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ORIGINAL ARTICLE

Frequency of The Medical Disordrers and Life Satisfaction Among Geriatric Population of Hyderabad Sindh

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ABSTRACT

Objectives: To determine the most common health-related disorders and life satisfaction among the geriatric population of Hyderabad Sindh.

Material and Methods: This cross-sectional community-based study was conducted at department of Community Medicine of LUMHS Jamshoro on geriatric population of district Hyderabad. All the people of 60 years or over and either gender, were included in the study. The volunteer study contributors were pre-informed and approached at their convenient place and time. All study subjects were interviewed regarding their health disorders and life satisfaction. Following a written and informed consent, a self-structured questionnaire was filled by the study volunteers, in the presence of chief investigator under her guidance. All information was recorded via a structured study questioner.

Results: Total 422 individuals were studied and their average age was 70.12+6.33 years. Out of 69.4% were males and 30.6% were females. Self-dependent individuals were 14.9%, pension dependents were 34.4%, and 50.7% had other sources of income. As per medical disorders, hypertension and diabetes were the most common health issues followed by vision problems, cardiac issues, dental caries, loss of teeth, osteoporosis, chronic pain, urinary incontinence, haemorrhoids, loss of appetite, stroke, loss of memory and sleeplessness. Health status was excellent in 5.7% of the patients, good health in 212(50.2%), fair health in 123(29.1%) and poor health status was found in 63(14.9%) of the patients.

Conclusion: It was concluded that the geriatric population is at high risk of hypertension, GI-problem, liver disease, weight loss, Dental caries, vision problem, DM, obesity, stroke, lung disease, and Benign Prostrate hypertension. Most patients were unsatisfied with their life and this was mostly due to poor socio-economic.

Keywords: Old age individuals, health, medical disorder

INTRODUCTION

Aging is a ubiquitous and unavoidable biological condition that begins with birth and progresses to progressive functional decline, susceptibility, and, eventually, the death. Because of the transition in demographics, the number of aged individuals (geriatrics) is growing all across the world, whether in developing or developed nations.[1] The aging process causes significant psychological and physiological changes; among the most prevalent psychological modifications are loneliness, desperation, and anxiety; and medical conditions such as diabetes, stroke, sensory loss, hypertension, arthritis, cancer.[2] Geriatric healthcare have advanced quickly in the recent few decades, yet much more development remains to be achieved in this field. The Developed world has traditionally placed a high value on geriatrics, however in our nation this has always been a hazy issue. Extensive studies might significantly enhance their physiological, social, and psychological health, eventually leading to a healthy society. Aging is a worldwide phenomenon; the global population of persons aged 60 and more has become more than two-fold since 1980 and is expected to reach 2 billion until 2050. The percentage of geriatrics will nearly double, from 690 million during 2010 to over 1.5 billion until 2050, with the population of adults over 65 nearly doubling, from 9 to 16 percent.[3] underdeveloped nations will experience a significant increase in the aging populations. Increasing life expectancy, predictably, poses health challenges at the population scale.[4-6] Since the 1990s, Pakistan has been experiencing a demographic transition, with a continuous decline in mortality, a rise in life expectancy, and thus a persistent decline in overall fertility rate, therefore the percentage of the elderly population is estimated to rapidly increase in the near future.[7] Seven of the 15 nations is underdeveloped with above 10 million elderly people, including Pakistan. It is also anticipated that until 2050, there would be more than 43 million people over the age of 60 within Pakistan, up from 11.6 million (6.5% of the overall population) now.[8] Many research investigations have shown that growing older is linked to various physiological, social, psychological and issues,[9-11] but regrettably nationwide research content is lacking in the literature review and comparisons. Population aging is among the most significant trends of the twenty-first century, with far-reaching repercussions for all parts of society. Geriatric concerns must be addressed as soon as possible, but to do so, we must have solid scientific understanding of geriatric issues in a comprehensive manner. There has been no research on this topic in our nation. As a result, the goal of this study is to identify the psychological, physiological, and social challenges that geriatrics experience in order to fill a major knowledge vacuum that will allow all stakeholders, supportive communities, and families to establish appropriate support measures.

MATERIAL AND METHODS

This cross-sectional community-based study was conducted at department of Community Medicine of LUMHS Jamshoro on geriatric population of district Hyderabad. All the people of 60 years or over of either gender were included. All individuals who disinclined to partake, not actual resident of Hyderabad, those mentally disoriented or with severe illness, and those who did not go through interviews were excluded. The cluster sampling framework was used to pick eight Union Councils within Hyderabad area, and the participants were chosen using simple random sampling approach. The respondents were notified in advance and reached at their convenience in terms of time and location. The interviewees were fully informed about the research project, its significance, and all of their questions were answered to the best of our abilities, both verbally and through an information sheet. After providing written and informed consent, the research volunteers were given a self-structured research questionnaire to complete out in the attendance of the investigator with her full support on the spot. SPSS version 20 was used to analyze the data.

