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Original Research Article

A cross-sectional study to determine the health profile of patients attending private clinic at chandkheda, Ahmedabad

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ABSTRACT

Introduction: Primary Health Care is the first contact between community and health system. Most of the ailments can be dealt with at this level. So if we know which health problems are more prevalent in community we can improve Primary Health Care.

Materials and Methods: This is a cross-sectional study conducted at a private clinic at chandkheda, Ahmedabad to determine the prevalence of various common health ailments in the community. Study included 100 patients who presented to OPD during the study period. Their standard of living, level of education and their socio-economic status was also considered and all collected data was statistically analyzed.

Results: In this study, three most commonly observed disorders were respiratory tract infections (URTI) 17%, Cardiovascular disease 12%, and Gastrointestinal disease 12%.

Conclusion: Majority of the diseases in this community can be totally controlled and prevented by taking hygienic measures and modifying their lifestyle, taking medical attention during first onset of symptoms, avoiding self medication, along with social, psychological and spiritual support by treating family physician with adequate information of prescribed medication, health education and follow up.

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1. Introduction

India, like most developing countries, is undergoing an epidemiological transition, with rapid emergence of chronic diseases on top of the burden of infections. The economic cost of these diseases is huge. Diseases of this nature also present a unique healthcare opportunity, as most of them are preventable if quality primary health care is made available at a population level. This however, requires a radical change in the model of healthcare delivery to bring it to the doorstep of the consumer, address the longstanding problems of population disparities, non-availability and unaffordability of the quality services and shortfall of

trained human resources.¹

Primary healthcare is a vital strategy which remains the backbone of health service delivery. Primary healthcare is the day-to-day care needed to protect, maintain or restore our health. For most people, it is both their first point of contact with the healthcare system and their most frequently used health service.² Primary Health Centre (PHCs), sometimes referred to as public health centres are state-owned rural health care facilities in India. They are essentially single-physician clinics usually with facilities for minor surgeries, too. They are part of the government-funded public health system in India and are the most basic units of this system. Presently there are 28,863 PHCs in India.²

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Family-centered care (FCC) has been described as a partnership approach to health care decision-making. As a philosophy of care, FCC, and the related term patient-centered care (PCC), have been recognized by multiple medical societies, health care systems, state and federal legislative bodies, the Institute of Medicine, and Healthy People 2020 as integral to patient health, satisfaction, and health care quality.³

The emergence of family medicine has been hailed as a rediscovery of the human, social and cultural aspects of health and disease, and of the recognition of family as a focal point of health care and the right place for integrating preventive, promotive and curative services. Family medicine has been defined as “a field of specialization in medicine which is neither disease nor organ oriented. It is family oriented medicine or health care centred on the family as the unit –from first contact to the ongoing care of chronic problems (from prevention to rehabilitation)”. When family medicine is applied to the care of patients and their families, it becomes the speciality of family practice. Family practice is a horizontal speciality, which, like paediatrics and internal medicine, shares large areas of content with other clinical disciplines. The speciality of family practice is specially designed to deliver “primary care”.⁴

This study was done to find out most common diseases prevailing in our study population and also examines and understand the role of family medicine and family physicians in public health, including the role-played by family physicians in health promotion, disease prevention, chronic disease management and, in particular, in preparing for and managing common health emergencies. To know which diseases are common at community level, which age group are mostly affected, socioeconomic status of community people, BMI of patient.

2. Material and Methods

Ahmedabad is the seventh most populous city of India having estimated population of 63, 57, 693 encompassing urban agglomeration. Ahmedabad Civil hospital is the biggest hospital of Asia Even though people from the urban periphery and slums still prefers to visit private clinic as first contact for minor ailments. So this study was carried out to study various health ailments which make the people to visit private clinic and to determine other demographic factors of patients visiting private clinic.

This observational study was conducted at Saumya Clinic, Chandkheda in Ahmedabad, Gujarat. Study was carried out from 29/6/2017 to 22/7/2017. Total 100 patients including males and females were taken into the study irrespective of their age or gender. Consent was taken prior to taking of interview. Patient who gave consent was included in study. Every day five patients were selected by simple random technique irrespective age or sex,

irrespective of their presenting complaints or diagnosis. All the patients informed about the study before enrolling them in to study.

