



## Pattern of diseases among patients attending medical outpatient department at a Community Health Centre in Kashmir Valley

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### Abstract

**Introduction:** *The Primary health care is essential part of health care. Nature and level of care provided depends upon the development of the country and availability of alternative health care services. The aim of this study was to describe the pattern of diseases of patients attending the Community health centre in Kashmir.*

**Materials and Methods:** *A cross-sectional observational study was carried out in a rural health centre of Kashmir, India. Information on age, sex and diagnosis were noted down from the OPD patients for the period of 6 months. Only newly registered adult patients were taken into the study. A total of 2470 patients were part of study.*

**Results:** *Of the total patients 889 (36%) were males and 1581 (64%) were females. The most commonly diagnosed diseases were infectious diseases (31.7%) followed by non-communicable diseases (24.3%). As individual ailment the most common was that of respiratory tract infections (16.8%) followed by hypertension (13.6%).*

**Conclusion:** *Respiratory diseases are the most common presenting diseases in our population. The knowledge of the disease profile will help in providing effective and timely treatment to the community.*

**Keywords:** *Pattern of Diseases, Rural health, Community Health Centre.*

### Introduction

The Primary healthcare is essential part of health care. In Kashmir it is being provided mainly at Primary Health Centres and Community Health Centres. Nature and level of care provided at these health centres depends upon the development of the country and the availability of alternative health care services. It is an integral part of the

country's healthcare system and of the overall social and economic development of the community<sup>1</sup>. The World Health Report, 2008 reinforces concept of primary health care<sup>2</sup>.

India has a unique primary health care structure. Majority of the health care is provided by Primary Health Centres and Community Health Centres in rural population of India. In view of less number

of private sector hospitals majority of care in our setup is provided by Government-run hospitals. A thorough knowledge of the magnitude of health problems is essential for understanding the burden of various diseases. The knowledge of the burden of diseases helps in providing effective and timely treatment besides providing help in planning by public health planners for providing enhanced quality of services to the community<sup>3</sup>. Considering such facts the present study was conducted so as to describe the profile of patients attending the Primary Healthcare in a rural area of Kashmir, India.

### Aims and Objectives

To describe the pattern of profile of patients attending a Community health centre in Kashmir valley.

### Methodology

**Study design:** A cross-sectional hospital based study.

**Study period:** 6 months, from 1<sup>st</sup> September 2018 to 28<sup>th</sup> February 2019.

### Inclusion criteria

1. All the patients attending the medical OPD at health-centre during the study period after giving informed consent.
2. Patients having age more than 18 years.

This study was conducted at Community Health Centre (Emergency Hospital) Qazigund which is located in the south of Kashmir valley. The study was carried out over a period of six months starting from 1<sup>st</sup> September 2018 up to 28<sup>th</sup> February 2019 among adult patients who presented to emergency hospital Qazigund during the study period. A total of 2470 patients were included in the study after taking informed consent from them.

The data was collected from the study participants regarding age, sex and diagnosis of disease. Adult patients more than 18 yrs and presenting for the first time during this period were included in the study. Under evaluation patients were excluded

from the study. Data was analysed using percentages.

### Observations and Results

The total number of patients that were part of our study from medical outpatient department (OPD) was 2470. Of the total patients 889 (36%) were males and 1581 (64%) were females. Among all the disease groups Infectious diseases were the most common (31.7%) followed by Non-communicable diseases (24.3%). Among the infectious diseases respiratory tract infections were the most common (53.0). Among the Non-communicable diseases Hypertension was the most common disease (55.9%). Mental and behavioural disorders were also very frequent and constituted 13.8% of total patients. Similarly musculoskeletal complaints constituted 12.2% and GIT diseases constituted 10.0% of total patients.

**Table 1:** Distribution of different groups of diseases according to number and percentages:

S No	Disease	Number of patients	Percentage
1	Infectious Diseases	783	31.7
2	Non-communicable diseases	599	24.3
3	Mental and behavioural disorders	341	13.8
4	musculoskeletal complaints	302	12.2
5	GIT diseases including Acid peptic diseases*	247	10.0
6	Chronic obstructive pulmonary disease (COPD) and Asthma	74	3.0
7	Neurological disorders	15	0.6
8	Others	109	4.4
Total		2470	100.0

\*Excluding infections

**Table 2:** Distribution of different types of Infectious Diseases according to number and percentages:

S No	Disease	Number of patients	Percentage
1	Respiratory tract infections	415	53.0
2	Urinary tract infections	228	29.1
3	GIT infections	91	11.6
4	Skin infections	17	2.2
5	Others	32	4.1
Total		783	100.0

Respiratory tract infections were the most common types of infections (53.0%) followed by urinary tract infections (29.1%).

**Table 3:** Distribution of different types of Non-Communicable Diseases according to number and percentages:

S No	Disease	Number of patients	Percentage
1	Hypertention	335	55.9
2	Hypothyroidism	145	24.2
3	Diabetes	83	13.9
4	Malignancy	3	0.5
5	Others	33	5.5
Total		599	100.0

### Discussion

Our study was carried out in rural population and depicted the spectrum of health related issues that presented to our health centre. The results of our study showed that the most commonly diagnosed diseases were infectious diseases (31.7%) followed by non-communicable diseases (24.3%). As individual ailment the most common was that of respiratory tract infections (16.8%) followed by hypertension (13.6%). This observation was consistent with some other studies carried in the recent past<sup>4,5,6</sup>.

High prevalence of RTIs could be related to the cold weather as the study was conducted mostly during the autumn and winter seasons.

In addition there was high prevalence of musculoskeletal disorders and GIT diseases including Acid peptic diseases consistent with the studies conducted in primary healthcare clinics of Nepal and Taiwan<sup>7,8,9</sup>. The prevalence of diabetes in our study was 3.4% which is similar to a study conducted in Malaysia<sup>10</sup>.

### Conclusion

The most commonly diagnosed diseases were infectious diseases (31.7%) followed by non-communicable diseases (24.3%). As individual ailment the most common was that of respiratory tract infections (16.8%) followed by hypertension (13.6%).

The knowledge of the disease profile will help in providing effective and timely treatment to the community. It will also help public health planners to plan and provide enhanced and high quality services to the community.

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