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Measures of Morbidity in a Community

For an improved version of this topic, see Fourth Edition (2018) of the book Medical Biostatistics, which has a large number of new topics and expanded discussion. This book available at https://www.routledge.com/Medical-Biostatistics/Indrayan-Malhotra/p/book/9781498799539 (list price US$129.95) or go to https://www.amazon.in/Medical-Biostatistics-Chapman-Hall-CRC-ebook/dp/B077S4XKDW for discounted price

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Morbidity is departure from health. This results in or has potential to result in at least some restriction on performing the normal activities of life. Morbidity could be in terms of disease, injury, burn, handicap, mental depression, insomnia, pain, etc. Sometimes medical measurements outside the normal range, such as diastolic BP ≥ 90 mmHg, are considered morbid whether or not they cause any restriction on activity. Such measurements have the potential to cause disruption later on in life if not immediately. The magnitude of morbidity in a community can be measured by (a) the number or percentage of persons affected; (b) the average number of episodes or spells of sickness, particularly for acute conditions (one persons can have more than one episode in a time period) per unit of time; (c) the average duration of illness or of restricted activity in the affected persons; and (d) the percentage of patients with different severity.

Morbidity is not as easy to measure as mortality. This is because morbidity can recur but mortality cannot, duration of morbidity varies from seconds to years but mortality is instantaneous, and because sometimes morbidity is not well defined.

Prevalence and incidence

Capture-recapture methodology

Duration of morbidity

Attack rates

Disease spectrum

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