MORBIDITY PROFILE BANGLADESH 2011

Use of new software DHIS2 for data collection

This year the morbidity profile in the government hospitals has been prepared by the Management Information Systems (MIS)-Health of the Directorate General of Health Services, using DHIS2—a free and open-source software. The software is designed and developed under a global research and development initiative (called Health Information Systems Project–HISP) originating from the Department of Informatics, University of Oslo, Norway.

Admitted patients were categorized by filling a uniform and static form containing a list of 156 diseases/conditions plus another category called 'other'. Forms were filled directly in computers in each of the health facilities of the country on a monthly basis. The data were accumulated automatically for analysis. For 2011, the MIS-Health received data on morbidity profile of indoor patients from 409 out of 418 upazila health complexes which have indoor facilities, 57 of 62 district and general hospitals, 10 of 21 medical college hospitals, and 7 postgraduate institute hospitals. In addition, the only medical university hospital—the Bangabandhu Sheikh Mujib Medical University (BSMMU Hospital)—provided the morbidity reports (Table 7.1).

Limitations

As stated above, this year MIS is using DHIS2 for collecting and analyzing morbidity data. While some of the problems of the previous years were resolved by the use of this software-based data-collection procedure, some limitations still persisted.

Not all of the facilities entered data in each month.

As in previous years, it is also needed to consider that precision of diagnosis may not be equally sound among various types of hospitals. In the upazila and district-level hospitals, diagnoses mainly depend upon clinical judgment with little help from laboratory investigations. On the other hand, academic institution hospitals, like medical college hospitals and postgraduate institute hospitals, have more qualified consultants, availability of wider range of laboratory investigations, and patients remain relatively longer in this type of hospitals. Therefore, precision of diagnosis is better in these hospitals.

Use of the same data-collection format, irrespective of the type of hospital, appeared as another limitation. For some type of hospitals, particularly

Table 7.1. Type of government hospitals from which indoor morbidity data were received for 2011

Type of hospital	Total no. of hospitals	No. and % of hospitals which provided indoor morbidity data	
		Number	Percentage
Upazila health complexes	418	409	97.85
District and general hospitals	62	57	91.94
Medical college hospitals	21	10	47.62
Postgraduate teaching institute hospitals	7	7	100
Medical university (BSMMU)	1	1	100

specialized hospitals, many of the diagnoses constituting large percentage of the disease burden, fell under 'other' category. As there was no specific mention about what the 'other' stands for, it was not possible to find out from the report which conditions constituted the 'other' category.

It has been found that patients make their own choices in selecting hospital according to their type of illness. Therefore, proportion of different types of morbidities varies between types of hospitals. It has been explained above that precision of diagnosis also varies between levels of hospitals, lower-level hospitals having lower precision. Based on this consideration, summaries have been made separately for upazila hospitals, district-level hospitals, and medical college hospitals. As the postgraduate institute hospitals are of specialized type, and each hospital treats specific diseases, summary for each specialized hospital has been presented individually.

DHIS2 has not yet been customized for the specialized hospitals. So, for some of these institutes, we have taken the data from other sources.

Morbidity Profile of Patients in Upazila Hospitals

Figure 7.1 shows the morbidity profiles in terms of the top 10 diseases/conditions among patients admitted in the upazila hospitals. We received data from 409 upazila hospitals out of 418. Total number of patients included in the analysis was 1,857,267, of whom 865,997 were males and 991,270 were females. The 'top 10' have been selected based on the percentage of prevalence in both sexes.

As in previous years, diarrhea (15.54%) was the commonest cause for which the patients were admitted, followed by assault (12.63%). The other three most common diseases were pneumonia (7.46%), peptic ulcer (7.43%), and enteric fever (3.48%).

There were some differences in the top 10 causes for admissions between males and females. Figure 7.1 and table 7.2 provides the distribution of the top 10 causes for admissions of males, females, and both sexes in the upazila health complexes.

