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A Review on Epidemiological Survey on Respiratory Disorders

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ABSTRACT

Respiratory disorders pose a significant burden on healthcare systems worldwide. This epidemiological survey aimed to determine the prevalence and risk factors of respiratory disorders in [population/region]. A cross-sectional study was conducted among [number] participants, using standardized questionnaires and spirometry tests. The results showed a prevalence of [percentage]% for chronic obstructive pulmonary disease (COPD), [percentage]% for asthma, and [percentage]% for other respiratory disorders. Significant risk factors included [list risk factors, e.g., smoking, air pollution, occupational exposure]. The findings highlight the need for targeted interventions to reduce the burden of respiratory disorders in [population/region].

This abstract provides a concise overview of the survey's objectives, methods, and key findings, highlighting the importance of addressing respiratory disorders in the specified population/region.

Aim: To analyse the epidemiological survey on respiratory disorders

Method: This is prospective observation study in Govt. Area Hospital ,Narasaraopet. A total of 150-200 patients diagnosed with different respiratory disorders were included in the study. We conducted our study for 6 months.

Results: Between 2025 and 2026 , a total of randomized volunteers were enrolled and treated with their treatment. In the study, Females are more effected in respiratory disorders when compared to males.

Conclusion: In our study, we concluded that respiratory disorders were more observed between 14-24 of age followed by patient age 35-59 years. According to the study acute upper respiratory disorder is more effective when compare to other disorders.

Keywords: epidemiological, emergency department, ethnic, respiratory diseases, region's climate

1. INTRODUCTION

Respiratory disorders are any of the disorders and diseases of the airways and the lungs that affect human respiration. Respiratory disorders are the condition affecting the airways and lung structure, causing breathing difficulties ranging from acute infections to chronic diseases. This respiratory disorders mainy affect on our respiratory system i.e. unable to breath the air, blockage of the airway. Our respiratory system includes lungs, airway, diaphragm, voice box, throat. Its main function is breath in oxygen and breath out carbon dioxide. The study of respiratory disorders is known as pulmonology. A physician who specializes iin respiratory disease is known as a pulmonologist, a chest medicine specialist , a medicine specialist , a respirologist or a thoracic medicine specialist.

Most common are asthma and COPD , but some others such as bronchieatitis, post-tuberculosis, intersttinal lung disease and lung cancer are potentially important causes of comorbidities.

Infections can affect any part of the respiratory system. They are traditionally divided in to upper respiratory tract infection and lower respiratory tract infection.

2. AIM&OBJECTIVES

2.1 AIMS OF THE STUDY :

To focus the epidemiological characteristics of patients visiting the hospital with respiratory diseases.

2.2 OBJECTIVES OF THE STUDY :

- To focus on the prevalence and distribution of the respiratory diseases.
- To find out the major risk factor for respiratory disorder.
- To assess the demographic distribution of patients diagnosed with respiratory disease
- To elevate the prevalence of different etiological types of respiratory disease
- To determine the prevalence and impact of comorbidities
- To investigate the role of lifestyle modifications in managing respiratory disorders

METHODOLOGY

STUDY DESIGN: The current study is a prospective study conducted over a period of 6 months at GOVERNMENT AREA HOSPITAL NARASARAOPET in that in and out patient department collected information about the management of respiratory disorders who met the inclusion criteria are taken in to consideration.

STUDY SITE: This study was carried out at GOVERNMENT AREA HOSPITAL, NARASARAOPET.

STUDY PERIOD: This study was carried out for a period of 6 months.

STUDY CRITERIA :

INCLUSIVE CRITERIA:

- The patients who are diagnosed with respiratory disorders
- Patients under the age between 20-80 yrs.
- Patients who are willing to participate in study
- Patients of both genders .

EXCLUSIVE CRITERIA

- Inability to information consent.
- Pregnant women.
- Patients who are not willing to participate .

