



A quantitative observatory study on cardiac problems in OPD of GMC Anantnag.

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ABSTRACT: -

In the modern materialistic world, people with sedentary life style the people have lost the grip on physical activities. The more work is done by the machines even the domestic work is done by it for more work due to greed. But they have forgotten the value of exercise, this has affected their health especially the cardiac health. The changed food habits of junk culture have increased the bad fat and cholesterol in the body. This has led to increase in the cardiac diseases like the myocardial ischemia, infarction, hence heart attacks are common. The increased stress of more money and less realness is also cause. To decrease the stress the use of the drugs is common hence causes the pressure on heart leading to heart attack. The increase in heart disease not only deteriorate the health but also causes the financial burden like pacemakers, angiography, open heart surgeries etc.

INTRODUCTION: -

The word cardiac is from Latin word, cardiacus meaning heart. The disorders related to heart or pertaining to heart. The disorders that are related to heart causing the various diseases like tachycardia, bradycardia, cardiomegaly, endocarditis etc. worldwide heart diseases are 1 in 20 adults at age 20 yrs and 5% older have CAD. The cardiac diseases kill 3 lakh people in 2021. In USA 1 every 5 deaths is due to CHD. In India 272 per 1 lakh population has CHD. 1 in 13 white men and 1 in 14 black men has CHD. CHD was prevalent in Kashmir at 7.54%. CHD higher in males than in females in Kashmir.

The condition in which the coronary arteries become narrowed by build-up of fatty materials within their walls. The pathologic or anatomical abnormality that causes disturbance in normal heart function like rate, rhythm, and other abnormalities is called the congestive heart diseases. The main causes are genetic, infection, food habits, activities of daily living etc. The disease can be classified as obstructive, non-obstructive and spontaneous heart diseases.

The studies done in Kashmir on Prevalence of Coronary heart disease in Kashmiris by Ishrat H Dar¹, Kamili MA², Showkat H Dar³ and Gaugli Ali⁴[2007] the study has target population of 13, 893 out of 44305 population in Anantnag and Srinagar. The random sampling was done on 3128[23%] subjects. Out of which 2284 were males and 844 were females. Aged 40 years. A complete history and clinical exam were done by questionnaire. Ecg were done. The prevalence was 7.45%. The rural prevalence was 6.70% and urban was 8.37%. in males it was 7.88% were as in Females it was 6.63%. chi square test was done.

KEYWORDS: -

Congestive heart diseases, knowledge, awareness, structured pamphlet, observation, interview.

OBJECTIVES: -

- To determine the percentage of altered heart rate among the people of Anantnag in Kashmir.
- To determine the percentage of knowledge score regarding prevention of congestive heart diseases among people of Anantnag in Kashmir.
- To determine effect of life style on the congestive heart diseases by observation among people of Anantnag in Kashmir.

METHODOLOGY: -

The quantitative observational study was done as non-experimental nature on the OPD patients of the cardiac section in GMC Anantnag in Kashmir valley. The sample was of 1000 people in number. An interview of open-ended questions was done. The tools of reliability were used. Ethical permission was taken from MS of the hospital. The sample was collected for period of 1 month of December 2020.

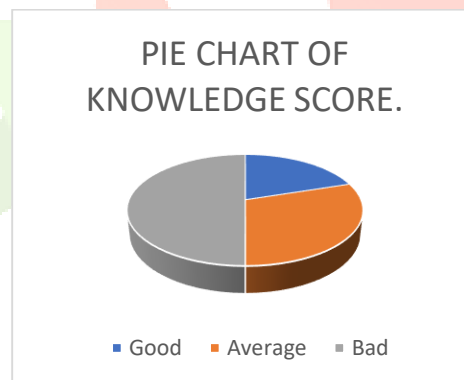
FINDINGS OF THE STUDY: -

The major findings were: -

The total frequency of the group was 1000 subjects. The knowledge score on awareness to prevent CHD with scales good, average and bad was 500[50%], average 300[30%] and good 200[20%]. The prevalence of diseases on rural and urban bases was rural 300[30%] and 700[70%]. The prevalence of diseases on the bases of age 10 to 30 yrs was 600[60%], 31-50 yrs was 200[20%] was and 51- 70yrs was 300[30%]. The percentage of altered heart rate was bradycardia 450[45%], tachycardia 350[35%] and Normocardia 200[20%]

