

## Health problems of the elderly in Imphal District, Manipur: A cross sectional study

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### Abstract

**Introduction:** With the increase in life expectancy, percentage of elderly people is increasing. During old age, various health problems adversely affect an individual's life. To provide appropriate care for them there is a need to attain information about their health problems.

**Objective:** To study the health problems of the elderly population.

**Materials and Methods:** This study was carried out over a period of 3 years from 2011 to 2014. Information was collected randomly from the elderly patients attending Medicine OPD and those admitted in Medical ward, RIMS Imphal, and also from patient attendants aged 60yrs and above. A total of 243 subjects were interviewed using predesigned questionnaire. Findings were described using proportions and percentages.

**Results:** Elderly of 71-80 years constituted the maximum percentage of 37.9%. Female (55.5%) outnumbered the male (44.4%). Majority (82.3%) of the respondents were Hindus. Majority (61.3%) were from rural areas and most (48.9%) belonged to lower socioeconomic status. The most important symptom of ill health was decreased vision 46.1%. As for as existing morbidity is concerned, hypertension was seen in 41.9% and diabetes mellitus in 20.9%. Other morbid conditions encountered being chronic obstructive pulmonary disease, osteoporosis, hypothyroidism, cerebrovascular accident and cataract with less prevalence.

**Conclusions:** There is a growing need for interventions to ensure the health of the elderly.

**Keywords:** Elderly, Health problems, Manipur.

### Introduction

Aging is defined as a progressive deterioration of physiological functions with age, including a decrease in productivity.<sup>1</sup> No United Nations standard numerical criterion has been their but the agreed cutoff is 60+ years when referring to the elderly population.<sup>2</sup> Human life expectancy has almost doubled with increased expectancy and percentage of elderly people is also increasing.<sup>3</sup> Elderly in India account for 7% of the total population of which two-thirds live in villages and nearly half of them in poor conditions.<sup>4</sup> Thus, India is an ageing society with the rate of growth of ageing population exceeding the general population.<sup>5</sup>

Urbanization, nuclearisation of family, migration, and dual career families are making care of the elderly more and more of a personal and social problem in India. Increasing life span and poor health care add to the degree of disability among the elderly and compound the problems of care giving.

The pattern of prevailing common health problems among the old age communities needs to be investigated so that appropriate measures can be taken at the level of planning, policy making, and health care provision for the old aged people at the right time enabling the older individuals to lead a life with good health & prosperity.

### Objective

To study the health problems of the elderly population.

### Materials and Methods

This study was carried out over a period of 3 years from 2011 to 2014. Information was collected randomly from the elderly patients<sup>2</sup> attending Medicine OPD and those admitted in Medical ward, RIMS Imphal, and also from patient attendants aged 60yrs and above.

A total of 243 subjects were interviewed using predesigned questionnaire. The interview was carried out in the local language. Visual acuity was tested by 6/9 illiterate E chart. Torch light examination of eye was done for cataract. Hearing loss assessment was done by using tuning fork (512 Hz). The purpose of the study was explained to them and oral informed consent was obtained. Care was also taken to ensure privacy and confidentiality of the interview as part of the study.

### Selection criteria

**Inclusion criteria:** All individuals more than or equal to 60 years of age.<sup>2</sup>

**Exclusion criteria:** Those participants who are not willing or in a position to give information due to any reason.

### Statistical Analysis

For statistical analysis MS excel was used. Descriptive statistical like percentages were used for data interpretation.

## Results

**Table 1:**

Age in years	Number	Percent
60-70	90	37
71-80	92	37.9
81-90	58	23.9
91-100	3	1.2

Table 1 shows that majority of the studied population was in age group of 71-80 years (37.9%) and least in age group of 91-100 years (1.2%)

**Table 2:**

Gender	Number	Percent
Male	108	44.4
Female	135	55.5

Of the total of 243 elders surveyed, 55.5% (135/243) were females and 44.4% (108/243) were males (Table 2).

**Table 3:**

Religion	Number	Percent
Hindu	200	82.3
Christian	30	12.3
Muslim	13	5.3

Among study population 82.3% were Hindu's, 12.3% were Christians and 5.3% were Muslims (Table 3).

**Table 7:**

Symptoms	Number of subjects affected	Percent
Decreased vision	112	46.1
Decreased sleep	95	39
Constipation	72	29.6
Decreased hearing	5	2.1
Body ache	41	16.8
Backache	32	13.1
Giddiness	32	13.1
Joint pain	32	13.1
Micturition problems	17	6.9
Numbness	15	6.2
Retrosternal burning sensation	27	11.1
Chronic cough	25	10.2
Loss of appetite	25	10.2
Abdominal pain	20	8.2

**Table 4:**

Residential area	Number	Percent
Rural	149	61.3
Urban	94	38.7

Among study population 149 subjects (61.3%) belonged rural area and 94 (38.7%) to urban areas (Table 4).

**Table 5:**

Socioeconomic class	Number	Percent
Upper class	3	1.2
Upper middle class	19	7.8
Middle class	27	11.1
Lower middle class	48	19.7
Lower class	119	48.9

Majority of the old population 48.9% (119/243), belonged to the lower socioeconomic status; 19.7% (48/243) belonged to lower middle class; 11.1% (27/243) belonged to middle class; while only 7.8% (19/243) and 1.2% (3/243) of the elderly belonged to upper middle class and upper class, respectively (Table 5).

