The Sustained and Holistic Health Care Program for the Priests Commemoration of His Majesty the King's 60 Years Accession to the Throne (First Phase: February to June 2006)

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Objectives: *To determine the health status and risk factors of the priests in 28 temples in central Bangkok.*
Material and method: *Recruiting priests to answer health related questionnaire, then screening by laboratory testing and physical examination. Finally, setting an appointment to the specialists for consultation and special investigation in the suspected and abnormal cases.*
Results: *In all the priests and novices, 64.8% were healthy, 17.74% were asymptomatic cases with risk factors, and 17.47% had clinical diseases that require treatment.*
Conclusion: *Since almost 35 % of the priests and novices in central Bangkok have some health problems and health risks, providing periodic physical check up and basic laboratory test for the priests is a compulsory measure to fulfill the requirement of the health promotion policy and be a productive and effective Buddhist successor.*

Keywords: *Health status, Risk factors, Health promotion, Physical check up and basic laboratory package, Effective Buddhist successor*

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Thailand is assumed as Buddhist country, all men are supposed to be in ordain for some periods in their lives. Many of them are priests more than optimum requirement due to their religious belief, respect or worship. For the priests, their compulsory behaviors would confine to keeping purity of physical and mental. Their education and learning behavior concentrate on religious teaching material, Tripitaga, and meditation. For social duty, the priests should transfer Buddhism manner or Dhamma to their supporting population. They pay less attention to environment and globalization which lead to poor self-perceived health information. After the 20th century, an increasing number of non-communicable diseases had been focused especially by policy makers and allied health personnel as there were more budget and work load. Getting to know the health status and risk factors of target population will shed light on the priority setting of disease prevention, health promotion and planning. Another concern is most of the priests in Thailand has health insurance by National Health Security Insurance Scheme but they donût know their rights to access to health care so that they have never gone for physical check up.

From these reasons, the Priest Hospital decided to conduct health status survey for the priests and novices as Commemoration of His Majesty the King's 60 Years Accession to the Throne. The program is divided into three phases. The first phase started

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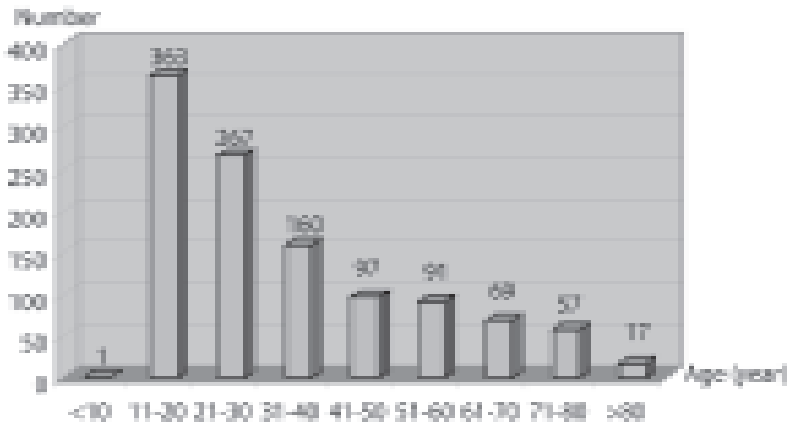

Fig. 1 Age range of the priests and novices in sustained and holistic healthcare programme of Priest Hospital (n = 1,122)

from February to June 2006 for the priests in 28 temples that belonged to the priests' master member of Priest Hospital. They are located in central Bangkok. The next phase started from August 2006 to May 2007 for the 400 temples located at periphery or outskirt of Bangkok. The last phase started in June 2007 and will finish in September 2008 for the temples in rural areas.

Objectives

Determine the health status and risk factors of the priests and novices in 28 temples in central Bangkok. Factors influencing health related behavior were also evaluated. Environment and sanitation of the temples' area were in focus.