Primary data was collected as per predesigned Performa. Patients seen by private practitioner were enrolled in to this study, every day for 24 days. So, total 100 patients were enrolled in to the study. All the findings were recorded in case report from each patient. New case means patient come first time in last 3 months. Old case means patient came repeatedly in last 3 months.

Data entry was done in Microsoft excel 7 and analysis was done in Epi Info 7 software.

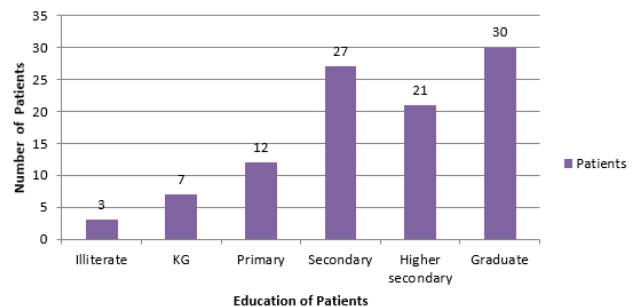


Fig. 1: Patients education

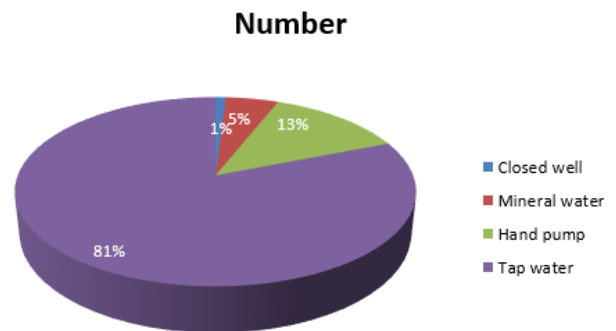


Fig. 2: Sources of drinking water

3. Results

Among the various organ systems, Respiratory track system was most affected in the Patients. (Table 1). Among them Most of the patients had complain of upper respiratory tract infection (12%) followed by Acute gastroenteritis (9%), Hypertension (7%), Myocardial infarction(5%), Asthma(5%), Headache(5%). Various other problems included Tinea infection, Dengue, Malaria, Viral fever, Anaemia (B12 deficiency), Renal stone, Diabetes, Chicken pox, Sciatica, UTI, Conjunctivitis, Acne Vulgaris, Allergic reaction, Cervical spine radiculopathy, Hypothyroidism, Furuncles, GOUT, Ear Problems, Tendinitis/Bursitis, Acute abdominal pain, Aphthous Ulcer, BPH (Benign Prostate

Table 1: System wise distribution of patients (N=100)

Sr. No	System of body	Number	Percentage
1	Respiratory system	17	17
2	Skin diseases	13	13
3	Cardio vascular system	12	12
4	Gastrointestinal system	12	12
5	Skeletal System	9	9
6	Genitourinary system	6	6
7	Endocrine diseases	5	5
8	Vector borne diseases	4	4
9	Eye/Ear Problems	4	4
10	Central Nervous System	3	3
11	Reproductive System	2	2
12	Miscellaneous	13	13
	Total	100	100

Table 2: Age and sex of patients (N=100)

Sr. No	Age group (Years)	Male	Female	Total
1	0 – 10	11 (11%)	4(4%)	15 (15%)
2	10 – 20	2 (2%)	1(1%)	3 (3%)
3	20 – 30	13 (13%)	11(11%)	24 (24%)
4	30 – 40	17 (17%)	10(10%)	27 (27%)
5	40 – 50	2 (2%)	9(9%)	11 (11%)
6	50 – 60	5 (5%)	5(5%)	10 (10%)
7	60 – 70	7 (7%)	3(3%)	10 (10%)
	Total	57 (57%)	43(43%)	100

(Chi square test 16.51, degree of freedom 18, p=0.55)

Table 3: Occupation of Patients (N=95)*

Sr. No	Occupation Type	Number	Percentage
1	Semi-professional	14	15%
2	Clerical/Shop/Farm	31	33%
3	Skilled Worker	3	3%
4	Unskilled Worker	11	11%
5	Unemployed	1	1%
6	Housewife	22	23%
7	Study	13	14%
	Total	95	100%

*5 patients had age less than five years of age.

