

SHORT COMMUNICATION

Punjab Univ. J. Zool., Vol. 15, pp. 201-204, 2000

IMPACT OF SOCIOECONOMIC FACTORS IN THE PREVALENCE OF THYROID DISORDERS AT SHAIKH ZAYED HOSPITAL, LAHORE

MAHMOOD CHENGZEE, ZAFAR IQBAL, NASIM R. KHAN AND M. WAHEED AKHTAR

Pakistan Medical Research Council (MC, NRK), Medical Department, Shaikh Zayed Medical Complex (ZA), and Institute of Biochemistry and Biotechnology, University of the Punjab (MWA), Lahore, Pakistan

Abstract: The impact of socio-economic factors does play a very prominent role in the prevalence of thyroid disorders. A total number of 425 patients were studied in which 105 (24.70%) were males and 320 (75.30%) were females. Male to female ratio found to be 1:3. Of 105 patients, 65 (27.7%) belong to rural areas whereas 40 (21%) belong to urban areas compared to 170 (72.3%) female belong to rural areas and 150 belong to urban areas. We found if proper socio-economic factors are well oriented then it is quite safe and successful in controlling and arresting the phenomena of thyroid disorders.

Key words: Prevalence of thyroid disorders, socioeconomic factors, sexual differences, G.I.T. disorders.

INTRODUCTION

Thyroid disorders are quite common in the semi-developed country like Pakistan. There are many diseases which have very wide prevalence in any poor area. The economic does play a very prominent role in arresting the proliferation of such disorders either it relates to thyroid, G.I., or any other system (Krahn, 1993; Grodin *et al.*, 1993; Kaplan *et al.*, 1993). The restraints of economic relaxation for obtaining the hygienic habitats lead to the avoidance of the catching of the diseases that are very pronable if not controlled.

A questionnaire was developed for taking full history of the patients. This prospective study was carried to determine the diagnostic manifestations in connection with the mode of presentation and outcome of suggestion if any for various thyroid disorders being encountered in these areas.

MATERIALS AND METHODS

Following are the parameters for the proliferation of thyrometabolic disorders:

1. Unhygienic conditions:
 - Living
 - Sub-living
2. Laboratory tests not available or access to patients.
3. Unawareness to see the doctor.
4. Unauthentic approach to the system.
5. Not timely treatment/negligence.

Evaluation was made by the clinician and the patients were referred to the laboratory for the biochemical analysis. The samples of poor patients were analysed free of charge on Social Welfare Departments request. A questionnaire like proforma was developed and every patient's general history was taken on the proforma and later on an analysis was done.

The patients were examined by a team of doctors specialized in the Endocrinology Department of Medical Division in OPD at Shaikh Zayed Hospital, Lahore and according to the grading of the diseases, subsequent related tests were requested for further analysis.

RESULTS

As it is evident from the Table I, out of total 425 patients, 105 were males (24.70%) and 320 were females (75.30%) with a male to female ratio of 1:3. Of 105 males, 65 (27.7%) belong to rural areas whereas 40 (21%) belong to urban areas. While 170 (72.3%) patients were females belonging to rural areas and 150 (79%) belong to urban areas.

Table I: General distribution of patients living in rural and urban areas

	Patients living in: (n=425)		Total
	Rural areas	Urban areas	
Male	65 (27.7%)	40 (21%)	105 (24.7%)
Female	170 (72.3%)	150 (79%)	320 (75.3%)
Total	235(55.3%)	190 (44.7%)	425 (100%)

Table II shows the percentages of patients living in sub-standard environments like taking unclean and unhygienic drinking water; no proper arrangement of disposing the garbage. lack of proper draining system or its open exposure lead to many health hazards atmosphere involve 29% male and 44% female living in rural areas making the total of 73% whereas 11% male and 16% female living in urban areas making the total percentage to 27%.

The table III demonstrates the percentage of patients who first sought the help from unqualified persons like Pirs, Hakims and lack of other sources forced them (patients) to restrain themselves to seek the proper and timely reference to qualified doctors. As the table III indicate that 81% patients from both rural and urban areas did not seek the help

of qualified doctor/ specialist. Whereas only 19% from the both areas did seek the help of qualified doctors/ specialists for the remedy of their respective problems.

Table II: Percentage of patients sex-wise living sub-standard environments in rural and urban areas

	Rural patients	Urban patients	Total
Male	29	11	40
Female	44	16	60
Total	73	27	100

Table III: Percentage of patients seeking the help of non-doctors as well as of doctors

Patients (%) referred first to:			
	Other than doctor	Qualified doctor	Total
Male	60	3	63
Female	21	16	37
Total	81	19	100

DISCUSSION

From the point view of thyroid disorders in terms of socio-economic factors, the prevalence, no doubt, has been proliferated due to the incremental sub-standard of a hygienic conditions, ignorance of the patient to whom to refer timely. Lack of economic viability as well as of education, negligence of the patients by thinking that this disorder may be over with the passage of time or if not considering it seriously, may go away by itself. With such misunderstandings, the end result of disorders of the related diseases may become serious to complicate one's life into problems restricting the normal functioning of the patients (Gordan, 1993; Frenk, 1993).

As it is evident in the previous table discussed earlier in the results actively demonstrate that the prevalence of such disorders do depend on the socio-economic factors contributing towards the development of such deterioration if unchecked.

It is, therefore, concluded that if proper socio-economic factors are well oriented then it is quite safe and successful in controlling and arresting the phenomena of thyroid disorders for the better management of such patients.

REFERENCES

- ECONOMIST EDITORIAL, 1997. *Thyroid disease and its prevalence in the world*. W.C. Brown Publishers, **342**: 103-104.
- FREAK, H.C., 1993. Molecular biological approaches to studying trace mineral: why should clinician care. *J. Am. Coll. Nutr.*, **12**: 294-302.
- GORDAN, N., FROHLICH, J. AND GANONG, W.F., 1993. Learning disorders and delinquency. *Brain Dev.*, **15**: 169-172.
- GRODIN, M.A., GAW, A., COWAN, R.A., OREILLY, D., STEWART, M.J. AND SHEPARD, J., 1993. Medicine and Human Rights. A proposal for international action. *Hastings Cent. Rep.*, **23**: 8-12.
- KAPLAN, G.A., CHARNEY, D., MENKES, D.E. AND HENINGER, G.R., 1993. Oct. Socio-economic factors and cardio vascular diseases: a review of the literature. *Circulation*, **88**: 1973-1998.
- KRAHN, G.L., KUNEKL, H.G., YOUNG, R.I.I. AND NORRIS, J.I.I., 1993. Conceptualizing social support in families of children with special health needs. *Fam. Process*, **32**: 235-248.
- PARKER, A.B., KUNEKL, A.H., OTHMAN, S. AND HALL, R., 1999. The pathogenesis of thyroiditis and the degree of complement induced thyroid damage. *Thyroid*, **6**: 177-182.

(Received: July 25, 1999)