Material and Method

The program was approved by the Ethic Committee of Priest Hospital and the Department of Medical Services, Ministry of Public Health. A cross sectional survey of health status and risk factors of various common medical problems among the priests was done. The healthcare team of Priest Hospital went to the temples for three days. The first day was for health interview; answer the health questionnaires with sanitation and environmental survey in the temples. The second day was for blood and urine test in the early morning. The third day, the priests and novices were brought to Priest Hospital for chest x-ray. Electrocardiogram was also performed if they were 40 years old or older. Medical problems as mental condition, visual, hearing and mobility impairment, history of previous accident, bone and joint pain, hypertension, diabetes, chronic obstructive pulmonary disease, and urinary problems were included. All the relevant risk factors were put on laboratory screening package. All of them had a physical examination by the doctors. Ophthalmic nurses would perform visual acuity measurement by Snellen chart at 6 meters, intraocular pressure check by pneumotonometer and eye screening. All abnormal or suspicious cases would be scheduled to see the specialists and special investigation for definite diagnosis and treatment.

Data analysis of mean and percentage by SPSS statistical package. The level of statistical significance was set at a p-value of less than 0.05.

Results

One thousand one hundred twenty two priests and novices from 28 temples in central Bangkok were examined. The demographic data were as following, the age range from 9 to 92 years old with mean age of 34.1 years old (Fig. 1). The range of ordained were between 1-73 years, with average of 13.8 years. Regarding to their education (Fig. 2), 39.3% had secondary school degree, 28.61% had primary school degree, and 21.61% had bachelor degree. For health related questionnaire (Table 1), 79.22% went to public or governmental hospital (29.63% used the (gold card) National Health Security Insurance Scheme), 13.82% went to private hospital and 6.96% went to private clinics. The barriers to receive health care were transportation problem (18.54%), limitation of health care access due to monastic disciplines (17.20%) and financial problem (12.75%). Medical devices used to

alleviate disability were low vision aids (9.45%), mobility aids (1.30%), and hearing aids (0.39%).

For personal health perception and health behavior, 49.11% of the priests did not know their blood groups. The other half (50.98%) that knew their blood group, only 64.3 % were correct. Regarding the health risk behavior, 21.66% of the priests had regular exercise three times per week, 60.92% had exercise occasionally, and 17.42% never had exercise. They consisted of 69.42% of non-smokers and 13.76 % of current smokers, which the common age range was 21-30 years old (30.06%) as shown in Fig. 3. Seventy seven percent of the priests had no history of alcoholic drinking and 23.08% used to drink alcohol.

In terms of underlying diseases (Table 2) 54.90% had some diseases including chronic medical conditions (37.34%), eye diseases (11.41%), allergic disease (10.69%), bone and joint disease (6.24%), ear nose and throat diseases (6.06%), and mental and emotional disorders (0.80%). For medical diseases

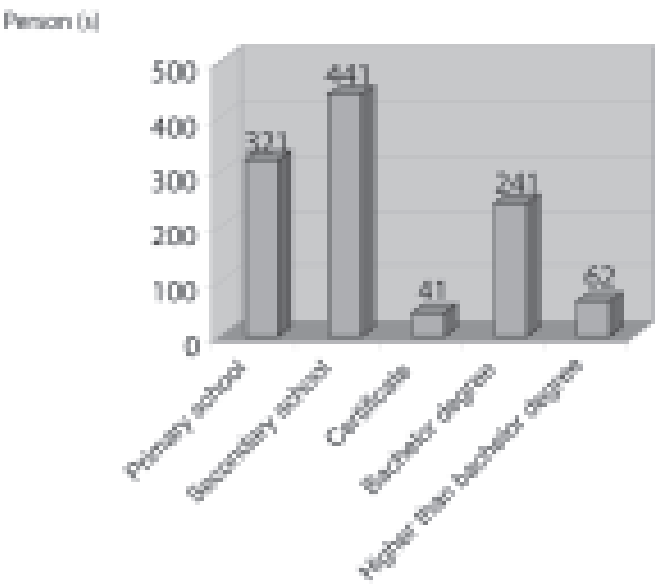

Fig. 2 Education level of priests and novices in the program (n = 1,122)