Morbidity Profile of Patients in District and General Hospitals

Figure 7.2 shows the morbidity profiles of patients in terms of the top 10 diseases/conditions among the indoor patients in the district and general hospitals. We received data from 57 district and general hospitals out of 62. Total number of patients included in the analysis was 876,631, of whom 436,301 were males and 440,390 were females. Females were slightly more than half (50.23%) of the total patients. As in the upazila hospitals, diarrhea (11.15%) was the commonest cause for which the patients were admitted, followed by assault (7.46%). The next three causes in order of percentages in both sexes were pneumonia (5.77%), peptic ulcer (3.45%), and enteric fever (3.23%). Compared to the previous year, no change in the order of the top 10 causes for admissions was noticed for the first four positions. However, this year enteric fever ranked fifth instead of road-traffic accidents (RTA) but the percentage of RTA as the cause for admission (2.44%) was not significantly reduced compared to the previous year, and it took the immediate next (6th) place.

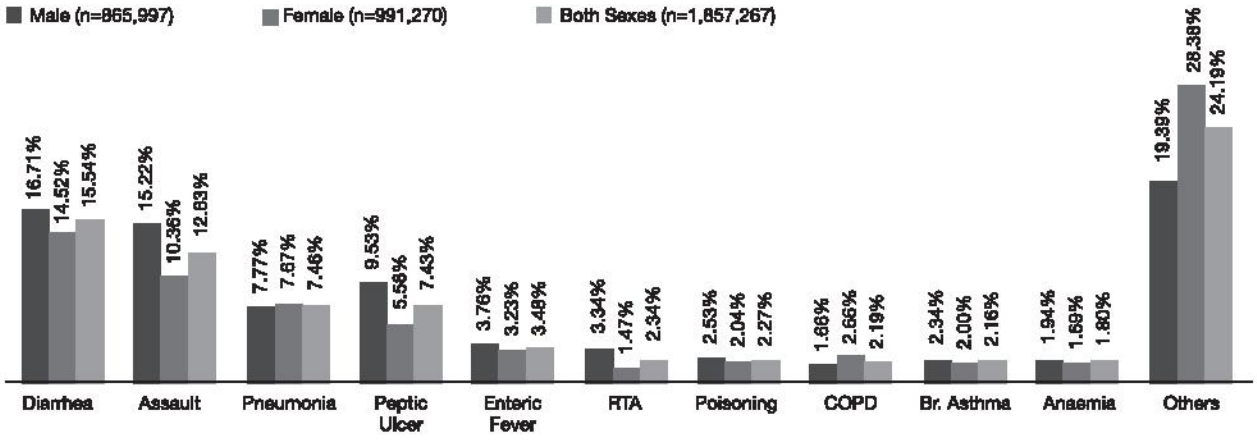

Figure 7.1. Top 10 diseases/conditions among the indoor patients of upazila hospitals (n=409) in 2011

Table 7.2. Percent distribution of the top 10 causes for admissions (all ages by gender) in upazila health complexes (n=409) in 2011

Disease/Condition	Both sexes	Male		Female	
Diarrhea	15.54	Diarrhea	16.71	Diarrhea	14.52
Assault	12.63	Assault	15.22	Assault	10.36
Peptic ulcer	7.46	Pneumonia	9.53	Peptic ulcer	7.67
Pneumonia	7.43	Peptic ulcer	7.22	Pneumonia	5.58
Enteric fever	3.48	Enteric fever	3.76	Enteric fever	3.23
Road traffic accident	2.34	Road traffic accident	3.34	Anemia	2.66
Bronchial asthma	2.27	Bronchial asthma	2.53	Obstructed labor	2.27
Anemia	2.19	Poisoning	2.34	Bronchial asthma	2.04
Poisoning	2.16	Viral fever	1.94	Poisoning	2.00
Viral fever	1.80	Anemia	1.66	Viral fever	1.69
Other	15.54	Other	24.19	Other	28.38
Total patients	1,681,459	Total patients	768,221	Total patients	913,238

