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# Profile Of Ocular Morbidities Among Patients Attending Ophthalmology Clinic In The Field Practice Area Of Government Medical College Anantnag, Jammu And Kashmir.

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***Abstract:***
***Background****: In India, one of the most important causes of preventable blindness is uncorrected refractive errors followed by cataract, glaucoma, corneal opacities and posterior segment pathologies. Keeping in view the paucity of data regarding morbidity profile of ocular disorders in peripheral health setting of J and K, the present study was conducted with the objective to study the socio-demographic and morbidity profile of patients visiting an ophthalmology clinic in the field practice area of Government Medical College Anantnag.*
***Materials and methods****: A descriptive study was conducted in the Urban Health Training Centre(PHC Mattan) of Government Medical College Anantnag from 1st April 2021 to 31st March 2022.The study participants included all the patients who visited Ophthalmology Clinic of the centre during this period. After informed consent, the information regarding socio-demographic variables and ocular morbidities was collected using a pre designed proforma. The data was entered into MS Excel and frequencies and percentages were obtained.*
***Results:****A total of 3833 patients visited ophthalmology clinic during the study period, of whom majority were females(56%). Almost half of the patients were in 18-60 years age group, labourers by occupation(35%) and mostly residing in urban areas(60%).Among the ocular morbidities, refractive error was the most common(40%), followed by cataract(20%), conjunctivitis(15%) and glaucoma(10%).About 6% patients were referred to higher centres for management.*
***Conclusion:****There is significant burden of ocular morbidities in the people residing in field practice area of Government Medical College Anantnag. Therefore, this study will contribute in planning the infrastructure, as well as the staffing of eye care personnel to provide efficient eye care facility at the primary healthcare level.*
***Keywords:*** *ocular , morbidity, area, Kashmir.*

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## I. Introduction

Ocular morbidity is defined as the spectrum of eye diseases which includes both visually impairing and non-visual impairing conditions, experienced by a population. Ocular morbidity is either significant to the individual (the individual is concerned enough about the condition to seek care) or to professionals (an eye health professional determines that the individual would benefit from advice, further review or treatment).The visually impairing ocular morbidity is a major public health problem[1].

The cataract, glaucoma, refractive error and diabetic retinopathy are the major causes of blindness throughout the world and needs early detection at primary health center and their timely referral to the secondary and tertiary eye care center for corrective measures. The primary eye care is a vital component of the primary health care system. The eye care has been given lower priority as compared to other diseases such as chronic diseases, dental care and HIV-AIDS in most of the developing countries.

There are 324 million visually impaired individuals in the world, with maximum burden of visual impairment being clustered in developing countries such as India. India itself has 8 million blind, and 54 million visually impaired individuals, accounting for a quarter of the global burden[2]. Blindness, with its social and economic consequences, represents a significant public health problem in many parts of the world. In the national survey on blindness (2001–2002) conducted in the country, cataract accounted for 62.6 percent , followed by uncorrected refractive error (19.7 percent ). Overall prevalence of glaucoma was about 5.8 percent, posterior segment pathology accounts for about 4.7 percent cases. Corneal opacity and other causes were responsible for 0.9 percent and 6.2 percent of the cases respectively[3].

The present study was planned keeping in view the paucity of data regarding morbidity profile of ocular disorders in peripheral health setting of J and K. Moreover, there was no data available regarding burden of ocular morbidities at a primary health care level of district Anantnag.

The objectives of our study were to study the socio-demographic characteristics of the patients attending ophthalmology clinic in the field practice area of GMC Anantnag and to study the profile of occular morbidities in these patients.

## II. Material And Methods

A descriptive study was conducted in the Urban Health Training Centre (PHC Mattan) of Government Medical College Anantnag .

**Study Design**: Descriptive observational study.

**Study Location**: Urban Health Training Centre (PHC Mattan) is about 16 Kms from Government Medical College Anantnag (Main Campus, Dialgam). Population catered by UHTC is 32,387. PHC Mattan is a 24×7 healthcare facility providing round the clock services (OPD/IPD) and is under the administrative and financial control of Department of Community Medicine, GMC Anantnag.

**Study Duration**: 1 year i.e. from 1st April 2021 to 31st March 2022.

**Sample size**: The study participants included all the patients who visited Ophthalmology Clinic of the centre during this period.

**Subjects and selection method**: Ophthalmology OPD services were provided 6 days a week by a trained refractionist. Moreover, the patients were also examined by a Senior Resident from Department of Ophthalmology(specialist) every Saturday during the study period.

**Procedure methodology**: After seeking informed consent from the patients, the information was collected using a predesigned proforma. The information was collected regarding various socio-demographic variables like sex, age, residence and occupation. The information regarding the morbidity profile and services provided were obtained from the refractionist after confirmation of the diagnosis by the specialist.

**Statistical analysis**: The data was entered into MS Excel and frequencies and percentages were obtained.

## III. Result

A total of 3833 patients visited ophthalmology clinic from 1st April 2021 to 31st March 2022 at UHTC Mattan which comprised 7.5% of total OPD.