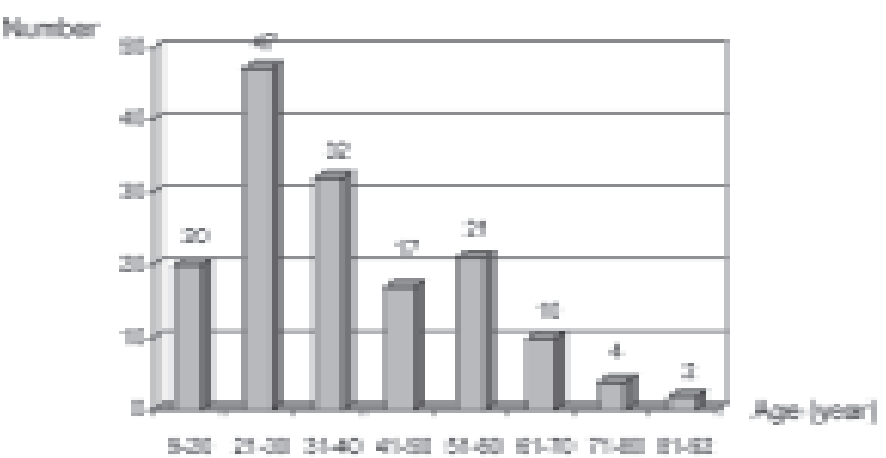

Fig. 3 Age range of priests and novices who continue smoking (n = 153)

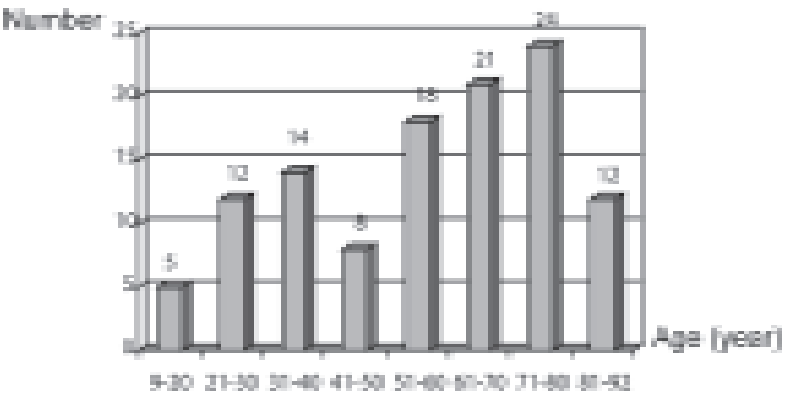

Fig. 4 Age range with abnormal chest x-ray of the priests and novices (n = 114)

Table 1. General information of priest and novices in the program (n = 1,122)

Information	Number	Percent
Use of healthcare		
Government hospitals	774	79.22
National health security scheme	251	29.63
Private hospital	135	13.82
Private clinic	68	6.96
No answer	145	12.92
Barriers to access healthcare		
Transportation	208	18.54
Monastic disciplines	193	17.20
Financial problem	143	12.75
Healthy	727	64.80
Presece of risk factor	199	17.74
Presece of disease that needed treatment	196	17.47
Presece of rehabilitation device for disabilities		
Visual	102	9.45
Mobility	14	1.30
Hearing	5	0.39
Never exercise	193	17.42
Infrequent exercise	675	60.92
Regular exercise (3 days / week - 30 minutes / day)	240	21.66
Smoking		
No Smoking	772	69.42
Used to smoke	187	16.82
Continue smoking	153	13.76
Alcoholic beverage		
Never drink alcohol	843	76.92
Use to drink alcohol	253	23.08
No answer	26	2.45
Health information		
Do not know blood group	551	49.11
Mis-information of blood group	204	35.73

