

MORBIDITY PROFILE OF ADULTS ATTENDING AN URBAN HEALTH CENTRE, KANCHEEPURAM DISTRICT, TAMIL NADU.

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ABSTRACT:

BACKGROUND:

In order to plan public health services that are proficient enough to meet the health care needs of the community, a comprehensive knowledge on how diseases are distributed in the spectrum of time and place becomes an imperative. Collecting information just about the morbidity pattern of adults attending a primary health centre would give us a valuable insight into the prevailing health problems in the community. The present study was conducted to understand and illustrate the morbidity profile of adult patients attending an urban health centre in Kancheepuram district, Tamil Nadu.

METHODOLOGY:

This is a descriptive record based cross sectional study that was conducted in an urban health centre, Anakaputhur, Kancheepuram district, Tamil Nadu. The necessary data was accumulated from January 2019 to June 2019 by using master data collection sheets.

Study group: Adults. Data was analysed and presented with descriptive statistics using SPSS 22.

RESULTS:

Among the records of 2214 cases reviewed, 26.3% had Musculoskeletal diseases, 22.7% cases were Upper respiratory tract infections(URI), 16.7% cases were diagnosed with Hypertension, 12.1% cases were diagnosed with Diabetes mellitus. 8.4 % cases had Acute febrile illness. 5.4% cases were diagnosed with skin diseases.3.3 % cases were Gastrointestinal diseases. 3.1% adult patients had Ear, Nose & Throat and Ophthal diseases.

CONCLUSION:

The current study offers concise description about the pattern of morbidity among adult patients who were seeking treatment from an Urban Health Centre for a time span of 6 months from the month of January to June in 2019. The insights offered by this study would provide valuable guidance to plan health care services to address the necessities and demands of the patients and make provision for training the health care workers.

KEYWORDS:

Record based, adult patients, Urban Health, Primary care

INTRODUCTION:

Indian healthcare delivery system has two major components – 1.Public and 2.Private. The Government public healthcare delivery system covers limited secondary and tertiary health care institutions in cities and emphasizes on providing basic healthcare services through primary health care centres. India ranks 145 amongst 195 countries in quality and availability of the healthcare services . The Indian government envisions to increase the public health expenditure to 2.5 percentage of the country's GDP by 2025.

Primary health care makes provision to meet the basic, essential, and fundamental health care needs of the community. Primary level of health care should be feasible and scientifically sensible to the community and should have socially suitable methods and technology . It should be universally available to individual patients and families in the community with their full involvement . Primary health care should be easily accessible and reasonably priced to promote sustained development of community at all junctures with the ideals of self-reliance and self-determination . It remains a principal nidus of the country 's health care system and sustainable development of the country as a whole ⁽¹⁾. Historically, the afflictions caused by communicable diseases was much greater than that caused by non communicable diseases. But in the present scenario, there is a burgeoning increase in the prevalence of incidence of non communicable diseases globally owing to rapid changes in human lifestyle. Non communicable diseases cause more than 40 million death annually (70% of global death) including 15 million young deaths of individuals aged 30-69 years. ⁽²⁾.

In India almost fifty percent of all deaths are caused by Non-communicable diseases (NCDs). With recent developments in the provision of health facilities, the mortality and morbidity are declining. But, India is still combating the infectious diseases like Tuberculosis. The world health report 2008 strengthened the concept of primary health care as now more than ever ⁽²⁾.

The structure of primary health care system is very unique in our country. Primary health care is the key component of health care delivery infrastructure of India. A primary health centre in India is designed to address the increasing demands of health care of 30000 population in plain areas. This is the very first level of health care available both in Urban and rural community. Each Primary Health Centre (PHC) has 6 sub centres from where patients are usually referred to attend the Primary health centre (PHC) for out patient services.

