QUALITY OF LIFE AND STATUS OF MORBIDITY IN GERIATRIC POPULATION IN A RURAL AREA

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ABSTRACT: All the aspects of "health status", "life style", "life satisfaction", "mental state" or "well-being" together reflect the multi-dimensional nature of 'Quality of Life' in an individual. Geriatric health problems relating to the quality of life often remains neglected. They demonstrate higher rates of morbidity, mortality, hospitalizations and experience a poorer quality of life. Hence, this study was conducted to explore the different domains of Quality of Life affected by socio demographic factors and to assess the status of morbidity in the elderly.

A cross-sectional qualitative study was conducted on all the elderly who visited the PHC (Mundakur), field practice area of K.S. Hegde Medical Academy. All the elderly above the age of 60 years irrespective of sex were included and WHO BREF on Quality of life was administered to them by the first author in person. The basic demographic data along with their morbid and co-morbid conditions were asked for and the details were collected after obtaining informed consent. The data was tabulated and analysed using the statistical package of SPSS 17.0 version. Independent t-test was applied to compare the mean scores of different variables and the domains. The distribution of participants in this study were as follows: 55% were males while 45% were females. 75% of the participants belonged to the age group of 60-69 years, 25% of the participants were 70 years and above. 66.66% of the individuals were married and 33.34% were either unmarried or widowed. Illiterates were 21.6%, literates were 78.4%. Males & literates had a slightly better quality of life than females and illiterates. With increasing age, the quality of life decreases. Married people had a slightly better quality life than those who were widowed / single. The most common morbidities were found to be vision impairment, hypertension & arthritis.

KEYWORDS: Quality of life, WHOQOL BREF, Morbidity.

INTRODUCTION: Ageing is a normal, biological and universal phenomenon. Ageing of the population is occurring throughout the world, more rapidly in developing countries. In most of the gerontological literature, people above 60 years of age are considered as 'old' and constituting the 'elderly' segment of the population. Everyone has an opinion about their quality of life, but no one knows precisely what it means in general. All the aspects of "health status", "life style", "life satisfaction", "mental state" or "well-being" together reflect the multi-dimensional nature of Quality of Life in an individual.(1) The progressive rise in life expectancy contributes to an increase in the prevalence of chronic illnesses in the elderly population. Despite suffering from chronic conditions, elderly individuals can have a good level of health and remain capable of administering basic survival activities, their social lives and finances(2). Therefore, one of the greatest public health challenges is to increase the number of years of a healthy and quality life. Chronic conditions affect the Quality of life of elderly people and contribute to disability and reduce their ability to live independently.(3-5) Geriatric health problems with respect to the quality of life often remains

neglected. They demonstrate higher rates of morbidity, mortality, hospitalizations and experience a poorer quality of life. The diagnosis and treatment of such chronic diseases develop as a result of progress in medical care. On the other hand, chronic diseases necessitate a long period of correct and up-to-date data to plan health services for the elderly. (5-6) Hence, a study was conducted to explore the different domains of Quality of Life affected by socio demographic factors and to assess the status of morbidity or chronic diseases in the elderly in a rural population.

MATERIALS AND METHODS: STUDY SETTING: PHC, Mundakur -A rural field practice area of K.S Hedge Medical Academy, Mangalore.

STUDY DESIGN & DURATION: A cross sectional study was conducted over a period of 3 months, from July 2012 to October 2012

STUDY POPULATION: Elderly population of Mundakur

STUDY PARTICIPANTS: All the individuals, in geriatric age group of 60 years and above, who visited the Primary Health Centre at Mundakur which is a rural field practice area of K.S Hegde Medical Academy.

INCLUSION CRITERIA: Adults aged 60 years and above and willing to participate in the study, with written consent

EXCLUSION CRITERIA: Adults below 60 yrs of age; who were unwilling to participate in the study & those who refused to give written consent.

METHOD OF DATA COLLECTION: All the individuals, in the geriatric age group of 60 years and above, who visited the Primary Health Centre at Mundakur which is a rural field practice area of K.S. Hegde Medical Academy were included in the study after obtaining written consent from them. Interviews were conducted at the facility. The information like base line data and morbidities (chronic illnesses) of each individual were collected.

WHOQOL-BREF (7-8) was used to assess the quality of life after obtaining ethical clearance from the Institutions Ethics Committee .The translated Kannada version of this instrument was pretested on a subsample before it was used on the study population to ensure feasibility and acceptability.

For comprehensive assessment, one item from each of the 24 facets contained in the WHOQOL-100 was included; in addition, two items from the QOL and general health facets were also included. Each item was rated on a five point scale (1-5). The raw score of each domain was calculated, and then computed as ranging between 0-100. Five per cent of the questionnaires were rechecked by another author to assess the quality& reliability of the data.

STATISTICAL ANALYSIS:The data was tabulated and analysed using the statistical package of SPSS 17.0 version.Independent t-test was applied to compare the mean scores of different variables and the domains.

RESULTS AND DISCUSSIONS: The baseline characteristics of the population among the participants in this study were as follows: 55% were males while 45% were females.75% of the participants belonged to the age group of (60-69) years, 25% of the participants were aged 70 years and above.

66.66% of the individuals were married and 33.34% were either unmarried or widowed. Illiterates were 21.6%, literates were 78.4%.

