Geriatrics

680. Morbidity in Geriatric Population: Comparison between Rural and Urban Population

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A random survey of 1000 geriatric individuals (more than 60 years), 500 each from rural and urban background, was carried out to determine the prevalence of common ailments in and around Pune.

The aim of the study was to determine the prevalence of diabetes mellitus, hypertension, hypercholesterolemia, ischaemic heart disease and stroke in elderly patients and to compare the differences in rural and urban population. All individuals were examined according to a detailed questionnaire and hemoglobin, ECG, blood sugar levels (fasting) and serum cholesterol levels were done in all of them.

The study consisted of 313 (31.3%) males and 687 (68.7%) females, with 87.6% of people between age of 60-70 years and 2.9% above the age of 80 years. 58.3% of the people were nonsmokers, 11.1% were active smokers and 22% were tobacco chewers.

The overall prevalence of diabetes mellitus was 18.9% and 12.6% in urban and rural settings respectively (p < 0.05). Out of 162 diabetics, 94 patients were unaware of the disease were detected to have diabetes during the survey. Prevalence of hypertension was only 10.6% in rural population, which as 32% of urban population were suffering from hypertension (p < 0.05). Hypercholesterolemia (> 200 mg/dL) was found in 178 (17.8%) rural subjects while 243 (24.3%) among urban population were having high cholesterol level (p < 0.05). 30 cases of rural background had definite ECG evidence of ischemic heart disease without their being aware of it. The survey also revealed an increased prevalence of stroke in urban population as compared to the rural one (32.0% vs 1.2%). Hemoglobin below 10 g/dL was found in 143 rural subjects, while 111 staying in urban areas had low hemoglobin.

Conclusion: The study concluded that the prevalence of common ailments like hypertension, diabetes mellitus, hypertension, hypercholesterolemia and stroke are more common in urban population, on the other hand rural population had increased prevalence of anemia. It is also evident that the killer diseases like diabetes mellitus and ischemic heart disease remain undetected in the elderly individuals, more so in rural areas.

The main reasons for the above findings seem to be stressful lifestyle in urban area and lack of health awareness and appropriate health facilities in rural population.

The routine surveys like these can help in detecting these common disorders at an early sub-clinical stage and will also go a long way in health planning as well as decreasing morbidity and mortality in this very fragile group of people.

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