

HEALTH PROBLEMS OF ELDERLY PATIENTS COMING TO OUTPATIENT DEPARTMENT OF KAYACHIKITSA, VAIDYARATNAM AYURVEDA COLLEGE, OLLUR, THRISSUR, KERALA - A CROSS SECTIONAL STUDY

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Abstract: Background and objectives: Aging is the process of becoming older which includes physical, psychological and social changes. Geriatrics is the branch of science deals with the health of elderly people. The present study was aimed to assess the health problem of elderly people coming to OPD of department of Kayachikitsa, Vaidyaratnam Ayurveda College, Ollur, Thrissur, Kerala. Methodology: A descriptive cross-sectional study was conducted taking 54 elderly patients visiting the Kayachikitsa OPD, VACH for one month. The data obtained from OPD computer records and structured CRF were analysed using appropriate statistical tests. Results: Predominance of females was seen in the study. 54 patients with minimum age of 60 and maximum age of 79 with mean 65.352 (SD=4.7271) were participated. Majority had the complaints of knee joint pain. Majority were under the medication for hypertension. Conclusion: Majority of the patients had the complaints of joints. Majority patients were satisfied with our hospital health services.

Index Terms–Aging, Geriatrics.

I. INTRODUCTION

Aging is an inevitable process in human life. It is the process of becoming older, which means inability of cells to divide and forming new cells. In humans, aging represents the accumulation of changes which includes physical, psychological and social changes. Aging is one among the greatest known risk factors for many diseases. Geriatrics is the branch of health science which mainly focuses on health care of elderly people ; It aims to promote health by preventing and treating diseases and disabilities in older adults (1). The term geriatrics is derived from the words ‘geron’ which means old man and ‘iatros’ which means healer. However is sometimes called medical gerontology. According to WHO, in 2010 an estimated 524 million people were aged 65 or older – 8 percent of the world’s population. By 2050, this number is expected to nearly triple to about 1.5 billion, representing 16 percent of the world’s population. Although more developed countries have the oldest population profiles, the vast majority of older population – and the most rapidly aging populations- are in less developed countries(2) Between 2010 and 2050, the number of older people in less developed countries is projected to increase more than 250 percent, compared with a 71 percent increase in developed countries.

OBJECTIVES OF STUDY

To assess the health problems of elderly people coming to outpatient department of Kayachikitsa, Vaidyaratnam Ayurveda College Hospital during the period of 1/11/2019 – 30/11/19.

METHODOLOGY

STUDY DESIGNS

Descriptive cross-sectional study.

STUDY SETTINGS

The outpatient department of Kayachikitsa, Vaidyaratnam Ayurveda College Hospital, Thaikkattussery, Ollur, Thrissur.

STUDY POPULATION

The patients with age 60 and above, who visited the outpatient department of Kayachikitsa, Vaidyaratnam Ayurveda College Hospital, Thaikkattussery, Ollur, Thrissur during the period of 1/11/2019 –30/11/2019.

INCLUSION CRITERIA

- Old patient and new patient with age of 60 and above, who visited outpatient department of Kayachikitsa, Vaidyaratnam Ayurveda College Hospital, Thaikkattussery, Ollur, Thrissur during the period 01/11/2019 -30/11/2019.
- Age group – 60 years and above irrespective of sex is included.

EXCLUSION CRITERIA

- Age group less than 60 years
- Critically ill patient who visited the hospital OPD during the period of 01/11/2019 -30/11/2019

SAMPLING TECHNIQUE

Patients who were willing to participate in the study were selected with inclusion and exclusion criteria.

Study tools and data collection

1. OPD data record and OPD computer records
2. Structured clinical report form including personal details, presenting complaints, past illness, socioeconomic status (Kuppuswamy scale).

PROCEDURE

Patients visiting OPD of Kayachikitsa, Vaidyaratnam Ayurveda College Hospital, Thaikattussery, Ollur, Trissur fulfilling the inclusion criteria during the period of 01/11/2019 – 30/11/2019 were taken for the study. Data regarding the patient’s details was collected from OPD computer records and OPD data records. A structured clinical report form regarding the personal details, presenting complaints, past illness and socioeconomic status was prepared and filled by the patient. Based on the data, prevalence of geriatric problems in old aged patients was calculated. The purpose of the study was explained to each patient before interviewing.

DATA COLLECTION

The following data were collected from the clinical report form, OPD data records and OPD computer records.

1. Socio demographic features - patient’s name, age, gender, domicile, socioeconomic status (Kuppuswamy scale)
2. Presenting complaints
3. Past illness

Statistical analysis of collected data

The collected data were recorded and analysed under the following headings and were entered in a master excel sheet.

Ethical consideration

An informed consent was obtained from each patient before study.

Results

54 patients participated in the study fulfilling the inclusion criteria. Out of 54 patients, female predominance (62%) was seen in this study. 91 % of patients in the study hailed from rural area. Majority of the patients belonged to the upper middleclass.