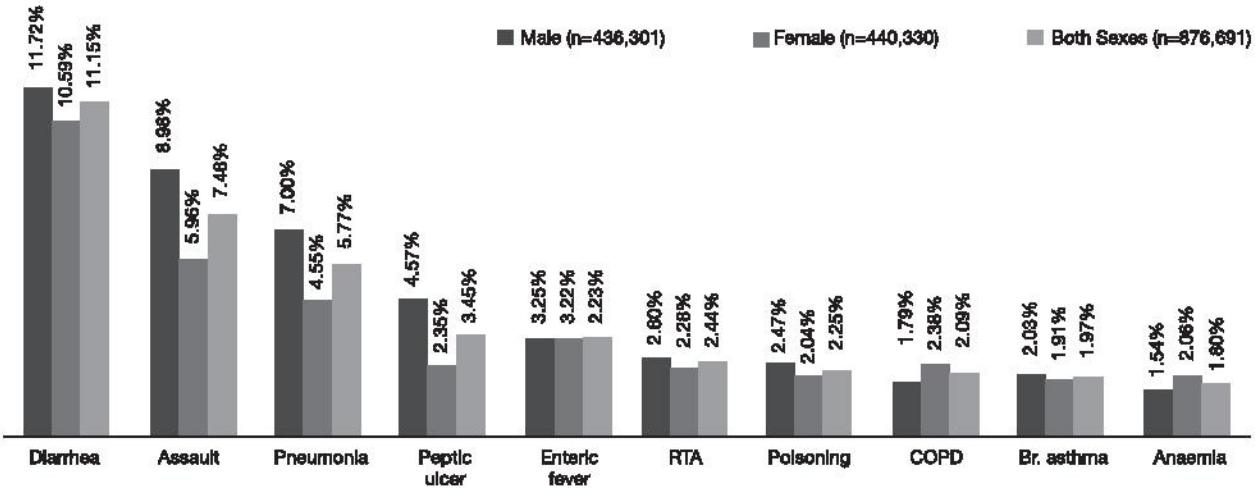

Figure 7.2. Top 10 diseases/conditions among the indoor patients in district and general hospitals (n=57) in 2011

As in the upazila health complexes, there were some differences in the top 10 causes for admissions between males and females. Table 7.3 provides the lists of the top 10 causes of admissions for males, females, and both sexes in the district and general hospitals.

Morbidity Profile of Patients in Medical College Hospitals

Figure 7.3 shows the morbidity profiles of admitted patients in terms of the top 10 diseases/conditions reported from the medical college hospitals. At the time of analysis, we received data from 10 medical college hospitals out of 21. Total number of patients included in the analysis was 407,437, of whom 221,469 were males and 185,968 were females. Females constituted 45.64% of the total patients. The medical college hospitals from which data were available at the time of analysis were: Chittagong Medical College Hospital; Comilla Medical College Hospital; Dhaka Medical College Hospital; Dinajpur Medical College Hospital; Faridpur Medical College Hospital; Rangpur Medical College Hospital; Shaheed Suhrawardy Medical College Hospital, Dhaka; Shahid Ziaur Rahman Medical College

Hospital, Bogra; Sir Salimullah Medical College Hospital, Dhaka; and MAG Osmani Medical College Hospital, Sylhet.

The most frequent cause for admission (both sexes) was assault (5.90%), followed by road traffic accident (5.58%), diarrhea (2.28%), fracture (2.64%), CVA (2.31%), pneumonia (2.14%), and poisoning (1.98%).

Table 7.3. Percent distribution of the top 10 causes for admissions (all ages by gender) in district-level hospitals (n=57) in 2011

Disease/Condition	Both sexes	Male		Female	
Diarrhea	22.20	Diarrhea	11.61	Diarrhea	10.59
Assault	14.86	Assault	8.90	Assault	5.96
Pneumonia	11.48	Pneumonia	6.93	Pneumonia	4.55
Road traffic accident	6.88	Road traffic accident	4.52	Peptic ulcer	3.22
Peptic ulcer	6.44	Peptic ulcer	3.22	Hypertension	2.38
Bronchial asthma	4.86	Bronchial asthma	2.58	Road traffic accident	2.35
Viral fever	4.48	Viral fever	2.45	Bronchial asthma	2.28
Hypertension	4.15	Poisoning	2.01	Anemia	2.06
Poisoning	3.92	Hypertension	1.77	Viral fever	2.04
Anemia	3.59	Enteric fever	1.67	Obstructed labor	2.00
Total patients	876,691	Total patients	436,301	Total patients	440,390

