PREVALENCE OF RESPIRATORY INFECTIONS AMONG OUTDOOR PATIENTS

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ABSTRACT:
Respiratory tract infections (RTIs) are infectious diseases involving the respiratory tract. An infection of this type usually is further classified as an upper respiratory tract infection (URI or URTI) or a lower respiratory tract infection (LRI or LRTI). This cross-sectional study was conducted among the outdoor patients. Name, Age, gender, symptoms and disease duration of respiratory tract infection was noted a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. There were 120 outdoor patients included in this study. There were 60 males (50%) and 60 females (50%). The mean age of the patients was 29.12±4.56 years. Out of 120 patients, 45 were presenting with respiratory infection symptoms i.e. cough, light fever and runny nose. Three were suffering from asthma.

KEYWORD: RESPIRATORY INFECTIONS, OUTDOOR PATIENTS
INTRODUCTION:
Respiratory tract infections (RTIs) are infectious diseases involving the respiratory tract. An infection of this type usually is further classified as an upper respiratory tract infection (URI or URTI) or a lower respiratory tract infection (LRI or LRTI). Lower respiratory infections, such as pneumonia, tend to be far more severe than upper respiratory infections, such as the common cold. The upper respiratory tract is considered the airway above the glottis or vocal cords; sometimes, it is taken as the tract above the cricoid cartilage. This part of the tract includes the nose, sinuses, pharynx, and larynx. Typical infections of the upper respiratory tract include tonsillitis, pharyngitis, laryngitis, sinusitis, otitis media, certain influenza types, and the common cold. Symptoms of URIs can include cough, sore throat, runny nose, nasal congestion, headache, low-grade fever, facial pressure, and sneezing. Despite the superior filtration capability of N95 filtering facepiece respirators measured in vitro, insufficient clinical evidence has been published to determine whether standard surgical masks and N95 filtering facepiece respirators are equivalent to preventing respiratory infections in healthcare workers. Adults in intensive care units (ICU) have a higher risk of acquiring an RTI. A combination of topical and systematic antibiotics taken prophylactically can prevent infection and improve adults' overall mortality in the ICU. There is no sufficient evidence to recommend that antibiotics be used to prevent complications from an RTI of unknown cause in children under the age of 5 years old. High-quality clinical research in the form of randomized controlled trials assessed the effectiveness of Vitamin D, another review of poorer quality RCTs addressed the effectiveness of immunostimulants for preventing respiratory tract infections, but exercise effectiveness is not yet apparent. Viruses that cause RTI are more transmissible at very high or low
relative humidity; ideal humidity for indoor spaces is between 40–60%. Therefore relative humidity in this range can help lessen the risk of aerosol transmission (1-3). The objective of this study is to see the prevalence of respiratory infections among the patients presenting in outdoor department.

MATERIAL AND METHODS:
This cross-sectional study was conducted among the outdoor patients. Name, Age, gender, symptoms and disease duration of respiratory tract infection were noted a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. The quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

RESULTS:
There were 120 outdoor patients included in this study. There were 60 males (50%) and 60 females (50%). The mean age of the patients was 29.12±4.56 years. The minimum age was 21 years and the maximum age was 37 years. Out of 120 patients, 45 were presenting with respiratory infection symptoms i.e. cough, light fever and runny nose. Three were suffering from asthma.

DISCUSSION:
Pulmonary Function Testing (PFT) allows for the evaluation and assessment of airways, lung function, as well as specific benchmarks to diagnose an array of respiratory tract infections. Methods such as gas dilution techniques and plethysmography help determine the functional residual capacity and total lung capacity. To discover whether or not to perform a set of advanced Pulmonary Function Testing will be based on abnormally high values in previous test results. A 2014 systematic review of clinical trials does not support routine rapid viral testing to decrease antibiotic use for children in emergency departments. It is unclear if rapid viral testing in the emergency department for children with acute febrile respiratory infections
reduces the rates of antibiotic use, blood testing, or urine testing. The relative risk reduction of chest x-ray utilization in children screened with rapid viral testing is 77% compared with controls. In 2013 researchers developed a breath tester that can promptly diagnose lung infections. Bacteria are unicellular organisms present on Earth can thrive in various environments, including the human body. Antibiotics are a medicine designed to treat bacterial infections that need a more severe treatment course; antibiotic use is not recommended for common bacterial infections because the body is likely to treat them. This medicine does not effectively treat a viral infection like sore throats, influenza, bronchitis, and sinusitis, common respiratory tract infections. This is due to antibiotic properties that only allow bacteria's termination; antibiotics were not created to treat viruses (4-6).

REFERENCES: