



## ASSESSMENT OF GERIATRIC HEALTH AND WELLBEING: A SURVEY ON ELDERLY POPULATION

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### ABSTRACT

**Objective:** To assess health and general wellbeing of elderly persons.

**Methodology:** The survey on assessment of health and general wellbeing in elderly persons was conducted in randomly selected sample of 500 volunteers in Himachal Pradesh. General Health Questionnaire was used for the survey. This questionnaire was developed by researchers of University of Iowa Health Care. The questionnaire used in conducting survey was in the form of a proforma.

**Observations:** In this survey, it was observed that 55% were having good level of health. 42% people were having poor eyesight and 76.4% were hard of hearing. Maximum were able to do their daily living activities independently which shows health awareness and optimum level of physical activity in elderly persons and better acceptability with age related problems and bodily pain.

**Conclusion:** The health and general well-being of elderly in Himachal Pradesh in randomly selected volunteers was found 73.96% i.e. good. However geriatric population suffers from a number of comorbidities and healthcare policies should address them for better health.

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### INTRODUCTION

India is in a phase of transition with growing elderly population. India's elderly has crossed 100 million mark during 2011.<sup>[1]</sup> India has thus acquired the label of "an ageing nation" with 7.7% of its population being more than 60 years old. The demographic transition is attributed to the decreasing fertility and mortality rates due to the availability of better health care services. It has been observed that the reduction in mortality is higher as compared with fertility. There has been a sharp decline in the crude death rate from 28.5 during 1951-1961 to 8.4 in 1996; while the crude birth rate for the same time period fell from 47.3 to 22.8 in 1996.<sup>[2]</sup> Keeping in mind growing geriatric population, we need to adapt to changing requirements in terms of geriatric health. This study was done in an effort to address this issue. This study was conducted during the months of December to March of 2016.

### METHODOLOGY

The survey was conducted in randomly selected sample of 500 volunteers from same cultural, social and rural background in Himachal Pradesh. Assessment of general well being of elderly persons was made on the basis of this survey.

Participants were given a questionnaire, developed by University Of Iowa Health Care.<sup>[3]</sup> The questionnaire used in conducting survey was in the form of a proforma.

#### Assessment of overall general wellbeing

Criteria adopted for assessment of overall general wellbeing of elderly persons was as follows-

**Step 1-** Mean Intragroup value was calculated from highest "positive wellbeing" value of questions 1 to 4 & questions 5 plus 8 of the survey proforma.

**Step 2-** Mean Intergroup value was calculated from all ten questions.

#### Grading adopted for overall general wellbeing

Very good - 76-100%

Good - 51-75%

Average - 26-50%

Below Average - 0-25%

#### Observations

In present study 53% (265) volunteers were in the age group of 50-60 years, followed by 35.4%(177) from 61-70 years, 9.4%(47) in the age group of 71-80 years and 2.2% (11) from the age group of 81-90 years. The male volunteers were 61.4% (307) whereas the females were 38.6% (193). All volunteers were married. It was observed that 77% (385) volunteers were

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not having any history of systemic disease, whereas 23% (115) were having history of systemic disease.

### **General Health**

55.2% (276) volunteers were having good level of health. 21.4% (107) having fair level of health followed by 16.6% (83) having very good level of health. Only 1.8% (9) were having excellent level of health whereas 5% (25) volunteers were having poor health. In the present study it was observed that 33.2% (166) were having very mild pain during the past 4 weeks whereas 29.6% (148) having mild pain followed by 16.4% (82) having moderate pain. 15.6% (78) having no pain, 4.4% (22) having severe pain and 0.8% (4) volunteers were having very severe bodily pain.

### **Activities of Daily Living**

In this study it was observed that 93.6% (468) volunteers were having independent walking followed by 6.2% (31) assisted walking and 0.2% (1) volunteer was having dependent walking. 96.2% (481) were having independent bathing followed by 36% (18) assistance bathing and 0.2% (1) was dependent. 95% (475) volunteers were having independent toileting followed by 4.8% (24) assistance toileting and 0.2% (1) volunteer was dependent for toileting. 95.8% (479) volunteers were having independent dressing followed by 4% (20) having assistance dressing and 0.2% (1) volunteer was dependent on others for dressing. 98.2% (491) were having independent way of eating followed by 1.8% (9) volunteers having assistance and no volunteer was dependent on others for eating. 79.6% (398) volunteers were dependent for driving followed by 20.4% (102) having independent driving. No volunteer was having assistance driving. 64% (320) were having independent ability of doing shopping followed by 22.8% (114) having assistance shopping. 13.2% (66) volunteers were dependent upon others for shopping.

