AUDIT OF CASES PRESENTING AT THE OUT PATIENT DEPARTMENT OF A DISTRICT NIGERIAN HOSPITAL

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ABSTRACT

BACKGROUND: *Disease is a cause of morbidity and mortality and is caused by both communicable and one-communicable disease. Malaria continues to be one of the major public health challenges in the world, particularly in Africa despite the fact that numerous studies have identified effective methods of prevention.*

METHOD: *This is a prospective study was conducted at General Hospital, Aliero, Nigeria. All adult patients who came for outpatient consultation were recruited into the study.*

RESULTS: *1636 adults were studied. The commonest reason for visiting the outpatient clinic was malaria 36.63 %(632), peptic ulcer disease 19.80 %(324) and urinary tract infection 187(11.43%). The commonest non-communicable disease was hypertension 4.95% (84). Myasthenia gravis was the least cause of outpatient consultation 0.06 %(1). Infections were the commonest cause of disease at the centre.*

CONCLUSION: *Improved hygiene and sanitary conditions will reduce the morbidity and mortality due to infections and infestations in developing counties.*

INTRODUCTION

District hospitals are common in developing countries. These health facilities are usually located in rural communities. Most of the doctors in these rural hospitals do not have specialist postgraduate training. General Hospital Aliero is located in Aliero Local Government Area of Kebbi state in northern Nigeria. At the time the study was conducted, there were three doctors who are general practitioners posted by the ministry of health to this health facility. Other medical personnel at this health facility are eight nurses of whom two were midwives, two laboratory technicians, and three pharmacy technicians. Other non-medical staffs are clerical officers, record department staff, ward attendants (also called ward servants or orderlies), security men, and others. The hospital has five wards for the management of in-patients namely maternity ward, male medical ward, male surgical ward, female medical ward, female surgical ward and an emergency room.

It has been suggested that social and cultural determinants of behaviour may account for the gap between awareness of modern health measures and health seeking behaviour [1]. Malaria continues to present a great challenge to health systems for countries in the tropical developing world [2]. This is an attempt to determine the pattern of disease presentation at an outpatient clinic in a district hospital in Nigeria.

METHOD

This is a prospective study conducted at general hospital Aliero, Kebbi State Nigeria from January to December 2006. All adult patients above 15 years presenting at the out patient department were included in the study. The hospital is a secondary health facility located in northern Nigeria. At the time the study was conducted, the hospital was managed by medical doctors with no specialist training in any medical specialty. Patients are seen at the outpatient department and those that require

in-patient management are admitted into the wards. Patients that require specialist expert management are referred to a tertiary health facility. The hospital had a laboratory that performs some investigation though the hospital was located in a rural setting. Diagnosis was made after taking a history, clinical examinations and sometimes performing laboratory investigations depending on the condition.

RESULTS

During this 12 months prospective study, 1636 adults presented at the out patient department of General Hospital Aliero and were managed for different ailments. One third of the patients (36.63%) were treated for malaria, one-fifth (19.80%) for peptic ulcer disease. Table I shows the diagnosis of all patients while table ii shows infections treated at the hospital during the period of study was treated in 0.79(13)% of patients were treated for Infectious disease (pulmonary tuberculosis). Forty-two women (2.57%) were treated for gynaecological problems.

Table I   Showing diagnosis of all patients

Diagnosis	N	Percentage (%)
Malaria	632	36.63
Peptic ulcer disease	324	19.80
Urinary tract infection	187	11.43
Hypertension	84	4.95
Dermatitis	65	3.97
Arthritis	61	3.73
Upper respiratory tract infection	38	2.32
Pelvic inflammatory disease	35	2.14
Infertility	27	1.65
Diabetes mellitus	26	1.59
Pneumonia	19	1.16
Asthma	16	0.98
Pyelonephritis	14	0.86
Otitis media	14	0.86
Benign prostatic hypertrophy	14	0.86
Pulmonary tuberculosis	13	0.79
Uterine prolapse	10	0.61
Hepatitis	9	0.55
Liver cirrhosis	7	0.37
Haemorrhoid	7	0.37
Orchitis	6	0.37
Amenorrhea	5	0.31
Nephrotic syndrome	4	0.24
Thyrotoxicosis	2	0.12
Hydronephrosis	3	0.18
Goitre	2	0.12
Adverse drug reaction	4	0.24
Sinusitis	4	0.24
Cellulitis	1	0.06
Tonsillitis	1	0.06
Neuropathy	1	0.06
Rhinitis	1	0.06
Proctitis	1	0.06
Myasthenia gravis	1	0.06
Total	1636	100

