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HEALTH PROBLEMS OF ELDERLY: A CHALLENGE FOR CARE

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ABSTRACT

Background: Ageing is a natural process and in recent years, the ageing of population is on increase world over. Ageing brings about a number of physiological changes, leading to serious public health problems. Although the health care services are advanced and improved but still the burden of disease of elderly is increasing with a challenge for health care on family and nation.

Objective: Good health is a pre requisite to good quality of life. Considering this fact, this study was planned to assess the health problems of elderly people for care and prevention.

Material and Method: This cross sectional study was designed, to study 300 elderly people of age 60 years and above from the urban health training centre of department of community medicine, GMCH, Udaipur.

Results: Majority of the elderly subjects were observed to be illiterate, married, with defective vision and certain addiction habits. Most of the elderly were observed with non-communicable and communicable diseases, involving almost all body systems. Among the elderly (13.67%) of the subjects needed physical assistance for carrying out their daily living activity.

Conclusion: Most of elderly people are observed with poor health status affected by multiple social and medical problems. Elderly people are more likely to have ocular, musculoskeletal, hypertension, hearing problems, insomnia, dental problems, diabetes and other diseases. The prevalence of chronic diseases in elderly people could be cared by strengthening geriatric health services for control and health promotion.

Key Words: Chronic illnesses, Health problems, Urban health training centre

INTRODUCTION

The term greying and ageing of nations with demographic transition of pyramid to pillar is a concern voice all over the world. Old age is, an incurable disease, you do not heal old age, you protect it, you promote it and you extend it. The word geriatrics is derived from Greek word gerus and iatrea which means old age and its treatment respectively. Geriatrics or geriatric medicine is now a well-recognized medical discipline in developed countries and also in developing country India. In the year 2002, there were an estimated 605 million old persons in the world of which 400 million are living in low income countries. By 2025, the number of elderly people is expected to rise more than 1.2 billion with about 840 million of these will be in low income countries⁽¹⁾.

Demographic transition in India has changed the population structure due to all round socio-economic development. The life expectancy has increased to 64 years

(2003) from 37 years (1951). Thus we have added 27 years of longevity of life. The population of 60 years and above which was 7.4% in year 2001 will rise to 9.0% by the year 2016. In India, although the percentage of aged to the total population is low in comparison to the developed countries, but still never the less the absolute size of the aged population is considerable⁽²⁾. A few hospital based studies have been made in India on the health status of aged persons, but such studies provided only a partial view of the spectrum of social and medical illnesses in the aged. The overall data on aged are scarce.

NEED FOR THE STUDY

For older individuals, many factors that contribute to decrements of ageing and further the burden of illnesses, along with inability to perform their daily activity are potentially responsible to focus on the secondary and tertiary level preventive interventions⁽³⁾.

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The present study was planned to understand the health problems of elderly with following

Objectives:

1. To study the demographic profile of elderly.
2. To study the medical and social problem of elderly.

MATERIALS AND METHODS

The present cross sectional community based study was conducted on 300 elderly above 60 years of age, residing in urban field practice area Fatehpura, department of community medicine, GMCH, Udaipur. After randomly identifying the first house from the selected area, every 5th house by systematic sampling method, was visited to include all the elderly subjects, residing in those selected houses till the required sample is covered. The informa-

tion regarding demographic profile, medical and social problems of the selected subjects was gathered in a pre-tested, pre-designed questionnaire. The study was conducted during period of 2014.

RESULT

Major fraction of the population of study subjects were observed in age group 60-69 years, while a small proportion was in 80 years and above. Out of 300 study subjects, (58.66%) were males and rest (41.34%) females. The subjects belonged to joint family (78.67%) while (21.33%) resided in nuclear family. The marital status shows that the majority (55.33%) were married. Widow/widowers contributed to (43.0%). Maximum (39.33%) of the subjects were illiterate against (20.0%) of literate. Graduate/ postgraduate contributed (14.0%).

Table 1: Distribution of the study subject according to their demographic profile

