bazroy J, Kar M, Vasudevan K, Veliath A, Panda P. Morbidity Pattern among the elderly population in the rural area of Tamil Nadu, India. Turk J Med Sci 2006;36:45-50.

Rahul Prakash,S.K. Choudhary,Udai Shankar Singh, "A study of morbidity pattern among geriatric population in an urban area of Udaipur, Rajasthan" IJCH Vol.XXIX NO.1 Jan- March 2004.