Review Article on Geriatric Morbidity

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ABSTRACT: Evaluation of morbidity profile among elderly people will help in the application of intervention to improve the health status of elderly. Communicable diseases do not show a fixed pattern of change with the age of man. However, non-communicable diseases like hypertension, Diabetes Mellitus, musculoskeletal disorders, refractive errors, etc and their related complications become more prevalent in the elderly. Research showed that average number of morbidities per person was 2.77 among the elderly people of rural India. Elderly people are suffering from various physical, mental, social and economical problems. It is essential to have geriatric units with specialized professionals in the health care centres. Regular health check-up camps should be organized at old age homes. Insurance scheme should be implemented. Health problems of elderly should be tackled with psycho-social intervention. The present study was done to review the literature on geriatric morbidity.

KEY WORDS: morbidity, geriatrics, review

INTRODUCTION

Health status is an important factor that has a significant impact on the quality of life of an elderly population. Evaluation of morbidity profile among elderly people will help in the application of intervention to improve the health status of elderly. Communicable diseases do not show a fixed pattern of change with the age of man. However, non-communicable diseases like hypertension, Diabetes Mellitus, musculoskeletal disorders, refractive errors, etc and their related complications become more prevalent in the elderly. Numerous studies have examined the distribution of multimorbidity among older persons in developed nations but the studies are scanty of developing countries (11). Research showed that average number of morbidities per person was 2.77 among the elderly people of rural India (12). Elderly people are suffering from various physical, mental, social and economical problems. The present study was done to review the literature on geriatric morbidity.

REVIEW OF LITERATURE

In a study (1), regarding personal habits, 61% of the elderly group chewed tobacco, 33.3% of males were smokers and 28.7% regularly consumed alcohol. General health awareness regarding common causes of prevalent illness and their prevention (respiratory infections, diarrhoea) was found only among 20.3%. Complaints of joint pains/joint stiffness was found in 43.4%, followed by dental and chewing problems (45.3%). Visual problems due to cataract and refractive errors were seen in 68%. Hypertension was found in 25.9% and diabetes in 83.8%. Gastrointestinal complaints/diarrhoea in 12%, dermatological in 9.4%, heart illnesses in 9% and respiratory in 7.3% were less common. Laboratory investigations on the study population reveals only 47.5% of the subjects had normal Haemoglobin (of over 12 gm%) whereas in the remaining (52.5%) anaemia was prevalent in varying severity. Elevated ESR was found in (36.9%). Random blood sugar above 180 mgm% was observed in (12.8%). ECG readings (32.4%) were interpreted as abnormal indicative of cardiovascular, rheumatological, muscular and rhythm abnormalities.

Another study (2) shows that 70% elderly were suffering from one or other ophthalmic problems followed by 48% with hypertension and 42% had psycho-social problems and in this case number of females was high (49%) and 36% were suffering from respiratory diseases and the others were living with musculoskeletal, GIT, ENT and nervous system problems. In this study, total 42% elderly had psycho-social problems in which 21.05% males and 27.3% females had the problems of loneliness, 15.8% males and 20% females felt neglected/ignored by their kins. The leading cause of diminished vision in developing countries is cataract, which was found in this study in 34.7% and 60% males and females respectively, followed by refractive errors in 24.7%. 36% elderly were found to have respiratory diseases; 6.3% males had chronic bronchitis and 11.5% had bronchial asthma. 14.6% elderly persons had musculoskeletal problems in which 8.42% males and 17.3% females were suffering from arthritis of knee joints and 2.6% males and 2.7% females were suffering from spondylitis.

Another cross-sectional study (3) reported that the major cause of morbidity was 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.

Another study (4) reported the prevalence of morbidity in study population to be 87.4% and hypertension (52.8%) was the foremost morbidity found in geriatric population. Prevalence of diabetes was found to be 32.3%. Association of sociodemographic determinants with morbidity status was found statistically significant also in this study. Anemia, osteoarthritis, cataract, urinary problems, skin diseases, psychiatric problems, and constipation predominantly affect the women population whereas hypertension, ischemic diseases,
diabetes, hearing impairment, blindness, and chronic obstructive pulmonary diseases (COPD) were more common among men. Geriatric population residing in nuclear family had more chances to get multiple morbidities (78.4%) in comparison to persons with joint family (41.4%). Overall, most of the population (55.7%) had multiple morbidities with 31.7% geriatrics having single morbidities and only 12.6% with no morbidity.