Table II   Showing Types of Infections Managed During the Study Period

Infection	N	Percentage (%)
Urinary Tract Infection	187	11.43
Dermatitis	65	3.97
Upper Respiratory Tract Infection	38	2.32
Pelvic Inflammatory Disease	35	2.14
Pneumonia	19	1.16
Pyelonephritis	14	0.86
Otitis Media	14	0.86
Hepatitis	9	0.55
Orchitis	6	0.37
Sinusitis	2	0.12
Cellulitis	2	0.12
Tonsillitis	1	0.06
Rhinitis	1	0.06

DISCUSSION

Malaria is the most important parasitic disease in the tropics and remains the highest public health importance. This is seen in this study as majority of the patients were diagnosed to be suffering from malaria. Infections occur commonly in tropical countries. Infection is a leading cause of morbidity and mortality in hospitals in developing countries. Most of the patients present late and when they do, they do not have money to purchase prescribed medications. An infection is the colonization of a host organism by a parasitic species. Infecting parasites seek to use the host resources to reproduce, often resulting in disease. The host normally fight infections themselves via their immune system. Diagnosis of infections can be difficult as specific signs and symptoms are rare. If an infection is suspected, blood, urine, and sputum cultures are usually the first step. There was a functional laboratory at the study health facility but having patients do their investigations is not readily easy because of cost. Viable treatment and prevention strategies will disrupt the infection cycle. Frequent hand washing remains the most important factor in preventing the spread of unwanted organisms.

Chest X-ray and stool analysis may also aid diagnosis. Radiographic services were not available

at the centre at the time the study was conducted. Bacterial and viral infections can both cause symptoms such as malaise, fever, and chills. An infection is the colonization of a host by parasite species infecting parasites seek to use the hosts' resources to reproduce often resulting in disease. In this study, infection was the commonest reason for visiting the hospital while malaria was the commonest infestation. Malaria is the most prevalent parasitic endemic disease in Africa with more than 80% of the population south of the Sahara at risk of the disease. 90% of the estimated 1-2 million deaths globally from malaria annually are estimated to occur in Africa [1,3,4,5.] Most of these being children under 5 years old [3].The magnitude of the public burden posed by malaria worldwide and its connection to poverty has galvanized the international donor community to put malaria control high on the development agenda and helped leverage unprecedented additional financing for malaria endemic countries [3,6] Annually malaria kills more people in the tropics than any other infectious disease [3, 7]. About 9% of all malaria deaths in the world today occur in Africa south of the Sahara [3].

In Nigeria, malaria transmission is holoendemic and more than 90% of the population live in areas with stable malaria [8], malaria is responsible for 10% of hospital admissions and 20-30% of out patients' consultations in Africa [2] as seen in this study. Deaths due to malaria are mainly due to anaemia and cerebral malaria. In Africa home management of illness is very important and popular. Reviews have shown that a large population of malaria treatment is done at home. Malaria is one of the world's devastating diseases [5].

Hypertension was suffered by 4.95% of patients and 1.59% had diabetes. Diabetes is a chronic condition with several implications I the daily life of people diagnosed with this disease [9]. Peptic ulcer disease was the second reason for outpatient consultation at the study centre. Peptic ulcer disease is an ulcer in the gastrointestinal tract that is usually acidic and extremely painful. Majority of peptic ulcer disease is associated with *helicobacter pylori* and can be worsened by drugs such as aspirin and non-steroidal anti-inflammatory drugs. Infections were the commonest reason for outpatient consultation at the study centre.

CONCLUSION

Malaria is a common cause of illness, morbidity, and mortality in Nigeria. Many infections contribute to high morbidity and mortality. Delay in the diagnosis and treatment of malaria contributes to mortality. Infections and malaria still remain the major cause of disease in Nigeria which is associated with hygiene. There is need to improve the sanitary conditions to reduce the morbidity and mortality of malaria and other infections.

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