Table 2. Previous disease of priests and novices who came for physical examination and laboratory test

Diseases*(n = 1,122)	Number	Percent
No disease	472	42.07
No answer	34	3.03
Presence of diseases	616	54.90
Medical	419	37.34
Eyes	128	11.41
Allergy	120	10.69
Bone and joint	70	6.24
Ear nose throat	68	6.06
Mental and emotional disorders	9	0.80

*Some priests had more than one disease
*Some priests had no diseases as he told

(Table 3), hypertension was the most common (5.44%), follow by pulmonary diseases and asthmatic bronchitis (5.08%), cardiovascular diseases (4.01%), and diabetes (3.92%). The remaining composed of gouty arthritis (1.87%), liver (1.78%), kidney (1.25%), cerebro-vascular diseases and their sequel (0.53%).

It was noted that 17.49% of them had mean Body Mass Index (BMI) less than normal but in the group of over 40 years old showed BMI more than normal. A laboratory test for blood and urine (Table 4) found abnormal lipid profiles in 67.56% and abnormal complete blood count (CBC) in 35.50%. Almost one-fourth (23.66%) had abnormal fasting plasma glucose, 16.99% had abnormal liver and 10.59% had abnormal kidney function test. Urinalysis was abnormal in 10.88%. Chest radiography revealed abnormal result in 12.65% (Fig. 4), mostly associated with aging.

For mental and emotional disorder, only 0.8% was found in the previous diseases reported by the participants, which corresponded to 0.6% of the answer of Thai Health Questionnaire (THQ24) as suspicious cases. Sixty priests went for complete psychological test and 79.17% were found as having psychiatric disorders. Generalized anxiety disorder were the most common (52.63%) as shown in table 5.

On special organs examinations, 95.7% of priests had dental problems and 47.7% had abnormal visual acuity.

Four hundred and fifty nine suspicious cases or present of risk factors were scheduled for complete examinations and investigation by specialists (Table 6). Among these were consultation in medicine (37.4%), ophthalmology (33.77%), ear nose and throat (6.32%) surgery (6.32%), orthopedics (4.79%), urology (6.54%), dental (3.05%) and psychiatry (1.74%).

The results of these consultations showed that there were dyslipidemia, diabetes, hypertension, and chest and hematologic diseases. In ophthalmology, refractive error was the most common problem followed by cataract, glaucoma, and macular degeneration. For ear, nose, and throat diseases, allergic rhinitis was the most common diseases. In surgery, the most common disease was benign prostatic hypertrophy. Osteoarthritis and anxiety were common in their subspecialty as shown in table 7.

Regarding the environmental survey, many of the areas in temples needed to be renovated especially the food preparation area. The living areas contained harmful objects. Ventilation and lighting

Table 3. Medical diseases of priests and novices

Medical disease	Number	Percent of medical disease	Percent of total population
Cerebral, hemiparesis, paraplegia	6	1.53	0.53
Kidney diseases	14	3.56	1.25
Liver diseases	20	5.09	1.78
Gouty arthritis	21	5.34	1.87
Diabetes	44	11.20	3.92
Cardiovascular diseases	45	11.45	4.01
Pulmonary, asthmatic bronchitis	57	14.50	5.08
Hypertension	61	15.52	5.44
Other	125	31.81	11.14
Total	393	11.02	35.03

Table 4. Laboratory test and the result of 1,122 priests and novices

Laboratory test	Total samples	Abnormal result	
		Number	Percent
Occult blood in stool	807	5	0.62
Parasite ova in stool	809	5	0.62
BUN, Creatinine	407	43	10.59
Urinalysis	1,048	114	10.88
Chest x-ray	901	114	12.65
Uric acid	404	65	16.09
Liver profile	406	69	16.99
BMI less than 18.5 in the age range of 40 years and less	1,109	194	17.49
BMI more than 25 in the age range of over 40 years	1,109	260	23.44
Fasting blood sugar	410	97	23.66
CBC	1,048	311	35.50
Lipid profile	410	277	67.56