Knowledge about dissemination and problem statement of diseases in a community is necessary to plan and implement the health services for public. Collecting and analysing information regarding the various problems that are afflicting adult patients attending an Urban Health centre would give us a valuable insight into the prevailing diseases in the community ⁽³⁾

Knowing the morbidity and health profile of the patients would help us to provide effective and timely management of health problems of the individuals in the community. It will assist the public health planners and policy makers to provide enhanced quality of services to the people in the community ⁽⁴⁾. In this milieu, the present study was conducted with an aim to provide a picture of the morbidity profile of adult patients attending an Urban Primary Health Centre in Kancheepuram district, Tamil Nadu, South India.

METHODS:

A record-based descriptive study which was methodically carried out at the urban health treatment centre (UHTC), Anakaputhur, Kancheepuram district, Tamilnadu by analysing the outpatient morbidity registers that are being maintained. It is a field practicing area in Kancheepuram district under Sree Balaji Medical College and Hospital, Chrompet, Tamil Nadu. The outpatient clinic in urban health treatment centre was managed by registered medical practitioners. The services were provided for six days per week all through the year. The Urban Health treatment centre in Anakaputhur which covers 48050 population. The average adult patients attended in that urban health treatment centre were 369 per month. The details of diagnosis and prescribed management of each patient was recorded by medical officers in the outpatient morbidity registers. The details of patient's age, gender, residence,

new or old case and diagnosis were collected by using master data collection sheets. The diagnoses of the patients ,who attended Urban health treatment centre(UHTC) ,Anakaputhur were categorized as per International classification of Diseases 10 (ICD 10) of 2010. ⁽⁵⁾. About 2214 outpatients aged 19 years and above were registered from January 2019 to June 2019 and were included in the present study. Patients who were aged below 19 years (children and adolescents) were excluded from the present study. The data was analysed by using SPSS 22.

RESULTS:

Among 2214 cases that were reviewed, about 26.3% were identified to be suffering from musculoskeletal diseases, 22.7% cases were identified as upper respiratory tract infections. About 16.8 % cases were treated for essential hypertension and 12.1% cases were of Diabetes mellitus.

About 8.4% cases had acute febrile illness, 5.4% cases were diagnosed with skin diseases, 3.3% cases were suffering from gastrointestinal diseases, and 3.1 % cases had ophthal and Ear, nose and Throat diseases. The other diseases which constitute a small proportion of cases include the following – Anaemia (0.7%), Dental problems (0.2%), Lower respiratory tract infections (0.2%), Urinary tract infections (0.2%), and Injury (0.1%). The percentage of cases attended during January 2019 to June 2019 were shown in Table 1. In table 2, the percentage of morbidity profile was shown in descending order as bar diagram

Significant seasonal variations or trends are revealed as far as upper respiratory tract infections (URI) are concerned. The highest incidence of Upper respiratory tract infections was documented in the month of January 2019 according to the outpatient morbidity registers. The lowest incidence of infections of the Upper respiratory system were documented in June 2019. The graphical representation of the same is shown in Table 3.

TABLE1: MORBIDITY PROFILE OF ADULTS ATTENDING ANAKAPUTHUR UHTC (URBAN HEALTH TREATMENT CENTRE), KANCHEEPURAM FROM JANUARY 2019 TO JUNE 2019.

