Letters to Editor

Common Geriatrics Cases Seen by a General Practitioner in an Urban Area of Jharkhand State, India

Dear Editor,

With economic development, the demographic profile of India is changing. The population of India is aging. According to the latest census data of 2011, there are 76 million (7.5% of all population) Indians of age 60 years and above. As the expectancy of life is increasing with improved living conditions, people are living longer with their diseases. The majority of patients attending a general care physician are either from the pediatric age group or elderly ones. In urban areas, nowadays, parents prefer to take their sick children to a trained pediatrician. The majority of patients now seen by a general practitioner belong to the geriatric population. The current observation is by a trained private allopathic practitioner, practicing family medicine in an urban area of Jharkhand state. Jharkand is a recently constituted state of India (2000) and has a current population of 32.96 million, with 16.93 million males and 16.03 million females. The sex ratio is 947 females to 1000 males. The population consists of 28% tribals, 12% scheduled castes, and 60% others.

This report is from Dhanbad town, located in the Dhanbad district, which is the most densely populated district of Jharkhand. Elderly persons (age 60 years and above) form the major bulk of patients attending the clinic. Of the total 100 elderly patients attending the clinic for over a time of one month, 59 (59%) were males. The mean age of a male patient was 67.44 years (SD: 4.75 years) and that of a female was 65.12 years (SD: 6.34 yrs.). The ages of the oldest female and male patients were 82 and 85 years, respectively. The most common system affected was the cardiovascular system, with as many as 69% of the patients suffering from either hypertension or coronary heart disease. The proportion of patients suffering from type II diabetes mellitus was 16. Four out of five patients having symptoms related to CNS had a history of cerebrovascular accident. All of them were long-term hypertensive. Another common morbidity was chronic obstructive pulmonary disease (COPD). Twenty-five out of 30 patients with any respiratory symptom had COPD. Surprisingly, patients complaining of arthritis of any joint were less; only 4% had any documented joint pain. Nine patients had low vision due to cataract. Cancer, a common morbidity associated with age was found among 14% of the cases. The cancer of prostate gland was the most common, followed by carcinoma of the lung and cheek. Five percent of the cases were moderately-to-severely obese, contradicting the perception theory of lean mass associated with old age. Males had more symptoms related to cardiovascular and respiratory systems, whereas, females reported more symptoms related to the musculoskeletal system, although it was not statistically significant (P > 0.05). This was most possibly due to lifestyle differences among the males and females, as more males were observed to be smokers, whereas, females were leading a sedentary lifestyle.

This observation throws light on the training requirements of the primary care physicians. If this spectrum of elderly patients is considered to be the generic of any urban society, the undergraduate MBBS curriculum should focus more on cardiovascular disorders, followed by chronic airway diseases, and diabetes mellitus. Due to lack of sufficient numbers of specialists at the community level, there should be enhanced emphasis on skills to manage diseases affecting the geriatric populations within the undergraduate curriculum, as they form the bulk of patients seen in general practice. More such observations and studies are needed to explore the requirement of the curriculum reforms of the MBBS courses running in our country. Moreover, there is a general lack of awareness about the social welfare programs for elderly, even among its beneficiaries, in our country. This may be due to the multitude of departments and organizations giving services and lack of their publicity. Although the general practitioner may not be expected to make each elderly person aware of the benefits of welfare programs, due to time constraints, every attempt should be made to make the future life of senior citizens fruitful.

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The first author of the article Dr. Keshab Mukhopadhyay is also the general practitioner mentioned in the article, and has attended to all the reported cases during his private practice in the Dhanbad town of Jharkhand state.

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