RESULTS AND DISCUSSION

Table 1 : Based on Gender Distribution

S.no	Gender	No. of patients	Percentage
1	Females	124	62.0%
2	Males	76	38.0%

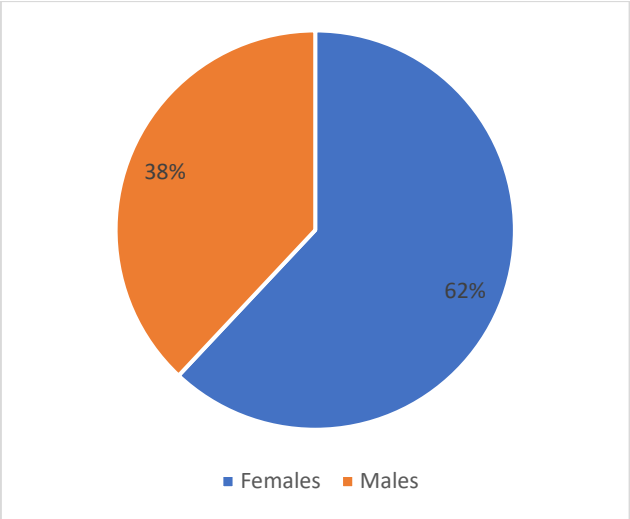


Table 2 : Based on Age in distribution

S.no	Age	No. of patients	Percentage
1	14-34	76	50.6%
2	35-59	52	34.6%
3	60-84	13	8.66%
4	>85	9	6%

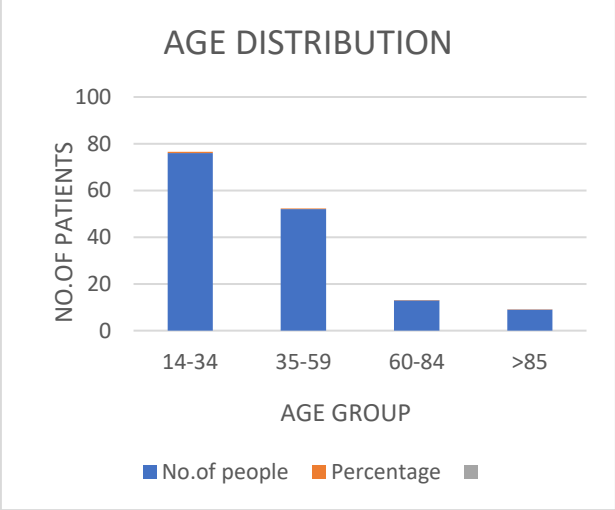


Table 3 : Based on Ethnicity

S.no	Ethnicity	No. of patients	Percentage
1	Durgi	114	57%
2	Karampudi	56	28%
3	Talluru	40	20%

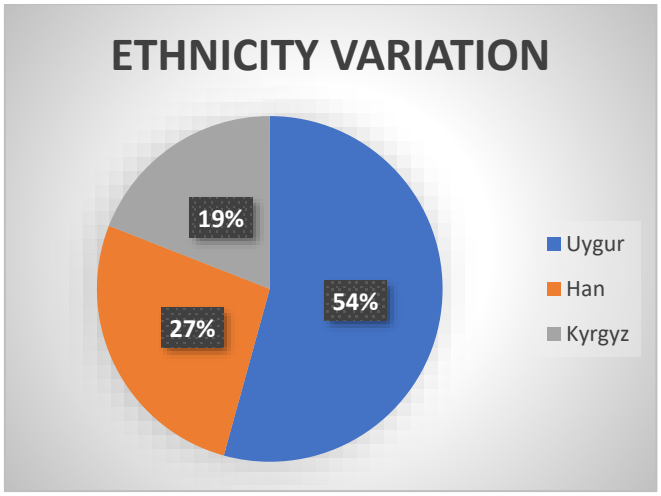


Table 4 : Based on occupation

S.no	Occupation	No. of patients	Percentage
1	Farmer	94	47%
2	Student	56	27.5%
3	Govt. Employee	27	13.5%
4	Worker	13	6.5%
5	Freelancer	4	2%
6	Nurse	3	1.5%
7	Doctor	2	1%
8	Teacher	1	0.5%

