

A study to assess the knowledge regarding osteoarthritis and its prevention among the elderly people in selected community Dehradun.

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Abstract: A study to assess the knowledge regarding osteoarthritis and its prevention among the elderly people in selected community Dehradun. The objective of the study is to assess the level of knowledge regarding osteoarthritis and its lifestyle modification of joint problems. Prevention among elderly people. Method: the descriptive methodology survey approach was applied to achieve the objective of the study. A convenient sampling technique was used for 100 elderly people in selected community in Dehradun. Data were collected with structured questionnaire which consists of 50 questions. The conceptual framework is based on health belief model which is developed in 1950 by group of U.S. Public health services. Results and Conclusion: 5% of the elderly people had adequate knowledge, 40% of the elderly people had moderate adequate knowledge and 55% of the elderly people had inadequate knowledge. The booklets were distributed among people to improve their knowledge and they can improve themselves.

Key Words: osteoarthritis,

1. INTRODUCTION:

“Being able to walk pain free is a blessing but being able to walk without showing the pain is skill”

The first recognized description of arthritis was in 1800 by the French physician Dr. Augustin Jacoblander Beauvais (1772-1840) who was based on famed salpetriere hospital in Paris. Arthritis is very common but is not well understood, actually, arthritis is no single disease. it is an informal way of referring to joint pain or joint disease. There are more than 100 types of arthritis and related condition. People of all ages, sexes, races can do have arthritis, and it is leading cause of disability. More than 50 million adult have some type of arthritis. it is most common among women & occur more frequently as people get older. Common arthritis joint symptoms includes: swelling, pain, stiffness, decreased range of motion. In India arthritis affects 15% people i.e. over 180 million people. The prevalence is higher than many well known as Diabetes, Cancer, and AIDS

2. LITERATURE REVIEW:

A study in elderly person of Chandigarh (UT) shows overall 56.6% prevalence of OA which consists 32.6% in rural and 60.3% in urban areas. It is more significant in females in comparison to males (70.1% vs. 41.6%). Prevalence increased with age and shows only 50.2% in 65 to 74 years age group, whereas 97.7% in elderly aged 84 years or older. A positive correlation with body mass index (BMI) was also reported and express 51.36% positivity in BMI below 25, which increased to 100% in 40 or greater BMI (Sharma MK et al, 2007). A studies in Aurangabad reported 12.79% males and 14.02% females complain of arthritis among the patients with any systemic disease or physical defects (Jadhav VS et al, 2012). Another study of Dehradun shows 21.2% cases with arthritis (Kakkar R et al, 2013). Osteoarthritis is the most common joint disorder in the world. In 2004 OA was estimated to affect over 1.6 million Australians. Osteoarthritis is the most frequent reason for joint replacement, at a cost of about 1 billion each year. Conventional treatment is palliative and costly; currently there are no effective medical medic all remedies for osteoarthritis. The fact has led to 2000-2010 being labeled the bone and joint decade and musculoskeletal disorder. Vitamin d deficiency is very common in older people has been linked with osteoporosis and all in both women and men. Emerging data suggests that it also play an important role in pathogenesis of knees osteoarthritis.

3. MATERIALS & METHOD:

A descriptive methodology survey approach was applied to achieve the objective of the study. A convenient sampling technique was used for 100 elderly people in selected community in Dehradun. Data were collected with structured questionnaire which consists of 50 questions. Description of demographic data it contains 13 questions for obtaining information regarding age, religion, gender, education, marital status, type of family, occupation, socio

economic status. A detailed questionnaires covering related to assess the knowledge regarding osteoarthritis causes, pain, risk factors, diet, self care management, complication, surgery .It is illustrated in the appendix part total 50 questions for data collection. Data Collection were planned to be analysed using descriptive statistics as percentage to assess the knowledge among the elderly people in community. The data was presented in the form of table and figures.

4. ANALYSIS:

The data was collected by self-administered questionnaire regarding demographic characteristics, knowledge regarding osteoarthritis. Data analysis was done by (frequency, percentage)

5. FINDINGS:

5% of the elderly people had adequate knowledge, 40% of the elderly people had moderate knowledge, 55% of the elderly people had inadequate knowledge.

6. RESULT:

5% of the elderly people had adequate knowledge, 40% of the elderly people had moderate knowledge, 55% of the elderly people had inadequate knowledge.

7. RECOMMENDATIONS:

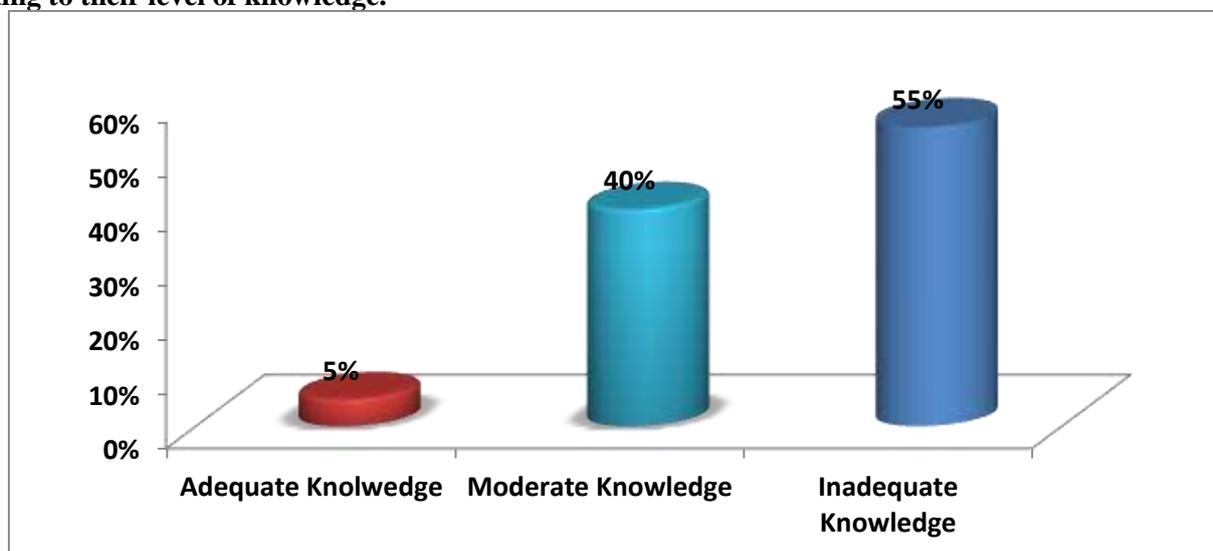
1. A study can to under taken on large sample for making a more valid generalised.
2. An experimental study may be under taken with control groups.
3. A study can be conducted to assess level of pain in osteoarthritis

Table-1 Percentage wise distribution of elderly persons in community area according to their level of knowledge n-100

LEVEL OF KNOWLEDGE	TOTAL NO. OF SAMPLE	PERCENTAGE (%)
Adequate knowledge	5	5%
Moderate knowledge	40	40%
Inadequate knowledge	55	55%

Maximum Score- 100, Minimum Score- 0

Figure.1 Bar diagram showing the percentage wise distribution among elderly persons in community area according to their level of knowledge.



8. CONCLUSION:

The conclusion was derived from the finding from the study. The following conclusions were drawn from the finding of the study. 5% of the elderly people had adequate knowledge, 40% of the elderly people had moderate adequate knowledge and 55% of the elderly people had inadequate knowledge. The booklets were distributed among people to improve their knowledge and they can improve themselves.

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