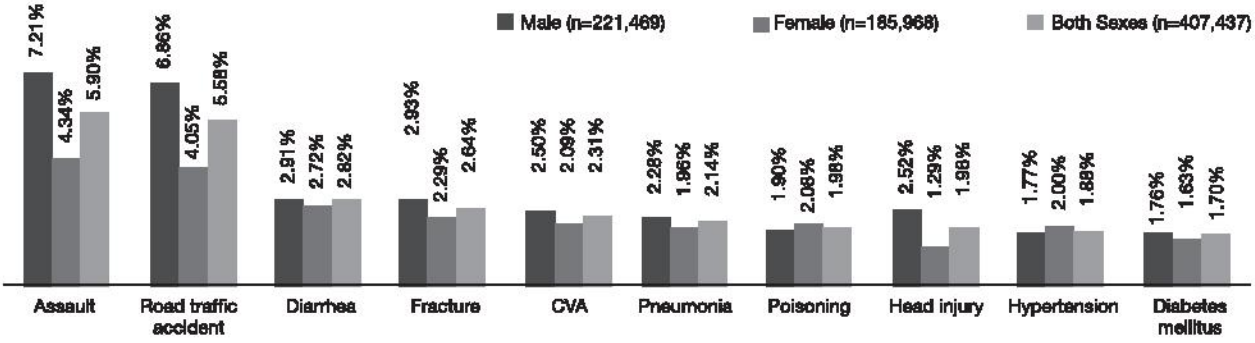

Figure 7.3. Top 10 diseases/conditions among indoor patients of medical college hospitals (n=10) in 2011

As in other institutes, the top 10 causes for admissions in medical college hospitals varied between sexes. Table 7.4 shows the sex-wise list of the top 10 causes for admissions in medical college hospitals.

Morbidity Profile of Patients in Bangabandhu Sheikh Mujib Medical University Hospital

Bangabandhu Sheikh Mujib Medical University (BSMMU) Hospital is the only multidisciplinary hospital which is affiliated with the country's only medical university. It catters to the full range of multspecialty medical services for ordinary as well as complicated and advanced medical conditions in a variety of disciplines. We received a disease profile for 14,644 admitted patients for the year 2011; of them, 6,850 (46.78%) were females and 7,794 (53.22%) were males. Table 7.5 shows the top 50 diseases/conditions. Among both sexes, fracture topped the the list (7.80%). The next three diseases were chronic obstructive pulmonary diseases (6.44%), anal fistula (5.65%), and myocardial infarction (4.92%). There are differences between males and females, and the table shows the details.

Table 7.4. Percent distribution of the top 10 causes for admissions (all ages by gender) in medical college hospitals (n=10) in 2011

Both sexes		Male		Female	
Assault	5.46	Assault	3.62	Assault	1.83
Road traffic accident	5.16	Road traffic accident	3.45	Road traffic accident	1.71
Diarrhea	2.61	Fracture	1.48	Abortion	1.70
Fracture	2.44	Diarrhea	1.46	Diarrhea	1.15
CVA	2.14	Head injury	1.27	Fracture	0.97
Pneumonia	1.98	CVA	1.26	CVA	0.88
Poisoning	1.83	Pneumonia	1.15	Poisoning	0.88
Head injury	1.81	Chronic obstructive pulmonary diseases	1.06	Hypertension	0.84
Hypertension	1.74			Pneumonia	0.83
Diabetes mellitus	1.57	Myocardial infarction	0.96	Peptic ulcer	0.69
		Poisoning	0.96		
Total patients	407,437	Total patients	221,468	Total patients	185,968

Table 7.5. Percent distribution of indoor patients (all ages by gender) in Bangabandhu Sheikh Mujib Medical University (BSMMU) in 2011