A study in Karnataka\(^{(5)}\) reported that the commonest morbidity among study population was psychosocial problems i.e. 37.30%. The next commonest morbidities were cataract in 35.40%, hearing impairment in 22.43% and followed by cardiovascular problems in 17.56% of study population. Cardiovascular problems morbidity was more (20%) in urban as compared to rural area (15.14%). Musculoskeletal morbidity (9.19%), respiratory morbidity (5.42%), cataract 40% and hearing impairment 24.86% were more in rural area as compared to urban area. Miscellaneous morbidity includes diabetes, filariasis, typhoid, dental caries, hernia, varicose veins, and hemi paralysis. The relation between age and cataract and also between age and hearing impairment was statistically highly significant (\(p < 0.001\)). Psychosocial problems were more common in females (40.41%) compared to males (34.25%). 10.05% females and 3.86% males had musculoskeletal problems which was statistically significant (\(p < 0.05\)). 19.33% males had cardiovascular problems and 5.52% had GIT problems which were more when compared to females. 35.97% of females had cataract and 23.28% had hearing impairment which were more in comparison with males. Cardiovascular diseases were 21.80%, respiratory diseases were 4.51%, genitourinary (2.25%), cataract 36.09% hearing impairment 15.78% were more in upper socioeconomic class i.e. class I, class II and class III. Psychosocial 40.60%, musculoskeletal 6.01% and GIT problems 3% were more in lower socioeconomic classes.

In a study in Uttar Pradesh\(^{(6)}\), vision abnormality was detected more commonly as compared to hearing impairment. As much as 62% of the hospital geriatric attendees had either low vision or blindness while 15% heard hearing problem. While hypertension, respiratory problems (chronic cough and others) and musculoskeletal symptoms were more common among the study subjects altogether, discharge per vaginum was the commonest (41.4%) among gynecological morbidities. Diabetes mellitus was significantly commoner among males while respiratory complaints, osteoarthritis, rheumatoid arthritis and low backache was more common in females as compared to males.

It was found in a study in southern India\(^{(7)}\) that 63% of elderly were suffering from one or more eye problems. Most of the morbidities are common among elderly people aged more than 75 years, female gender, respondent who lived alone. 44% of the elderly were suffered from hypertension. Musculoskeletal disorders including arthritis, one of the commonest disorders affecting elderly and the causative factors leading to them are poorly understood. This study found nearly one fourth (23.6%) of the elderly were suffering from hypertension. Musculoskeletal disorders including arthritis, one of the commonest disorders affecting elderly and the causative factors leading to them are poorly understood. This study found nearly one fourth (23.6%) of the elderly were suffering from hypertension. Musculoskeletal disorders including arthritis, one of the commonest disorders affecting elderly and the causative factors leading to them are poorly understood. This study found nearly one fourth (23.6%) of the elderly were suffering from hypertension. Musculoskeletal disorders including arthritis, one of the commonest disorders affecting elderly and the causative factors leading to them are poorly understood. This study found nearly one fourth (23.6%) of the elderly were suffering from hypertension. Musculoskeletal disorders including arthritis, one of the commonest disorders affecting elderly and the causative factors leading to them are poorly understood. This study found nearly one fourth (23.6%) of the elderly were suffering from hypertension. Musculoskeletal disorders including arthritis, one of the commonest disorders affecting elderly and the causative factors leading to them are poorly understood. This study found nearly one fourth (23.6%) of the elderly were suffering from hypertension. Musculoskeletal disorders including arthritis, one of the commonest disorders affecting elderly and the causative factors leading to them are poorly understood. This study found nearly one fourth (23.6%) of the elderly were suffering from hypertension. Musculoskeletal disorders including arthritis, one of the commonest disorders affecting elderly and the causative factors leading to them are poorly understood. This study found nearly one fourth (23.6%) of the elderly were suffering from hypertension. Musculoskeletal disorders including arthritis, one of the commonest disorders affecting elderly and the causative factors leading to them are poorly understood. This study found nearly one fourth (23.6%) of the elderly were suffering from hypertension. Musculoskeletal disorders including arthritis, one of the commonest disorders affecting elderly and the causative factors leading to them are poorly understood. This study found nearly one fourth (23.6%) of the elderly were suffering from hypertension. Musculoskeletal disorders including arthritis, one of the commonest disorders affecting elderly and the causative factors leading to them are poorly understood. This study found nearly one fourth (23.6%) of the elderly were suffering from hypertension. Musculoskeletal disorders including arthritis, one of the commonest disorders affecting elderly and the causative factors leading to them are poorly understood. This study found nearly one fourth (23.6%) of the elderly were suffering from hypertension. Musculoskeletal disorders including arthritis, one of the commonest disorders affecting elderly and the causative factors leading to them are poorly understood.
family. An unfavourable attitude was observed to be more among female than male. Regarding perception of elderly towards their health (41.67%) told that they have minor illnesses against (40.66%) having serious illnesses, only (17.67%) felt, on the whole good, females were more sufferers.

**CONCLUSION**

It is essential to have geriatric units with specialized professionals in the health care centres. Regular health check-up camps should be organized at old age homes. Insurance scheme should be implemented. Health problems of elderly should be tackled with psycho-social intervention. There should be separate geriatric clinics in the government hospitals. The elderly should be encouraged for routine check-ups in the hospitals. Indigenous and allopathic doctors should be trained to manage geriatric cases.

**REFERENCES**

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