Table 5. Mental and emotional disorder of samples detected by Mental Thai Health Questionnaire (THQ 24)

	Number	Percent
Abnormal THQ answer with appointment for complete psychiatric evaluation	60	100
Come to complete psychiatric work up	24	40.00
Absent of psychiatric disorders	5	20.80
Presence of psychiatric disorders*	19	79.17
Generalized anxiety disorder	10	52.63
Somatoform disorder, unspecified	2	10.53
Observation for suspected mental and behavioural disorder	1	5.26
Anterograde amnesia	1	5.26
Unspecified dementia	1	5.26
Delusional disorder	1	5.26
Anxiety disorder, unspecified	1	5.26
Mixed anxiety depressive disorder	1	5.26
Lesion of sciatic nerve	1	5.26
Adjustment disorder	1	5.26

*One priest can have more than one psychiatric disorder

should be improved. Garbage disposal were not up to standard. Two of the eleven temples had reservoirs that encouraged mosquitoes breeding.

Discussion

With increasing health-care costs in Thailand and recent changes in the health-service management to universal coverage, health promotion and preventing of diseases rather than only passively serving sick people is a very important strategy to balance the budget constraints. One of the basic requirements to promote health is to know the health status of the target population and their risk factors. Priest Hospital followed this policy and started to assess health status and risk factor of the priests, as they are their target population. Because the first phase of the study was

Table 6. Appointment for investigation and treatment of the priests and novices in Sustained and Holistic Health Care Program

Appointment to Department	Number of Appointment*	Present by Appointment		Absent by Appointment	
		Number	Percent	Number	Percent
Medicine	172	143	83.14	29	16.86
Ophthalmology	155	136	87.74	19	12.26
Ear, nose, throat	29	26	89.66	3	10.34
Surgery	29	22	75.86	7	24.14
Orthopedics	22	18	81.82	4	18.18
Urology	30	26	86.67	4	13.33
Dental	14	11	78.57	3	21.43
Psychiatry	8	7	87.50	1	12.50
Total	459	389	83.87	70	16.13

*Some priest had more than one appointment

Table 7. Final diagnosis after complete investigation of appointed cases (n = 389)

Department	Number	Ranking of common case (s)				
		First	Second	Third	Fourth	Fifth
Medicine	143	Dyslipidemia (53)	Diabetes (20)	Hypertension (18)	Chest diseases (15)	Hematologic Diseases (11)
Ophthalmology	136	Refractive error (90)	Cataract (20)	Glaucoma (7)	Pterygium and pingueculitis (4)	Macular Degeneration (3)
Ear,nose,throat	26	Allergic Rhinitis (8)	Impact cerumen(4)	Rhinitis (3)	Pharyngitis and Laryngitis (2)	Otitis externa (1)
Surgery	22	BPH, orchitis Varicocele, stone (7)	Gastritis, Enterocolitis Gall stone (4)	Sebaceous cyst, wart, nevus (4)	Hernia (2)	Carcinoma of colon (1)
Orthopedics	18	Osteoarthritis of knee (8)	Cervical Spondylosis (3)	Gouty arthritis (3)	Low back pain, sciatica, lumbar pain (3)	Myositis, osteoporosis (2)
Psychiatry and emotional	7	Anxiety (3)	Insomnia (2)	Stress disorder (2)	Migraine (1)	Stuttering (1)

Table 8. Non-communicable diseases in OPD of Priest Hospital (2001-2007)[5]

Diseases	2001	2002	2003	2004	2005	2006	2007
Hypertension	3589	3719	3612	3381	4184	3683	3473
Pulmonary diseases	2764	2912	2703	2585	2272	2260	2103
Diabetes	2683	2873	3249	3153	3315	3203	3550
Cataract	2442	2350	2861	2766	2561	2714	2674
Ischemic heart diseases	2636	2342	2325	2189	2180	1977	1691
Glaucoma	520	696	883	882	810	957	684

