

CLINICAL AND DEMOGRAPHIC PROFILE OF GERIATRIC PATIENTS ADMITTED IN ACUTE MEDICAL CARE UNIT OF A TERTIARY CARE HOSPITAL, SVRRGGH, S.V.MEDICAL COLLEGE, TIRUPATI, A.P.

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BACK GROUND: Health problems associated with geriatric population were multiple and out come from the acute medical illnesses are variable. There is very less data available on this scenario in INDIA especially in southern rural areas.

METHODS: Observational, retrospective study of geriatric patients (age more than 60 years) admitted in acute medical care unit of SVRR Govt. General hospital, S.V. Medical college, Tirupati, Andhra Pradesh, during the period of June 2013 to December 2013.

RESULTS: Most of the patients were in the age group of 60- 65 years (45%) with male to female ratio of 2:1. Common diseases observed are cerebrovascular accidents followed by chronic kidney diseases and infections. Multiple diseases and increasing mortality observed in this age group.

CONCLUSION: Cerebrovascular accidents due to uncontrolled hypertension, Infections and respiratory diseases are the common diseases among AMC admissions. Chronic kidney disease (CKD) is the commonest renal disease required admission. Mortality is more among the Infections and CVA. Early diagnosis, proper and regular medication for the underlying diseases reduce the morbidity and mortality among geriatric people.

KEY WORDS: Geriatric, Acute medical care unit, CVA, Infections, CKD.

INTRODUCTION

Ageing is a normal phenomenon and the proportion of elderly population is increasing due to improvement in the living standards. Elderly population are now the most rapidly growing population world wide. The increase in life expectancy created new public health problems in developing countries like India. World population grows at a rate of 1.7% annually, the elderly population grows at a rate of 2.5% annually¹. There has been increasing elderly population from 1991 to 2001 and it has been projected that by the year 2050, the number of elderly people will increase upto about 324 millions². Lack of health care facilities to manage multiple diseases in the ageing population which is most important need of ageing population. At least 50% of the ageing population in India have chronic diseases. Non communicable diseases like hypertension, diabetes, musculoskeletal disorders, refractive disorders and their complications are increasing among ageing population³. Health services need to be increased and strengthened according to the increasing ageing population. At the same time facilities should improve the availability and accessibility to the tertiary care hospitals. This study was conducted to know the common clinical illness among elderly who requires acute medical care admissions.

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OBJECTIVES :

1. To study the clinical and demographic profile of elderly patients admitted in acute medical care unit.

MATERIAL AND METHODS:

Hospital based retrospective study conducted in the Department of General Medicine, S.V.R.R. Govt. General hospital, S.V. Medical college, TIRUPATI, Andhrapradesh, during the period

of July 2013 to December 2013. Data collected from the medical records above the age of 60 years and analysed.

RESULTS:

Total number of 234 Patients were admitted in acute medical care unit during the above period. Most of the patients fall under the age group of 60-65 years(45.7%), followed by 66-70% (23%). 3.4% were more than 80 years of age. Male to female ratio of 2:1. Most common disease observed is cerebrovascular accidents with risk factor of uncontrolled HTN(n=81, 34.6%), followed by Chronic kidney disease(32,13.6%), coronary artery diseases with congestive cardiac failure observed in 19 patients(8.1%). Infections were observed in 53 patients(22.6%). Among infections cerebral malaria is the commonest(19), followed by meningitis(16), sepsis, COPD with exacerbations. Hyperglycemia with ketosis observed in 7 patients, hypoglycemia is observed in 5 patients. Dyselectrolytemia and Acute renal failure observed in 4.27%, 3.8% respectively. Alcohol intoxication and poisoning observed in 1.7% of geriatric patients.

Highest mortality is observed in sepsis and cerebral malaria, followed by cerebrovascular accidents, CKD, Meningitis, CCF. Hypoglycemia, alcohol intoxication patients are recovered. Mortality is higher among elderly people in acute medical care. Elderly people requires more duration of hospital stay.