67.4% (337) volunteers were having ability of doing their housework independently followed by 20.4% (102) need assistance and 12.2% (61) volunteers were dependent on others. 68.6% (343) were having independent way of preparing meals followed by 16% (80) need assistance for preparing meals and 15.4% (77) were dependent on others. 78.8% (394) were taking medications independently followed by 14.8% (74) needing assistance. 6.4% (32) volunteers were dependent for taking medication on others. 58.2% (291) volunteers were managing finance independently followed by 22.2% (111) volunteers dependent on others and 19.6% (98) volunteer were need assistance in managing finance. 82% (410) were using telephone independently followed by 13.4% (67) using telephone with assistance and 4.6% (23) volunteers were dependent on others.

### **Geriatric Review of Systems**

58% (290) volunteers were having no difficulty in driving, watching TV or reading because of poor eye sight whereas 42% (210) volunteers were having difficulty for the same because of poor eye sight. Only 23.6% (118) were having normal hearing whereas 76.4% (382) were hard of hearing. 86.2% (431) volunteers were not using any hearing aids whereas 13.8% (69) volunteer were using hearing aids. 75% (375) were having memory related problems and 70.4% (352) were often feel sad or depressed. 93.4% (467) volunteers had not lost any weight in last 6 month but 6.6% (33) volunteer had lost weight in last 6 months. 88.2% (441) volunteers were

having no trouble with control of their bladder and 91.4% (457) were having no trouble with control of their bowels whereas 11.8% (59) and 8.6% (43) volunteers were having trouble with control of bladder and bowels respectively. 94.6% volunteers (473) had no falls in the past year whereas 5.4% (27) volunteers had fall in the past year.

79.4% (397) were not taking alcohol whereas 20.6% (103) volunteer were taking alcohol.

99.2% (496) volunteers were living with someone whereas 0.8% (4) were not living with anyone. The maximum volunteers i.e. 57.4% (285) were living with their spouse, 22.5% (112) with their spouse and children both followed by 18.3% (91) living with their children whereas 1% (5) living with others and only 0.6% (3) with their relatives. 66.4% (332) volunteers were helped by their spouse in an emergency, 18% (90) by their children followed by 14.6% (73) were helped by their spouse and children both. 0.4% (2) were helped by others and 0.4% (2) by their friends. Only 0.2% (1) was helped by their relatives.

65.8% (329) volunteers were helped by their spouse in health care decision, 20.8% (104) by their children followed by 12.6% (63) helped by their spouse and children both whereas 0.2% (1) was helped by their relatives and only 0.6% (3) were helped by their friend.

All volunteers i.e. 100% (500) were taking only prescribed medicines and no body taking over the counter and vitamins and 91.2% (456) were taking their medication with the help of their family. 6% (30) taking their medication through their pill box, only 2.8% (14) were having no system of taking medication and no volunteer was taking medication through list/ chart.

55.8% (279) volunteers were sexually active followed by 44.2% (221) not sexually active.

100% (500) volunteers were not harmed by anyone intentionally. All volunteers i.e. 100% (500) were not having any shot to prevent pneumonia.

86.8% (434) were able to draw the clock and the hands set to indicate 10 minutes after 11

o'clock and only 13.2% (66) volunteer were not able to draw. 83.8% (419) volunteers were able to recall 3 items after 1 minute and 16.2% (81) were not able to recall 3 items after 1 minute.

### **On the basis of questions used in Survey general wellbeing of elderly persons has been shown as follows**

1. Mean value of Questionnaire no.1.-35.4%
2. Mean value of Questionnaire no.2-76.51%
3. Mean value of Questionnaire no. 3-64.8%
4. Mean value of Questionnaire no.4- 98.8%
5. Mean value of Questionnaire no.5+8-63.73%
6. Mean value of Questionnaire no.6 -55.8%
7. Mean value of Questionnaire no.7- 100%
8. Mean value of Questionnaire no.9- 86.8%
9. Mean value of Questionnaire no.10- 83.8%

### **DISCUSSION**

In the present study male volunteers were 307(61.4%) whereas the females were 193(38.6%) and all were married. India is one of the few countries in the world in which sex ratio of the

aged favors males. This could be attributed to various reasons such as under-reporting of females, especially widows and higher female mortality in different age groups.<sup>[4]</sup>

In this study 77% volunteers were not having any systemic diseases which shows good health facilities health awareness and optimum level of physical activity in elderly persons as this survey was conducted in rural areas. Because physical activity may be useful in improving the health and wellbeing of elderly, helps to reduce the likelihood of obesity and delays decline in functional abilities and onset of chronic diseases. It can reduce the severity of disability that is associated with chronic diseases, improve mental health, promote socialization, prolong independent living and even reduce the risk of falls.<sup>[5]</sup>

