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Review Article

**COMPREHENSIVE REVIEW OF DOMICILIARY GERIATRIC  
CARE****\*Dr. Muhammad Yaqoob, \*Dr. Iqra Javed, \*Dr. Qasim Yab Khan,  
\*District Headquarters Hospital, Rawalpindi****Abstract:**

*Change in socioeconomic status and various health problems affect the individuals' way of life in old age. Common health problems, like decreased eyesight, hearing loss, joint pain, heart problems are encountered by people in old age. More often elderly people sad or depressed and feel left out. There is a rapid increase in the number of elderly people, which has led us in being more conscious of their socioeconomic and health problems. The objective is to study the health and social problems of the elderly and their attitude towards life.*

*Descriptive study carried out in the field practice area of the department of community medicine in Pakistan. A total of 120 elderly people aged 60 years and above were interviewed using a pre-tested schedule. The findings were described in terms of proportions and percentages to study the socioeconomic status of the sample and its relation to social problems.*

*The results of the study show that there is a need for geriatric counseling centers that can take care of their physical and psychological needs. The stringent rules for eligibility to social security schemes should be more flexible to cover a larger population. "It would seem important to devote more of the energies of man to improving the quality of life, so that it may be joyous, or noble, or creative." G.S. Watermeyer (Modern Medicine, Volume 5, Issue 1, Jan 1980, p. 5 – 6).<sup>1</sup>*

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**INTRODUCTION:**

Ageing is a natural process. Old age should be regarded as a normal, inevitable biological phenomenon. The study of the physical and psychological changes which are incident to old age is called gerontology. Common health problems aged people face include decreased eyesight, hearing loss, joint pains, nervous disorders, weakness, heart complaints, asthma, tuberculosis, skin diseases, urinary problems and others. More health problems were reported by women compared to men. Experimental gerontology is concerned with research into the basic biological problems of ageing, its physiology, biochemistry, pathology and psychology. There is ample scope for research into the degenerative and other diseases of old age and the epidemiology of conditions affecting the aged.

A rapid increase in the number of the elderly as well as their proportion of our population has led us to being more conscious of the many social, economic, psychological and health problems of the elderly in our country. Of these problems, health and medical problems are generally considered to be important as they affect a large majority of the elderly. It is very important to understand the health needs of the elderly and so solicit their opinion in improving the existing health care system in the country.

The main objective of this research is to develop a clearer understanding of the diseases and disabilities that are prevalent among older adults and to accelerate the discovery of causes and risk factors associated with diseases among them. For example, by identifying lifestyle factors and health behaviors that directly influence physical, cognitive and emotional fitness and risk of diseases, we can find out about the efficacy of intervention measures so that any need for improvement is highlighted. It also helps to support studies on healthy aging, well being and longevity. Similarly, an international report,

%increase	by
• 5.8	2000
• 7.3	2025
• 12.4	2050

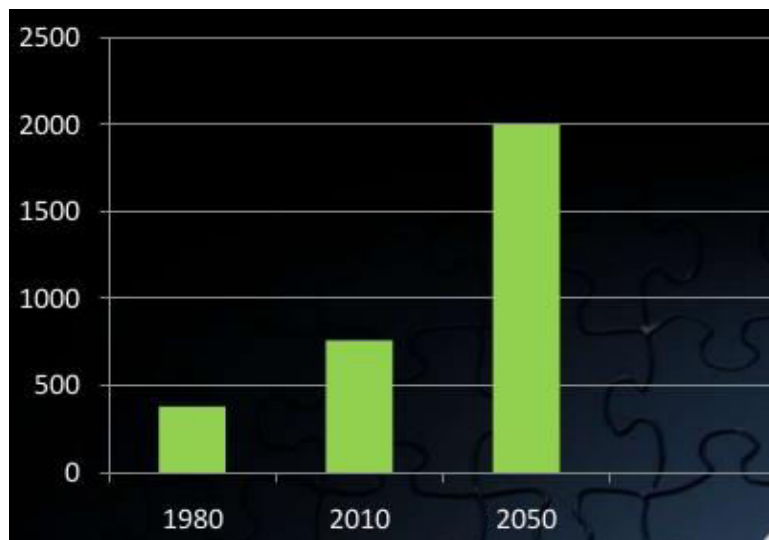
Pakistan's current elderly population already is 11.6 million and will be over 43 million by 2050.

