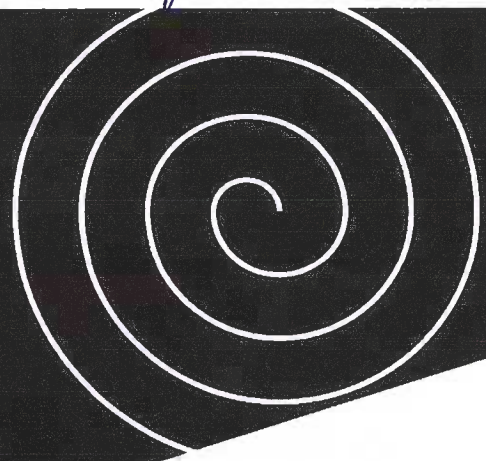


Published in 11/3/23

IJGC

INDIAN JOURNAL OF GERIATRIC CARE

SEP-DEC 2023, VOL. 12 NO 3



HIGHLIGHTS

- Efficacy of Printed Exercise Material on Improving Retention of Exercises in Family Patients in Goa - A Randomized Control Trial
- Reaching the unreached: St. Sarkis Subrahmanyan Memorial Orator 2023
- Drug Related Disorders



Reaching the Unreached: Sri Sunku Subrahmanyam Memorial Oration 2023

Anand P. Ambali *

ABSTRACT

The elderly people in a village called Arjunagi were not able to reach the hospital due to lack of transport facilities following lockdown. The elderly with disabilities, staying alone, frail and, below poverty line, could not afford to reach the health care facilities for their health issues. There was shortage of regular medicines for diseases like diabetes, hypertension, heart ailments, and osteoarthritis in the primary health center during the pandemic.

To address these issues, the geriatric clinic of BLDE DU Shri B M Patil Medical College Hospital and Research Centre Vijayapura had launched 'Reaching the Unreached' program on October 23, 2020 in a village called Arjunagi amidst COVID 19 wave. A 92-year-old person of the village inaugurated the camp. This was a major decision by the Geriatric Clinic as the elderly residing in the village were not able to reach the hospital in fear of COVID19 pandemic. Many of the elderly had exhausted the medicines for the chronic diseases like Diabetes, Heart disease, Stroke and Anaemia as there was shortage of medicines and manpower in primary health centre, due to COVID 19 Pandemic.

Methods: *A health check camp for elderly by Geriatric Clinic in collaboration with National Service Scheme (NSS), National Program for Health Care Elderly (NPHCE), Gram panchayat, and Anand Trust is being held every month on fourth Sunday. One hundred elderly people have registered for the camp as on 31/12/2021. It is an ongoing health service program for the seniors. On an average 25-30 elderly patients attend the camp every month. The services in the camp are provided by the Consultant Geriatrician, Postgraduate student, intern, nursing staff and a Public Relation Officer. The Gram panchayat of Arjunagi provides their office which is senior friendly for the camp.*

Results: *Among 100 registered elderly persons, 63 are male and 37 are females, which includes two bed ridden patients. The oldest is 92 years old male. Regarding age distribution, 73% are in age group of 60-70 years, 20% are in the age group of 71-80 years, 06% in 80-90 years while 01% in 91-100 years age group. The common diseases noted are Hypertension (17%), osteoarthritis (14%), Diabetes (08%), Anaemia (08%), Cataract (05%) Stroke (03%), and heart diseases (03%), while 20% of elderly do not have any diseases. These 20% elderly visit our camp for general check-up and also motivates others to attend the camp. Majority of the elderly are from below poverty line. Regarding mortality, in last fifteen months two deaths were reported among the registered patients.*

Implications: *The Impact of the camp held regularly in a same place is that, it has helped in diagnosing new cases of Diabetes mellitus in 4, Cataract in 5 and, Hypertension in 3 elderly people. It has helped improve compliance to medicines and good control of diseases as we are providing uninterrupted supply of medicines. This has positive impact on Quality of Life. This activity being carried out for last 15 months has been providing health care services to the elderly who are not able to reach hospital for reasons like being 1) differently abled 2) have no care givers and 3) cannot afford to visit hospitals. It also provides first-hand experience of rural geriatrics to postgraduate students and interns of our medical college. A team work involving Private Medical College, NGO's, Government scheme and support from Local gram panchayat, has helped 'reaching the unreached' in a cost effective and sustainable mode as is evident in our model. This camp not only has recognized the health issues among the elderly population, but it has also solved major issues like accessibility, affordability, and consistency. This study also proves that the model used by our camp in providing health services to the elderly is cost-effective, sustainable, and reproducible.*

Keywords: *Health camp, Elderly, Rural, COVID-19.*

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INTRODUCTION

The geriatric clinic of BLDE Deemed to be University, Shri B M Patil Medical College Hospital, and Research Centre Vijayapura has launched the 'Reaching the Unreached' program on 23 October 2020, in a village called Arjunagi amidst the COVID-19 wave. A 92-year-old person from the village inaugurated the camp. This was a major decision by the geriatric clinic, as the elderly residing in the village were not able to reach the hospital in fear of the COVID-19 pandemic. Many of the elderly had exhausted the medicines for chronic diseases like Diabetes, Heart disease, Stroke, and Anaemia as there was a shortage of medicines and manpower in the primary health center, due to the COVID-19 Pandemic.