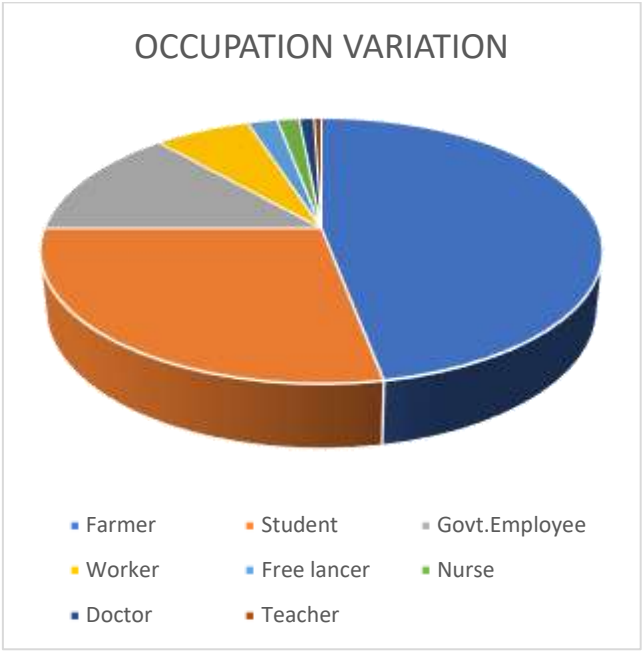


Table 5 : Based on time of visit

S.no	Time of visit	No. of people	Percentage
1	0.00-3.00 AM	9	6%
2	3.00-6.00 AM	15	10%
3	6.00-9.00 AM	30	20%
4	9.00-12.00 PM	51	34%
5	12.00-15.00 PM	24	16%
6	15.00-18.00 PM	11	7.3%
7	18.00-21.00 PM	8	5.3%
8	21.00-24.00 AM	2	1.3%