Both sexes		Male		Female	
Disease/Condition	%	Disease/Condition	%	Disease/Condition	%
Fracture	7.80	COPD	9.55	Fracture	5.97
COPD	6.44	Fracture	9.40	Arthritis	5.55
Anal fistula	5.65	Anal fistula	6.29	Anal fistula	4.93
Myocardial infarction	4.92	Myocardial infarction	5.95	Congenital heart disease	4.82
Arthritis	4.41	Other	4.31	Other	4.26
Other	4.29	CVA	3.78	Myocardial infarction	3.74
Congenital heart disease	4.17	Congenital heart disease	3.61	Diabetes mellitus	3.62
CVA	3.07	Arthritis	3.41	Cholilithiasis	3.46
Diabetes mellitus	3.03	Diabetes mellitus	2.51	Ca- Cervix	3.37
Cholilithiasis	2.59	Head injury	2.04	COPD	2.91
Cataract	2.34	Cataract	2.01	Cataract	2.70
Head injury	2.07	Tuberculosis (Extra-pulmonary)	1.90	PPH	2.44
Tuberculosis (Extra-pulmonary)	1.76	Retinal problems	1.89	CVA	2.26
				Head injury	2.10
Bacillary dysentery	1.63	Cholilithiasis	1.82	Bacillary dysentery	2.03
Ca- Cervix	1.58	Cirrhosis of liver	1.77	Pelvic infectious disease	1.75
Cirrhosis of liver	1.57	Meningitis	1.44	Valvular heart disease	1.62
Valvular heart disease	1.43	Urinary tract Infection	1.36	Tuberculosis (Extra-pulmonary)	1.61
Retinal problems	1.39	Ca-Prostate	1.33		
Hypertension	1.28	Bacillary dysentery	1.27	Cirrhosis of liver	1.34
Meningitis	1.20	Valvular heart disease	1.26	Hypertension	1.34
PPH	1.14	Hypertension	1.23	Ca-Breast	1.33
Urinary tract infection	1.13	Hepatitis	1.14	Fibroid	1.24
Disc prolapse	1.04	Prostatic tumor	1.05	Hypothyroidism	1.24
Anemia	1.00	Ca-Urinary bladder	0.98	Anemia	1.20

Table 7.5 Continued

Both sexes		Male		Female	
Disease/Condition	%	Disease/Condition	%	Disease/Condition	%
Tuberculosis (Pulmonary)	0.87	Disc prolapse	0.94	Disc prolapse	1.17
Osteomyelitis	0.85	Urinary stone disease	0.94	Obst. jaundice	0.95
Ca-Rectum and Anal ccanal	0.83	Ca-Rectum and Anal canal	0.87	Ovarian tumor	0.95
Pelvic infectious disease		Road traffic accident	0.87	Cholicystitis	0.93
Hepatitis	0.82	Tuberculosis (Pulmonary)	0.86	Meningitis	0.92
Obst. jaundice	0.81	Osteomyelitis		Tuberculosis (Pulmonary)	0.88
Road traffic accident	0.81	Spinal cord injury	0.86	APH	0.88
Cholicystitis	0.81	Anemia	0.86	Urinary tract infection	0.86
Hemolytic jaundice	0.72	Renal failure	0.82	Osteomyelitis	0.85
Peptic ulcer	0.72	Peptic ulcer	0.81	Anxiety and depressive disorders	0.85
Ca-Prostate	0.72	Obst. jaundice	0.73	Retinal problems	0.83
Ca-Urinary bladder	0.71	Hemolytic jaundice	0.68	Assault	0.83
Urinary stone disease	0.70	Corneal ulcer	0.68	Ca-Rectum and Anal canal	0.77
Spinal cord injury	0.70	Ca-Colon	0.64	Hemolytic jaundice	0.77
Ca-Breast	0.69	Heart failure	0.63	Road traffic accident	0.73
Assault	0.62	Ca-Stomach	0.63	Peptic ulcer	0.70
Viral fever	0.61	Renal stone	0.59	Viral fever	0.67
Anxietyand depressive disorders	0.61	Gonorrhea	0.59	Bone tumor	0.66
Ca-Colon	0.60	Viral fever	0.58	Abortion	0.66
Corneal ulcer	0.58	Ca-Kidney	0.55	Ca-Gall bladder	0.57
Fibroid	0.58	Cholecystitis	0.55	Tonsillitis	0.55
Hypothyroidism	0.58	Liver abscess	0.54	Infective endocarditis	0.54
Bone tumour	0.58	Bone tumor	0.51	Ca-Colon	0.53
Ca-Stomach	0.57	Thalassemia	0.50	Ca-Stomach	0.53
Prostatic tumour	0.56	Ca-Pancreas	0.50	Rickets	0.53
Heart failure	0.56	Ca-Thyroid	0.49	Bronchial asthma	0.53
	0.55		0.49		