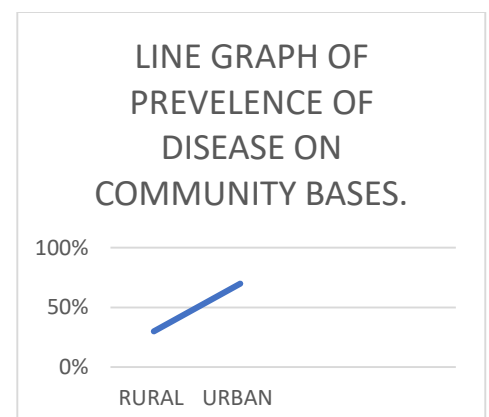
The frequency table and pie chart of knowledge score is as under: -

S. No: -	Knowledge score: -	Frequency: -
1.	Good	200
2.	Bad	500
3.	Average	300



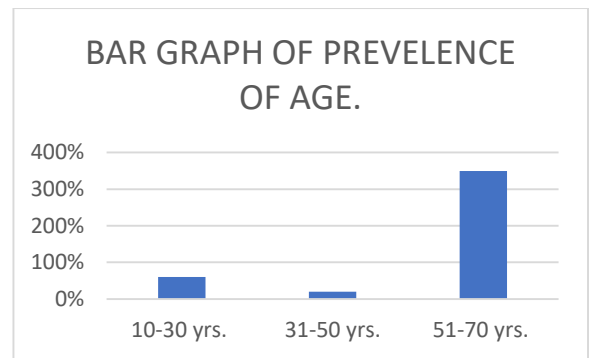
The frequency table and line graph of prevalence of disease on community score is as under: -

S.no: -	Community: -	Frequency: -
1.	Rural	300 [30%]
2.	Urban	700 [70%]



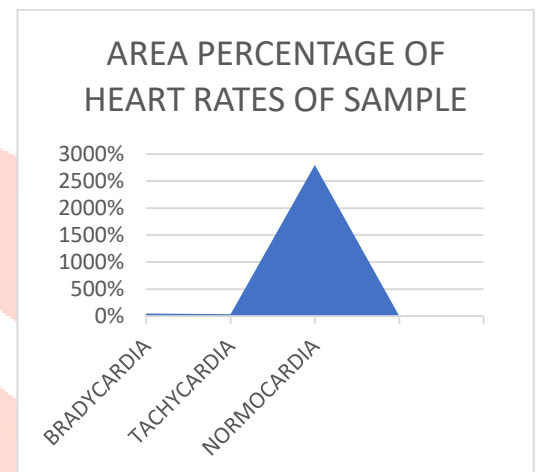
The frequency table and bar graph of prevalence of diseases on age bases is as under: -

S. No: -	Age: -	Frequency: -
1.	10-30 yrs.	600[60%]
2.	31-50 yrs.	200[20%]
3.	50-61 yrs.	300[30%]



The frequency table and pie chart of knowledge score is as under: -

S. No:	Heart rate type:	Frequency: -
-	-	-
1.	Bradycardia.	450[45%]
2.	Tachycardia.	350[35%]
3.	Normocardia.	200[20%]



DISCUSSION: -

The study revealed that there is an alarming change in the heart rate of the people of Anantnag and we have to reveal the cause. There is least knowledge in people about cardiac health for which policies should be made. The life style of the urban people should be modified.

LIMITATIONS OF STUDY: -

The study is limited to one district of Kashmir, it can be made on all districts of valley. Only interview method was used it can be made through other modes of data collection. The time limit, lack of interest, participation, placebo, economy, cooperation etc effected the study.

Anand Sharma¹, Vibhakar² and Sourabh³, did study on an exploratory analysis of public healthcare data. 2015

Ma Kami let al, did study prevalence of coronary heart diseases in Kashmiris. 2007

M N Krishnan, did study on coronary heart diseases and risk factors in India.2012

CONCLUSION: -

The study made conclusion that people are assets of country and country is by the people. There's alarming need to find the cause of change of heart rate in the people of Kashmir for which cardiac camps, programmes and health education must be done. Early screening and diagnostic facilities must be made available at PHC, CHC level. The mobile heart units must be made available. The CPR must be taught to people. The emergency management must be taught to people for decrease in causalities. In short Govt should made provision with

collaboration with the private sector to increase the cardiac disease monitoring and management of it, for healthy people. The drug menace should be checked as it is the major cause of heart problems.

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