Geriatric health condition was excellent only in 9%, good in 55.2% elderly volunteers and it was poor in 5% which may be due to ageing process and age related ailments. 15.6% volunteers were free from any pain where as 33.2% & 29.6% were having very mild & mild pain respectively which shows better acceptability with age related problems and bodily pain. Moreover the complaints of pain and headaches are very often ignored or labeled as somatoform but they are very real and decrease the quality of life<sup>[6]</sup>. It was observed in the survey that maximum volunteers were doing activities of daily living independently e.g. ability of walking (93.6%), bathing (96.2%), toileting (95%), dressing (95.8%), eating (98.2%), shopping (64%), housework (67.4%), preparing & eating meals (68.6%) & (98.2%) respectively, taking medication (78.8%), managing finance (58.2%), using telephone (82%) independently and maximum volunteers i.e. 94.6% (473) had no falls in the past year. Inclusion of balance promotion as an aspect of physical activity in older people is important. Maintaining muscle strength and mass in older people will help in retaining the function and independence in them, will help them in weight management and prevention of falls and other injuries.<sup>[7]</sup>

In this survey 93.4% were having no weight loss during last six months, 88.2% were having no trouble in bladder control, 91.4% were having good bowel control where as 11.8%(59) and 8.6%(43) volunteers were having trouble with control of bladder and bowels respectively. Urinary incontinence in old age is a matter of grave concern worldwide<sup>[8]</sup>. It imposes several restrictions on the spiritual and social life of the elderly as they are unable to go to public places to work or socialize for longer periods with family and friends. 94.6% were having no fall in the past year where as 5.4% (27) volunteers had fall. Mobility impairment increases the risk of falling and therefore worsening the problem<sup>[9]</sup>.

In this survey only 23.6% volunteers were having normal hearing where as 76.4% were with impaired hearing and 58% were having good eye sight and 42% (210) volunteers were having poor eye sight and having difficulty in driving, watching TV or reading. Impact of this can be very distressing as visual impairment is associated with the issues of safety, independent living, emotional well-being and activities of daily living<sup>[10]</sup>. An Indian Council of Medical Research report on chronic morbidity profile in the elderly states that hearing impairment is the most common morbidity followed by visual impairment.<sup>[11]</sup>

Memory problems were present in 75% volunteers along with mental depression in 75.4%. Memory impairment is also a

major risk factor for depression amongst the elderly<sup>[12]</sup>. Elderly people are highly prone to mental morbidities due to ageing of the brain, problems associated with physical health, cerebral pathology, socio-economic factors such as breakdown of the family support systems, and decrease in economic independence. The mental disorders that are frequently encountered include dementia and mood disorders. Other disorders include neurotic and personality disorders, drug and alcohol abuse, delirium, and mental psychosis.<sup>[13]</sup>

Out of 500 volunteers 99.2% volunteers were living with their spouse/ children/ family members. They were taken care by their spouse/ children/ family members in case they were not able to take care of themselves and also were provided help for health care decision by their family members. It shows that they were well attended by their family members and not feeling insecurity. It also shows excellent social security for elderly persons in this area.

All volunteers taken in this survey were highly aware about their health because they were taking medicines only if prescribed by physicians. 91.2% volunteers were taking medication with the help of family members which is also a good sign of health awareness. But they don't have any shot to prevent pneumonia which may be due to ignorance, cost ineffectiveness and not easily availability of the injection.

About 55.8% volunteers were sexually active in their life. It may be because maximum volunteers were in the age group of 50-60 years.

86.8% volunteers were able to draw the face of a clock with all the numbers and the hands set to indicate 10 minutes after 11 0'clock, indicates good health for fine co-ordination between body and brain.

83.8% were able to recall three items after one minute indicates the wellness of their short term recalling power. All volunteers were feeling safe and nobody had tried to harm them. which shows that they were social.

## CONCLUSION

On the basis of above grading over all general well-being of elderly in Himachal Pradesh in randomly selected volunteers was found 73.96% i.e. good. Further work needs to be done in large samples to highlight the current problems that are being faced by elderly people in India and strategies for bringing about an improvement in their quality of life also need to be explored. An ideal preventive health package should be there. An ideal preventive health package should include various components such as knowledge and awareness about disease conditions and steps for their prevention and management, good nutrition and balanced diet, and physical exercise. In the last healthcare policies should include geriatric care.

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