

AWARENESS AND HEALTH PROBLEMS OF ELDERLY PATIENTS OF URBAN

HEALTH CENTRE,TALEGAON(DABADHE)

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Abstract

INTRODUCTION

Old age should be regarded as normal , inevitable biological phenomenon. Life expectancy has risen and is expected to go on rising in almost every part of the world. In order to remain physically fit , well into later life, they should be aware of the problems faced in old age. Thus a study was conducted to assess the knowledge about the diseases and problems faced in this age group .

AIMS AND OBJECTIVES

- 1 .To assess the knowledge about various problem faced by the old age people.
2. To identify the problems of the old age people.

MATERIAL AND METHODS

Study population consisted of geriatric people residing in area covered under UHTC of MIMER Medical College. Data collection was done using a pre-structured questionnaire from geriatric people attending OPD at UHTC.

RESULT S

Study sample consisted of 60 people in the age group 40-86.

76.6 of geriatric population had the knowledge about different problems in the study sample. Awareness was present about only few highly common problem such as cataract , high blood pressure and arthritis . Very few of them were knowing about hearing loss , calcium deficiency and depression .

There was no significant difference about the knowledge regarding health problems and exercise between males and females. Significantly more males felt the need of immunization in old age.

CONCLUSION

Though the geriatric population are aware of the problems of hypertension , cataract and arthritis are very few knew about the other common problems. Hence there is need of increasing the awareness of the other common problems by health education.

doi: 10.15713/ins.mmj.8

INTRODUCTION:-

Ageing is a natural process and old age should be regarded as normal inevitable biological phenomenon.

Gro Harlem Brundtland, WHO's Ex director said that ageing of global population is one of the biggest

challenges facing the world in the next century(2) . Life expectancy has risen and is expected to go rising in almost every part of the world. In the year 2002 there were about 605 million old person in the world. By 2025, the no. of elderly people is expected to rise to more than 1.2 billion.(1)

India too is in a phase of demographic transition. For the year 2010, 8% of total population was above the age of 60 years. This percentage is likely to rise to 19% by 2050(1). This profound shift in the size of elderly Indians emphasizes the need for providing specialized health care and developing health programs and policies for elderly. In order to remain physically fit, well into later age, the geriatric people should be aware of the problems faced in old age.

The approach of society towards these age groups can be summarized in the words of Sir James Sterling

Ross "You do not heal old age you protect it, you promote it, you extend it".(1) In other words, we need to maintain a high functional capacity .To achieve this it is necessary to know the level of awareness about health problems in the elderly population and to identify the different physical, social, psychological and economic problems faced by them.

AIMS AND OBJECTIVES

AS a prelude to starting a geriatric clinic at the UHTC, a study was carried out with the following objective

To assess the knowledge about health care practices and health problems faced by the Elderly.

Materials and Methods :

It was a cross sectional study. The study population consisted of geriatric population (>60 yr), residing in area covered under Urban Health Training Centre of a rural medical college. All the people who satisfied inclusion criteria and agreed to participate in the study were included in the samples. Data collection was done using prestructured questionnaire. Data was

collected for socio-economic variables and awareness of various diseases. Data analysis was done using simple statistical tools.

RESULTS

Study population consisted of 108 geriatric people residing in area under UHTC. All the people above the age of 60Yrs, who agreed to participate in the study. There were 66 males and 42 females. Two third (72) of the study population belonged to joint families while remaining were from nuclear families. 75% males were literate as compared to 55% females and 65 of the study population had education above 10th standard. While 75% of the males led retired life, only 16% women had retired from work and rest of the women were occupied as housewife or in farming. Addiction was prevalent in 65% Males and 42.9% Females.

Analysis of data regarding awareness of disease revealed that all the people were aware about some of the problems which are prevalent in the geriatric age.

However, this awareness varied from disease to disease (fig 1). Awareness about the common problems like cataract, hypertension and arthritis were known to many elderly but very few were aware about the problems such as hypertrophy of prostate insomnia and Depression. Maximum awareness (75%) was about cataract while insomnia was least known disease. Lack of sleep was taken as a natural phenomenon in this age. It was observed that depth of knowledge was comparable in males and females for all the diseases except for depression and the need for exercise in old age.