Table 1 shows the socio-demographic characteristics of the patients. Majority of the patients were females(56%) and almost half were in the age-group of 18-60 years. They were mostly from urban areas(60%). About 30% were labourers by occupation followed by students(25%).

Table 2 shows the profile of ocular morbidities in the patients. Refractive error was the most common(40%), followed by cataract(20%), conjunctivitis(15%) and glaucoma(10%).

Table 3 depicts the services provided at the ophthalmology clinic. About 3833 patients visited the eye OPD out of which visual acuity was done in 60%, IOP measurement in 25%, lacrimal syringing in 2% and foreign body removal in 1%. Spectacles were provided to 15% patients and 6% were refered to Postgraduate Department of Ophthalmology, Associated Hospital GMC Anantnag for further management.

**Table no. 1:** Socio-demographic characteristics of patients

| Characteristics | Number(N) | Percentage(%) |
|---|---|---|
| Sex | | |
| Male | 1686 | 44 |
| Female | 2147 | 56 |
| Age | | |
| <18 years | 862 | 22.5 |
| 18-60 years | 1916 | 50 |
| >60 years | 1055 | 27.5 |
| Residence | | |
| Urban | 2299 | 60 |
| Rural | 1534 | 40 |
| Occupation | | |
| Students | 958 | 25 |
| Farmers | 575 | 15 |
| Labourers | 1150 | 30 |
| Govt. Employees | 383 | 10 |
| Private employees | 461 | 12 |
| Others | 306 | 8 |
| Total | 3833 | 100 |

**Table no. 2:** Profile of Ocular Disorders in patients(n=3833)

| Occular disorders | Number(N) | Percentage(%) |
|---|---|---|
| Refractive errors | 1533 | 40 |
| Cataract | 767 | 20 |
| Conjuctivitis | 575 | 15 |
| Glaucoma | 383 | 10 |
| Chronic dacryocystitis | 153 | 4 |
| Pterygium | 115 | 3 |
| Diabetic retinopathy | 77 | 2 |
| Ocular injuries | 38 | 1 |
| Others | 192 | 5 |
| Total | 3833 | 100 |

**Table no. 3:**Clinical services provided to ophthalmic patients at UHTC Mattan (6 days /week)

| Services | Number(N) | Percentage(%) |
|---|---|---|
| OPD Consultation | 3833 | 100 |
| Visual acuity testing | 2300 | 60 |
| IOP measurement | 958 | 25 |
| Lacrimal syrynging | 77 | 2 |
| Foreign body removal | 38 | 1 |
| Provision of spectacles | 575 | 15 |
| Refered to GMC Anantnag | 230 | 6 |

## IV. Discussion

In our study, about half of the patients(50%), attending ophthalmology clinic at a primary health care level were in the age group of 18- 60 years and mostly labourers(30%) by occupation. This was almost similar to study findings from a rural training centre in Goa where mostly patients who visited the centre were between 40-60 years of age[4].

Our study revealed that refractive error was the most common ocular morbidity (40%) followed by cataract(20%). A study from Dehradun also revealed similar picture where refractive error (20.97%) was the commonest ocular morbidity followed by cataract (20.02%) and allergic conjunctivitis[5]. This may be because majority of patients visiting the clinic were between 18-60 years of age in our study.

In present study, allergic conjunctivitis(15%) was third commonest cause of ocular morbidity . Many studies also support this fact, it may be because of windy weather and exposure to pollens in densely greeny hilly regions[6,7,8].

## V. Conclusion

There is a significant burden of ocular morbidities in the people residing in field practice area of Government Medical College Anantnag. Therefore, this study will contribute in planning the infrastructure, as well as the staffing of eye care personnel to provide efficient eye care facility at the primary healthcare level.

## References

[1]. Mahesh D, Gauri S, Nabin P, Niraj J, Madhu, T et al.Visual status and ocular morbidity in older adults living in residential care. Graefe's Archive of Clinical & Experimental Ophthalmology.2012; 250:1387.
[2]. Pascolini D, Mariotti SP. Global estimates of visual impairment: 2010. Br J Ophthalmol. 2012;96:614-8.
[3]. Murthy GVS, Gupta SK, Bachani D, Jose R, John N. Current estimates of blindness in India. British Journal of Ophthalmology. 2005; 89: 257-260.
[4]. Cacodcar JA, Usgaonkar U, Raiturcar TP. A clinical profile of ocular morbidities at a rural health and training centre in. Int J Community Med Public Health. 2018 Jul;5(7):3012-3015 http://www.ijcmph.com.
[5]. Bharadwaj M et al. A hospital based eye health survey to see the pattern of eye diseases in Uttarakhand, India. Int J Res Med Sci. 2017 Feb;5(2):548-550.
[6]. Adeoye AO, Omotoye OJ. Eye disease in Wesley Guild Hospital, Ilesa, Nigeria. Afr J Med Med Sci. 2007;36:377-80.
[7]. Nwosu SNN. Ocular problems of young adults in rural Nigeria. Int Ophthalmol. 1998;22:259-63.
[8]. Amadi AN, Nwankwo BO, Ibe AI. Common ocular problems in Aba metropolis of Abia State, eastern Nigeria. Pak. J. Soc. Sci. 2009;6:32-5.