Characteristics	Age in years			Total (n=300) No %
	60-69 (n=227) No %	70-79 (n=64) No %	>80 (n=9) No %	
Gender				
Male	127 (55.95)	45 (70.31)	04 (44.45)	176 (58.66)
Female	100 (44.05)	19 (29.69)	05 (55.55)	124 (41.34)
Type of family				
Joint	174 (76.65)	54 (84.38)	08 (88.89)	236 (78.67)
Nuclear	53 (23.35)	10 (15.62)	01 (11.11)	64 (21.33)
Marital status				
Married	143 (63.0)	21 (32.81)	02 (22.22)	166 (55.33)
Unmarried	02 (0.88)	01 (1.56)	00 (0.0)	03 (1.0)
Separated	02 (0.88)	00 (0.0)	00 (0.0)	02 (0.67)
Widow/Widower	80 (35.24)	42 (65.62)	07 (77.78)	129 (43.0)
Educational status				
Illiterate	84 (37.0)	30 (46.88)	04 (44.44)	118 (39.33)
Just literate	51 (22.47)	07 (10.94)	02 (22.23)	60 (20.0)
Primary	28 (12.34)	13 (20.31)	01 (11.11)	42 (14.0)
Secondary	27 (11.89)	10 (15.62)	01 (11.11)	38 (12.67)
Graduate	24 (10.57)	04 (6.25)	01 (11.11)	29 (9.67)
Postgraduate	13 (5.73)	00 (0.0)	00 (0.0)	13 (4.33)

Multiple addiction habits were found in (39.77%) of subject's i.e. smoking, tobacco chew, alcohol and consumption of bhang. Smoking was found to be major addiction in all the age groups, followed by tobacco chew, and alcohol.

Regarding visual acuity, majority of the subjects (61.0%) had defective vision and in age group 80 years and above all were with defective vision.

Table 2: Distribution of study subjects according to their addiction habits

Addiction Habits	Age in years			Total No. (%)
	60-69 (n= 227) No. (%)	70-79 (n=64) No. (%)	>80 (n=9) No. (%)	
No Addiction	141 (62.11)	36 (56.25)	04 (44.44)	181 (60.33)
Smoker	48 (21.15)	14 (21.88)	02 (22.22)	64 (21.33)
Ex-smoker	02 (0.88)	01 (1.56)	01 (11.11)	04 (1.33)
Tobacco Chew	19 (8.37)	09 (14.06)	01 (11.11)	29 (9.66)
Bhang	02 (0.88)	02 (3.12)	00 (0.0)	04 (1.33)
Alcohol	15 (6.60)	02 (3.12)	01 (11.11)	18 (6.0)

*Multiple responses, total not additive

Table 3: Distribution of study subjects according to their visual acuity

Visual Acuity	Age in years			Total (n=300) No. (%)
	60-69 (n= 227) No. (%)	70-79 (n=64) No. (%)	>80 (n=9) No. (%)	
Normal	105 (46.25)	12 (18.75)	00 (0.0)	117 (39.0)
Defective	122 (53.75)	52 (81.25)	09 (100)	183 (61.0)

(13.67%) of the subjects were not able to perform their daily activity. Majority (77.78%) subjects in age group of 80 years and above were unable to perform their

daily activity followed by (34.38%) in age 70 to 79 and (5.29%) in 60 to 69 years.

Table 4: Distribution of study subjects according to their ability to perform daily living activities

Ability to perform daily living activities	Age in year			Total (n=300) No. (%)
	60-69 (n= 227) No. (%)	70-79 (n=64) No. (%)	>80 (n=9) No. (%)	
Yes	215 (94.71)	42 (65.62)	02 (22.22)	259 (86.33)
No	12 (5.29)	22 (34.38)	07 (77.78)	41 (13.67)

Morbidity observations indicate that the majority of the subjects reported suffering with various physical, medical and psychosocial problems. The commonly reported illnesses were ocular (61.0%), body /joint pain (60.0%), hypertension (25.0%), hearing problems (21.33%), in-

somnia (15.33%), and diabetes (12.33%) and (12.6%) of the subjects were affected with other diseases. A small proportion of the subjects (17.7%) were observed without any sicknesses (Table 5).

Table 5: Distribution of study subjects according to morbidity status at the time of survey

Diseases/complaint	Age in years			Total (n=300)
	60 – 69 (n=227)	70 -79 (n=64)	80+ (n=9)	
	No. %	No %	No %	No %
Bodyache/Joint pain	117 (51.54)	57 (89.06)	06 (66.66)	180 (60.0)
Hearing problem	21 (9.25)	37 (57.81)	06 (66.66)	64 (21.33)
Insomnia	27 (12.6)	14 (21.87)	05 (55.55)	46 (15.33)
Diabetes	28 (11.89)	06 (9.37)	03 (33.33)	37 (12.33)
Hypertension	44 (19.38)	19 (29.69)	02 (22.22)	75 (25.0)
Asthma	09 (3.96)	06 (9.37)	02 (22.22)	15 (3.0)
Heart problems	11 (4.84)	07 (10.93)	01 (11.11)	19 (6.33)
Skin problems	09 (3.96)	04 (6.25)	01 (11.11)	14 (4.66)
Kidney/urinary problems	04 (1.76)	03 (4.69)	01 (11.11)	08 (2.67)
TB	04 (1.76)	03 (4.69)	00 (0.0)	07 (2.33)
Any other	22 (9.69)	10 (15.62)	04 (44.44)	38 (12.6)
Teeth problem	33 (14.53)	09 (14.06)	03 (33.33)	45 (15.0)
No diseases/complaint	42 (18.50)	10 (15.62)	01 (11.11)	53 (17.7)