Further analysis also revealed that ignorance about uncommon diseases was same with respect to age. On the other hand people below the age of 70 years were significantly more aware about joint pain ($Z= 2.05, p < 0.05$), High blood pressure ($Z= 2.06, p < 0.05$), and heart attack ($Z=2.06, p < 0.05$) as compared to those over 70 years of age. As against this awareness about cataract was significantly more ($Z= 6.5, p < 0.001$) in the higher age group.

Need of immunization was felt by 42.59% of people. Though 69.09 % felt the need of regular exercise only 48.2% were doing some form of exercise.

DISCUSSION

In India the elderly suffer from dual medical problems i.e both communicable as well as non-communicable diseases. This is further compounded by impairment of special sensory functions like vision and hearing .It is shown that among the population over 60 yrs of age,10% suffer from impaired physical mobility,10% are hospitalized at any given time. In the population over 70 yrs of age , more then 50% suffer from one or more chronic conditions (3).. In our study it showed that

awareness about the common problems like cataract, hypertension and arthritis were more compared to prostate hypertrophy, insomnia and depression . Study on ocular morbidities among the elderly population in the district of Wardha found that refractive errors accounted for the highest numbers (40.8%) of ocular morbidities, closely followed by cataract (40.4%). In our study also maximum awareness was about cataract, 81.8% males and 64.3% females know about the problems.

An ICMR report on the chronic morbidity profile in the elderly states that hearing impairment is most common morbidity followed by visual impairment (4). In our study also awareness about hearing impairment was present in 57.6 % males and 81% females.

Health literacy is the degree to which individuals have the capacity to obtain, process and understand the basic information and services needed to make appropriate decision regarding their health (8). In a study in metropolitan area in USA it was found that inadequate health literacy was only a significant independent predictor of having diabetes mellitus. In our study 56.1% of males & 61% of females were aware about Diabetes Mellitus.

In a study by Maaria A. Fiatarone et al (7) came to the conclusion that high intensity resistance exercise training is a feasible and effective means of counteracting muscle weakness and physical frailty in very elderly people. In our study though 72.7% males and only 23.8% females were aware about exercise , only 48% were doing exercise. Age related decline in immune functions leads to increased risk of elderly persons to succumb to infections and their compromised response to vaccination. However despite the reduced response vaccination can provide valuable protection for the elderly. In our study 43.9% males and 40.5% females knew the importance of immunization.

High prevalence of cataract has been reported in various Indian studies , ICMR, Shah etal (4,6,9). This might be the reason why awareness about cataract was very high in our study. Goel et al in a study based on geriatric population in rural Meerut observed that 46.3% of study participants were unaware of geriatric welfare services. Of those who were aware, 96% never availed them (5).

Until now, secondary prevention strategies in the form of screening and early management and tertiary care in the form of rehabilitation have been given more importance as compared with primary prevention by the geriatric health care service (4). This point has been emphasized by Ingle et al. WHO has called for a multipronged ,viable and easily monitored primary care approach (6).

Our study also points to the need for a primary health care approach at the outreach centers. Preventive care strategies like improving knowledge about

disease, prevention and management of diseases, good nutrition, physical exercise and a positive mindset should be promoted at such primary care geriatric clinics.

CONCLUSION

Our study found that awareness for common health problems was high but it was very less for mental morbidities and prostate hypertrophy. Though people were aware of need for exercise and immunization not many of them were following these preventive health practices.

The growth of elderly population in the coming decades will bring with it unprecedented burdens of morbidity and mortality. Physical barriers include reduced mobility, declining social engagement and the limited reach of health system.

Health constraints include limitations in income, unemployment and assets as well as the limitations of financial protection offered for health expenditures in the Indian health system. Recommendations under the UHC framework have prioritized primary and secondary prevention and health provision with the goal of creating enabling environments for healthy lifestyles, early detection and routine screening among the aged.

RECOMMENDATIONS

As better literacy is associated with better outcomes, there is a need to start geriatric clinics at outreach centres with primary health care approach.