In such a given challenging situation, we took a lead to ensure basic health services for both communicable and non-communicable diseases prevalent in the elderly population of this village free of cost amidst COVID-19 pandemic. Since the launch of the camp, we are providing health care services and awareness talks on the fourth Sunday of every month. Health services like functional and nutritional assessment, home visits for the bedridden, measurement of blood sugar and blood pressure, and Electrocardiography are carried out and we provide medicines for the common diseases, free of cost and sufficient quantity for one month. Those elderly who requires further investigations and management are referred to medical college hospital. The older people who are staying alone, below the poverty line, bedridden and those with differently abled attend our camp in large numbers.

NEED FOR THE CAMP

In India, it is estimated that three-fourth of the elderly population reside in rural areas, while 70% of the rural elderly are dependent on others (Report on status of Elderly in India, 2011). The elderly in rural areas do not seek health care services due to unaffordability (Agrawal Nipun., et al 2015). In a study by R. Indumathi (2020), it is observed that there is less compliance of medicine use among rural elderly (46%) and cost involved high (21%).

The name of the village which we adopted is Arjunagi. It is 40 kilometers from our medical college hospital.

The health checkup camp was initiated in a specified village in view of the elderly in the village:

- A) Were not able to reach the hospital due to lack of transport facilities following lockdown,
- B) The elderly with disabilities, staying alone, frail and, below poverty line, who could not afford to reach the health care facilities and

- C) Non-availability of regular medicines for diseases like diabetes, hypertension, heart ailments, and osteoarthritis in the primary health center during the pandemic.

Similar observations are reported by Rao et al (2003) and Singh, (2005).

AIMS OF THE CAMP

1. Our main aim is to reach the healthcare services to those elderly who cannot reach us. Hence the phrase "reach the unreached".
2. To provide health services like screening for the diseases and treatment of chronic diseases in the elderly residing in the specified village both accessible and affordable.
3. To promote preventive measures through awareness talks and Immunization
4. To enhance compliance to medicines and ensure the availability of medicines regularly at free of cost.

Objectives of the study:

To analyze the demographic pattern of utilization of services, the prevalence of diseases in a study population, and the impact of health care services provided.

METHODS

A health check camp for the elderly by Geriatric Clinic of BLDE Deemed to be University, Shri B M Patil Medical College Hospital, and Research Centre, in collaboration with National Service Scheme (NSS) of KCP Science College, National Program for Health Care Elderly (NPHCE) Vijayapura District, Gram panchayat of Arjunagi, and Anand Trust is being held every month on the fourth Sunday.

Sampling: One hundred elderly people who have registered for the camp so far and receiving our services constitute the study sample. Out of 410 senior citizens residing in the village, one hundred (25%) have registered with us to receive health related services.

Study design: It is a prospective study of the ongoing health services provided in a specified village.

Statistical analysis was done using IBM SPSS v 20.0.0 and categorical variables were analyzed using proportions and percentages and presented in tables.

MODEL

The camp has support from NGO named Anand Trust which has brought this concept and provides 50%

of medicines, the Geriatric Clinic of medical college provides vehicle for transport, manpower, postgraduate students and interns and remaining 50% of medicines, Gram Panchayat of Arjuangi provides hall for camp which has senior citizen friendly facilities, the National Program Health Care of Elderly (NPHCE) Vijayapura provides educational materials, while National Service Scheme of KCP science college provides volunteers. All the services are coordinated by Geriatrician. Health services like Geriatric Assessment, blood pressure, blood sugar levels and weight are measured in all patients during every visit. Home visit for the bedridden is also carried out. Awareness talks on various health issues are organized once in six months. The patients who require additional health services are provided a referral letter and are referred to medical college hospital for further evaluation and treatment. The medicines required for the patients are provided free of cost and sufficient for one month duration. The pharmacist supervises the supply of medicines and explains the seniors regarding timing of medicines and ensures compliance among older patients.