**Graph showing "Increase in elderly population"**

'Comprehensive geriatric assessment for older hospital patients' by **Graham Ellis and Peter Langhorne**, that appeared in British Medical Bulletin, Volume 71, Issue 1, 1 January 2005, focuses on the importance of conducting evaluative studies in elderly regarding their health.<sup>2</sup> It states that "comprehensive geriatric assessment (CGA) may reduce short-term mortality, increase the chances of living at home at 1 year and improve physical and cognitive function."

A study conducted on the burden of ill health among elderly in Kerala, for example, found that visual disability was the most prominent form of disability among elderly followed by loco motor, hearing, senility and speech disability. The prevalence of all these forms of disabilities was found to be much higher in rural areas than in urban areas. Research finding based on National Sample Survey Organization revealed that the elderly suffer from problems like ophthalmology, bone and joints, hearing, gastrointestinal, cardiovascular, respiratory, nervous system, skin, endocrine and nutritional disorders. The health problems of elderly tend to increase with advancing age and very often the problem aggravated due to neglect, poor economic status, social deprivation and inappropriate dietary intake.

"The world's older population continues to grow at an unprecedented rate. Today, 8.5 percent of people worldwide (617 million) are aged 65 and over." (NIH-World's older population grows dramatically, 2016).<sup>3</sup> 2 billion people will be aged 60 and older by 2050. Between 2000 and 2050, the proportion of the world's population over 60 years will double from about 11% to 22%. Today, almost 1 in 10 people are over 60 years old. People aged over 60 will outnumber children aged 0-14 by 2050. Based on U.N. (2002) projected estimates, the proportion of population 60 years and above in Pakistan will increase from;



### LITERATURE REVIEW

In a cross sectional study (2013), **Mehreen Anwar Bhamani, Mehtab S Karim, Murad Moosa Khan** aimed to find out the prevalence of depression in elderly populations of Karachi, Pakistan.<sup>4</sup> It was estimated that around 40.6% of elderly in Karachi are suffering from probable depression with higher prevalence in women. Family support status was found to have a strong association with the mental health of the elderly.

**RP Thakur, A Banerjee & VB Nikumb** (2013), in a study established that overall morbidity was high among the study population with non-communicable and degenerative diseases comprising the major burden of disease.<sup>5</sup> Hearing & visual impairments (mostly correctable) were high. In this study of 407 elderly persons, 14.5% had urinary symptoms. A total of 53.6% elderly reported on weight loss during last 6 months. 44.7% were found to suffer from arthritis & there was about 30.7% (125/407) prevalence of known hypertension in the study population.

**Rao et al.**, (2003) in a study of health status of the rural aged in Andhra Pradesh, found that health problems tend to increase with advancing age and very often the problems aggravate due to neglect, poor economic status, social deprivation and inappropriate dietary intake.<sup>6</sup> A high proportion of the total respondents stated that they were suffering from serious illness. Lack of medical facilities in the village and poor economic conditions might be responsible for the low health status of the villagers. Hence, the majority of the rural aged population was suffering from one or the other health problems and

physical disabilities.

**Ketshukietuo Dzuvichu** (2005), in the paper “Health problems of aged among the Angaminagas” mentioned that health is not only a biological or medical concern, but also a significant personal and social concern.<sup>7</sup> In general with declining health, individuals can lose their independence, social roles, become isolated, experience economic hardship, be labeled or stigmatized, change their self-perception and some of them may even be institutionalized.

A study done by **Sanjay Kalra** in (2012) discloses that with the 6.6 million adults suffering from diabetes, Pakistan ranks the 10th largest country in the global diabetes list and 2nd largest in the Middle East, and that these 6.6 million people, of which 1.57 million are in the 60-79 years age group, represent nearly one fourth of the patient population.<sup>8</sup> Elderly people with diabetes have a lesser life expectancy, which is sometimes used as an excuse not to treat the condition adequately.

A study done back in (2007) by **Abdullah Ladha, Romaisa Shamim Khan, Awais Amjad Malik, Sana Farooq Khan, Beenish Khan** reported that the elderly population is increasing.<sup>9</sup> It grew 4% from 1950 to 2007. Pakistan being a developing country is currently facing demographic transition and increasing life expectancy which leads to diseases like diabetes. The overall prevalence of self-reported Diabetes Mellitus in Azam Basti (place in Karachi) was found to be 16.4%. Diabetes Mellitus is slightly higher in women (19%) than in men (15%). A previous study has reported prevalence of self-reported diabetes mellitus in elderly populations of

peri-urban community of Karachi to be 11.1% in the year 2000.