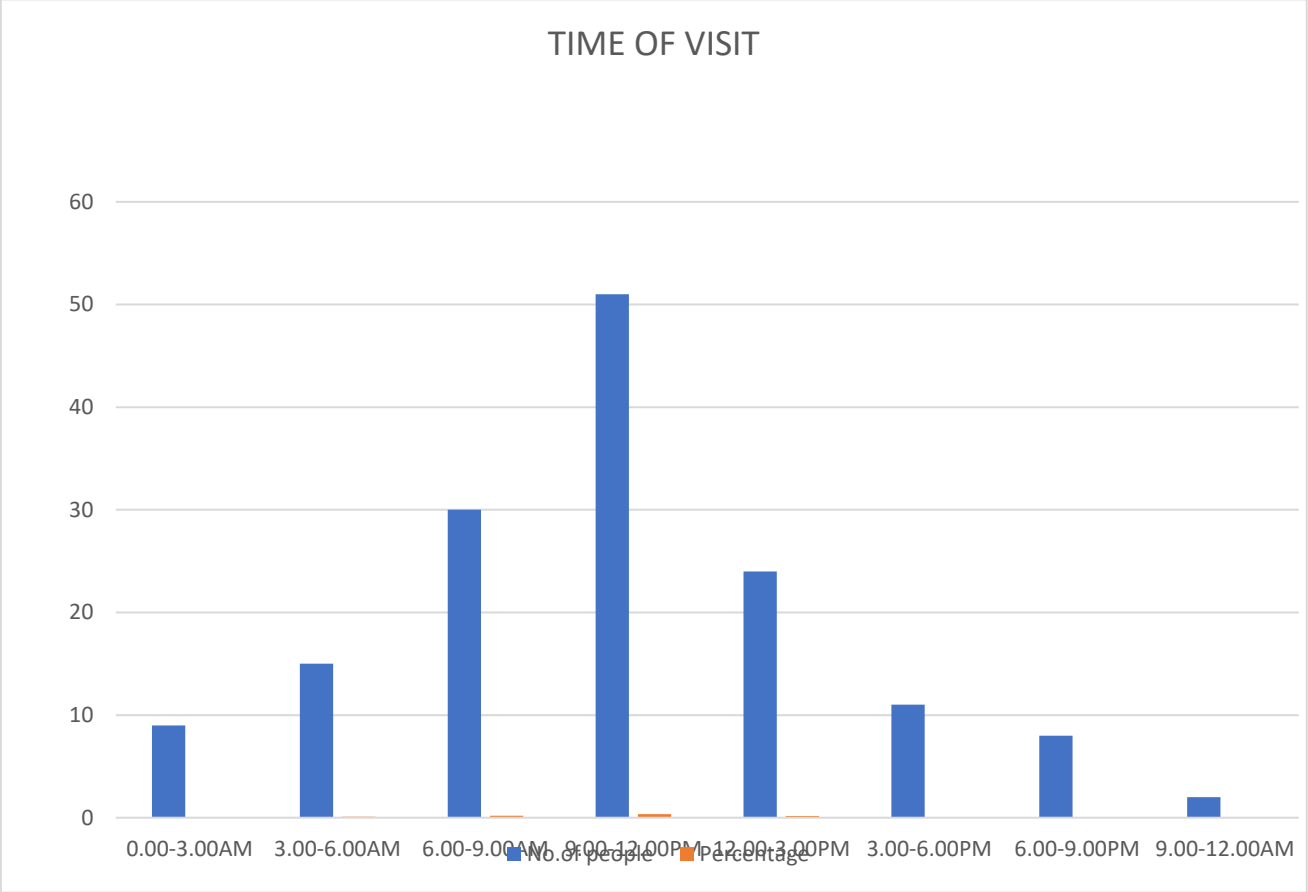


Table 6 : Based on diagnosis of disease type

S.no	Disease	No. of patients	Percentage
1	Respiratory system	56	28%
2	Cardiovascular system	44	22%
3	Urinary system	22	11%
4	Endocrine system	15	7.5%
5	Digestive system	4	2%
6	Nervous system	10	5%

7	Blood system	5	2.5%
8	Cancer	11	5.5%
9	Trauma	13	6.5%
10	Skin disease	5	2.5%
11	Poisoning	2	1%
12	Physiochemical factor	4	2.1%
13	Other	9	4.5%

