

Depression: Submerged Health Problem of Elderly

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ABSTRACT

Introduction: Depression is a common mental illness characterized by persistent sadness and a loss of interest in activities that people normally enjoy accompanied by an inability to carry out daily activities for 14 days or longer and it takes a serious toll on physical health.

Methodology: A cross sectional community based study was conducted during the period of August 2017 to February 2018. Systemic random sampling was used to cover 250 elderly subjects and house to house survey was conducted for data collection. GDS-30 is a 30 item self-report assessment used to identify depression among elderly.

Results: Out of 250 elderly subjects, prevalence of depression was found in 117 (46.80%) and gender specific prevalence of depression was 44 (39.28%) elderly males and 73 (52.89%) elderly females.

Conclusion: High prevalence of depression was found among elderly and a positive association was found with female gender, increasing age, those who were living alone, and who had death of family member or close relative.

INTRODUCTION

The United Nations has agreed the cutoff as 60+ years to refer to the elderly population.¹ The pace of population ageing is much faster than the past. Today for the first time in history most people can be expected to live into their sixties and beyond. Between year 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22% and by 2050 world's population aged 60 years and older is expected to be 2 billion.² India recorded an improvement in life expectancy at birth. The life expectancy at birth in 1969 was 47 years growing to 60 years in 1994 and 69 years in 2019.³ In India, the percentage of elderly population above 60 years has gone from 5.3% to 5.7% (census 1991) to 6.0 to 8.0% (census 2011), respectively.⁴ Projections are being made

that India will house 316 million elderly by 2050.⁵ In Rajasthan, the elderly population constitutes 7.5% of the population.⁶

World Health Organization defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.⁷ Mental health is equally important as other factors of well-being of health. It is well known fact that elderly are suffering from psychological, social, and physical health problems. Age is an important determinant of mental health. Old age is a period of transition when one has to deal not only with the physical aging but also with the challenges affecting the mental and social well being.⁸ Depression is a common mental illness characterized by persistent sadness and a loss of interest in activities that people normally enjoy accompanied by an inability to carry out daily activities for 14 days or longer. Depression is one of the leading cause of ill health and disability worldwide. According to the latest estimates from WHO, depression increases more than 18% between year 2005 and 2015. Nearly 50% of people with depression do not seek treatment.⁹ There is mounting evidence that depression takes a serious toll on physical health.¹⁰

The main challenge among elderly is the diagnosis of depression and after that adherence to treatment. Very often, they are undiagnosed and then left without seeking healthcare for the same. The present study was conducted to determine the prevalence of depression among the elderly in the urban area and to determine the factors associated with depression.

METHODS

A cross sectional community based study was conducted between the months of August 2017 to February 2018. The study was conducted in an urban field practicing area of the Department of Community Medicine of a government medical college in Rajasthan. The study participants were elderly above 60 years of age and permanent residents of the study area for 10 years and age

was ascertained by the government identity proof.

After analyzing the available literature, the prevalence of depression among elderly was taken as 39%, with 10% of allowable sampling error and 95% within confidence limits. Systemic random sampling was used to cover 250 elderly subjects. House to house survey was conducted for data collection and only one elderly subject was selected if more than one elderly in the house. All the people aged 60 years and above residing in the study area were included in the study. Persons who did not consent for the study and those with whom there was no scope of communication were excluded. The questionnaire was divided into two parts. The first part comprised of socio-demographic information, health related information, and information regarding alcohol and tobacco abuse. The second part was geriatric depression scale 30 (GDS-30). The GDS is a 30-item self-report assessment used to identify depression. Geriatric depression scale comprise of 30 questions, one point for each answer and categorization was done as per score values where score of 0-9 was taken as no depression and 10-30 was taken as depression. Elderly

subjects who screened positive using the GDS-30 Scale were advised for further management in the Department of Psychiatry of same medical college. The data were analyzed using Epi info 7 and the results were presented in the frequencies and percentage. Chi-square test was used and p value of < 0.05 was taken as the criteria of significance.

RESULTS

Majority 210 (84%) of the elderly subjects were in the age group of 60-70 years. The mean age was 67.4 years with a range from 60 to 87 years. Majority of elderly were Hindus followed by Muslim, Christian, and Sikh religion. Majority (191, 76.40%) of elderly subjects were married.

Table 2 shows that out of 250 elderly subjects, prevalence of depression was found to be 46.80% and gender specific prevalence of depression was 39.28% in elderly males and 52.89% in elderly females. The prevalence of depression was highest age group of 80 years and above followed by age group of 70-80 years and minimum prevalence was observed in the age group of 60-70 years.