MORBIDITY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
HYPERTENSION	58 (12.9%)	53(14%)	52(14.9%)	68(23.2%)	79(22.7%)	60(15%)	370(16.8%)
DIABETES	28 (6.2%)	35(9.2%)	59(16.9%)	46(15.7%)	54(15.5%)	48(12%)	270(12.1%)
SKIN DISEASES	26 (5.8%)	10(2.6%)	7(2%)	26(8.9%)	29(8.3%)	23(5.7%)	121(5.4%)
MUSCULOSKELETAL	113(25.2%)	136(35.9%)	94(27%)	51(17.4%)	67(19.2%)	122(30.6%)	583(26.3%)
ENT&OPHTHAL	12(2.7%)	6(1.6%)	13(3.7%)	18(6.1%)	12(3.4%)	9(2.2%)	70(3.1%)
URI	163(36.4%)	102(26.9%)	74(21.2%)	67(22.9%)	54(15.5%)	44(11%)	504(22.7%)
LRI	1(0.2%)	2(0.5%)	2(0.6%)	-	-	1(0.2%)	6(0.2%)
GIT DISORDERS	5(1.1%)	2(0.5%)	12(3.4%)	7(2.4%)	22(6.3%)	26(6.5%)	74(3.3%)
ACUTE FEBRILE ILLNESS	42(9.4%)	33(8.7%)	32(9.2%)	3(1%)	27(7.7%)	49(12.3%)	186(8.4%)
INJURY	-	-	3(0.8%)	-	-	-	3(0.1%)
ANAEMIA	-	-	-	7(2.4%)	2(0.5%)	7(1.7%)	16(0.7%)
DENTAL PROBLEMS	-	-	-	-	2(0.5%)	4(1%)	6(0.2%)
UTI	-	-	-	-	-	5(1.2%)	5(0.2%)
TOTAL	448	379	348	293	348	398	2214