Morbidity Profile of Patients in Postgraduate Institute Hospitals

Data were available for analysis on morbidity profiles of indoor patients in four postgraduate teaching hospitals, namely National Institute of Traumatology, Orthopedics and Rehabilitation (NITOR), National Institute of Kidney Diseases and Urology (NIKDU), National Institute of Diseases of Chest and Hospital (NIDCH), and National Institute of Ophthalmology (NIO). As each of these institutes treats only cases in one specialized discipline, morbidity profiles of patients in these institutes have been presented separately.

Table 7.5 summarizes the morbidity profile of the indoor patients in National Institute of Traumatology, Orthopedics and Rehabilitation (NITOR). The table shows that, among the 20,595 patients, 14,963 were males and 5,632 were females (27.35%). As in the previous year, road traffic accident was the leading cause for admission (44.77%), followed by fracture (7.11%), among both sexes. Assault and spinal cord injury were responsible for 4.16% and 1.05% of admissions respectively.

Table 7.6 summarizes the morbidity profile of the indoor patients in National Institute of Kidney Diseases and Urology (NIKDU). The table shows that, among the 3,429 patients, 2,010 were males and 1,419 were females (41.38%). Glomerulonephritis was the leading cause for admission (33.92%), followed by renal failure, and renal stone (10.94%), among both sexes. Urinary tract infection and urinary stones were responsible for 3.21% and 2.39% of admissions respectively.

Table 7.5. Morbidity profile of the indoor patients (all ages by gender) in National Institute of Traumatology, Orthopedics and Rehabilitation (NITOR) in 2011

Both sexes		Male		Female	
Disease/Condition	**%**	**Disease/Condition**	**%**	**Disease/Condition**	**%**
Road traffic accident	44.7	Road traffic accident	45.06	Road traffic accident	43.98
Other	41.57	Other	40.86	Other	43.45
Fracture	7.11	Fracture	6.72	Fracture	8.15
Assault	4.16	Assault	4.92	Assault	2.15
Spinal cord injury	1.05	Spinal cord injury	1.11	Spinal cord injury	0.91
Burn	0.52	Burn	0.45	Burn	0.71
Rickets	0.28	Rickets	0.31	Gangrene	0.20
Gangrene	0.25	Gangrene	0.27	Rickets	0.18
Osteomyelitis	0.17	Osteomyelitis	0.17	Osteomyelitis	0.16
Osteosarcoma	0.06	Osteosarcoma	0.07	Disc prolapse	0.07
Total patients	20,595	Total patients	14,963	Total patients	5,632

Table 7.6. Morbidity profile of the indoor patients (all ages by gender) in National Institute of Kidney Diseases and Urology (NIKDU) in 2011

Both sexes		Male		Female	
Disease/Condition	**%**	**Disease/Condition**	**%**	**Disease/Condition**	**%**
Glomerulonephritis	33.92	Glomerulonephritis	32.36	Glomerulonephritis	36.08
Renal failure	26.89	Renal failure	26.34	Renal failure	27.63
Other	18.61	Other	20.23	Other	16.28
Renal stone	10.94	Renal stone	10.79	Renal stone	11.13
Urinary tract infection	3.21	Prostatic tumor	2.68	Urinary tract infection	4.16
Urinary stone disease	2.39	Urinary tract infection	2.53	Urinary stone disease	2.61
Prostatic tumor	2.10	Urinary stone disease	2.24	Prostatic tumor	1.27
Gonorrhea	1.31	Gonorrhea	2.24	Ca-Kidney	0.85
Ca-Kidney	0.47	Prostatitis	0.30	-	-
Prostatitis	0.17	Ca-Kidney	0.20	-	-
Total patients	3,429	Total patients	2,010	Total patients	1,419

Table 7.7 summarizes the morbidity profile of the indoor patients in National Institute of Diseases of Chest and Hospital (NIDCH). The table shows that, among 12,208 patients, 9,350 were males and 2,858 were females (23.41%). Chronic obstructive pulmonary disease (COPD) was the leading cause for admission (19.62%), followed by pleural effusion (12.64%) and Ca-Lungs (10.21%), among both sexes. The table shows the sex-wise differences of the top 15 causes for admissions in NIDCH in 2011.