**Vasantha** (1998), In the Paper “Nutrition and Health Problems” found that the rural aged population suffered more from nutritional, psychological and other problems, when compared to urban aged.<sup>10</sup> The aged, employed privately and those self-employed had more of health problems than not gainfully employed person. In general, the male members were found to be literate, economically independent and had less physiological and nutritional problem when compared to the female counterparts. When literacy level, income level and employment status improve, they seem to have better health. Nair (1989), a study on “The Aged in Rural India: A study of the Socioeconomic and Health Profile”, revealed that the incidence and prevalence of chronic as well as non-chronic disease are more in rural elderly that is 1) respiratory diseases, 2) loco-motor illnesses and 3) blood pressure. The majority of the diseases were found comparatively more among males.

U.S. Department of Health and Human Services (2000), cited that older adults seek a better quality of life in the later years.<sup>11</sup> Quality of life has come to mean much more than just physical health or the absence of disease. It includes a general sense of happiness and satisfaction, meaningful activity, and the ability to express culture, values, beliefs, and relationships.

### MATERIALS AND METHODS:

#### Study Population:

Elderly population aging 60 to more than 70 years in the vicinity of Islamabad and Rawalpindi.

#### Sample size:

A total sample of 120 people was taken.

#### Study tool:

It was a self-developed questionnaire.

#### Duration of study:

The study was carried out in six months duration from the month of March 2017 till August 2017.

#### Data entry and Analysis:

Data was entered in software SPSS version 20.00.

**Table:1**  
**Gender of the subject**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	72	59.5	59.5	59.5
Female	49	40.5	40.5	100.0
Total	121	100.0	100.0	

**Table:2**  
**Age of the subject**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 60-65	51	42.1	42.1	42.1
65-70	43	35.5	35.5	77.7
>70	26	21.5	21.5	99.2
33	1	.8	.8	100.0
Total	121	100.0	100.0	

**Table:3**  
**General Health of the Subject**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Excellent	5	4.1	4.1	4.1
Very good	17	14.0	14.0	18.2
Good	41	33.9	33.9	52.1
Fair	43	35.5	35.5	87.6
Poor	15	12.4	12.4	100.0
Total	121	100.0	100.0	

**Table:4****Walking in daily life**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Independent	92	76.0	76.0
	Assistance	21	17.4	93.4
	Dependent	8	6.6	100.0
	Total	121	100.0	100.0

**Table:5****Eating in Daily Life**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Independent	107	88.4	88.4
	Assistance	8	6.6	95.0
	Dependent	6	5.0	100.0
	Total	121	100.0	100.0

**Table:6****Poor eyesight**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	87	71.9	71.9
	No	34	28.1	100.0
	Total	121	100.0	100.0

**Table:7****Do you hear a normal conversational voice?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	73	60.3	60.3
	No	48	39.7	100.0
	Total	121	100.0	100.0

**Table:8****Do you have problems with your memory?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	64	52.9	52.9
	No	57	47.1	100.0
	Total	121	100.0	100.0

**Table:9**

**Do you often feel depressed?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	70	57.9	57.9	57.9
No	51	42.1	42.1	100.0
Total	121	100.0	100.0	

**Table:10****Do you have trouble with control of your bladder?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	56	46.3	46.3	46.3
No	65	53.7	53.7	100.0
Total	121	100.0	100.0	

**Table:11****How many falls have you had in the past year?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid None	75	62.0	62.0	62.0
1-3	42	34.7	34.7	96.7
4-6	4	3.3	3.3	100.0
Total	121	100.0	100.0	

**Table:12****How many medicines do you take including prescribed?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid None	23	19.0	19.0	19.0
1-5	90	74.4	74.4	93.4
6-10	7	5.8	5.8	99.2
11	1	.8	.8	100.0
Total	121	100.0	100.0	

**RESULTS:**

The total sample was 120 old people. 59.5% were males and 40.5% were females. In our study, people of age group 60-65 is 42.1%, age group 65-70 is 35.5% and above 70 is 21.5%. The general health rating includes excellent 4.1%, very good 14%, good 33.9%, fair 35.5% and poor 12.4%. For questions regarding daily activities, independent walking in daily life is 76%, assisted walking 17.4%, dependent walking 5%. Eating in daily life: independent are 88.4%, assisted 6.6%, dependent 5%. 71.9% had poor eyesight while 28.1% had normal eyesight. 60.3% had impaired hearing while 39.7% had normal

hearing. 52.9% had problems with memory while 47.1% had no problem. 57.9% were often depressed and 42.1% were not. 46.3% had trouble with controlling bladder while 53.7% had no problem. 62% had no falls in the past while 34.7% had 1-3 falls and 3.3% had 4-6 falls. 19% were not taking prescribed medicines while 74% were taking 1-5 medicines, 5.8% were taking 6-8 medicines, 0.8% were taking more than 10 medicines.



