

Prevalence of morbidity in elderly residing in old age homes of Varanasi

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ABSTRACT

Ageing is a complex multivariate and irreversible process resulting in an increasing acceptability to malnutrition and death. Process of ageing adversely affects almost all tissue organs and physiological functions of elderly. The elderly constitutes as rapidly growing proportion of our population and aging population face a threat from a host of diseases of old age. The study was undertaken to investigate the prevalence of morbidity in elderly residing in old age homes of Varanasi. Data were collected by the help of predesigned and pretested schedule on sample of 156 individual aged 60 and above by interview method. The study revealed that a significant proportion of the study subjects were presented with multiple morbidity conditions, which increased with advancement of age.

Key words : Ageing, Physiological functions, Disease, Morbidity.

Ageing is the accumulation of changes that occur over a life time, resulting in an increasing acceptability to malnutrition and death (Smolin and Grosvenor, 2000). It takes place at different rates in various stages. Ageing is not a disease, but is a biological process affecting all physiological and structural system of the body associated with functional decline (Bagchi, 2000).

To some extent, ageing may also be considered as a disease, which differs from the others in that the ageing pattern is universal. Most people do get various diseases as they grow old. Some of these diseases, which are most commonly associated with old age, include atherosclerosis, arthritis, cataract, chronic renal failure, diabetes, osteoporosis, senile dementia and various types of cancer. At the same time, various other impairment of body function, such as delayed wound healing, slower metabolic clearance of drug, reduced absorption of nutrients, increased susceptibility in old age. Depression also makes old people victims of many disease (Merriam, 1983).

The elderly constitutes a rapidly growing proportion of our population. It becomes very essential that health care systems and individual providers gain increased familiarity in understanding of the health needs of the elderly population (Gupta, 2000). This study is focused to find out the prevalence rate of morbidity in elderly and its relation with the advancement of age.

METHODOLOGY

The study was conducted in old age homes situated in various places of Varanasi city in the year 2007. A sample of 156 individuals aged 60 years and above were studied of both sexes. The sample was interviewed with the help of a predesigned and pretested schedule.

Information regarding general personal characteristics, family, a detailed history and clinical examination was performed in order to find out any disease, present in the individuals of which they might not be aware of.

RESULTS AND DISCUSSION

Never before there had been so many elderly people on the mother earth; this is a marvelous achievement of science and technology. The new millennium will be marked by geriatric population boom. The number of elderly people is expected to reach 10 per cent of the total population by 2020, which in absolute term will be whooping 130 millions (Shankar, 2000).

It is evident from Table 1 that of 156 individuals, 142 presented with one or more illness at the time of survey, resulting the prevalence of 91.03%. It is of interest to note that 142 morbid individuals suffered from 446 illness due to multiple afflictions. This resulted in a morbidity load of 2.86 episodes per person and 3.14 episodes per morbid person signifying a high vulnerability of the study population to various illness.

The morbidity load was directly proportional to age

Table 1 : Prevalence rate and morbidity load in the study population

No. of elderly persons studied	156
No. of elderly persons affected by one or more morbidity	142
Person prevalence of morbidity	91.03%
No. of morbidity episodes documented	446
Morbidity load (No. of episodes) per person	2.86
Morbidity load (No. of episodes) per morbid person	3.14

and genetic structure of individual (Table 2). Individuals aged over 70 years suffered from 2.90 episodes per person as against 2.78 episodes per person in 60-69 year age group. Morbid persons also displayed similar trend (3.08 and 3.26, respectively).

Morbidity load	60-69 yrs.	≥ 70 yrs	Total
Morbidity per person	2.78	2.90	2.86
Morbidity per morbid person	3.26	3.08	3.14

Frequency of morbidity	60-69 yrs.		70-79 yrs.		≥ 80 yrs		Total	
	No.	%	No.	%	No.	%	No.	%
Without morbidity	8	14.81	4	5.88	2	5.88	14	8.97
One morbidity	4	7.41	10	14.71	2	5.88	16	10.26
Two morbidity	10	18.52	12	17.65	16	47.06	38	24.36
Three morbidity	10	18.52	18	26.47	4	11.76	32	20.51
Four morbidity	16	29.63	12	17.65	8	23.53	36	23.08
Five morbidity	4	7.41	4	5.88	-	-	8	5.13
Six morbidity	2	3.70	6	8.82	2	5.88	10	6.41
Seven morbidity	-	-	2	2.94	-	-	2	1.28

The morbidity load observed among the present study population is comparable to the 1.93 episodes per person reported by Sengupta *et al.* (1982) in the urban slums of Calcutta. However, an earlier study of the aged population in Naila near Jaipur documented 100% person prevalence of morbidity and the number of illness per sick person was 3.97 (Purohit *et al.*, 1976). The possible reasons for the differences could be either the differences in the list of morbidity studied or the period or area of study.

As stated under introduction, ageing results in impairment of various body functions such as delayed wound healing, impaired nutrient absorption, increased susceptibility to infection and altered mental state, which make elderly population more vulnerable to multiple disease manifestations.

Table 3 shows increasing frequency of morbidity with age. Approximately half (44.44%) of the study population in the age group of 60-69 years had one to three morbidity, more than half (61.76%) of individuals in the age group of 70-79 years had two to four morbidity where as among people > 80 years, more than three fourth (88.23%) suffered from two to six morbidity. Almost all individuals above 70 years had either one or more than one illness. These findings reflect that increasing age deteriorates an individual's health and it does not mean that ageing affect everybody equally, longevity runs in

family, genetic basis of ageing is also interesting.

Conclusion:

A significant proportion of the study subjects were presented with multiple morbidity conditions and this multiplicity increased with increasing age. This was inferred to be due to progressive degenerative process and lowers immunologic status involving one body system after another.

There was significantly higher load of old age related morbidity among the study subjects. This burden increased

with advancement of age possibly as a consequence to progressive multi organ degeneration and under nutrition. To ensure healthy ageing for this large population of elderly will be a daunting challenge to the society, because it is a true fact that aging population face a threat from a host of diseases of old age, that can significantly restrict both physical and mental functions.

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