Hyperplasia). Half of the patients (51%) were overweight while 11% were underweight. Among the patients attended clinic, 57% were male. Maximum (27%) numbers of peoples were in 30 to 40 years, among them 17% were males and 10% were females (Table 2).

There were 88 new cases and 12 old cases. While most of the cases (59%) could be examined within in 10 minutes, 2 old cases took 30-40 minutes for examination. Serious patients having emergency had taken more time. Regarding occupation 5 Patients are not included as they were below the age of 5 years (Table 3) As majority of patients were coming from rural area, their socioeconomic status was low. Majority (33%) of patients had monthly income between 10,000 to 20,000 rupees. Very few patients (2%) had monthly income above 60,000. Regarding education about

one third of the patients were graduated (Figure 1).

Regarding addiction, 6 patients had addiction of alcohol and 33 had addiction of smoking. 73% patients had their own house while 27% were living in rented house. Among all Patients 16% were living in kachcha house. Water plays major role in maintaining health. Impure water is invitation of diseases, so sources of drinking water is important. Only 1% was using closed well as drinking water (Figure 2).

4. Discussion

In modern era, day by day the use of corporate hospital for any medical care is increasing. But in rural and peri-urban area still the first contact between patients and Health care system is general practitioner. So this information provides

the road map for planning of health system. In our study more than half of the patients were male which is similar to the finding of study done by Patel et al.⁵ and Gaur et al.⁶ while contrast to the other studies in which female patients were more than half.⁷⁻¹⁰ even though the clinic was located in peri-urban area, 42% patients were from urban area even though hospital was in rural area. Majority of the patients (27%) are in age group 30-40 years which is similar to the finding of study done by Sharma et al.⁹ in which also majority of the patients (19%) were in age group 30-39 years while 29% patients belonged to 0-10 years in study done by Shankar et al.¹⁰ Body Mass Index was calculated for all the patients. 38% patients were in normal range while 51% were overweight. While in other study underweight was more common as compare to overweight.⁹ One third of the patients had income between Rs.10000-20000 which is similar to the other study⁷ in which also 41% belonged to lower middle class while least belonged to upper class.

In this study most commonly affected system was respiratory system (17%). Such finding was also seen in other studies^{5,6,10-12} while it contradict to the finding of Kumari et al.¹³ and Gupta et al.¹⁴ in which skin diseases and musculoskeletal diseases are seen most common respectively. Other commonly affected systems in our study are Integumentary system (13%), Cardiovascular system (12%), Gastrointestinal system (12%) etc. Other common findings are Respiratory disease (20%), musculoskeleton disease (16%) by Gopal krishnan et al.¹¹ gastrointestinal disease, muculoskeleton disease, skin diseases respectively by Patel et al.⁵ wound infection (10%), diarrhea (6.6%), worm infestation (5.6%) by Shankar et al.¹⁰ Duraisamy et al.¹⁵ studied OPD in Traditional medicine health facility and found out that arthritis(21%) was most common finding followed by neuritis (10%), fungal infection (6.7%), Bronchitis (6.6%).

In our study,15% patients were semi-professional while only 1% were unemployed. Similar finding was seen by patel et al.⁵ in which also only 1% was unemployed while this finding contradict the finding of Mane et al.⁷ in which 53% patients were unemployed. In our study only 3% patients were illiterate while in study by patel et al.⁵ 5.3% patients, and in study by Mane et al.⁷ 34.5% patients were illiterate.

5. Conclusion

Three most common diagnoses in the 100 patients were: 1. Respiratory tract infection, 2. Cardio vascular disease, 3. Acute gastroenteritis. The three most common diagnoses collectively occupied 39% of total cases. Poor hygiene and lack of health education about life style modification were found to be commonest predisposing factor in most patients for most illnesses. Poverty and unhealthy dietary habits were also noticed to be causing problems. None of the old cases took time more than 30 minutes for examination. Even

though the clinic is situated at urban area 42% patients were from village which signifies unavailability of primary health care at nearby area. Almost all (98%) had TV at their home. 80% had two-wheeler vehicle, 78% of them had refrigerator. Only few (12%) had four wheeler vehicles.

6. Source of Funding

None.

7. Conflict of Interest

None.

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