



## PATIENT AWARENESS OF THE DISEASE AND COMPLICATIONS OF CHRONIC SUPPURATIVE OTITIS MEDIA (KAP STUDY)

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### ABSTRACT

**Background:** Chronic Suppurative Otitis Media (CSOM) Disease causes disability and mortality because of its ability to cause complications. Patients develop complications because of lack of awareness about the disease.

**Aim:** This study was aimed to know the level of awareness of CSOM and its complications in north Indian population.

**Materials and Methods:** Patients suffering from CSOM attending outpatient department of Ear, Nose and Throat Department were included in this study. This was a KAP Study carried out at Department of Otorhinolaryngology, Government Medical College Srinagar from January 2019 to December 2019. A total of 300 patients were included in the study. All patients were presented with structured questionnaire it contains multiple questions aimed at assessing the knowledge of the patient about the disease CSOM, the pattern of treatment taken and its complications.

**Results:** Age and sex distribution of the patient. Among study group highest number of patients were from 31 – 40 years of age (39%), followed by 18-30 years of age (30%). Majority of the patients were from low economic status (63%). Only 41% of patients recognized entry of water into the ear as a cause for recurrence of ear discharge in CSOM. None of the patient differentiates in to safe and unsafe type. 28% of patients know that CSOM can cause serious complications. 39% of patients say that CSOM can be cured by surgery. 35% of patient says surgery leads to further detritions of hearing.

**Conclusion:** This study was done to Know awareness level about CSOM. Disease is more common in low socioeconomic group. Knowledge about various aspects of disease is still low. About half of the patients still believe that chronic discharging ears is not a problem and does not seek specialist care at least for a long time.

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### INTRODUCTION

The chronic suppurative otitis media (CSOM) is an inflammatory condition of middle ear cleft which implies a permanent abnormality of the pars tensa or flaccida<sup>1</sup>. This is one of the most common diseases of otolaryngology practice.. Incidence of CSOM varies from 0.5% to 2.0% in developed countries, whereas in developing countries it ranges from 3% to 57%. In India incidence of CSOM ranges up to 30% with a prevalence rate of 16/1000 population in urban and 46/1000 in rural areas.<sup>1,2</sup> Individuals in the age group 41–80 years are twice as likely to have COM as those in the age group 18–40 years. COM has a higher prevalence in lower socioeconomic groups, with manual workers having twice the prevalence of non-manual workers<sup>3</sup>. CSOM is capable of causing severe destruction of middle ear structure and irreversible sequel which is clinically manifested with deafness and discharge. Hearing loss in CSOM is usually conductive

and is attributed to alteration in the normal mechanism of sound conduction from external to inner ear, usually because of ossicular chain discontinuity<sup>5</sup>. In addition to hearing loss CSOM can lead to serious and sometimes life threatening complications like intracranial complications<sup>4</sup>. Management of CSOM in developing countries is still poor which may be due to number of factors, including lack of awareness of disease and its potential complications, lack of sufficient ENT practitioners and self medication along with lack of health education<sup>6,7</sup>.

High virulence of organism, weak host defense, inadequate antibiotic treatment of acute middle ear and mastoid infection, presence of chronic systemic disease and resistance of organisms to antibiotics which is becoming common these days all contribute to the development of complications<sup>8,9</sup>. Lack of awareness and ignorance further increases the chances of developing either extra cranial or intracranial complications. Complications of CSOM can be lethal if they are not identified and treated properly<sup>10</sup>.

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Proper management of CSOM is important because failure to this may land a patient into complications leading to morbidity and even mortality<sup>11,12</sup>. This study was aimed to know the level of awareness of CSOM and its complications in north Indian population.

## MATERIALS AND METHODS

This was a KAP Study carried out at Department of Otorhinolaryngology, Government Medical College Srinagar from January 2019 to December 2019. A total of 300 patients were included in the study.

Inclusion criteria were as follows: Patient aged more than 18 years, diagnosed as having CSOM who reported to OPD and were willing to participate in the study.

Exclusion criteria were as follows: Patients aged less than 18 years, mentally retarded patients.

All patients were presented with structured questionnaire It contains multiple questions aimed at assessing the knowledge of the patient about the disease CSOM, the pattern of treatment taken and its complications.

## RESULTS

Age and sex distribution of the patient. Among study group highest number of patients were from 31 – 40 years of age (39%), followed by 18-30 years of age (30%) [Table 1].

**Table 1** Age and Sex distribution in CSOM patients

Age group in years	Number of patients/ Percentage	Male Female	
18-30	89/29.60%	49	40
31-40	118/39.30%	53	65
41-50	43/14.30%	29	14
51-60	23/7.60%	13	10
61-70	27/9%	18	9

**Socio-economic status**, majority of the patients were from low economic status (Table 2)

**Table 2** Socio economic status of patient

Economic Status	No. of patients	Percentage
Low Economic Status	189	63%
Middleclass	111	37%

Only 41% of patients recognized entry of water into the ear as a cause for recurrence of ear discharge in CSOM.

None of the patient differentiates in to safe and unsafe type. 28% of patients know that CSOM can cause serious complications. 39% of patients say that CSOM can be cured by surgery. 35% of patient says surgery leads to further detritions of hearing.

**Table 3** Treatment seeking pattern

Treatment seeking pattern	No of patients	Percentage
Self medication	52	17.3%
Local Practioner	92	30.7%
ENT surgeons	156	52.0%

About half of study population seeks specialist care at their first appearance of symptoms.

## DISCUSSION

CSOM is one of the causes for decreased hearing. This disability interferes with communication ability of the individual which leads to problems in social communication

and professional life that leads to decreased professional efficiency. In case of unsafe CSOM (cholesteatoma) complications can occur that can be life threatening. In our study only 28% of patients know that CSOM can lead to serious complications. If mass educational programs aimed at imparting the knowledge about the nature of the disease and the complications caused by CSOM are implemented widely, the disease burden can come down drastically.

Majority of our patients were from low socio-economic status (63%). In a study conducted by Arunabha et al 60% of their patients were from low socio-economic class. Poor living conditions, poor access to medical care by ENT specialist, and in adequate medical treatment have been recognized as risk factors for CSOM<sup>13</sup>. Improving living condition and good access to medical care can reduce incidence of CSOM and its complication.

Less number of patients knows that CSOM can be cured by surgery. There is need for making surgical facilities available to the rural people also in PHC's .This can be done by regular health camps.

About half of the patients does not seek specialist care even with chronically discharging ears. In a study by Chandrashekharayya *et al*, majority of their patients does not seek specialist care and mostly rely on self medication.

## CONCLUSION

This study was done to Know awareness level about CSOM. Disease is more common in low socioeconomic group. Knowledge about various aspects of disease is still low. About half of the patients still believe that chronic discharging ears is not a problem and does not seek specialist care at least for a long time.

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