Table 9. Non-communicable diseases in IPD of Priest Hospital (2001-2007)[5]

Diseases	2001	2002	2003	2004	2005	2006	2007
Hypertension	226	278	280	244	327	284	333
Pulmonary diseases	304	364	344	324	319	307	335
Diabetes	366	399	422	395	409	454	518
Cataract	715	829	1067	826	900	1051	1239
Coronary diseases	291	342	366	292	309	317	320
Glaucoma	31	48	74	57	121	156	115

Table 10. Spearman's correlation coefficient of smoking and disease in the priests (n = 1,097)

Disease	Spearman's correlation coefficient	Significance (2-tailed)
Ear, nose, throat	-0.002	0.958
Asthmatic bronchitis	0.002	0.957
Cardiovascular disease	0.016	0.596
Mental and emotional disorder	0.022	0.471
Diabetes	0.028	0.364
Pulmonary disease	0.032	0.296
Bone and joint disease	0.045	0.138
Hypertension	0.072	0.019
Paresis and paralysis	0.082	0.007
Allergic disease	0.091	0.003
Liver disease	0.107	0.568
Cataract	0.108	0.000

Table 11. Future trends for non-communicable diseases in the priests

Future trend of sub-specialty	Diseases
Metabolic syndrome	Overweight, dyslipidemia, disbetes, hypertension, kidney, cardiovascular diseases
Eye diseases (aging)	Cataract, glaucoma, macular degeneration
Ear,nose,throat (environmental)	Hearing disorder, allergy
Mobility	Osteopenia, osteoporosis
Surgical condition	Prostatic diseases
Mental and emotional	Stress, behavior modification

conducted in central Bangkok and the mean age of the participating priests was only 34.1 years old, the results showed a low prevalence of diseases diagnosed when comparing to a previous study[1]. Since most of the diseases were non-fatal, the inclusion criteria for the second phase survey of the priests in peripheral part or outskirt of Bangkok would start with the priests older than 35 years. The abnormal laboratory results and excessive BMI in the aging population could speculate on future trend of health problems. These could be related to diabetes, hypertension, renal and cardiovascular diseases, shown as metabolic syndrome and non-communicable diseases[2,3]. The increasing number of patients with hypertension as presented in the disease survey in Thailand[4] and the priest's hospital statistic (Table 8,9)[5], will become a burden for the hospital. Therefore, screening for and treating hypertension including dyslipidemia and atherosclerosis are the next strategy in preventing high cost of health care[6,7]. Promoting healthy dietary and less fatty food would benefit metabolic syndrome prevention[8]. Due to younger age group of the participants, there was less mental and psychiatric disease after screening by Thai Health Questionnaire (THQ) and confirmed by psychiatrist (only 0.8%). Low community prevalence of mental and psychiatric diseases in this program was in contrast to the previous study of the priests in Priest Hospital[9,10] that showed more stress and mental disorders among the priests seeking treatment as in and out patients. The different could be explained by the younger age group of the participants in the study, more than half of them concentrate on education and less physical response to stress or more ability to physical and mental adaptation[11], causing less mental and psychiatric disease. For other non-communicable disease, they were mostly age-related diseases such as cataract, glaucoma, macular degeneration, and osteoporosis. They will require universal coverage as treatment package to improve the quality of life and should be diagnosed earlier for less health care cost. Health promoting model was introduced in 1980[12] and universally accepted in 1987. It developed from social learning and expectancy value theory to health benefit. From the previous study[6], the priests had moderate health promoting behavior (52.3%). During economic crisis[13], there were more priests with less social resources caused less attention to their health.