## DISCUSSION

Estimates of health problems of the elderly in developing countries are required from time to time to predict trends in disease burden and plan health care for the elderly. A rapid increase in the number of the elderly, as well as their proportion of our population, has led us to being more conscious of the many social, economic, psychological and health problems they face in our country. It is very important to understand the health needs of the elderly and so, solicit their opinion in improving the existing health care system in the country. "Health knowledge and behaviors are both considered as important elements to improve the health status of the elderly. Furthermore, understanding the relative factors that affect health knowledge and behaviors is helpful in accessing, realizing, appraising, and applying health information." (Factors Influencing Health Knowledge and Behaviors among the Elderly in Rural China by **Zhifei He, Zhaohui Cheng, Tian Shao, Chunyan Liu, Piaopiao Shao, Ghose Bishwajit, Da Feng, and Zhanchun Feng**).<sup>12</sup>

This study aims to discover the causes and risk factors of health problems of the elderly by identifying lifestyle factors and health behaviors that directly influence physical, cognitive and emotional fitness and risk of diseases. Furthermore, it also tries to identify the geriatric health problems in samples and also to explore any gender difference.

The health problems of elderly tend to increase with advancing age and very often, aggravated due to neglect, poor economic status, social deprivation and inappropriate dietary intake. **Sareh Keshavarzi, Seyed Mehdi Ahmadi and Kamran B. Lankarani** in the study "The Impact of Depression and Malnutrition on Health-Related Quality of Life Among the Elderly Iranians" stated that in comparison to the well-nourished elders, those who were malnourished or at risk of malnutrition experienced a significantly lower quality of life.<sup>13</sup>

2 billion people will be aged 60 and older by 2050. Between 2000 and 2050, the proportion of the world's population over 60 years will double from about 11% to 22%. Pakistan's current elderly population already is 11.6 million and will be over 43 million by 2050.

In the study conducted by us, the individuals selected were ranging from the ages of 60 to more than 70 years of age, with a total sample of 120 people in the vicinity of Islamabad and Rawalpindi. It was observed that the general health, prevalent among the elderly was mostly 'fair' and mediocre, ergo, the percentage of those having 'excellent' health was infinitesimal. Furthermore, it was also ascertained

that the majority of the individuals was dealing independently with the daily activities of life, for instance, walking, bathing and eating, etc. However, there was a somewhat high percentage of those having difficulty in vision, hearing, memory, depression and bladder control. Consequently, all that is said above, the objective of this study was to determine the general geriatric health that is prevailing, to identify the ailments regarding it and to rectify them. The issues regarding the geriatric health were not only physical, but were accompanied with social, mental and psychological ones as well; a greater number were struggling with depression and loneliness. "More equity in health should be created or strengthened in order to intensify the opportunity to identify, diagnose, and treat those with mental health problems." **M. Rizal Abdul Manaf, Madihah Mustafa, Mohd Rizam Abdul Rahman, Khairul Hazdi Yusof and Noor Azah Abd Aziz** (Factors Influencing the Prevalence of Mental Health Problems among Malay Elderly Residing in a Rural Community: A Cross-Sectional Study).<sup>14</sup> Conclusively, as an end note to this discussion, the verdict that has been reached is that- the health problems encountered in old age are to be prioritized and addressed in order to curtail their risk factors and to endeavor to provide a healthier, more comfortable life for the elderly.

## CONCLUSION:

With the elderly population on the rise, there is a dire need to focus on identifying the problems these individuals face. This study is aimed to find out the risk factors associated with poor general health in old age so that corrective measures are put into action. Generally, women and low socioeconomic groups among whom literacy rate is low suffer the most. The study established the fact that the most important factor leading to the poor geriatric health was neglect and lack of family support. **Silvia Rueda Pozo**, in the study 'Social inequalities in health among the elderly' wrote that "some studies describe the existence of a hierarchical order in the effect of the provision of support on depressive symptoms among the elderly people, emotional support from friends being more important than the one provided by the family." Hence, a lack of sense of satisfaction and happiness, respect, a meaningful role in the family and community and inability to express one's beliefs had a similar impact on the health as the debilitating degenerative diseases. Therefore, the psychological aspect of health should also be focused upon equally. As far as medical authorities are concerned, lack of facilities should not prove as a setback in achieving an optimal geriatric health goal. Lastly, time to time evaluation and monitoring must be carried out to

assess the status of our objectives so that health reforms are tailored according to geriatric need.

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