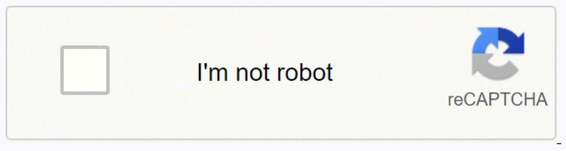
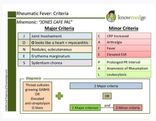


Next

Treatment of rheumatic fever pdf

	All cases	Mitral stenosis	Mitral regurgitation	Aortic stenosis	Aortic regurgitation
Total cases	344 (100%)	103 (30%)	204 (59%)	31 (9%)	126 (37%)
Loop diuretics	208 (61%)	69 (67%)	116 (57%)	22 (71%)	76 (69%)
Anti-platelet therapy	130 (38%)	45 (44%)	67 (33%)	12 (39%)	50 (40%)
Potassium supplements	103 (30%)	39 (38%)	61 (30%)	6 (19%)	31 (25%)
ACE-inhibitor	94 (27%)	26 (25%)	53 (26%)	10 (33%)	45 (36%)
Beta-blocker	89 (26%)	42 (41%)	44 (22%)	9 (29%)	24 (19%)
Aldosterone inhibitor	47 (14%)	13 (13%)	28 (14%)	6 (19%)	20 (16%)
Cardiac glycoside	43 (13%)	14 (14%)	24 (12%)	3 (9.7%)	16 (13%)
Calcium antagonist	39 (11%)	6 (5.8%)	16 (7.8%)	6 (19%)	28 (22%)



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Research Article Open Access

Chronic Diseases Related to Aging and Disease Prevention in Slums in Mumbai

V. M. Sarode*

Department of Mathematics and Statistics, Mulund College of Commerce, Mumbai, India

Abstract

This study uses primary data, collected using cluster sampling of sample size of 302 of elderly suffering with Hypertension, Diabetes, TB, Throat infection, HIV, Joint pain from Rafi Nagar slum in Mumbai. The paper examines chronic diseases related to aged slum dwellers and the utilization of health services available to these elderly people in the slum. The findings reveal highly significant disorders among aged women related to Skin lesion and super infection. Untreated bacterial pharyngitis; acute rheumatic fever while disorders among aged men found related to hypertension, Illicit drug use, diabetes, Asthma besides there was evidence of unimaginable low level of treatment seeking behavior which goes without adequate care taken amongst the poorest stratum of these aged slum dwellers. The need for care services is suggested for such aged slum dwellers particularly low income category women in such slum.

Keywords: Chronic diseases; Aging; treatment; Mumbai slums

Introduction

The biggest underlying risk factor for chronic disease in older people is high blood pressure, which can explain 12 to 19% of the total burden of disease in developing countries. India has around 90 million elderly and the figure is expected to increase to 315 million constituting 20% of the total population by 2050 [1]. The risk factors for chronic diseases vary by country. For example, 63% of men over 50 in India smoke, compared with only 11% in Ghana. In China, 51% of women over 50 have high blood pressure, compared with 27% in India [1]. Additionally, there is an increasing proportion of elderly at 80+ ages and is more pronounced among women. According to UNFPA report, "The overwhelming burden of disease in older persons is from non-communicable diseases (NCDs). Heart disease, stroke and chronic lung disease are the biggest killers. Visual and hearing impairment, dementia and osteoarthritis are the main causes of disability. These diseases affect older persons in developing countries far more than in the developed world."

According to the Study on Global Ageing an Adult Health (SAGE) among males and females aged 50 or older across six countries, including India, 87.9% men and 93.5% women in this age group have insufficient nutrition intake, while 24% men and 26% women have low physical activity. Around one in four men and equal number of women suffer from high blood pressure. Nearly 63% men and 30% women are daily smokers. Almost three in four men aged 50 and above and over four in five women have high risk waist hip ratio or abdominal obesity that greatly increases cardiovascular disease risk [2].

India is experiencing a rapid health transition, with large and rising burdens of chronic diseases, which accounted for 53% of all deaths and 44% of disability-adjusted life-years (DALYs) lost in 2005 [3]. In 2010, 53% of deaths were due to NCDs, of which Cardio Vascular Diseases (CVDs) accounted for 24%, Respiratory diseases 11%, Cancers 6%, Diabetes2% and Other NCDs 10% [4].