RESULTS

Mean age of the patients was 70.12+6.33 years, with 293(69.4%) males and 129(30.6%) females. Of all respondents, single, married and divorced respondents were 6.2%, 89.3%, and 4.5% respectively. The spouses of 173(41%) respondents were alive, however spouses of 210(49.8%) patients had died. Although family

structure, job status, care giver and socioeconomic status are shown in table.1

Health issues of the study subjects are shown in table.2. Out of all respondents, 46% were fully satisfied with their present health status, 41.7% reported partial satisfaction, while 12.3% reported being unsatisfied with their quality of life at present. Table.3

TABLE 1. Distribution of cases according to general detail n=422

Variables		Frequency	%
Gender	Male	293	69.4%
	Female	129	30.6%
Marital status	Single	26	6.2%
	Married	377	89.3%
	Divorced	19	4.5%
Care giver	None	42	10.0%
	sons /daughters	158	37.4%
	Siblings	222	52.6%
Family structure	Nuclear	159	37.7%
	Joint	219	51.9%
	Single	30	7.1%
	old age home	14	3.3%
Job status	Employed	45	10.7%
	Unemployed	229	54.3%
	Retired	148	35.1%
SES	Poor		59.24%
	Middle		21.32%
	Upper		19.43%

Mean age 70.12+6.33 years

Table: 2 Distribution of cases according to health disorders (n=422)

Health disorders	Frequency	Percentage
DM + weight loss + Arthritis + hypertension + Dental caries + Vision problem	10	2.4%
DM + lung disease + hypertension + weight loss+ Vision problem	7	1.7%
Hypertension + DM + Benign prostrate hypertension + Vision problem	12	2.8%
DM + Vision problem + hypertension	12	2.8%
DM+ GI-problem + CVD + Dental caries+ Vision problem	10	2.4%
Hearing problem + hypertension + DM + weight loss + Dental caries + Osteoporosis	6	1.4%
DM + Weight loss + hypertension	11	2.6%
Obesity + DM + PUD + hypertension	7	1.7%
DM + Stroke + Lung disease + Benign Prostrate hypertension+ Vision problem	12	2.8%
Dental caries + Vision problem + DM+ weight loss	7	1.7%
GI-problem + DM+ Cancer	11	2.6%
Hypertension + weight loss + vision problem+ PUD + dental caries + Osteoporosis	6	1.4%
Diabetes Mellitus + PUD + Stroke + Lung disease +Vision problem	7	1.7%
Wound + DM+ Obesity	4	.9%
DM + Dental caries + GI-problem + Obesity	9	2.1%
Hypertension + GI-problem + Lungs disease + CVD	9	2.1%
Vision problem + DM + Osteoporosis + weight loss + Hemorrhoids	7	1.7%
Hypertension + GI-problem+ wound + Liver disease + weight loss + Dental caries	19	4.5%
DM + Osteoporosis + Obesity	4	.9%
Hypertension + PUD + Obesity + Liver disease + Lungs disease + benign Prostrate hypertension + wound	11	2.6%
Benign Prostrate hypertension + Lungs disease + Hypertension + Vision problem	9	2.1%
Lungs disease +Hypertension + PUD	7	1.7%
GI-problem+ Hypertension + Dental caries	11	2.6%
Hypertension + Dental caries + Liver disease	6	1.4%
Vision peomlem + Hypertension + Osteoporosis+ weight loss	6	1.4%
CVD + renal disease + Cataract	4	.9%
Lungs disease + Postmenopausal disorders + Vision problem	4	.9%
Lungs disease + Vision problem + Arthritis + Obesity	4	.9%
Lungs disease + Cataract+ Arthritis	4	.9%
Lungs disease + Cataract + Vision problem + Obesity + GI-problem +weight loss	7	1.7%
Lungs disease + vision problem + GI-problem + dental caries	10	2.4%
Lungs disease + Cataract + GI-problem + obesity	4	.9%
CVD + GI-problem + Osteoporosis + vision problem	6	1.4%
Arthritis + wound + GI-problem + weight loss	10	2.4%
Osteoporosis + Arthritis + GI-problem	9	2.1%
Arthritis + PUD + vision problem	11	2.6%
Vision problem +DM + weight loss+ GI-problem	6	1.4%
Osteoporosis + wound + GI-problem	4	.9%
Weight loss + Cancer + GI-problem	4	.9%
Vision problem + GI-problem + Dental caries	11	2.6%
GI-problem + Weight loss + Dental caries + PUD	8	1.9%
Wound + vision problem + Obesity	9	2.1%
PUD + Cataract+ vision problem + Weight loss + Dental caries + Osteoporosis	4	.9%
Obesity + Cataract + vision problem	6	1.4%
Dental caries + vision problem	11	2.6%
vision problem + PUD + Obesity + Dental caries	17	4.0%
Dental caries + vision problem + PUD + Weight loss	6	1.4%
Obesity + vision problem	12	2.8%
Osteoporosis + vision problem	4	.9%
Dental caries + PUD + Weight loss	10	2.4%
Benign prostrate hyperplasia + Obesity	7	1.7%

