ABSTRACT

Co-morbidity Among Attendees Of An Urban Jamaican Community Health Centre

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It has been shown that a significant number of persons suffering from a chronic non-communicable disease have more than one to manage at any time. The net effect of this co-morbidity is usually synergistic with respect to complication of disease and adequate management. This adds to the burden of disease on the individual, as well as that of the Health system with its diminishing over-stretched health dollar.

This study aimed to look at the prevalence, co-morbidity and associated factors of the chronic non-communicable diseases in attendees of the Type III Health Centre attached to the Department of Community Health and Psychiatry UWI Mona.

A proportionate random sample of dockets was obtained; each docket representing a family attending the Health Centre. From each docket persons suffering from chronic non-communicable diseases were chosen to make up the
final sample. The dockets provided secondary data for the study while primary data was obtained by means of a Focus Group and personal interviews.

The sample consisted of 189 families, of which 54% had a member suffering from one or more chronic conditions. The male: female ratio was 1:2 in ages ranging from 6 – 99yrs., with men occupying the lower age ranges.

Factors found to be associated with co-morbidity included increasing age and the specific conditions themselves, with the latter being the more important factor. Hypertension was seen to be the most important condition having the highest prevalence as well as the highest co-prevalence, followed by Asthma. Asthma is of import because of its age distribution, and its propensity for co-morbidity later in life.

A lack of adequate knowledge was cited as the main obstacle in patient’s management of their conditions. This as well as the nature of the diseases, magnifies the role Primary Prevention has to play in future management of these conditions.

Keywords: Anna Marleene Matthews; Co-morbidity; Chronic non-communicable Diseases; Co-prevalence.