

The Socio-Demographic Data on Disabled People in the City of Cerrik

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Abstract: Priorities of the public health today in the whole world are the prevention of people's disability, and especially the causes that lead to its terminal phase. The morbidity of the disease, the increase of the death rate by cardiovascular diseases at 53%, the increase of disease by tumors, the rapid increase of death cases due to road accidents in our country, the low access to health services make the public health services even more tangible. On the other hand the low quality of the health service, the lack of or the incomplete coverage due to high costs for the disabled persons, make the treatment of these patients an even more difficult task. The Albanian society spends large amounts of money on such categories of patients, who are considered parasite people, as their contribution to the society is scarce.

Introduction

The great opportunities that exist in preventing the disability, as well as the early diagnosis and adequate treatment, makes this targeted disease the focal point of the health policies. These morbidities, together with the mental retardation, epilepsy, mainly consist in early diagnosis, checking and following up of pregnancy. Other morbidities such as those consisting of skeletal, that mainly have to do with the examination and fulfillment of technical conditions for work, the prophylactic administration of calcium in osteoporosis, treatment of HTA etc. The elimination of the risk factors such as, alcohol, smoking, malnutrition, etc, in the prevention or diminishing the complications of such morbidities, makes these measures more efficient.

Goal

The main goal of the study is to highlight some of the social and demographic aspects of partly and/or fully disabled subjects in the city of Cerrik. To gather and make use of data, in order to better define the groups which are more at risk in order to support them economically. To identify the most optimal measures, to be taken in policy making, in order to fight such disabling diseases, in order to have an obvious economical and social impact.

General Objectives

Defining the social aspects in subjects treated with limited/partial disability KEMP

Defining the social aspects in subjects treated with full disability

Specific objectives

- Describing the subjects under study according to gender, age etc.
- Defining the prevalence of main nosologies in subjects taken under study from both groups
- The prevalence of nosologies by gender
- Definition of nosologies according to limited disability and disability

Materials and method

- For the scope of this study, there were examined the clinical files of all the subjects being treated in the municipality of Cerrik, with economical aid, as limited or work disabled people.
- Work disabled people (limited disability) are 169 and fully disabled people are 163.

Study data

- Work disabled people and fully disabled people
- Gender
- Age
- Group
- Term of disability
- Main diagnosis

Statistical analysis

- The analysis of data made in Excel database, in 2003.
- The average, standard deviation is used in the continuant variables such as age and the term of the disability Defining the frequency in which the nosologies of the main disease

Results*Division of the disability according to gender*

66 (40%) Female

97 (60%) Male

Average standard deviation and age according to gender in subjects with full disability

32.4-20.4 – MALE

25.3-16.2 – FEMALE

29.5-19.1 – TOTAL

Average age

Standard deviation

Distribution of subjects with disability according to groups

8-18 – First group

58-79- Second group

Average term in years according to subjects with disability

7-7.4 – MALE

7.5-7.8 – FEMALE

7.1-5.2- TOTAL

Average term

STDev

Mental retardation according to gender

27-FEMALE
 34-MALE
 61-TOTAL

Mental retardation according to gender in percentage %

56% - FEMALE
 44% - MALE

The structure of the disease according to gender in subjects with disability

FEMALE
 MALE

	Female	Male	Total
Mental retardation	27	35	62
Familial myopathy	1	5	6
IRK	2	0	2
Rheumatoid arthritis	0	1	1
Asthma	0	3	3
AVC (vascular cerebral damages)	4	3	7
Coxarthrosis	2	0	2
Endocrine	1	0	1
Epilepsy	3	8	11
Urinary malformation, inconsistencies	3	1	4
Ophthalmology	5	23	28
Paralysis	2	2	4
Poliomyelitis	0	3	3
Congestive heart disease	2	0	2
Skeletal related diseases	10	5	15
Schizophrenia	2	4	6
Multiple sclerosis	0	1	1
Tumoral diseases	3	1	4
Thalassemia	0	1	1
Total	67	96	163