TABLE2: PERCENTAGE OF CASES ATTENDED ANAKAPUTHUR UHTC (URBAN HEALTH TREATMENT AND TRAINING CENTRE FROM JANUARY 2019 TO

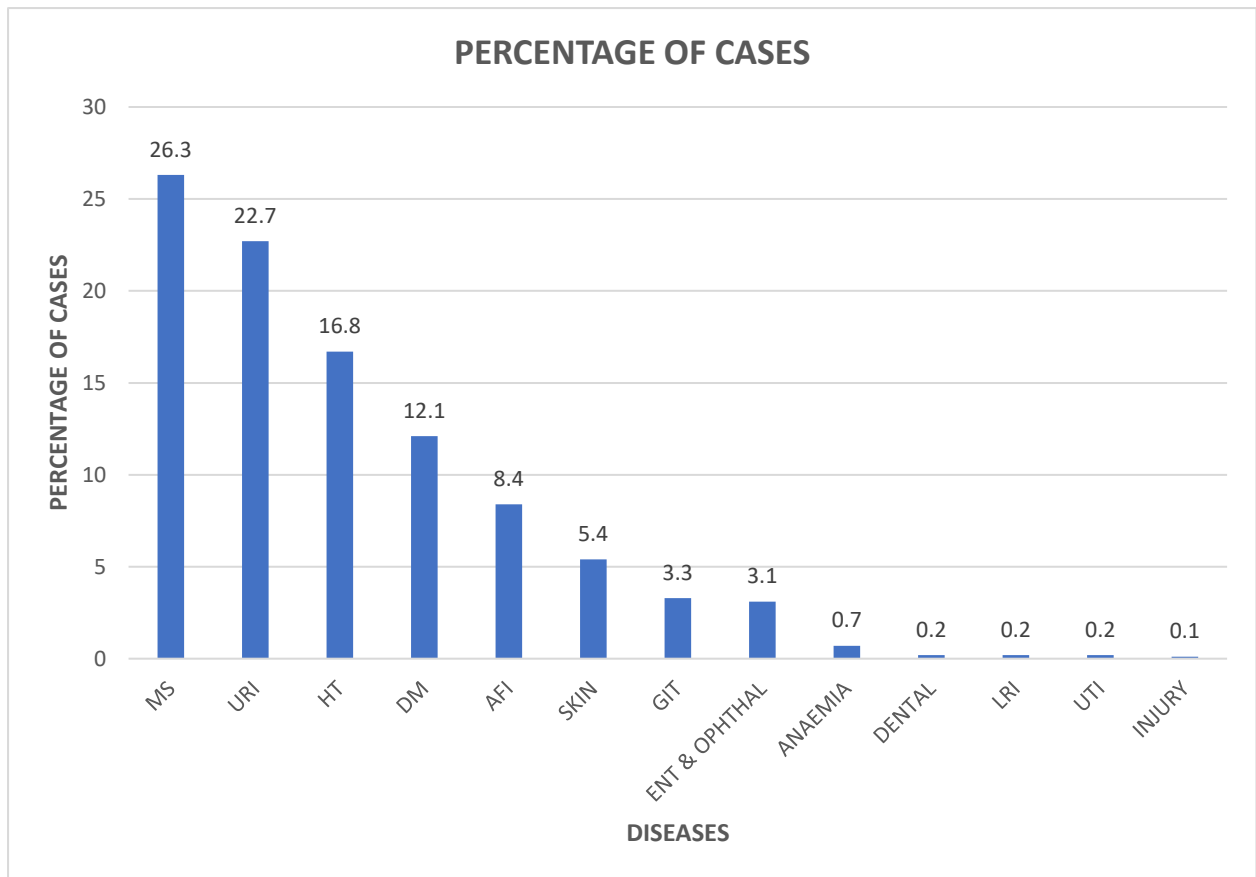
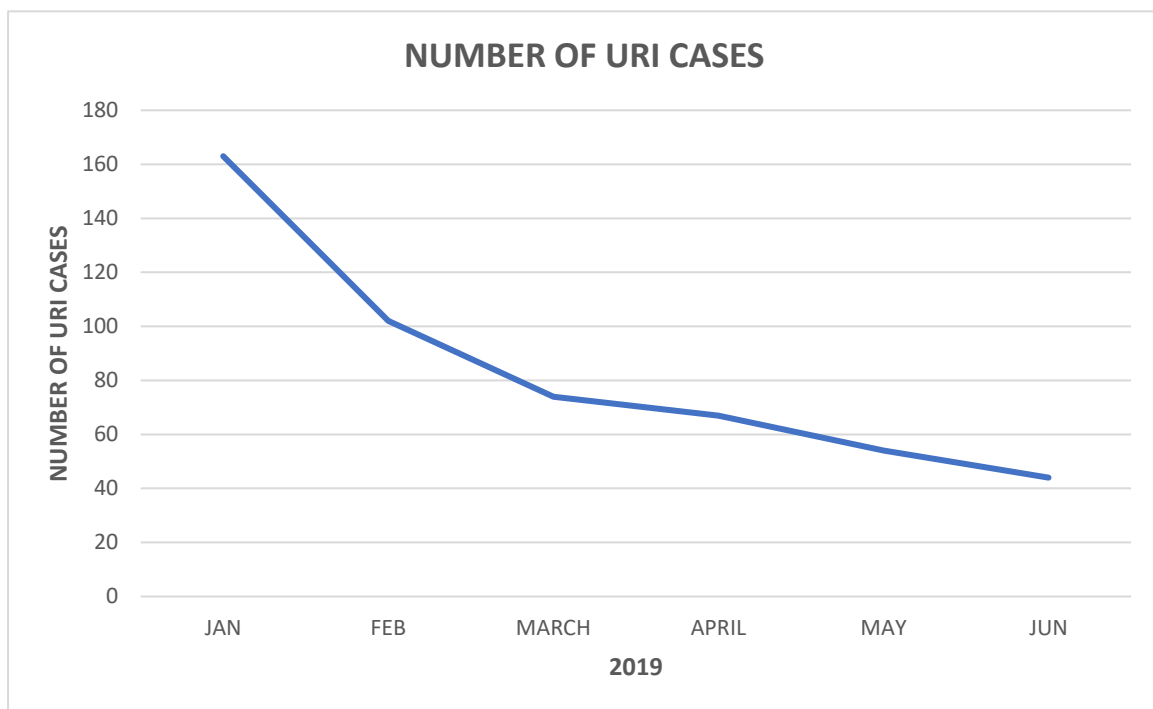


TABLE3: GRAPHICAL REPRESENTATION OF SEASONAL TREND OF UPPER RESPIRATORY TRACT INFECTIONS FROM JANUARY 2019 TO JUNE 2019.