Age distribution:

S.No	Age	No.of patients	percentage
1	60-65	107	46%
2	66-70	54	23%
3	71-75	49	21%
4	76-80	16	7%
5	>80	8	3%

Sex distribution:

S.No	sex	Number	percentage
1	Male	156	67%
2	Female	78	33%
3	Total	234	100%

Disease profile:

S.No	Disease	No.of patients	Percentage
1	Cerebrovascular accidents	81	34.6%
2	Chronic kidney diseases	32	13.6%
3	Congestive cardiac failure	24	10.2%
4	Cerebral malaria	19	8.1%
5	Meningitis	16	6.8%
6	Dyselectrolytemia	10	4.27%

7	Respiratory infections	9	3.8%
8	Ac.renal failure	9	3.8%
9	Sepsis	9	3.8%
10	DKA	7	2.9%
11	Hypoglycemia	5	2.1%
12	Poisoning	4	1.7%
13	Hepatic encephalopathy	4	1.7%
14	Alcohol intoxication	4	1.7%
15	Pulmonary thromboembolism	1	0.4%

Outcome of the patients:

S.No	Disease	No.of patients	mortality
1	Cerebrovascular accidents	81	38
2	Chronic kidney diseases	32	12
3	Congestive cardiac failure	24	9
4	Cerebral malaria	19	8
5	Meningitis	16	6
6	Dyselectrolytemia	10	2
7	Respiratory infections	9	2
8	Ac.renal failure	9	3
9	Sepsis	9	5
10	DKA	7	2
11	Hypoglycemia	5	0
12	Poisoning	4	3
13	Hepatic encephalopathy	4	1
14	Alcohol intoxication	4	0
15	Pulmonary thromboembolism	1	1

DISCUSSION:

The present study was conducted in elderly(above age 60 yrs) to know the disease profile of patients admitted into acute medical care unit in a tertiary care hospital. There is a tremendous increase in the geriatric population in developing countries like INDIA. At the same time disease

burden also increases in India, consisting of non communicable diseases are major burden in geriatric people. Geriatric health care services are lagging behind when compared to the developed countries. There is no clear clinical data available on disease profile in the geriatric population regarding hospital admissions.

In our study 234 patients admitted with male to female ratio of 2:1 with predominant of 60-65 years, among these 91 patients were died with various causes. Similar profile of male to female ratio 1.6:1 is observed by Venkatesh et al⁴. A study by Salma M.S. et al⁵ male to female ratio of 1:2 with mortality 43.6%. A study done by Castillo et al⁶, showed mortality is varying from 22% to 31%, difference is due to severity of the illness. Most common cause of admission is cerebrovascular disease secondary to uncontrolled hypertension (34.6%), followed by chronic kidney disease and congestive cardiac failure, least common causes are poisoning, hepatic encephalopathy, alcohol intoxication. According to S.Vosylius et al⁷ 49% ICU admission are due to neurological diseases, 41.5% are due to cardiac diseases. According to K.Sodhi, M.K.Singla et al⁸ 24.6% are due to medical causes, 15.8% are due to renal causes, 6.3% are due to neurological causes, 5.14% are due to cardiac causes, 7.64% are due to pulmonary causes. 50% HTN, 38.8% DM, 16.04% IHD, 14.5% COPD, 12.4% metabolic encephalopathy were observed in the study of Venkatesan et al.

LIMITATIONS OF THE STUDY: It is a retrospective study and was conducted in a single institute, it includes only acute medical care units, not included general ward admissions, other departments, so actual disease burden unable to calculate.

CONCLUSION :

Admission profile among the geriatric patients showed a combination of diseases with underlying risk factors with increased mortality. Clinical presentation and outcome of disease may be different due to various factors. Rapid expansion of number of geriatric population, need to develop geriatric health care services and create awareness among the control of underlying diseases to reduce the mortality and morbidity.

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