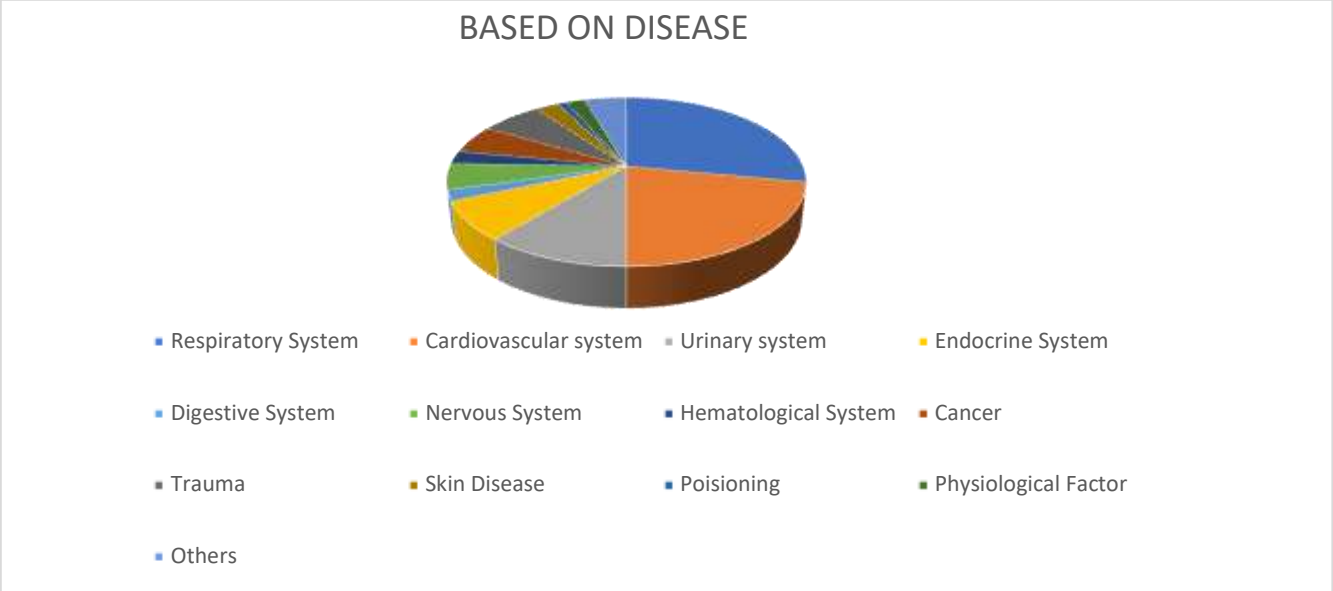


Table 7 : Based on type of respiratory disease

S.no	Type of Respiratory disease	No. of patients	Percentage
1	Acute upper respiratory infection	105	70%
2	COPD	25	16.6%
3	Pulmonary TB	20	13.3%

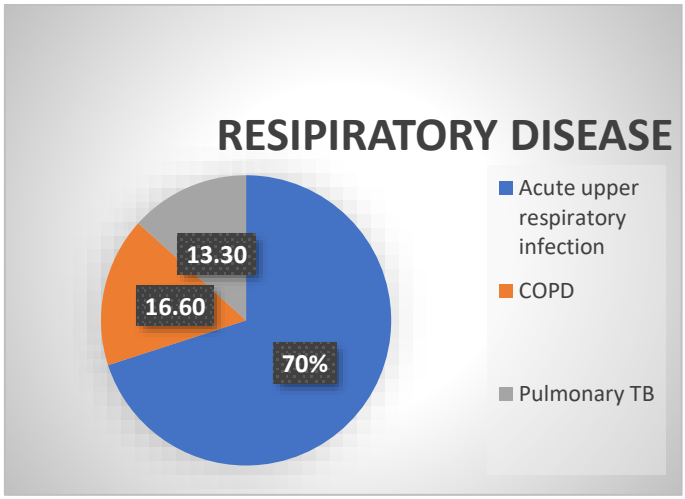


Table 8 : Based on classification of emergency patients

S.no	Class	No. of patients	Percentage
1	I	66	33%
2	II	48	24%
3	III	58	29%
4	IV	21	14%

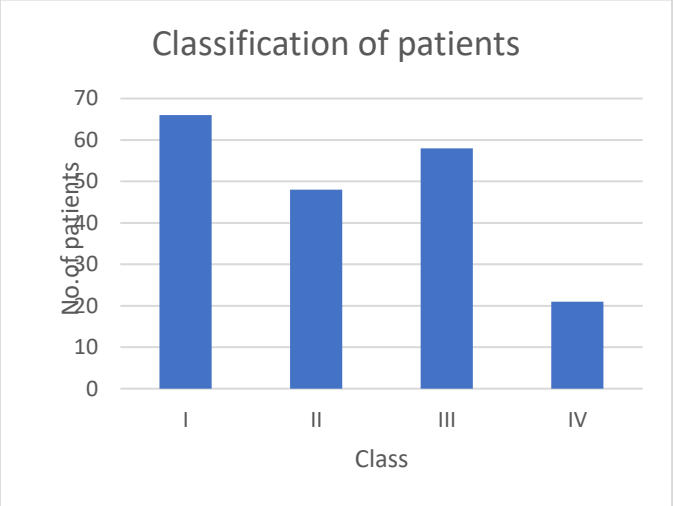


Table 9 : Based on type of administration

S.no	Administration Type	No. of patients	Percentage
1	Self admission	95	63.3%
2	Ambulance administration	55	36.6%