Studies show that chronic disease is a problem in urban and urban underprivileged areas. A study done in Faridabad had reported 15.8% prevalence of hypertension among women in slums [5]. Another study done in Surat slum showed that the prevalence of hypertension among the elderly was found to be 73.3% [6]. The total prevalence of Diabetes among the elderly was found to be 17.5% when the study was done in Nagpur slum [7]. Another study done in 13 urban slums of Bangalore city showed that 82.9% of the elderly persons reported suffering from at least one illness. The most important Morbid conditions found were Cataract 72.9%, Anaemia12.6%, Osteoarthritis 6.2%, chronic bronchitis 6.1% and Hypertension 5.1% [8].

Keeping in view the above research work an attempt is made to evolve a suitable strategy for knowing the prevalence of chronic diseases among elderly persons and the utilization of health services available in the slum area of Greater Mumbai, this study has been initiated.

The present study is an attempt to know

1. The prevalence of chronic diseases among elderly persons residing in the slum area of Mumbai city.
2. The utilization of health services available in the study area.

Background of the Study Area

According to a UNESCO document, "a slum is a building, a group of buildings, or area characterized by overcrowding, deterioration, insanitary conditions or absence of facilities, or amenities which, because of all these conditions or any one of them, endanger the health, safety or morals of its inhabitants or the community [9]. "Slums may be characterized as areas of substandard housing condition within a city. A slum is always an area. A single, neglected building even in the worst stage of decoration does not make a slum" [10]. Apart from these definitions, slum is an area of darkness, an area of poverty and thus poverty is the prime characteristic of slum.

According to Census of India 2001, about 49 percent of population

***Corresponding author:** V. M. Sarode, Associate Professor of Statistics, Head, Department of Mathematics and Statistics, Mulund College of Commerce, Mulund (West), Mumbai-400 080, India, Tel: 022 2564 0718; E-mail: vijaymsarode@yahoo.com

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KAISER & ROSEN DENTAL ASSOCIATES
8911 Krewstown Road
Philadelphia, PA 191115
(215) 464-5600
Fax (215) 464-5083

PHYSICIAN CLEARANCE FOR DENTAL TREATMENT

Dear Doctor,

_____was seen by our dental service and the following was noted:_____.
Our proposed treatment plan for this patient includes:_____
_____.

In view of this patient's medical history, and in order that our mutual patient receive optimal healthcare, would you please respond to the question(s) below. This patient cannot be scheduled for further care until we receive this form from your office. Thank you in advance for your help and cooperation. Sincerely,

_____DDS / DMD
Dental Service Provider

1) (a) Should this patient be premedicated with an antibiotic if at risk for Bacterial Endocarditis?
YES ( ) NO ( )
(b) If so, current American Heart Association regimen?) YES ( ) NO( )

(c) If "YES" , please indicate the condition necessitating premedication:
( ) Vegetative Heart Murmur ( ) History of Rheumatic Fever ( ) Artificial Heart Valve
( ) Recent Heart attack ( ) Recent Cardiac Surgery ( ) Pacemaker
( ) Mitral Valve Prolapse ( ) Vascular Surgery ( )Prosthetic Devices
( ) Other:_____

2) Are there any Contraindications to the use of:
(a) Local Infiltration Anesthesia (Lidocaine 2%) Yes ( ) No( )
(b) Epinephrine 1:100,000 (0.01mg/ml) Yes ( ) No( )
(c) Dental Radiographs Yes ( ) No( )

3) Does this patient need to have medication levels modified prior to dental treatment?
(ie: Anticoagulant therapy) YES_____ NO_____

4) Patient's current medical condition (ie: Is this patient medically stable?)
_____
_____

