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Short Communication

EFFICACY OF SYNDROMIC APPROACH IN URBAN SLUM OF BHOPAL

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INTRODUCTIONThe genitourinary tract is the site of some of the most common infectious diseases seen in both community and hospital practice. These infections may be manifest or asymptomatic, acute or chronic and isolated, relapsing or recurrent. There is also a very high transmission rate among the sexually active. The common classical RTIs are gonorrhea, syphilis, chancroid, LGV, chlaymydia and trichomonas. The common complications due to RTIs in women are PID, infertility and ectopic pregnancies.They often cause significant morbidity and occasionally they may be life threatening or result into permanent damage. RTIs/STIs are a major public health problem in both developed and developing countries. The main reasons for inaccessibility in RTI management are lack of concern and awareness among low SES, illiteracy, limited resources, minimum diagnostic techniques. For these reasons WHO advocated Syndromic approach for diagnosis and management of RTIs/STIs. The syndromic approach is a simple, inexpensive & rapid method for making diagnosis and treatment of patient in one visit. It also helps to prevent the development of complications and decreases spread of disease in the community.

MATERIAL METHODS

Interventional study was conducted in 2008–2009 at the Bhopal city, Madhya Pradesh, India. All the persons in the age group of 15-45yrs except pregnant, puerperal women and lactating mothers of 150 families residing in Gandhinagar urban slum area. These families were selected by using Random Sampling Method. We were a group of 6 volunteers of department of community medicine of GMC, Bhopal. We conducted household surveys in 150 families covering 478 individuals according to our inclusion criteria. As per patients history we made provisional diagnosis. For the convenience of patient we select the Gandhi nagar CHC for treatment through Syndromic approach. We maintained the records and made follow-up visits for further interviewing and making assessments.

RESULT

In the present study conducted in 150 families covering 478 peoples comprising 257 were males and 221 were females. The commonest presentation among female was vaginal discharge (97.29%) followed by lower abdominal pain (48.64%) and among males urethral discharge(60%).

Table no. 1 Age and Sex Wise Distribution of Population Screened

	Age Groups			
	15-25(y)	26-35(y)	36-45(y)	Total
Males	79	73	105	257
Females	67	53	101	221
Total	146	126	206	478

Table 2 Distribution of various Reproductive Infections according to Age and Sex

Presenting Symptoms	Age Groups (yrs.)			
	15-25	26-35	36-45	Total
Vaginal Discharge (Females)	12(17.91%)	10(18.86%)	14(13.86%)	36(16.28%)
Lower Abdominal Pain (Females)	3(11.32%)	6(11.32%)	9(8.91%)	18(8.14%)
Genital Lesion (Females)	0	1(1.88%)	1(0.99%)	2(0.90%)
Genital Lesion (Males)	0	1(1.37%)	1(0.95%)	2(0.77%)
Urethral Discharge (Males)	0	3(4.11%)	0	3(1.16%)
Inguinal Swelling/bubo (Males)	0	0	0	0
Scrotal Swelling (Males)	0	0	0	0
Total	12(8.78%)	14(11.11%)	16(7.76%)	42(8.78%)

It was found that attack rate was maximum (11.11%) in 26-35 yrs age group and minimum in 36-45yrs age group (7.76%). peoples using barrier contraceptives having attack rate of RTI was 5.55% against 16.12% in non-barrier contraceptives users. the attack rate of RTIs in literates were(7.00%) and in illiterates was (10.20%). Again it was found that RTIs attack rate was more in grade III socio-economic class (16.94%) than other. Among all advised 39 (92.85%) came forward for treatment with 36 (97.30%) females and 3(60%) males. Only 29 (74.30%) took complete treatment with 27 (75%) females and 2 (66.60%) males showing a cure rate of 25 (86.20%).

Table no. 3 Effectiveness of Syndromic Approach in RTI cases

Treatment Details	Males	Female	Total
Treatment Advised	5(100%)	37(100%)	42(100%)
Treatment Taken			
Complete	2(66%)	27(75%)	29(74.35%)
Partial	1(33%)	9(25%)	10(25.64%)
Outcome of Complete Treatment (N=29)			
Cured	1(50%)	24(88.88%)	25(86.20%)
Not Cured	1(50%)	3(11.11%)	4(13.79%)

DISCUSSION

Our study revealed that overall consultation rate for RTIs was quite low Bang et al also reported that 92% women in their study have gynecological and STD but only 8% of them had gynecological examination in the past even though 55% were aware of having gynecological disorder even 7.1% of women didn't come for treatment despite at least 2 home visits for the purpose 97.3% women motivated against only 60% males. Reasons for low consultations were illiteracy, simply ignored the symptoms due to lack of concerned and awareness for the problem and both men and women were too shy to come to help centre regarding a symptom pertaining to her private parts which has also been reported by others. Only 74.35% of those who opted for treatment completed their treatment and rest took partial treatment. It was found that those who completed the course of treatment, the cure rate of presenting symptom were 86.20% which was comparable to two Rwandan towns.

CONCLUSION

Besides financial constraints there are social and educational barriers to the attack rate and treatment of RTI in the urban slums. Although syndromic approach was found to be effective for those who took complete treatment (86.20%) but concerted efforts are required to overcome the barriers and regular motivation, to achieve treatment compliance.

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