

Practice brief

Use of physiotherapy services by elderly patients at a central hospital in Zimbabwe

S.L. Amosun,* Mary Mazarire and J. Mawere

Department of Rehabilitation, University of Zimbabwe

Abstract

The health status of the elderly in a community may be reflected in their use of the available health services. The records of elderly patients who utilized physiotherapy services at a central hospital in Zimbabwe over a five-year period (1989-1993) were reviewed to determine the range of medical problems for which the patients had been treated through physiotherapy. It is argued that physiotherapy has a role to play in improving the quality of life of older Zimbabweans with physical disabilities. Further, a case is made out for physiotherapists to become involved in health-education programmes to prevent the occurrence of factors which contribute to the onset of physical disability in older persons.

Although there is adequate information about the role of physiotherapy in the health care of the elderly in developed countries, there is a lack of such information in many developing countries (O'Hare, 1993). A recent report on the role of physiotherapy for the elderly in an African country raised concern about the poor information on the health problems of this population (Amosun & Alawale, 1994). Such information is needed for the organization of preventive actions specifically aimed at possible causative or contributory factors to physical disability in these persons. Efforts are under way to redress the inadequacy of such data in African countries, with a view to planning health services to ultimately improve the quality of life of older persons in these countries.

Zimbabwe is a multiracial African country though predominantly black. At present, the elderly (60 years and older) number half a million and constitute 4.4 % of the total population. Although there are about 80 homes for the aged in Zimbabwe, two-fifths of which are in Harare, the capital city, most elderly African Zimbabweans live with kin (Nyanguru, Hampson, Adamchak & Wilson, 1994) and live in the rural areas. A main reason for the admittance of elderly Zimbabweans to a home for the aged is physical disability (Nyanguru, 1990). However, little information is available on the types of physical disability among the older population, particularly disabilities for which physiotherapy may be beneficial. Further, there is no information on the use of physiotherapy services by elderly Zimbabweans. The purpose of this study was to obtain baseline information on the disabilities of elderly persons who use physiotherapy services at a central hospital in Zimbabwe.

The three areas investigated were (1) the proportion of elderly persons of all patients who use physiotherapy services at the hospital; (2) the most common clinical diagnoses of the elderly patients; and (3) the relationship between age and frequency of use of physiotherapy services.

Method

Of the two central hospitals in Harare, only one, the Parirenyatwa Central Hospital, provides both in-patient and out-patient physiotherapy services. The records of patients aged 60 years and older who attended this hospital's Department of Physiotherapy during the period 1989-1993 were reviewed. Data were collected on the patients' ages, gender, and the clinical diagnoses for which they were referred for physiotherapy. The total number of patients of all ages who received physiotherapy services at the hospital over the period was also ascertained.

Data analysis

Clinical diagnoses of medical problems were classified in ten categories. A correlation analysis of the patients' age and use of physiotherapy services was carried out.

Results

A total of 630 patients (401 males, 229 females) were 60 years or older; the mean age of these patients was 68.9 years. A total of 22 960 patients were treated in the Department of Physiotherapy between 1989 and 1993; the elderly therefore only made up 2.7 % of the overall number of patients who received physiotherapy (Table 1).

Table 2 shows the medical conditions for which the 630 elderly patients received physiotherapy. The most common condition was hemiplegia (31 %) due to stroke. Fractures, mainly of the long bones of the upper and lower limbs, caused by falls were reported in 13 % of the patients. Fractures resulting from road-traffic accidents occurred in 6 % of the elderly patients. Other reported medical problems for which physiotherapy was sought included arthritis (11 %) and respiratory problems (9 %).

* Address correspondence to

Dr. S.L. Amosun, Department of Physiotherapy, University of the Western Cape, Private Bag X17, Bellville 7535, Republic of South Africa.