For mental health, high percentage of priests had good mental health therefore, they can work as psychologist to alleviate community mental health[14]. Due to high respect of Buddhism and to the priest, people should listen and agree with the priests' idea when they have mental problem. It was accepted that the priests have a role as voluntary mental health worker[15] to the disadvantageous group

For smoking[16-19], in the past, it was fashionable to give cigarettes to the priests. This caused high prevalence of COPD. Now, with all mass media campaign of anti-smoking, there are fewer priest-smokers. However, the prevalence of COPD is still high due to history of smoking in the past. Chest x-ray check up is essential and cost-effective for screening priest over 40 years old[20]. There were some research showing that cigarette and cigar smokers had a significantly higher prevalence of cataract with the dose-response relationship, adjusted Odd ratios (OR) -3.51(95%CI: 1.10-2.06) and 1.44 (95%CI: 1.12-1.84) when compared to those who had never smoked[21]. The explanation of this correlation may be due to kinesin light chain 1, which is fundamental to the maintenance of a proper lens fiber structure for transparency that may play a role in cataractogenesis[22].

For age-related macular degeneration (ARMD), the study[23] revealed that the OR for all types of ARMD of 3.12 (95% CI 2.10-4.64) for current smokers compared with never smokers. Former smokers had only a slightly increased risk of ARMD compared to never smokers (OR 1.36 (0.97 to 1.90), which implied that stopping smoking might be an effective preventive approach[24-26].

In this study, only cataract, hypertension, allergic diseases, paresis, and paralysis showed correlation with smoking as Table 10.

Future trends for non-communicable diseases in the priests were shown in Table 11 as metabolic syndrome, age-related eye diseases, environmental hearing disorder, allergy, mobility defect from osteoporosis and osteopenia, prostatic diseases and anxiety, and stress or behavior dysfunction.

For sanitation and environmental improvement in the temples, they would dynamically develop after the priests could recognize the impact of deposition of infected pollens, hazardous gas (sulfur dioxide), waste and contaminated water supply[27]. The neglecting causes as parking area in the temples or temporally trade fair to earn some income caused less space for exercise, more waste and pollution and were not cost-effective. The concept of health promotion and community participation[28-30] for sustainable health should be stressed and repeated until the ultimate goals were achieved.

Conclusion

Of the examined priests and novices, 64.79% were classified as healthy, 17.74 % as asymptomatic diseases or present of risk factors, and 17.47 % had clinical diseases that required long-term treatment. Strategy to decrease metabolic syndrome and non-communicating disease control are health-promoting behavior. This is achieved by identifying the health status and health risks of target group. A lack of belief in the benefits of health promotion, and not knowing epidemiology of common diseases in the priests, plays a vital role in determining the failure of primary prevention and cause higher health care cost.

Recommendation

Effective strategies that bring health promotion messages to the priests are needed. The combination of group teaching, supplemented by brochures and self-study using booklets or pamphlets should be effective in improving health knowledge and behavior. The priests who are educated in health promotion can work as voluntary health workers in the temple to take care of themselves and their relatives including other Buddhists who come to the temple.

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สภาวะสุขภาพของพระสงฆ์และสามเณรในกรุงเทพมหานคร

วราภรณ์ ภูมิสวัสดิ์, สวัสดิ์ เถกิงเดช, วัฒนีย์ เย็นจิตร

ภูมิหลัง : *สภาวะสุขภาพของพระสงฆ์และสามเณร ถ้าได้รับการดูแลตั้งแต่เริ่มมีอาการ จะลดปัญหาความรุนแรงของโรค รวมทั้งป้องกันการสูญเสียอย่างถาวรได้ โรงพยาบาลสงฆ์จึงไปออกหน่วยเพื่อสำรวจสภาวะสุขภาพของพระภิกษุและสามเณรในวัดของพระกรรมการของโรงพยาบาลสงฆ์ในกรุงเทพ ฯ ส่วนกลางจำนวน 28 วัด*

วัตถุประสงค์ : *ต้องการทราบสภาวะสุขภาพของพระสงฆ์ และสามเณร พร้อมทั้งให้คำแนะนำรวมทั้งรักษาโดยทีมพยาบาลและแพทย์ มีการให้ความรู้เกี่ยวกับโรคที่พบบ่อยและภาวะเสี่ยงเพื่อไปถ่ายทอดแก่พระภิกษุอื่นๆ และญาติโยม*

