

(Research Article)

A study on clinical presentation and various risk factors associated with phthisis in patient reporting

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ABSTRACT:

Background: Tuberculosis is one of the most ancient infectious diseases caused by Mycobacterium tuberculosis. The population most affected is the young and economically productive one. The social factors include poor quality of life, poor housing, overcrowding, population explosion, under nutrition, lack of education, and last but not the least lack of awareness of cause of illness.

Aims and Objectives:

To study the clinical presentation of tuberculosis in patients.

To study various risk factors of tuberculosis.

Material and Methods: This study was conducted at selected designated microscopic centre (DMCs) Kanpur Nagar district has a population of 45.73lakh (Census 2011).All the patients who were registered in the selected DMCs in the last one month of the year 2016 (between April and May) were taken into consideration for the present study. Data was collected on predesigned and pretested questionnaire using direct personal interview method of patients at DMCs on the DOTS days of the week i.e Monday, Wednesday and Friday. Informed consent of the study subjects was taken before interview. A total of 105 registered patients were interviewed personally and also the treatment card of patients was obtained from their respective DMCs.

Results: Out of 105 cases of tuberculosis which reported at DMCs maximum no. of patients belongs to age group between 21-40 yrs of age group (58%). Majority of cases were married (65.7%) cases. (62%) cases were Hindu by religion and (58%) belongs to other backward caste. In the study we found majority of patient was illiterate (34.3%). Most common clinical presentation was cough, fever and cough with expectoration, anorexia was reported in (61.9 %) of cases (77%) were cigarette/bidi smokers, 60% were tobacco chewer. Diabetes was reported in (12.4%) cases and (3.8%) cases were HIV positive.

Key words: Tuberculosis, risk factors, designated microscopic centre, DOTS.

1. INTRODUCTION

Tuberculosis is one of the most ancient infectious diseases caused by Mycobacterium tuberculosis. The population most affected is the young and economically productive one. It is a medical disease with social aspects. The social factors include poor quality of life, poor housing, overcrowding, population explosion, under nutrition, lack of education, and last but not the least lack of awareness of cause of illness.

Tuberculosis is predominantly spread through the air by a person suffering from it. A single patient can infect 10

or more people in a year. It is a worldwide public health problem despite the fact that the causative organism was discovered more than 100 years ago and highly effective drugs and vaccines are available making tuberculosis a preventable and curable disease. It was a major killer in the past and it still contributes a lot to morbidity and mortality in India. Today, the effective drugs and appropriate regimens are available but it is still a challenge due to its social aspects.

Tuberculosis is a major cause of illness and death worldwide, especially in Asia and Africa where it is being fuelled by the HIV/AIDS epidemic. In 1993, WHO declared it as a global emergency. Globally, 9.27 million new cases including 4.1 million new smear positive cases (44%) of the total and 1.77 million deaths from TB occurred in 2007 (WHO Global TB Control Report 2009).

The South East Asia region carries the highest burden of tuberculosis amongst all WHO Regions. One in every three cases of tuberculosis in the world is from this region. This represents a case burden of nearly six million cases of TB to which approximately three million new cases are added every year. In addition, it is estimated that over half a million people continue to die from TB each year in the region.

Patients of tuberculosis presents with different clinical features and many risk factors related with TB which are responsible for the TB directly or indirectly. For proper and detailed study of these risk and associated factors this study “**A study on clinical presentation and various risk factors associated with Tuberculosis in patients attending tertiary care hospital in district Kanpur**” was proposed.

2. OBJECTIVES

- To study the clinical presentation of tuberculosis in patients.
- To study various risk factors of tuberculosis.

3. MATERIAL AND METHOD

This study was conducted at selected designated microscopic centre (DMCs) Kanpur Nagar district has a population of 45.73 lakh (Census 2011). The district has been divided in 9 Tuberculosis Units (T.U) for implementing the Revised National Tuberculosis control programme and there are 37 DMCs working under the 9 Tuberculosis Units. For present study we have selected chubeypur.

STUDY PERIOD: April 2016 to May 2016

STUDY POPULATION: Population covered by selected DMCs under DOTS.

STUDY DESIGN: Designated Microscopy Centre based study.

STUDY SUBJECTS: All the patients who were registered in the selected DMCs in the last one month of the year 2016 (between April and May) were taken into consideration for the present study. Data was collected on predesigned and pretested questionnaire using direct personal interview method of patients at DMCs on the DOTS days of the week i.e Monday, Wednesday and Friday. Informed consent of the study subjects was taken before interview. A total of 105 registered patients were interviewed personally and also the treatment card of patients was obtained from their respective DMCs.

4. RESULT

Out of 105 cases of tuberculosis which reported at DMCs maximum no. of patients belongs to age group between 21-40 yrs of age group (58%), about (4%) cases were also belong to less than 10 years of age group. Majority of cases were married (65.7%) cases. (62%) cases were Hindu by religion and (58%) belongs to Other backward caste. In the study we found majority of patient was illiterate (34.3%) and upto primary education (23.8%) while in graduates and above qualification were only (5.7%) of the total cases. Most common clinical presentation was cough, fever and cough with expectoration, anorexia was reported in (61.9%) of cases, weight loss was reported in (31.4%) of cases, breathlessness was present in (21%) cases, hemoptysis was present in (16.2%) cases, lethargy was present in (21%) cases, and chest was present in only (8.6%) of cases.

Out of 105 subjects (77%) were cigarette/bidi smokers, (60%) were tobacco chewer, about (32%) patient were alcoholic, (15.2%) cases had a previous history of contact with pulmonary TB case. Diabetes was reported in (12.4%) cases and (3.8%) cases were HIV positive.

5. DISCUSSION

The present study shows that the maximum number of study subjects (58.00%) belonged to 21-40 yrs of age group followed by 41-50 yrs age group (17.10%). In a study in Lucknow by **Mahesh et al (2007)**, majority of the patients (81.00%) belonged to age group of 15 – 44 yrs and only (18.10%) were aged more than 45 years.

(61.9%) patients were Hindus and (38.1%) were Muslims similar results were shown by **Sanjay Gupta et al (2002)** reported (60.50%) Hindus and (39.50%) Muslims in his study at Meerut district of Uttar Pradesh.

In this study (34.3%) patient were illiterate and (23.4%) patient were educated up to primary **N.Pandit et al (2006)** found that (23.00%) of patients were illiterate and almost (50.00%) were educated up to primary school. Most common clinical presentation was found to be Fever, Cough and Expectoration which were (88.6%), (91.4%) and (76.2%) respectively; weight loss was reported by (31.4%) of cases. (77%) of patients were smokers. Smoking was the major risk factor similar results were also shown by **Raj kumar et al (2012)**. HIV positive cases with tuberculosis were (5.7%) **Bharat bhushan et al (2013)** found similar findings in his study.

In this study (12.4%) patient were of diabetes mellitus with tuberculosis **Bachti Alisjabana et al (2007)** found that diabetes mellitus was diagnosed in (14.8%) of patients with TB and was associated with old age and a greater body weight.

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