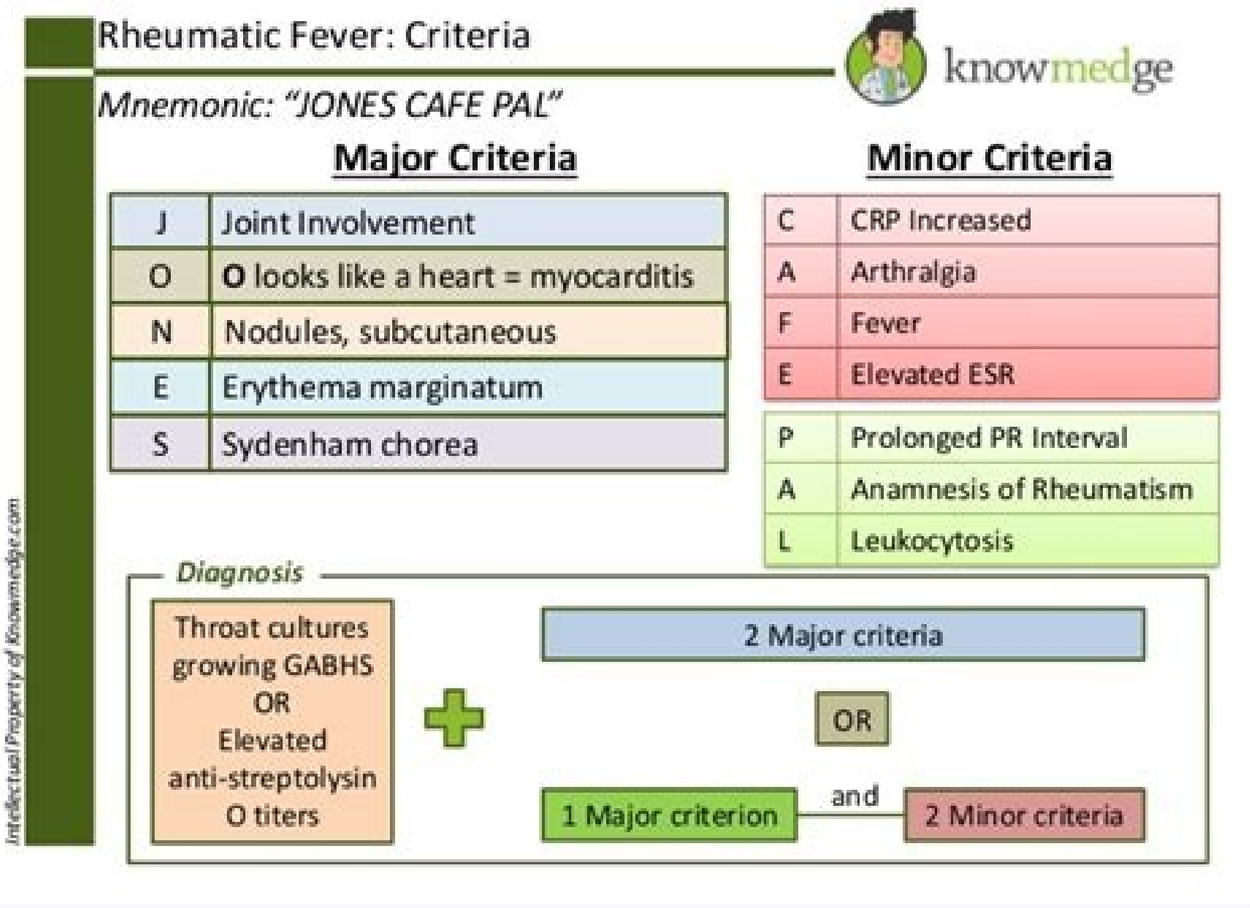
5) Current medications (please include dosage and frequency):_____
_____
_____

6) Contraindications or recommendations prior to dental treatment:_____
_____

7) Do you feel further consultation is necessary? Yes ( ) No ( )

Physician's Name:_____Date:_____
Office Address:_____ Office Phone: (_____)_____-_____

Physician's Signature:_____
(**Please instruct patient to return this form to the dental office prior to treatment or please mail this to the above address. Thank you for your time and cooperation.)



Treatment of rheumatic fever medscape. Treatment of rheumatic fever with carditis. Treatment of rheumatic fever in pregnancy. Treatment of rheumatic fever guidelines. Treatment of rheumatic fever in adults. Treatment of rheumatic fever in pediatrics. Treatment of rheumatic fever wikipedia. Treatment of rheumatic fever ppt.