The mean scores of males were slightly better than that of females except for the physical domain which was slightly better among the latter. But the differences between the groups were not found to be statistically significant for any of the 4 domains. The mean score for all the domains were more in the age group of 60-69 years when compared to age group of 70 and above. But, the differences between the groups were not found to be statistically significant for any of the 4 domains. Married persons had better mean scores than single (unmarried/widowed) individuals in all 4 domains. But, this difference was not found to be statistically significant for any of the 4 domains. Literate persons had a better mean score than illiterates in all 4 domains. But, this difference was not found to be statistically significant for any of the 4 domains.

According to a previous study the total mean score, as well as the mean scores in each of the 4 domains for both males and females were found to be similar. This difference between the two groups was not found to be statistically significant for any of the 4 domains. The total mean score, as well as the mean score in each of the 4 domains for both literates and illiterates were found to be similar. This difference between the two groups was also not found to be statistically significant for any of the 4 domains. It was found that the mean scores of the two age groups of 60-69 years and ≥ 70 yrs differed significantly in the domains of physical ($P=0.004^*$), psychological ($P=0.001^*$) and social relations ($P=0.016^*$). [9]

In the previous study it was also observed that the mean scores of the two groups of single and married individuals differed significantly in the domains of environmental ($P=0.012^*$) and social relations ($P=0.002^*$). Since, this difference between the two groups was found to be statistically significant for the total mean score of all the domains ($P=0.016^*$), the overall well-being was significantly affected for those who were single (unmarried and widowed). [9]

Table 1 depicts the comparison of the mean scores in the physical, psychological, social relations and environmental domain according to the sex, age group, marital status and literacy status.

31(51.6%) people had impairment in vision, 18 (30%) people had Arthritis, 22 (36.6%) people had Hypertension, 6 (10%) people had Diabetes, 7(11.6%) people had dental problems, 5 (8.3%) people had respiratory problems, 2 (3.3%) people had hearing problems, 3 (5%) persons had cardiac problems & 2(3.3%) of them had GIT problems. 33 people were suffering from a single morbidity whereas 27 of them were suffering from more than one morbidity.

In our study, prevalence of hypertension in females was found to be 29.6% and males 42.42%, Arthritis in females-40.74% and males-21.21%, vision impairment in females-44.4% & males-57.5%, cardiac problems in females-3% & males-6%, GIT problems in females-3% & males-3%, respiratory problems in females-7.4% & males-9.%, hearing problems in females-nil & males-6%. According to another previous study in elderly population, prevalence of hypertension in females was 54.7% and males 48.6%, arthritis in females-38.8% and males-27%, vision impairment in females-15.5% & males-16.8%, cardiac problems in females-23.9% & males-28.5%, GIT problems in females-15.5% & males-16.4%, respiratory problems in females-7.5% & males-9.4%, hearing problems in females-6.5% & males-5.5%. [10]

Table 2 depicts the morbidity status among the study participants.

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Males & literates had a slightly better quality of life than females and illiterates. With increasing age the quality of life decreases. Married individuals had a slightly better quality of life than those who were single /widowed. This difference between the groups was not found to be statistically significant for any of the 4 domains.

The most common morbidities were found to be vision impairment, hypertension & osteoarthritis.

RECOMMENDATIONS:

- Periodic health check-ups should be organized for the elderly population to provide comprehensive health services with the available infrastructure.
- Geriatric clinics / OPDs can be organized to provide focussed care & treatment services
- Medical officers at the PHC should be trained in geriatric care.
- Community health programmes like elderly clubs, rehabilitation services etc. can be organized for better care and support.
- Integration of medical services through community participation (family, care takers, voluntary organizations) for improving the Quality of Life of the elderly.

The attitude of today's youth towards the elderly has a major role in improving their quality of life. Inculcating the right attitude towards elders at a young age is essential.

To improve the quality of life after the age 60, efforts have to start at least from the age of 30. Preventive maintenance is wiser and less expensive than crisis management. The right mental attitude and a sound physical health in adult life and middle age are the keys for enjoying an active & healthful ageing.

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TABLE :-1 Compares the mean scores in physical, psychological, social relations and environmental domains according to the sex, age group, marital status and literacy status.

VARIABLES	MEAN SCORES OF DOMAINS			
	PHYSICAL	PSYCHOLOGICAL	SOCIAL	ENVIRNOMENTAL
Male	45.4	42.6	24.6	42.8
Female	46.5	42.3	22.3	40.3
P value	0.525	0.083	0.172	0.48
Age 60-69 years	46.7	43.2	25.2	43.9
70years & above	43.7	40.2	18.8	35.06
P value	0.68	0.7	0.117	0.583
Single (unmarried or widowed)	44.0	39.3	19.2	36.4
Married	46.9	44.1	25.8	44.35
P value	0.175	0.594	0.02	0.287
Literate	47.1	43.5	25.4	43.4
Illiterate	41.6	38.6	17.0	35.2
P value	0.42	0.832	0.126	0.44

TABLE :-2 MORBIDITY STATUS AMONG THE STUDY PARTICIPANTS(Males Vs Females)

MORBIDITY	NUMBER OF PARTICIPANTS	PERCENTAGE	FEMALE N=27	%	MALE N=33	%
VISION IMPAIRMENT	31	51.6%	12	44.4%	19	57.5%
HYPERTENSION	22	36.6%	8	29.6%	14	42.42%
ARTHRITIS	18	30%	11	40.7%	7	21.21%
DENTAL PROBLEMS	7	11.6%	4	14.8%	3	9%
DIABETES	6	10%	3	11.1%	3	9%
RESPIRATORY PROBLEMS	5	8.3%	2	7.4%	3	9%
CARDIAC PROBLEM	3	5%	1	3%	2	6%
HEARING PROBLEMS	2	3.3%	0	0	2	6%

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