

ASSESSMENT OF MULTIMORBIDITY AMONG ELDERLY POPULATION IN JASHORE, BANGLADESH – PRELIMINARY FINDINGS

GK ACHERJYA¹, M ALI², MM MISHA³,
MJ HOSSAIN⁴, AHMM UDDIN⁵, S FARHANA⁶,
T ZAHIN⁷, K TARAFDER⁸, R CHAKRABORTTY⁹

Background: Due to some reasonable and valid conditions, the life expectancy is increasing day by day in Bangladesh. Concomitantly, various disease conditions and long-term comorbidities are also increasing progressively among the elderly population. However, limited data is available on comorbidities among elderly people in Bangladesh. We aimed to assess the frequency, risk factors, and pattern of comorbidities among elderly people aged 60 years or more in Jashore, Bangladesh. **Methods:** We conducted a cross-sectional study among individuals aged 60 years or more attending the Medicine outpatient department of 250 Bedded General Hospital, Jashore, Bangladesh, from 1 January 2025 to 31 December 2025. We used a structured questionnaire to collect data by face-to-face interview from individuals meeting the selectin criteria using a non-purposive sampling technique. We were able to descriptively analyse the data, including demographic characteristics, patterns of lifestyle, behavioral practices and presence or absence of comorbidities. Comorbidities included were hypertension, diabetes mellitus (DM), obesity, cardiovascular diseases, chronic respiratory illness, stroke, degenerative brain diseases, thyroid disorder, rheumatism, long standing psychiatric illness and cancer. Further analysis, including risk factors will be performed at a later time. In this abstract, we will only present the findings from our initial analysis. **Results:** Till date, we recruited 3018 eligible cases. Of which, 1374 (54.5%) cases were female. Rural participants constituted 2371 (78.6%) with more than ninety percent cases came from the low-income group. Most of the cases 2449 (81.1%) were living with any of their family members with 95 (3.1%) were living alone. However, 2781 (92.1%) elderly people were taken care by their children during their acute illness. In terms of educational attainment, 1342 (44.5%) participants completed primary schooling, and 461 (15.3%) completed secondary schooling, while 1138 (37.7%) individuals did not have any educational attainment. In our study, 859 (28.5%) cases depended on self-earning while the rest were dependent on their family members. Regarding physical activities, 777 (25.7%) cases practiced regular physical activities. In terms of spending time with friends and families, 1210 (40.1%) cases reported participation in various leisure activities. We noticed that current and ex-smokers were 280 (9.3%) and 597 (19.8%) respectively, a very few cases 07 (0.3%) are still engaged in drinking alcohol and betel nut/nut/jorda/lime was taken by 969 (32.1%) elderly people. We observed that the frequency of hypertension, DM, obesity, heart diseases, chronic respiratory diseases, stroke, degenerative diseases, eye diseases, thyroid diseases, cancer, rheumatism and mental disorders were respectively 1763 (58.4%), 950 (31.5%), 707 (23.4%), 306 (10.1%), 528 (17.5%), 382 (12.7%), 102 (3.4%), 612 (20.3%), 150 (5.0%), 27 (0.9%), 201 (6.7%) and 27 (0.9%). **Conclusion:** Although we could not perform the temporal analytic association of risk factors with comorbidities, participants in our study reported a high frequency of comorbidities.

Keywords: Elderly population, Comorbidities, Bangladesh

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Affiliations:

1. Associate Professor, Department of Medicine, Jashore Medical College, Jashore, Bangladesh.
2. Associate Professor, Department of Haematology, Sher-e-Bangla Medical College, Barisal, Bangladesh.
3. Indoor Medical Officer, Department of Cardiology, 250 Bedded General Hospital, Jashore, Bangladesh.
4. Assistant Professor, Department of Medicine, Jashore Medical College, Jashore, Bangladesh.
5. Registrar, Department of Medicine, 250 Bedded General Hospital, Jashore, Bangladesh.
6. Assistant Registrar, Department of Medicine, Jashore Medical College, Jashore, Bangladesh.
7. Registrar Medicine, Khulna City Medical College Hospital, Khulna, Bangladesh.
8. Junior Consultant, Department of Dermatology, 250 Bedded General Hospital, Jashore, Bangladesh.
9. Associate Professor, Department of Respiratory Medicine, Bangladesh Medical University, Dhaka, Bangladesh.