Table 3. Distribution of respondents according to satisfaction with quality-of-life n=422

Are you satisfied with your current quality of life?	Frequency	Percentage
Partially satisfied	176	41.7%
Fully satisfied	194	46.0%
Unsatisfied	52	12.3%

DISCUSSION

It is advisable to address the influence of health concerns in the senior population on the person's life, which is decided by their effect on different spiritual and social demands. A high proportion of respondents reported hearing loss, which made it difficult for them to socialize effectively. According to our research, elderly people could not watch television or listen to radio, which were two of the most preferred activities among the older population. The joint family system remains the conventional family arrangement in South Asia.[13] In Pakistan, the majority of people (66 %) reside in rural regions where agriculture represents the main source of income.[14] In rural regions, the joint family structure predominates. One of the primary benefits of joint families is the provision of a huge workforce for jobs that needs one, such as agriculture. Additionally, housing expenditures are shared. The males generally contribute to the household's economic output. The collapse of the joint family structure is probable in metropolitan regions owing to housing issues (big families are impossible to coexist underneath one roof) and employment options, which leads to the younger generation toward experiencing isolation of economic output. One of the most significant effects of this split is the loss of 'elderly authority over the younger population.[15] Mason

& Bongaarts proposed that development will result towards the dissolution of family structures in emerging nations and a decline in elderly assistance.[16] According to companion research, the nuclear family structure is becoming increasingly popular in Karachi.[17] Consistently in this study, most of the cases 51.9% were living in a joint family system. In this study, males were in majority 69.4% and females were 30.6% most of the cases were 89.3% were married, 6.2% were unmarried while 4.5% were divorced. Consistently Gutiérrez-Vega M et al[18] reported that the 40% cases were married and were living with their life partner, widowed were 31.5%, 11.2% were single, 6.9% were divorced or separated. In this study, diabetes mellitus, hypertension, lung disease, stroke, vision problems, prostrate hypertension. GI-problem, dental caries, obesity, osteoporosis and hemorrhoids were the commonest health issues. Similar findings were found in research done by Zafar et al[19], which found that diabetes, hypertension, and arthritis were the most frequently observed chronic diseases. Ischemic cardiovascular disease and COPD were confirmed by 23% and 9% of respondents, respectively, whereas chronic disease one in 32.6%, two in 5.25%, three in 12.43%, four in 3.7%, and five chronic diseases were confirmed by 0.5% of the respondents. Vision loss is perhaps the single most significant ailment in old age, affecting every area of spiritual and social life. The consequences of this may be highly painful, as vision loss is linked to concerns of safety, independence, psychological well-being, and everyday activities.[20] The great majority of responders stated that their everyday lives were hampered by pain and persistent headaches. It had a negative influence on practically every part of social life, primarily working, exercising, and reading. Headache and pain concerns are frequently dismissed or characterized as somatoform, despite the fact that they are extremely genuine and have a negative impact on the quality of life.[21,22] Secondary headache problems, such as mass lesions and temporal arteritis, are also becoming more common as people become older. As a result, complaints of discomfort and headaches must not be dismissed and should therefore be addressed effectively, with due attention and care. Other health issues had a significant incidence rate, although their influence on everyday living was not as severe as those mentioned above. This is not to say that they are unimportant or that they must be disregarded, since they can lead to serious difficulties. Constipation and obesity, which appear to be basic problems, are linked to many complaints and serious diseases, including dental difficulties, sleeplessness, heartburn, and anorexia, which all damage a patients' quality of life, as previously stated by research.[23-25] This is not totally indicative of a developing country like Pakistan, where limited socioeconomic resources per family require the elderly to labour. Even though the statutory retirement age within Pakistan remains 60 years, different firms choose their own retirement ages based on their needs. Even in cities, little or no retirement benefits (provident funds, gratuity) compel the elderly to seek another work, the lack of which causes financial hardship and stress

CONCLUSION

It was concluded that the geriatric population is at a high risk of hypertension, GI-problem, liver disease, weight loss, Dental caries, vision problem, DM, obesity, stroke, lung disease, and Benign Prostrate hypertension. In the old age individuals, socioeconomic level was highly associated with the developed health issues. The majority of the older population, is experiencing a deterioration in their health, which is having a severe influence on their social relationships. Modern and sophisticated health solutions for the health of geriatric populations must be established.

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