RESULTS

Age and sex distribution: Among 100 registered elderly persons, 63 are male and 37 are females, which includes two bedridden patients. The oldest is 92 years old male. Regarding age distribution, 84% are in the age group of 60-74years, 14% are in the age group of 75-84 years, 02% in 85 + Years age group. (Table -1)

Common diseases

The common diseases noted are Hypertension (17%), Osteoarthritis (14%), Chronic bronchitis (10%), Diabetes (08%), Anaemia (08%), Cataract (05%), Heart disease (05%), Post-stroke (04%), Bronchial Asthma (03%), Valvular heart diseases (03%), Parkinson’s (02%), Depression (02%), Dementia (01%) and Epilepsy (01%) either in a single or in combination, while 20% of elderly do not have any diseases. This 20% of the elderly population visit our camp for a general check-up and motivate others to attend the camp. (Table -2) Diseases in combination of two and three are seen in many patients.

Table 1: Age and Sex Distribution (n =100)

Age group (Years)	Number	%	Number	%
60-74	51	51%	33	33%
75-84	10	10%	04	04%
More than 85	02	02%	00	00%
	63	63%	37	37%

Table 2 : Comorbidities

Name of the Disease	Number	%
Hypertension	17	17
Osteoarthritis	14	14
Chronic bronchitis	10	10
Diabetes	08	08
Anaemia	08	08
Cataract	05	05
Ischemic Heart Disease	05	05
Post stroke	04	04
Bronchial Asthma	03	03
Valvular Heart Diseases	03	03
Parkinson’s Disease	02	02
Depression	02	02
Dementia	01	01
Epilepsy	01	01
Cancer Breast operated	01	01
No diseases	20	20

Disabilities

The most common disability seen is partial blindness (08%), hearing impairment (08%), Parkinson’s (02%) and, dementia (01%), while the commonest aids used are walking stick, spectacles, and hearing aids.

Follow up rate

Every month 25-30 elderly patients visit our camp and get their health examined and get blood sugar and blood pressure measured and then collect the medicines provided for the diseases sufficient to suffice for one month. Five patients were referred for detailed evaluation and treatment to our medical college hospital and all five have visited the hospital.

Mortality

Regarding mortality, in the last fifteen months, two deaths were reported among the registered patients.

Discussion

Male dominance (63%) is seen in receiving health care services in our study. It is similar to a study by Dr. A. Kusuma (2015) while equal proportions of male and female were reported by Agrawal Nipun (2015) and Narapureddy et al (2012) where as R.Indumathi (2020) reported female dominance.

Regarding age distribution, in our study 73% are in the age group of 60 to 70 years while 57% were in a study by R Indumathi (2020) and 72% in study by Lena et al (2009).

The most common disease noted in our study group is Hypertension in 17%, Arthritis in 14%, Diabetes in 08% and heart disease in 05%, whereas Hypertension in 39%, Arthritis in 56%, Diabetes in 25% and heart disease in 19% respectively were reported in the study by Dr.A. Kusuma (2015).

In our study, 20% of the elderly were healthy and not suffering from any diseases while it was 6% in a study by Nair (1989) and 30% in Dr. Kusuma A (2015).

All the elderly people in our study group are below the poverty line. The middle and rich class people visit hospitals in nearby bigger cities. In a study by Agrawal Nipun., (2015) the people of low socioeconomic class constituted 50% and similar in the study by Sanjel S et al (2012).

Impact of the camp

The Impact of the regular camp in the same village is that it has helped in

- 1) Diagnosing new cases of Diabetes mellitus in 4, Cataract in 5 and Hypertension in 3 elderly people.
- 2) To improved compliance to medicines and good control of diseases as we are providing an uninterrupted supply of medicines which has a positive impact on Quality of Life of the elderly people.
- 3) Providing first-hand experience of rural geriatrics to postgraduate students and interns of our medical college.
- 4) The camp continues to screen all the new patients for diseases, provide consultation and medicines.
- 5) Create awareness about prevention of diseases like Malaria and Dengue.

IMPLICATIONS

The strength of this study is that it has brought the real scenario of the health status of the rural elderly from the clinician point of view and not by the questionnaire method. This activity is being carried out for the last 15 months has been providing health care services to the elderly who are not able to reach the hospital for reasons like 1) being differently-abled 2) having no caregivers and

3) cannot afford to visit hospitals. Teamwork involving Private Medical College, NGOs, Government schemes and, support from gram panchayat, has helped 'reaching the unreached' in a cost-effective and sustainable model as is evident in our study.

This camp not only has recognized the health issues among the elderly population, but it has also solved major issues like accessibility, affordability, and consistency. This camp mainly caters the need for screening, and management of Non-Communicable Diseases. This study also proves that the model used by our camp in providing health services to the elderly is cost-effective, sustainable, and reproducible. This should also guide policymakers in drafting public health reforms for the rural elderly.

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Acknowledgements

We convey our sincere thanks to Mr. Vinod Galgali Nursing staff, Mrs. Savitri Jangamshetti and Mr. Vilas, Public Relation Officers, and Office bearers of Arjunagi Gram Panchayat for providing unconditional support for the camp.