We analyzed the data on morbidity profiles of the indoor patients of National Institute of Ophthalmology (NIO) for 2011. Table 7.8 summarizes the results. The table shows that 9,581 were admitted in 2011. Sex distribution was not available.

Table 7.9 summarizes the morbidity profile of the indoor patients in National Institute of Mental Health (NIMH). Schizophrenia was the leading cause for admission (37.58%), followed by bipolar mood disorder (28.94%) and depressive illness (16.94%), among both sexes.

Table 7.7. Morbidity profile (%) of the indoor patients (all ages by gender) in National Institute of Diseases of Chest and Hospital (NIDCH) in 2010

Both sexes		Male		Female	
Disease/Condition	%	Disease/Condition	%	Disease/Condition	%
COPD	14.94	COPD	18.40	Bronchial asthma	5.50
Pleural effusion	12.6	Pleural effusion	14.24	Tuberculosis (Pulmonary)	3.56
Ca-Lungs	10.21	Ca-Lungs	11.82	Bronchiectasis	3.10
Other	9.40	Other	9.61	Other	2.04
Tuberculosis (Pulmonary)	9.10	Assault	8.25	Pleural effusion	1.74
Bronchial asthma	8.54	Tuberculosis (Pulmonary)	7.23	Ca-Lungs	1.16
Bronchiectasis	6.60	Bronchiectasis	4.57	Pneumothorax	1.15
Assault	6.32	Bronchial asthma	3.97	COPD	0.85
Pneumothorax	3.63	Pneumonia	3.71	Ca-Esophagus	0.70
Pneumonia	3.51	Pneumothorax	3.23	Pneumonia	0.66
Ca-Esophagus	3.14	Ca-Esophagus	3.18	Interstitial lung disease (ILD)	0.52
Interstitial lung disease (ILD)	2.10	Interstitial lung disease (ILD)	2.05	MDR TB	0.39
Destroyed lunga	1.61	Destroyed lungs	1.69	Fungal infections	0.36
MDR TB	1.39	Lung abscess	1.44	Destroyed lungs	0.31
Lung abscess	1.36	MDR TB	1.30	Pulmonary fibrosis	0.26
Total patients	12,208	Total patients	9,350	Total patients	2,858

Table 7.10 summarizes the causes for admissions in National Institute of Cancer Research and Hospital. In total, 3,155 patients were admitted in this hospital and, among them, 1,411 were females (44.72%). The table shows that Ca-Lungs ranked first in number of patients (12.96%), among both sexes, although the percentage of lung cancer is much lower in females (4.89%). Among females, breast cancer was in the top position (16.73%).

Table 7.8. Causes for admissions of patients (all ages) in National Institute of Ophthalmology (NIO) in 2011

Disease/Condition	Number of patients (n=9,581)	%
Cataract	4606	48.58
Injury	1118	11.79
Other	1088	11.48
Oculoplastic surgeries	917	9.67
DCR	886	9.35
Corneal problems	649	6.85
TRAB	317	3.34

Table 7.9. Morbidity profile of the indoor patients (all ages and both sexes) in National Institute of Mental Health (NIMH) in 2010

Disease/Condition	Number of cases (both sexes) (n=1434)	%
Schizophrenia	539	37.58
Bipolar mood disorder	415	28.94
Depressive illness	283	16.94
Suicide and Para-suicide	9	0.62
Mental disorder	43	2.99
Extra-pyramidal Syndrome (EPS)	18	1.25
Substance-abuse with complications	112	7.81
Conversion and dissociative disorder	15	1.04

Table 7.11 shows the causes for admissions in National Institute of Cardiovascular Diseases in 2011. Total number of admitted patients was 39,050 and, among them, 12,058 were females (30.88%). Hypertension was the leading cause for admissions (19.45%) among both sexes, followed by myocardial infarction (17.26%) and heart failure (12.93%).