Fig 1: Distribution according to gender



Fig 2: Distribution according to domicile

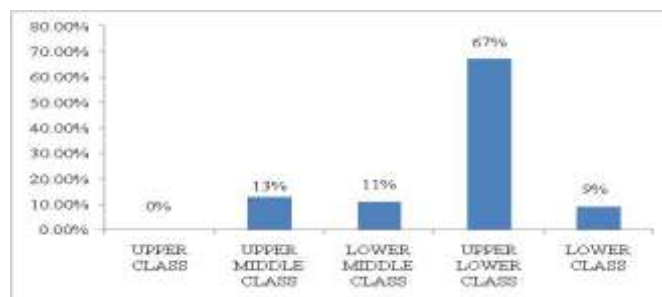


Fig 4: Distribution according to socioeconomic status

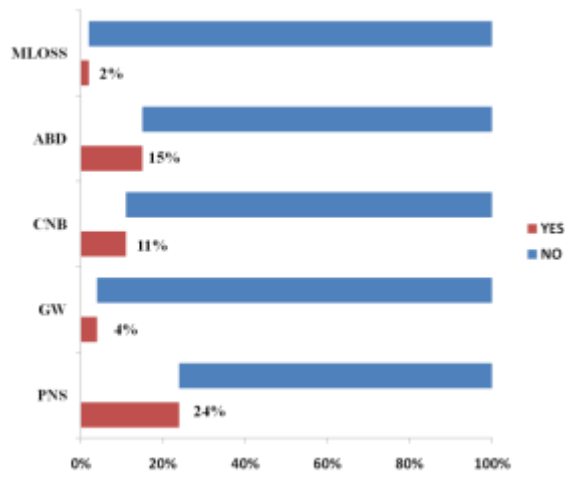


Fig 4 (a)

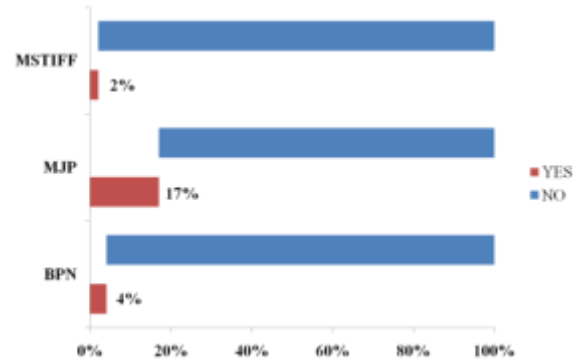


Fig 4 (b)

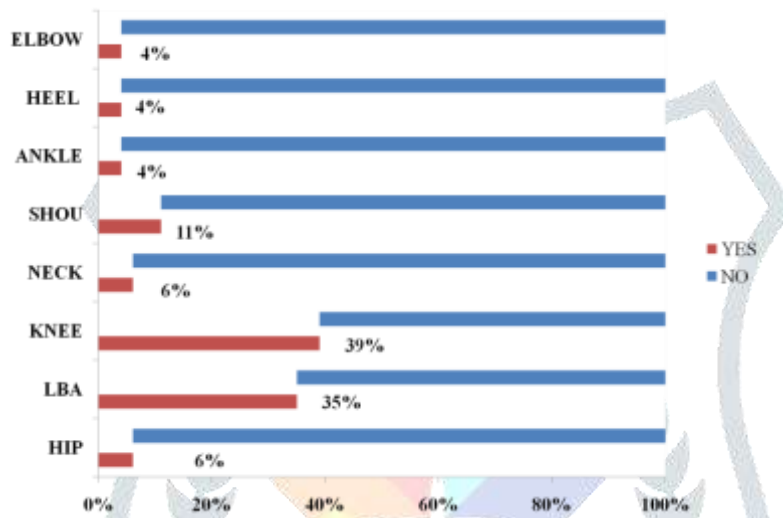


Fig 4 (c)

Fig 4 (a), (b), (c). Distribution according to presenting complaints

Table 1. Description of presenting complaints

MLOSS – MEMORY LOSS	ELBOW – ELBOW JOINT PAIN
ABD – ABDOMINAL DISCOMFORT	HEEL – HEEL JOINT PAIN
CNB- COUGH AND BREATHLESSNESS	ANKLE- ANKLE JOINT PAIN
GW – GENERAL WEAKNESS	SHOULDER – SHOULDER JOINT PAIN
PNS – PAIN,NUMBNESS, SWELLING	NECK- NECK PAIN
MSTIFF – MUSCLE STIFFNESS	KNEE – KNEE JOINT PAIN
MJP- MULTIPLE JOINT PAIN	LBA – LOW BACK ACHE
BPN – BODY PAIN	HIP – HIP JOINT PAIN

Out of 54 patients, Majority had the complaint of knee joint pain. LBA was the second leading complaint (35%). Only 2% patients had the complaint of memory loss and muscle stiffness.