Table 1
Elderly patients who received physiotherapy at Parirenyatwa Hospital, Zimbabwe, 1989-1993: numbers and percentages

Year	Total number of patients	Number of elderly patients	Percentage elderly of total number of patients
1989	3 838	25	0,6
1990	4 680	27	0,6
1991	4 824	233	4,8
1992	4 709	247	5,2
1993	4 909	98	2,0
Total	22 960	630	2,7

Table 2
Medical problems of elderly patients at Parirenyatwa Hospital, Zimbabwe, 1989-1993, for which physiotherapy was required: numbers and percentage distribution

Medical problem	Male	Female	Total	
	N	N	N	%
Hemiplegia (as a result of stroke)	122	73	195	31
Fractures (mainly from falls)	42	40	82	13
Arthritis/rheumatism	39	31	70	11
Respiratory problems	36	18	54	9
Cardiac problems	24	12	36	6
Road traffic accidents (resulting mainly in fractures)	32	7	39	6
Back pain	15	10	25	4
Paraplegia (mainly due to medical problems)	7	2	9	1
Urinary incontinence		1	1	
Other (mainly post-surgical, comas and malignancies)	84	35	119	19
N	401	229	630	100

Table 3 shows the age groupings of the elderly patients who received physiotherapy. Age was negatively correlated with the use of physiotherapy services ($r = -0,61, p < 0,001$).

Table 3
Elderly patients who received physiotherapy at Parirenyatwa Hospital, Zimbabwe, 1989-1993, by age group: number and percentage distribution

Age group (years)	Number of patients	%
60 - 69	424	67,3
70 - 79	150	23,8
80 - 89	41	6,5
90 - 99	13	2,1
100+	2	0,3
N	630	100,0

Discussion

Although issues concerning the health of the elderly are a priority in some countries, the health-care needs of the elderly in most African states are not fully recognized. A perusal of patient records at a central hospital in Zimbabwe showed that the patients were classified according to age as adults or non-adults. This classification system may be a reason why few patients were classified as elderly. The observation corresponds with one obtained in a similar study in another African state - Nigeria (Amosun & Alawale, 1994). It is important that physiotherapists keep better records by obtaining full information on their patients' age, health conditions, etc., especially in the case of elderly patients.

This study has only identified some of the health problems of the elderly persons who visited the hospital and received physiotherapy. The fact that they visited the hospital suggests that they lived in the urban area of Harare. The health profile of elderly Zimbabweans who did not visit the hospital and receive physiotherapy during the reference period may differ from that of the study group.

It is possible that elderly persons who are severely disabled, or who are at an advanced age and frail did not visit the hospital for treatment. To plan physiotherapy services for the older population, it is important that reliable data be obtained on the health conditions of representative samples of elderly Zimbabweans and that reasons be identified why they may not seek medical treatment.

A reason for not seeking medical treatment may be a lack of economic resources. The lack of an adequate social security system in Zimbabwe has placed severe economic hardships on the elderly (Nyanguru *et al.*, 1994). Medical aid schemes often do not cover some areas of clinical practice such as geriatrics and physiotherapy. Parirenyatwa Central Hospital is a fee-paying hospital and elderly patients who utilize physiotherapy services must be able to pay for them.

It is well known that Africans still place a high value on traditional medicine, a practice jealously guarded by the elderly within a community. This practice may be a reason why so few elderly persons sought medical care, and were subsequently referred for physiotherapy services, at the hospital.

Some of the medical problems reported in the study are possible causes of physical disability. Consistent with the findings of the Nigerian study (Amosun & Alawale, 1994) hemiplegia was the main cause of disability among the elderly patients who received physiotherapy.

Some of the medical problems reported in the studies in Zimbabwe and Nigeria, particularly stroke and falls, have been identified as "avoidable illnesses" among older people (Cogan, 1993). Preventive action should therefore be specifically aimed at factors which contribute to the occurrence of the illnesses. Physiotherapists should be involved in health promotion among the elderly, and thus the prevention of disease and disability.

Finally, with the anticipated increase in the number of old people in the population, it is important that physiotherapists in Zimbabwe develop greater interest in caring for the elderly.

Conclusion

The data obtained from this study are of importance for the planning of physiotherapy services in African countries. Many health conditions common in ageing may be prevented, their onset delayed, or effectively managed through the combined efforts of medical staff (including physiotherapists) and patients. Physiotherapists in African countries should be in-

volved in health education to prevent "avoidable illnesses" in the elderly.

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