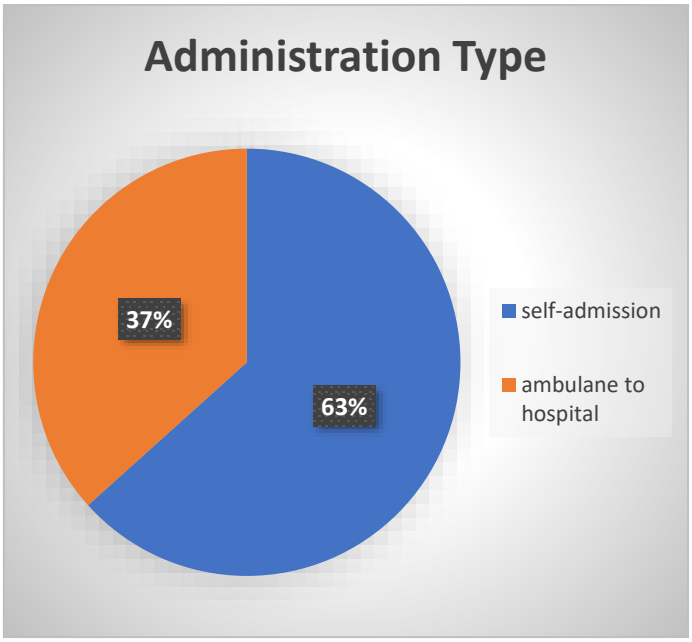
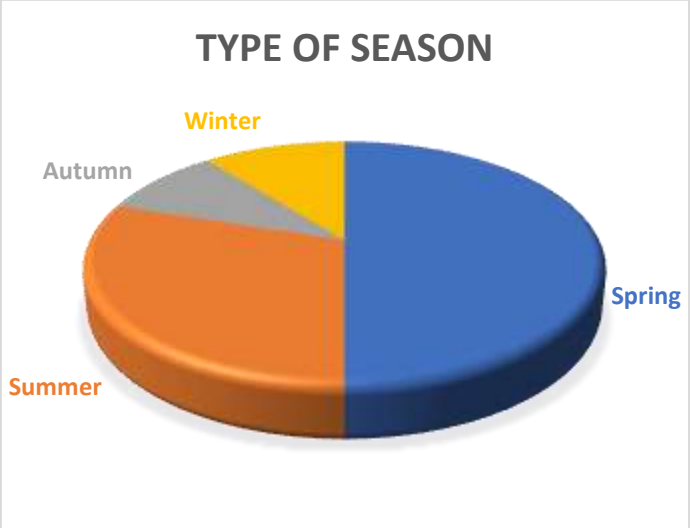


Table 10 : Based on type of seasons

S.no	Type of season	No. of patients	Percentage
1	Spring	75	50%
2	Summer	45	30%
3	Autumn	14	9.33%
4	Winter	16	10.6%



CONCLUSION

- Epidemiological surveys that targeted public awareness campaign can effectively increases knowledge about respiratory disease and their risk factors. The effectiveness of these campaigns is often tied to their messaging for instance campaigns that avoid “nagging” message about smoking and instead focus on symptoms and early detection.
- Effective policies are essential for creating an environment that support respiratory health. Epidemiological data confirms that government policies, rather than just individual awareness, are the most powerful tool for reducing the burden of respiratory disease.
- Key policies include :
  1. Air quality regulations
  2. Tobacco control laws
  3. Occupational health and safety

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