Rheumatic fever is a disease that can occur after an untreated Streptococcus bacterial infection. Without treatment, rheumatic fever can cause severe complications such as rheumatic heart disease. The disease is rare in Australia, except in remote areas of Northern Australia, where the aborts and the Isleians of the Torres Strait, especially children, are at higher risk. Rheumatic fever is a disease that can occur after an infection caused by the group's bacteria to Streptococcus. If it is not treated, an infection such as "stretching stretching" can lead to a delayed complication with generalized inflammation in other parts of the body, particularly the joints, heart, skin and brain. Rheumatic fever is classified as an autoimmune disease because the inflammation is probably caused by the reaction of the immune system to the bacteria. While rheumatic fever can be developed at any age, children between five and 14 years are at greater risk. Without treatment, the disease can cause serious complications such as rheumatic heart disease. Only a small percentage of people who have a streptoccal infection will develop rheumatic fever. The disease is rare in Australia, except in the remote areas of central and northern Australia, where the Aborigines and the Isleians of the Torres Strait, especially children, are at higher risk. About 250 to 350 aboriginal children and islens of the Torres Strait of every 100,000 develop rheumatic fever. This rate is one of the highest of the world. Symptoms of rheumatic fever Most symptoms resolve with medical treatment. Symptoms of rheumatic fever may include: sudden inauguration of symptoms fever painful and inflamed joints fatigue skin problems such as an elevated eruption (erythema marginatum) or bulges under the skin around the affected Loss of weight without explanation Problems of the nervous system, such as involuntary movements and crutches (Korn of Sydenham, also known as San Vito dance) Heart problems such as inflammation (carditis), enlarged heartfast heartbeat (tachycardia) or heart murmur Inspiration Pain in the chest. Rheumatic heart disease Usually, rheumatic heart disease occurs after recurrent or prolonged episodes of rheumatic fever during a person's childhood. However, it can also develop after a single “bout” of rheumatic fever. Rheumatic heart disease can be a permanent complication of rheumatic fever. Inflammation can damage several heart structures, including muscle, coating or valves. In some cases, rheumatic heart disease does not cause any symptoms. In other cases, the person may have a variety of symptoms, such as shortness of breath, chest pain and heart palpitations. Many Aboriginal and Torres Strait Islander children with rheumatic fever are not diagnosed or treated. The incidence of rheumatic heart disease is therefore high in Australian indigenous communities. Socio-economic risk factors Rheumatic fever is a complication of untreated streptococcal infection. Certain living conditions increase the likelihood of streptococcical infections. Known risk factors include poverty, overcrowding and limited access to health care. It is believed that streptococcal bacteria can also enter the body through cuts and abrasions. The high incidence of sarin in remote Australian communities can help explain why rheumatic fever is prevalent. Rheumatic Fever Diagnosis There is no specific test available to diagnose rheumatic fever. The range of tests may include: Medical history, including evidence of a previous strep infection Physical exam Gorge to detect the presence of group A strep bacteria Blood analysis to search for "markers" to suggest that there are(ECG) to monitor the electrical activity of the heart chest X-rays to observe the heart for signs of enlargedness and lungs for congestion. Treatment of rheumatic fever Treatment may include: Penicillin hospital admission, usually administered as intramuscular injection Course CourseAspirin corticosteroids (cortisone) If arthritis is severe or there is a carditis (heart inflammation) treatment with long-term antibiotics, which may include monthly penicillin injections for up to five years, this helps reduce the risk of heart disease rheum. In the case of rheumatic heart disease, it is possible that treatment of cardiac catalog or surgery is needed to repair the damaged heart valves. Long-term prospects with appropriate and fast medical attention, the long-term perspective for a person with rheumatic fever is excellent. However, having rheumatic fever once it does not offer immunity against doing it again. It is important that the person seek fast medical attention for any future infection of a throat. Currently there is no vaccine for rheumatic fever, but Australian medical scientists are working to develop a Streptococcus vaccine. A vaccine that prevents streptococcal infections is expected to wait for rheumatic fever and rheumatic heart disease. Where to get help to remember rheumatic fever is a disease that can occur after a bacterial infection of untreated streptococci. Without treatment, rheumatic fever can cause severe complications, such as rheumatic heart disease. The disease is rare in Australia, with the exception of the remote parts of Northern Australia, where aboriginal persons and the Isleians of the Torres Strait, especially children, have a higher risk. This page has occurred in consultation with and approved by: This page has occurred in consultation with and approved by: this page has occurred in consultation with and approved by: the content of this website is provided Only for informational purposes. Information about a therapy, service, product or treatment does not support in any way or support such therapy, service, product or treatment, and not Destined to replace your doctor's advice or other registered health professional. Information and materials contained on this website are not intended to be a complete complete about all aspects of the therapy, product or treatment described on the website. 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