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Fig 1: Percentage of people with Knowledge about Diseases

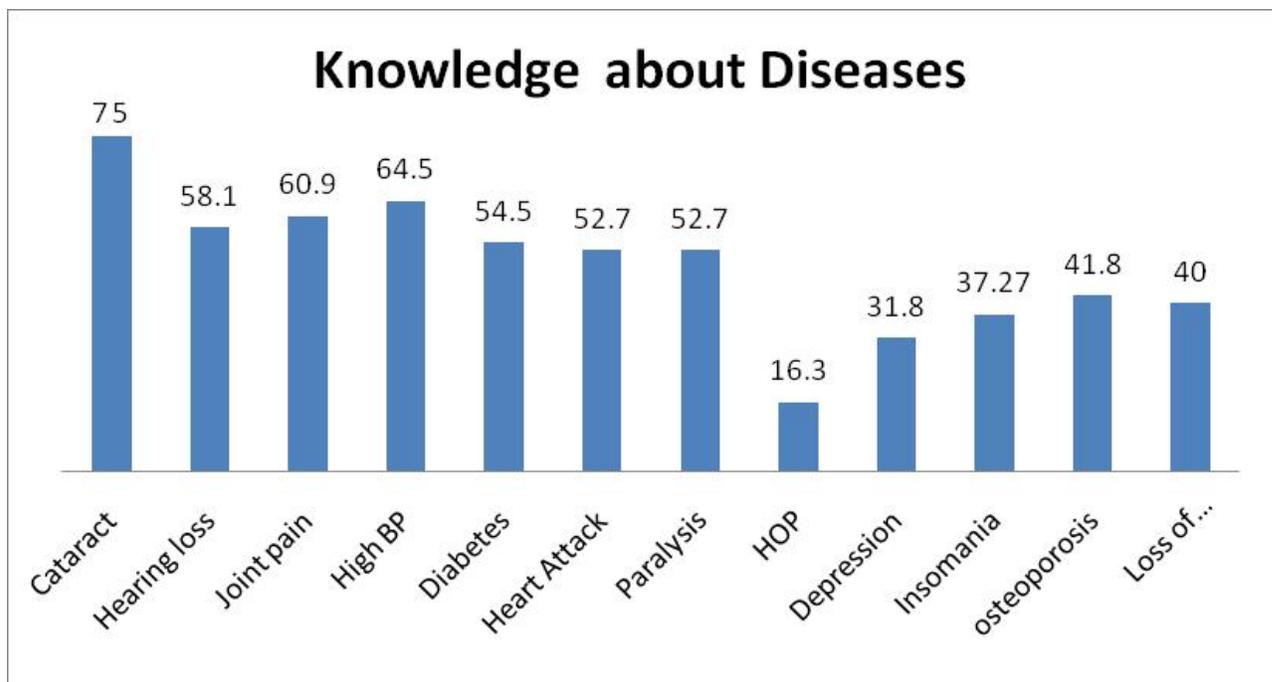


Fig 1.

HOP – Hypertrophy of prostate

Loss of.. – loss of memory.

Table 1: Percentage of males and females having knowledge about diseases.

Disease	Male		Female		Z
	no	percentage	no	percentage	
cataract	54	81.8	27	64.3	2.3*
hearing loss	38	57.6	34	81	0.1
joint pain	41	62.1	26	61.9	0.44
High BP	45	68.2	26	61.9	0.02
Diabetes	37	56.1	26	61.9	0.66
Heart Attack	39	59.1	23	54.8	0.13
Paralysis	35	53	19	45.2	1.4
BPH	15	22.7	23	54.8	0.17
Depression	26	39.4	3	7.1	2.39*
Insomnia	26	39.4	9	21.4	2.05*
osteoporosis	29	43.9	15	35.7	0.38
Loss of memory	27	40.9	17	40.5	0.35
need of immunization	29	43.9	17	40.5	0.04
need of exercise	48	72.7	10	23.8	2.24*

*Indicates significance at $p < 0.05$

Title Page

1. Title of the article: **AWARENESS AND HEALTH PROBLEMS OF ELDERLY PATIENTS OF UHTC, Talegaon (D)**

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3. World count (text only, exclusive of title, abstract, references, tables and figure legends) : **1725**

4. Number of figures: **01**

5. Number of tables: **01**

6. Statement of conflict of interest : **None**

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