**Table 6:**

	Tobacco use	Percent
Male	68	62.9
Female	54	40
Total	122	50.2

Among the selected people, 50.2% (122/243) were tobacco users. Prevalence was 62.9% (68/108) in males and 40 % (54/135) in females (Table 6).

Among the total study subjects recruited depicted in Table 7, 46.1% of study participants were complained of decreased vision (46.1%), followed by decreased sleep (39%), constipation (29.6%), body ache (16.8%), pain in the joints & backache & giddiness with (13.1%) each, retrosternal burning sensation (11.1%), chronic cough & loss of appetite with (10.2%) each, abdominal pain (8.2%), micturition problems (6.9%), numbness(6.2%) and decreased hearing in 2.1% subjects.

**Table 8:**

Morbid conditions	Number	Percent
Hypertension	102	41.9
Diabetes mellitus	51	20.9
Pulmonary Koch's	14	5.7
Hypothyroid on treatment	10	4.1
Cerebrovascular accident	10	4.1
Heart disease	8	3.3
COPD	10	4.1
Cataract	5	2
Hearing defect	1	0.4
Malignancy	3	1.2
Post cholecystectomy	14	5.8
Post hemorrhoidectomy	4	1.6
Osteoporosis	4	1.6
Hysterectomy	2	1.3
Post appendectomy	2	0.8
Nephrolithiasis	2	0.8
Gout	2	0.8
Stomach perforation operation	2	0.8

Table 8 shows that, in the present study most common morbidity prevalent was, hypertension (41.9%) followed by Diabetes mellitus (20.9%), Post cholecystectomy (5.8%), Pulmonary Koch's (5.7%), hypothyroid on treatment & cerebrovascular accident & COPD with (4.1%) each, heart disease (3.3%), cataract (2%), post hemorrhoidectomy & osteoporosis (1.6%) each, malignancy (1.2%) and hearing defect in 0.4% subjects. Post appendectomy, nephrolithiasis, gout and operation for stomach perforation with 0.8% each respectively.

### Discussion

The well-being of older persons has been mandated in Article 41(5) of the Constitution of India, which directs that the state shall within the limits of its economic capacity and development, make effective provision for securing the right to public assistance in old age.

The finding of this study that the majority (55.5%) were females is in contrast to the national sex ratio of the aged in which only 48.2% of elderly persons are females.<sup>6</sup> this may be due to better survival rate among women.

The higher tobacco use in the present study should be a cause of concern. Tobacco habits take shape in adolescence and early adulthood, and tend to continue into old age. Anti-tobacco campaigns are of relatively recent onset, and may have missed out the present elderly when they were adolescents/young adults. The

prevalence of tobacco use in the elderly in the present study is much higher than in other studies.<sup>7,8</sup>

The prevalence of health problems in this study population was Decreased vision with 46.1% followed by Hypertension with 41.9%, Insomnia in 39%, Diabetes mellitus on treatment in 20.9%, Pain in the joints with 13.1%, Micturition problems in 6.9%, Numbness in 6.2%, Pulmonary Koch's in 5.7%, hypothyroid on treatment & cerebrovascular accident & COPD with 4.1% each, heart disease in 3.3%, cataract in 2%, osteoporosis in 1.6%, malignancy in 1.2% and hearing defect in 0.4% subjects.

Hypertension remains as a major problem since it may be related to ageing issue or essential hypertension. Prakash R et al in their study on morbidity pattern among geriatric population in urban area of Udaipur reported that out of 300 elderly subjects examined 44% had cataract, 48% had hypertension.<sup>9</sup>

Gaur DR et al found in their study that joint pain and cataract occupy the top position among different morbid conditions i.e. 46% and 45% respectively. Hypertension (22%), GIT problems (14.8%), Diabetes (11%) and loneliness and depression (9%) were among other major morbidities.<sup>10</sup>

In another study on morbidity in elderly conducted in South Korea, it was reported that the most prevalent morbidity was hypertension (37.5%), followed by arthritis (15.6%), diabetes mellitus (14.9%).<sup>11</sup>

According to Multicentric Study for health care status of elderly conducted by GOI, out of total 10000

elderly surveyed 45.4% had cataract, 21.6% had hearing problem, 31.6% had bowel complaints, 13.4 had urinary problem, 0.8% were detected with cancer, 2.7% had reported an episode of paralytic attack, 1.4% were having Parkinson's disease.<sup>1</sup>

Joshi K et al in their study in rural area of Chandigarh reported that prevalent morbidity among elderly people was anemia which was followed by dental problems, hypertension, chronic obstructive airway disease (COAD), cataract, osteoarthritis, skin and nail (fungal) infection, urinary incontinence, and senile pruritis.<sup>13</sup>

The prevalence of high morbidity among the elderly requires the strengthening of geriatric health care services in accordance with the common existing problems in the community. Preventive, curative and rehabilitative programs for the elderly are urgently required.

### Conclusion

There is a growing need for interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of the disabled elderly. Further research, especially qualitative research, is needed to explore the depth of the problems of the elderly.

### Limitations

As this study was carried out on OPD subjects, conclusions may not truly represent the health problems of above said region. Psychological well-being is not addressed in this study due to lack of resources.

### Strengths

Since not much studies have been done in the Imphal district in context of elderly hence this study will form a benchmark for other studies on the subject.

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