Nosologies in subjects with disability

Mental retardation
 Familial myopathy
 IRK
 Rheumatoid arthritis
 Asthma

AVC (vascular cerebral damages)
Coxarthrosis
Endocrine
Epilepsy
Urinary malformation, inconsistencies
Ophthalmology
Paralysis
Poliomyelitis
Congestive heart disease
Skeletal related diseases
Schizophrenia
Multiple sclerosis
Tumoral diseases
Thalassemia

Causes of disability in the subjects in percentage

Mental retardation
Familial myopathy
IRK
Rheumatoid arthritis
Asthma
AVC (vascular cerebral damages)
Coxarthrosis
Endocrine
Epilepsy
Urinary malformation, inconsistencies
Ophthalmology
Paralysis
Poliomyelitis
Congestive heart disease
Skeletal related diseases
Schizophrenia
Multiple sclerosis
Tumoral diseases
Thalassemia

Division of subjects with disability in percentage according to gender

111 (66%) – MALE
58 (34%) – FEMALE

Average standard deviation and age according to gender in total of the subjects with disability

55-9.50 – MALE

52-7,8 – FEMALE

54 – 8.70 – TOTAL

Division of cases with disability according to the group and gender

1 2 4 Totalmale – female

Number of subjects according to groups with disability

Group 1 Group 2 Group 3 Group 4 Total

Term of subjects with disability

1 month 2 months 3 months 5 months 7 months 9 months 1 year 2 years Permanent Recurrent each year

Division of subjects according to their main group diagnosis and gender

Rheumatism, ARH, AVC, Bronchitis, Cirrhosis, Cox, Diabities, Endocrinal, Epilepsy, Hematology, HTA, IRK, Mental, Morb-Parkinson, Familial Myopathy, Ophthalmology, Osteoporosis, Psychosis, Ren unik, Skin disease, SIZ, Skeletal, Schizophrenia, SKV Tumoral, Vascular disease, Asthma.

Division of subjects according to their group diagnosis

Rheumatism, ARH, AVC, Bronchitis, Cirrhosis, Cox, Diabities, Endocrinal, Epilepsy, Hematology, HTA, IRK, Mental, Morb-Parkinson, Familial Myopathy, Ophthalmology, Osteoporosis, Psychosis, Ren unik, Skin disease, SIZ, Skeletal, Schizophrenia, SKV, Tumoral, Vascular disease, Asthma.

Nosologies according to percentage in subjects with disability

Rheumatism, ARH, AVC, Bronchitis, Cirrhosis, Cox, Diabities, Endocrinal, Epilepsy, Hematology, HTA, IRK, Mental, Morb-Parkinson, Familial Myopathy, Ophthalmology, Osteoporosis, Psychosis, Ren unik, Skin disease, SIZ, Skeletal, Schizophrenia, SKV Tumoral, Vascular disease, Asthma

Average age for the groups of diseases

Diagnosis	Age
Bronchitis	51
AVC	58.7
Cirrhosis	45
Coxarthrosis	51
Diabetes	55
HTA	54.7
IRK	50.9
Ophthalmology	55
Skeletal	53.4
Asthma	59.3

Conclusions**In subjects with disability**

Skeletal diseases	13.6%
Ischemic heart diseases	11%
Ophthalmology	10%
Coxarthrosis, diabetes, IRK	7%
AVC and bronchitis asthma	6.5% and 5.9%

Conclusion (continuation)**Disabled subjects**

Mental retardation	38%
Ophthalmology	17%
Epilepsy	7%
Skeletal	9%

Recommendations

Focus more on the prevention services in order to further prevent and study the causes that enable the drafting and implementation of more efficient programs. The rehabilitation, and institutional integration of nosologies such as; skeletal, nervous system, myopathies can make disabled subjects become parts of the society and improve the quality of their lives.

Bibliography

Social Services Directorate, Department for Disabled people, Municipality of Cerrik.