



Morbidity Profile of Inmates of Selected Old Age Homes of Bangalore City

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Introduction

Aging is an inevitable phenomenon in the life of all living beings. With the increase of life expectancy, the numbers of people who are attaining old age are increasing throughout the globe.¹ By the year 2025, the number of elderly people is expected to rise to more than 1.2 billion all over the world.² In 2011, the share of older persons aged 60 years and above was 8.6% which has placed India in the "aged" category as per United Nations Classification. Undoubtedly, the process of health transition has accelerated in India, and consequently India has to confront rapid aging of population.³ Old age is associated with deterioration of health and increase in morbidity. Health status among elderly is a serious problem for health service utilization in India due to increase in elderly population.

Objectives

1. To assess the sociodemographic profile of selected old age homes in Bangalore.
2. To assess the morbidity profile of inmates of study subjects.
3. To assess the health seeking behavior of the study subjects.

Methodology

Source of Data

All the inmates residing in selected old age homes in Bangalore city.

Inclusion Criteria

1. All elderly ≥ 60 years of age.
2. All elderly willing to participate in the study.

Exclusion Criteria

1. All elderly not able to understand and properly respond to the questions.
2. Inmates < 60 years of age.

Study Design

Descriptive cross-sectional study.

Study Period

1st September to 30th September 2015.

Sample Study

Complete enumeration of all inmates of 3 old age homes from Florence and 3 old age homes from Care at Door Service at Nagarbhavi, 1 from Gandhi Old Age Home, 4 from Sri Sai Old Age Home and 1 from Srinivas Old Age Home, Bangalore.

Data Analysis

The data was entered in Microsoft Excel 2010 and analyzed using SPSS version 2-1 and results are expressed in terms of percentages.

- Among 330, 180 (54.5%) belonged to age 60-69 years. In that 60 (52.6%) were male and 120 (55.5%) were female.
- Among 330, 66 (20.0%) belonged to age 70-79 years. In that 24 (21.1%) were male and 42 (19.4%) were female.
- Among 330, 84 (25.5%) belonged to age 80 and above. In that 15 (26.31%) were male and 54 (25.0%) were female.
- Among 330, 168 (51.0%) were literates and 162 (49.0%) were not literates.
- Eye Problems Include Cataract and Corneal Opacity.
- Respiratory diseases include chronic obstructive airway diseases (COPD) and pulmonary tuberculosis.
- Musculoskeletal disorders include osteoarthritis and rheumatoid arthritis.
- Gastro intestinal disorders include constipation, gastritis and abdominal pain.
- Oral lesions include dental caries, broken teeth and stained teeth.

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Table 1. Sociodemographic Profile of Study Population

		Males (n=114) (%)	Females (n=216) (%)	Total (n=330) (%)
Age groups (years)	60-69	60 (52.6)	120 (55.6)	180 (54.5)
	70-79	24 (21.1)	42 (19.4)	66 (20.0)
	80 and Above	30 (26.3)	54 (25.0)	84 (25.5)
Educational qualification	Not literate	48 (42.1)	114 (52.8)	162 (49.1)
	Primary school	0 (0)	24 (11.1)	24 (7.3)
	Middle school	0 (0)	18 (8.3)	18 (5.5)
	High school	36 (31.6)	36 (16.7)	72 (21.8)
	Pre university college	0 (0)	6 (2.7)	6 (1.8)
	Diploma	6 (5.3)	0 (0)	6 (1.8)
	Graduate and above	24 (21.0)	18 (8.3)	42 (12.7)

Table 2. Sex and System-Wise Morbidity Distribution

S. No.	System affected	Male (n=114) (%)	Female (n=216) (%)	Total (n=330) (%)
1	Eye problem	10 (8.7)	14 (6.4)	24 (7.2)
2	Hypertension	17 (14.9)	31 (14.3)	48 (14.5)
3	Diabetes mellitus	22 (19.2)	38 (17.6)	60 (18.1)
4	Respiratory diseases	5 (4.3)	11 (5.5)	16 (4.8)
5	Musculoskeletal disorders	31 (27.1)	61 (28.2)	92 (27.8)
6	GIT	11 (9.6)	17 (7.8)	28 (8.9)
7	Oral lesions	4 (3.5)	4 (1.8)	8 (2.4)
8	Skin	2 (1.7)	6 (2.7)	8 (2.4)
9	Stroke	12 (11.0)	34 (15.7)	46 (13.9)