Table 7.10. Morbidity profile of the indoor patients (all ages by gender) in National Institute of Cancer Research (NICR) and Hospital in 2011

Both sexes		Male		Female	
Disease/Condition	%	Disease/Condition	%	Disease/Condition	%
Ca-Lungs	12.96	Ca-Lungs	19.50	Ca-Breast	16.7
Ca-Stomach	5.99	Ca-Stomach	7.97	Ca-Cervix	11.62
Ca-Oral cavity	4.03	Ca-Oral cavity	5.2	Ovarian tumor	10.42
Ca-Rectum and Anal canal	3.49	Ca-Rectum and Anal canal	4.07	Ca-Lungs	4.89
Ca-Colon	3.20	Ca-Colon	3.90	Ca-Stomach	3.54
Osteosarcoma	3.17	Osteosarcoma	3.67	Ca-Rectum and Anal canal	2.76
Lymphoma	2.63	Ca-Esophagus	3.44	Osteosarcoma	2.55
Leukemia	2.54	Leukemia	3.15	Ca-Oral cavity	2,48
Ca-Esophagus	2.44	Lymphoma	2.98	Ca-Colon	2,34
Ca-Urinary Bladder	2.31	Ca-urinary bladder	2.98	Lymphoma	2.20
Ca-Liver	2.00	Ca-Liver	2.81	Ca-Thyroid	1.84
Bone tumor	1.55	Ca-Larynx	2.29	Leukemia	1.77
Ca-Larynx	1.52	Bone tumor	1.83	Ca-Gall bladder	1.77
Ca-Thyroid	1.30	Brain tumor	1.43	Ca-Urinary bladder	1.49
Brain tumor	1.30	Ca-Skin	1.38	Ca-Esophagus	1.20
Ca-Skin	1.24	Ca-Kidney	1.32	Bone tumor	1.20
Ca-Gall bladder	1.14	Nasopharyngeal carcinoma	0.97	Brain tumor	1.13
Ca-Kidney	1.08	Nephrotic syndrome	0.97	Ca-Skin	1.06
Nasopharyngeal carcinoma	0.82	Ca-Thyroid	0.86	Lymphosarcoma	1.06
Nephrotic syndrome	0.82	Ca-Pancreas	0.80	Ca-Liver	0.99
Lymphosarcoma	0.73	Prostatic tumor	0.75	Ca-Kidney	0.78
Ca-Pancreas	0.73	Ca-Gall bladder	0.63	Nasopharyngeal carcinoma	0.64
Other	22.71	Other	23.39	Other	23.01
Total patients	1,744	Total patients	1,411	Total patients	3,155

Table 7.11. Morbidity profile of the indoor patients (all ages by gender) in National Institute of Cardiovascular Diseases (NICVD) in 2011

Both sexes		Male		Female	
Disease/Condition	%	Disease/Condition	%	Disease/Condition	%
Hypertension	19.45	Hypertension	19.46	Hypertension	19.42
Myocardial infarction	17.26	Myocardial infarction	17.40	Myocardial infarction	16.94
Heart failure	12.93	Heart failure	13.04	Heart failure	12.69
Valvular heart disease	10.91	Valvular heart disease	10.83	Valvular heart disease	11.09
Congestive cardiac failure	8.57	Congestive cardiac failure	8.47	Congestive cardiac failure	8.80
Congenital heart disease	8.57	Congenital heart disease	8.47	Congenital heart disease	8.80
Peripheral vascular disease	8.09	Peripheral vascular disease	8.24	Peripheral vascular disease	7.77
Chronic obstructive pulmonary diseases	5.13	Chronic obstructive pulmonary diseases	5.05	Chronic obstructive pulmonary diseases	5.32
Infective endocarditis	4.59	Infective endocarditis	4.52	Infective endocarditis	4.74
Other	1.13	Other	1.29	Other	0.77
Total patients	39,050	Total patients	26,992	Total patients	12,058