DISCUSSION:

The current study shows the spectrum of the various health problems afflicting adults who attended an Urban Health Centre in Kancheepuram district during the year 2019. The inferences acquired from the current study reveals the commonly diagnosed diseases were diseases of musculo-skeletal system followed by upper respiratory tract infections (URI) , primary Hypertension, diabetes mellitus, acute febrile illness, and skin infections.

Another study which was commissioned in Kanpur by Kumari R et al found that skin disorders and acute respiratory infections were the illness that was more prevalent in their Primary Health

centre⁽⁶⁾. The main cause for this difference could be the dissimilar age groups of the samples studied.

The cases of poisoning, snake bites, scorpion bites were not reported to our Urban Health centre, because of geographical placement of the centre in an urban area. But these cases were reported in Kanpur PHC⁽⁶⁾.

Very low prevalence of Anaemia cases (0.7%) was noted in our Urban health treatment centre. It is an exceptionally low burden when seen in conjunction with the Kanpur study⁽⁶⁾. The primary cause for this difference could be due to the fact that urban population in which our study was done has better access to health care.

The Eye disorders reported to our Urban health treatment centre were 1 to 3%. This is way lower than the results acquired in the study done by Kumari R et al in the Primary Health center at Kanpur district (4 – 9%)⁽⁶⁾.

Anjum Q et al and Al Sharif Ai et al done studies in Pakistan and Saudi Arabia which showed that skin disorders and acute respiratory infections were the very most common diagnoses in their Primary health centres.^(7,8)

In our present study, the prevalence of non-communicable diseases (NCD) like hypertension and diabetes were 16% and 12% respectively. The prevalence of essential hypertension revealed in the current study is consistent with the results acquired from the study done in a rural area of Kancheepuram district, Tamilnadu by Ganeshkumar P et al.(17%)⁽⁹⁾. The prevalence of Diabetes mellitus in this study is higher than the prevalence which was found in a study done by Katta A et al in a rural area of Kancheepuram District, Tamilnadu.(9%)⁽⁹⁾.The findings for Hypertension and diabetes were nearly double than the study done in Primary Health care clinics in Malaysia by Kamarudin MFB et al.⁽¹⁰⁾.

In our present study Upper respiratory tract infections were the second most morbidity. The seasonal trend of the upper respiratory tract infections was observed in our present study from January to June of 2019. In our present study Musculo skeletal disorders were the most common illnesses affecting in adults. A similar study by Jyvasjarvi S et al in Primary Health clinics of Finland found that musculo-skeletal disorders were the utmost common morbidity in their country⁽¹¹⁾.

LIMITATION:

This study was carried out in a single urban health treatment centre in South India and only secondary data was used to acquire the results. However, the number of episodes of morbidity included in the present study is large (2214) enough and it shows the strength of the present study. Hence, the results might not carry much weightage when it is extrapolated to a whole population except for the fact that it might provide valuable pointers for further research into the same topic.

CONCLUSION AND RECOMMENDATIONS:

The current study shows a concise description of the morbidity profile of adult patients, who attended an Urban Health Treatment centre over a period of 6 months spanning from January 2019 to June 2019. The insights delivered by this study would aid in planning and implementation of appropriate range health services that are in par with the needs of the community and also provide inputs for adequate training of health human resource.

The knowledge about the morbidity profile would help us make provision for effective and timely treatment to individuals in the community. It also would give knowledge that guides the planners and executives of health programmes to provide high quality health services to the community. Knowing the morbidity profile at the level of primary health care will be helpful for the analysis of morbidity burden and prevention of diseases by prevention programme planning. Morbidity profile will help the health programme planners and policy makers to implement the effective health programmes to decrease the morbidity burden. The national Health Programmes are being implemented to reduce the burden of disease and death in the community.

Therefore a clear picture of the morbidity profile of the population should be generated and used for planning at primary health care level to plan and implement the National Health Programmes to overcome the growing burden of diseases in our country. In order to achieve the goal of “Health for all in the 21st century” it is imperative that we realize the pattern of morbidity and the dissemination of diseases among different strata of the community based on differences in demography, socioeconomic status and environment.

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