- The present study showed that the most common morbidity identified among the elderly were eye problems (7.2%), hypertension (14.5%), diabetes (18.1%), respiratory diseases (4.8%), and musculoskeletal disorders (27.8%).
- It was observed that 24 (7.2%) of elderly were suffering from one or more eye-related problems, which is lower than Prakash et al.⁴
- Hypertension is one of the major chronic conditions affecting elderly people. It can occur at any age, but the risk increases with age. This study found that 48 (14.5%) of the elderly were suffering from hypertension, which was proportionately more among males. This is consistent with the findings of a study done at Udaipur, Rajasthan.⁴
- Diabetes was seen among 60 elderly peoples (18.1%) in the present study, which is corroborated by a study done by Sithara et al.⁶
- Respiratory diseases were noted among 16 (4.8%) of the elderly which is lower than the study done by Shraddha et. al.⁷
- Musculoskeletal disorders including arthritis are considered as one of the most common disorders affecting the elderly and the causative factors leading to them are poorly understood. The current study found that (27.08%) of the elderly were affected by these disorders and osteoarthritis.
- Diseases of the oral cavity were noted in about (8.9%) of the elderly.
- In the present study, skin diseases were observed in 8 elderly (2.4%) and stroke constitutes 46 (13.9%).
- Majority of them, i.e., 242 (73.3%) relied on government health facilities citing free services as the common reason, whereas 88 (26.7%) approached the private sector for health assistance owing to the ease of access.
- Out of 330, 52 (15.8%) utilized allopathy treatment, 206 (62.4%) both allopathy and Ayurveda and 72 (21.8%) were dependent on homeopathy.
- When asked if they consulted family doctors, 144 (43.6%) said Yes and 186 (56.4%) said No.
- When asked if they went to as doctor every time they felt sick, 268 elderly (81.2%) said Yes and 62 elderly (18.8%) said No.

Table 3. Distribution of Elderly according to Their Health Seeking Behavior (N=330)

Health care facility being accessed		System of medication followed		Doctor consultation in case of sickness		Family doctor	
Government hospital	242 (73.3%)	Allopathy	52 (15.8%)	Yes	268 (81.2%)	Yes	144 (43.6%)
Private hospital	88 (26.7%)	Allopathy+ Ayurveda	206 (62.4%)	No	62 (18.8%)	No	186 (56.4%)
		Homeopathy	72 (21.8%)				

Discussion

1. Out of the 330 elderly, 290 (87.8%) were suffering from at least one of the chronic morbidities. This was in accordance with the study done by Karnakar et al. in 2010 which found out that 88.9% of the elderly people studied suffered from some kind of chronic morbidities.¹
2. Present study concluded that people aged between 60 and 69 years accounted for half of the study population, i.e., 90 (54.54%).
3. In this study, it was noted that literacy levels were more in females 102 (60.8%) than males 66 (39.2%).
4. In the present study, high prevalence of musculoskeletal disorders 92 (27.8%), diabetes mellitus 60 (18.1%), hypertension 48 (14.5%), stroke 46 (13.9%), medium prevalence of GIT 28 (8.9%), eye problem 24 (7.2%) and lower prevalence of respiratory disease 16 (4.8%) and oral lesion and skin 8 (2.4%) each.
5. Out of 330, majority of them availed government hospital and used both allopathic, Ayurveda treatment, and consulted family doctor for the treatment.

Conclusion

Awareness among the elderly population should be created for regular medical checkups to ensure prevention and early detection of chronic diseases. It is also essential to have generic units with specialized professionals along with subsidized healthcare services in order to address geriatric morbid conditions in a proper manner. Health education and promotion should be instituted for the elderly. Indigenous and allopathic doctors should be trained to manage geriatric cases.

Recommendations

1. Insurance scheme that would enable the elderly meet their medical expenses should be

implemented. Health problems of elderly should be tackled with psychosocial intervention.

2. Health traditions should be promoted by developing good intra-familial and social relationships.
3. Geriatric nursing and rehabilitation centers should be established in our country like western countries sponsored by the government.

Conflict of Interest: None

References

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