*Multiple responses, total not additive

DISCUSSION

Population ageing, in varied ramification has acquired importance as a social concern, affecting the most aspects of our life-economy, labour force, health care, social welfare and medical institution to mention a few. The gerontological research is being devoted to give attention on health status of elderly, especially to those at very advanced age. The variation in health status and well-being among elderly, the trends of public health problems among them may give clues about the likelihood of better health. In our study, out of the three age categories, the majority (75.67%) of the subjects were observed in age group 60-69 years, while a small fraction (3.0%) were 80 years and above, similar findings were observed by ⁽⁴⁾ ⁽⁵⁾ (72.4%), and (72.3%) respectively, however (40.7%) were observed by ⁽⁶⁾ among 60-69 years which is not similar to our findings. A study done by ⁽⁵⁾ shows (2.8%) above 80 years, match to our study.

According to distribution of gender the study done by ⁽⁷⁾ ⁽⁸⁾ observed (62.10%) male, (37.90%) female and (55.94%) male, (44.06%) female respectively, similar to our study.

A joint family system was seen to be the most common (78.67%), among the population interviewed, similar finding were observed by ⁽⁸⁾ (75.74%).

A majority of respondents were married and (43.0%) were widow/widower, similar findings were observed by ⁽⁴⁾ ⁽⁵⁾ (47.4%) married (43.8%) widower and (47.4%) married and (43.66%) widower respectively.

In our study (39.33%) were illiterate, similar findings were observed by ⁽⁴⁾ ⁽⁵⁾ ⁽⁶⁾ (45.0%), (41.1%) and (38.6%) respectively.

In our study most of the subjects did not have any addiction (60.33%). Among addiction majority of the subjects (21.33%) were found to be addicted to smoking and (6.0%) were alcoholic. Similar findings were observed by ⁽⁸⁾ (21.75%) and (10.45%) respectively.

In our study (61.0%) of the subjects were having defective vision and all the subjects above 80 years had defective vision. Similar findings were observed by ⁽⁸⁾ ⁽⁴⁾ (62.0%) and (61.5%) respectively.

As age increases, the ability to perform daily living activity decreases consistently and considerably. (86.33%) of the respondent were doing all the activities on their own. Similar finding were reported by ⁽⁶⁾ (75.3%).

In our study it was found that only (17.7%) were not having any disease at the time of survey, otherwise nearly all respondents had health problems. The most common being joint pain (60.0%), hypertension was the

second common symptom comprising (25.0%). Other common presenting symptoms were hearing problem (21.33%), insomnia (15.33%) and diabetes (12.33%). In a study done by⁽¹⁰⁾ (4) joint pain (60.2%) and (63.4%) respectively were common to our study. A study done by⁽⁹⁾ hypertension (21.6%), hearing impairment (24.8%), diabetes (13.92%) and skin disease (3.52%) were similar to our study. Compare to our study results, higher hypertension was found amongst study conducted by⁽¹⁰⁾ (54.2%). (12.33%) subjects were diabetes, study done by⁽⁵⁾ (10) observed (10.3%) and (14.9%) respectively, this is comparable with present study. (2.33%) respondents were suffering from tuberculosis, similar findings were observed by⁽⁸⁾ (2.0%).

(2.67%) urinary problems were observed in our study which is quite similar to study done by⁽¹⁰⁾ (4.0%), whereas⁽⁴⁾ observed (9.0%). (21.33%) hearing problem was observed, similar finding were observed by⁽⁹⁾ (24.8%), but it is not similar to the study of⁽⁸⁾ who, reported (58.0%).

In our study (6.33%) heart problems were observed, similar findings were observed by⁽⁴⁾ (7.0%). Asthma respondents were (3.0%), which is similar to the study of⁽⁶⁾ (1.7%), but not similar to the study of⁽⁴⁾ (5) (10.3%) and (10.7%) respectively. The reason for so much difference may be due to weather conditions are different, or allergy.

CONCLUSION

With the findings of this study it can be concluded that the number and type of variables, and their extent of influence on the health status of the elderly vary. The study highlighted that the elderly were affected with medical and social problems. A greater proportion of them reported having non communicable and minor communicable diseases. Measures should be initiated at appropriate time for geriatric health care and social support for ameliorating the conditions of aged with formulation of

appropriate social and medical policy for promotion of health of elderly along with efforts for social mobilisation.

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