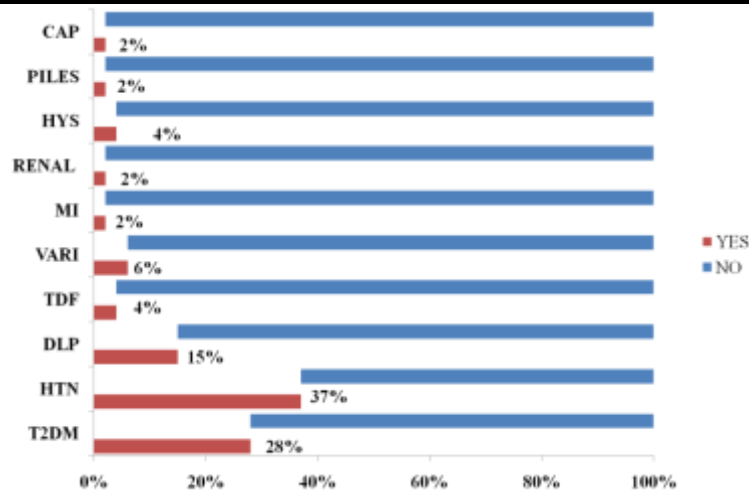


Fig 5: Distribution according to past illness

Among 54 patients, 37% patients had the complaint of hypertension. Type II diabetes mellitus was the second leading co morbidity. 15 % of the patients had Dyslipidemia.

DISCUSSION

A previous study related to health problems of elderly people revealed that, Hypertension is the most common chronic disease of older adults(3). Evidence seems to suggest that aggressive treatment should be offered and continued as long as it is well tolerated and consistent with patient's goals(4). Cancer is the second leading cause of death in older adults and by age 85, death rate from cancer begins to fall(5). Osteoarthritis is the second most common chronic condition among older people and common cause of chronic pain and disability(6). The prevalence of OA seems to be higher among women than men. Obesity is a risk factor for OA. OA treatments include costly joint replacement surgery and rehabilitative therapies. Low back pain is the common symptom particularly in older women and the cause is often multifactorial, in which non pharmacologic treatments can be used. Diabetes rates have been increasing as population age and become more overweight. Diabetes is also associated with its complications like peripheral neuropathy, diabetic foot and ulcers etc. Management approach in diabetes should be individualized(7). Present study was conducted to assess the health problems of elderly people coming to OPD of Kayachikitsa, Vaidyaratnam Ayurveda College Hospital, Ollur, Thrissur, Kerala. 54 patients had participated in the study with minimum age of 60 and maximum of 79 with mean of 65.352 (SD =4.7271). Majority of the patients participated in the study were females and are housewives. Study was conducted in a rural region. Majority of the patients belonged to upper middleclass family. Majority of patients had joint complaints. Joint complaints are not an unusual complaint among elderly people. In this study, Majority had knee joint pain (39%), this may be because, knee joint is the weight bearing joint in the body and first site of manifestation of arthritic complaints. Second Leading complaint was LBA. This may be because of improper posture (bending, sitting, standing and squatting position). Obesity is another factor which plays an important role in LBA. Majority of the patients had the history of hypertension and was under medication. This may be because of the over use of anti-inflammatory medications for knee joint pain. Patients with T2DM had high incidence of LBA than knee joint pain. This may be due to obesity.

CONCLUSION

The present study was aimed at assessing the health problems of old aged people coming to OPD of department of Kayachikitsa, Vaidyaratnam Ayurveda College, Ollur, Thrissur, Kerala. 54 patients with minimum age of 60 and maximum of 79 were participated in this study. 62% (majority) were females and were housewives. Study was conducted in a rural region and majority were belonged to upper middle class. Knee joint pain was found to be the major complaint due to the old age arthritic changes. Majority were under medication for hypertension due to increased intake of anti-inflammatory medications for knee joint pain. LBA was the second leading complaints among the patients may be due to improper postures, obesity. It was found that T2DM had high incidence in patients with LBA it may be due to obesity.

Functional deterioration in an elderly person can raise social and mental health problems. Awareness of these problems may prevent age related deterioration. Decisions to prescribe medications or screening tests should take into account goals of care, burden, risks, and lag time to benefit. In future more will benefit from home-based services and technologies and will benefit from creative transportation and housing services opportunities for social participation as well as programs to support family caregivers.

LIMITATIONS

- Limited time for a comprehensive interview with the patient.
- The study was conducted by taking patients who visited the Kayachikitsa OPD only.
- Study duration was only 1month

RECOMMENDATIONS

- Special op sections for 60 and above old aged people.
- Conduct assessments of the health problems of old aged people visiting the hospital.
- Medical camp for old aged people has to be conducted.
- Provide special IP treatment to old age people to improve their quality of lifestyle.
- Counselling to reduce the mental tension of old aged peoples thereby improving their quality of life.

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