วิธีดำเนินการ : *พยาบาลและเจ้าหน้าที่ได้ออกไปร่วมสำรวจสภาวะสุขภาพในโครงการเชิงรุกเพื่อพัฒนาสุขภาพพระสงฆ์-สามเณร ให้ยั่งยืนแบบองค์รวม ควบคู่ไปกับการตรวจทางห้องปฏิบัติการ ถ่ายภาพเอกซเรย์ปอด ตรวจคลื่นหัวใจ ตรวจร่างกาย วัดสายตา วัดความดันตา และตรวจฟัน พระสงฆ์และสามเณรเมื่อพบว่ามีความผิดปกติจะนัดมาตรวจอย่างละเอียด พบแพทย์ผู้เชี่ยวชาญ ให้การรักษาผ่าตัดตามโรคที่ตรวจพบ รวมทั้งให้คำแนะนำในการส่งเสริมสุขภาพ*

ผลการดำเนินการ : *มีพระสงฆ์และสามเณรมารับการตรวจทั้งสิ้น 1,122 รูป มีข้อมูลที่จะนำมาวิเคราะห์ทางสุขภาพได้1,109 รูป อายุตั้งแต่ 9-92 ปี เฉลี่ย 34.1 ปี พบว่าพระสงฆ์และสามเณรมีสุขภาพดีเป็นปกติคิดเป็น 64.79% มีโรคแต่ยังไม่มีอาการผิดปกติหรือมีภาวะเสี่ยง 17.74% และมีโรคที่ต้องรักษาในระยะยาว 17.47%*

สรุป : *เนื่องจากอายุเฉลี่ยของพระสงฆ์และสามเณรในโครงการเพียง 34 ปี จึงพบว่าสภาวะสุขภาพของพระสงฆ์และสามเณรอยู่ในเกณฑ์ดี ความผิดปกติที่พบในช่วงอายุมากทำให้ทราบว่า ถ้าจะให้บริการสุขภาพแก่พระสงฆ์และสามเณรให้ได้ผลดีต้องมีการตรวจสุขภาพเป็นครั้งคราวแก่พระสงฆ์ที่มีอายุตั้งแต่ 40 ปีเป็นต้นไป เพราะพระสงฆ์จัดเป็นกลุ่มด้อยโอกาส เนื่องจากไม่ทราบสิทธิในการรับบริการสุขภาพของตนเอง เดินทางลำบาก และขาดแคลนปัจจัย รวมทั้งมีความรู้ด้านสุขภาพน้อยจึงปฏิเสธการตรวจร่างกายและตรวจทางห้องปฏิบัติการแม้ว่าคณะผู้ให้การดูแลจะไปให้บริการถึงในวัด จึงพบพระสงฆ์ที่มีความดันโลหิตสูง เบาหวาน และโรคหัวใจ ที่ไม่เคยมารับการตรวจอย่างสม่ำเสมอ พบภาวะแทรกซ้อนเช่นโรคทางจอประสาทตา โรคไต โรคอัมพาต อัมพฤกษ์ร่วมด้วย อย่างไรก็ตามรายงานนี้เป็นเพียงรายงานเบื้องต้น ยังมีพระสงฆ์สูงอายุอีกมากที่ต้องมารับการตรวจอย่างละเอียด เนื่องจากพบว่ามีความผิดปกติในช่วงคัดกรอง นอกจากนี้ยังพบว่าต้องมีการพัฒนาในวัด บริเวณที่อยู่อาศัยเพราะมีการระบายอากาศไม่ดี บริเวณที่เตรียมอาหารและที่ทิ้งขยะยังไม่สอาดพอ รวมทั้งมีแหล่งเพาะพันธ์ลูกน้ำและยุงลาย*