Table 1: Sociodemographic characteristics of the study participants (N=250)

	Male		Female		Total	
	N	(%)	N	(%)	N	(%)
Age (years)						
60 - 70	94	83.92	116	84.05	210	84.00
70 - 80	15	13.39	18	13.04	33	13.20
>80	03	2.67	04	2.89	07	2.80
Religion						
Hindu	97	86.60	121	87.68	218	87.20
Muslim	13	11.60	14	10.15	27	10.80
Christian	01	0.89	02	1.44	03	1.20
Others	01	0.89	01	0.73	02	0.80
Marital status						
Married	86	76.78	105	76.08	191	76.40
Unmarried	02	1.78	01	0.72	03	1.20
Separated/Divorced	03	2.67	05	3.62	08	3.20
Widow/Widower	21	18.75	27	19.56	48	19.20
Education status						
Illiterate	26	23.21	54	39.13	80	32.00
Literate	86	76.78	84	60.86	170	68.00
Total	112	100	138	100	250	100

In the present study on geriatric population, majority of (72.80%) elderly belonged to nuclear family and 27.20% were from joint family. Significantly higher prevalence of depression was found among those elderly who were from nuclear family than among who were from joint family. It was observed that majority of the widow/widower had depression, followed by the unmarried/single, separated/divorced, and married. The difference in the prevalence of depression with the marital status was found to be statistically significant.

It was observed that majority of the elderly had depression who were dependant for finances totally followed by partially financially dependent, and financially independent. This difference in prevalence of depression among these groups was found to be statistically significant. The prevalence of depression was high among elderly who had death of family member or close relative within one year

as compared to among elderly where there was no death of family members or close relative within one year. This association between depression and death of family member or close relative was found to be statistically significant.

DISCUSSION

In the present study, prevalence of depression was 46.80% and was high (52.89%) in elderly females as compared to 39.28% in elderly males. Similar findings were observed in study done by Swarnalatha N¹¹ in Andhra Pradesh who reported that overall prevalence of depression among elderly was 47% with a significantly higher prevalence of depression among elderly females (56.5%) than males (37.5%). Another study done by Lilian D'souza et al¹² in Bangalore observed that overall prevalence of depression among elderly was 51.90% with a higher prevalence of depression in elderly females.

Table 2: Distribution of depression and associated factors among the study participants (N=250)

	Depression Absent		Depression Present		p value
	N	(%)	N	(%)	
Gender					
Male	68	60.71	44	39.28	p=0.031
Female	65	47.10	73	52.89	
Age (years)					
60-70	114	54.28	96	45.71	p=0.706
70-80	16	48.48	17	51.51	
>80	03	42.85	04	57.14	
Type of family					
Nuclear family	88	48.35	94	51.64	p=0.017
Joint family	45	66.17	23	33.82	
Marital status					
Married	114	59.68	77	40.31	p=0.003
Unmarried/Single	01	33.33	02	66.66	
Separated/Divorced	03	37.50	05	62.50	
Widow/Widower	15	31.25	33	68.75	
Financial dependence					
Independent	35	76.08	11	23.91	p=0.002
Partially dependent	65	54.62	54	45.37	
Totally dependent	33	38.82	52	61.17	
Death of close relative					
Yes	20	35.08	37	64.91	p=0.001
No	113	58.54	80	41.45	
Total	133	53.20	117	46.80	

Depression was more in females as compared to males, it may be due to females having a stronger genetic predisposition for depression, fluctuating hormone levels especially at menopause, and socio-cultural factors. In the present study, prevalence of depression was found to be increasing with increasing age, it was lower in age group of 60-70 and higher in the age group of 80 years and above. Similar observations were observed by Swarnalatha N¹¹ in Andhra Pradesh and Sharma K et al¹³ among North Indians that prevalence of depression among elderly was increasing with increasing age and it was statistically significant in both the studies.

The present study reports that majority (72.80%) of depressed elderly belonged to nuclear family and it was statistically significant. A study conducted in Kancheepuram district, South India¹⁴ reported similar results. A study done in North Indians¹³ also found that prevalence of depression was more among elderly who were from nuclear family. This may be due to nuclear families have lack of support to take care of things, increased needs of money for health care in old age, and less social interactions.

The present study found that elderly subjects who were married and living together were less depressed and this prevalence was 40.31%. Similar observations were found by Chauhan P et al¹⁵ in South India that widow/ widower and those living single had more depression than married persons though not statistically significant. The status of depression was high (61.17%) among elders who were totally financially dependent, while it was low (23.91%) among the financially independent individuals in the present study. Similar observations were made that depression was significantly higher among financially dependents (41.67%) as compared to financially independent (1.48%) in a study done by Chauhan P et al¹⁵; although contradictory findings were observed by Swarnalatha N¹¹ that depression was high (47.3%) among the financially independent elderly.

Limitation of the study: Dementia is a limiting factor which causes trouble in short-term memory, changes in mood and confusion. It may show false positive results in this study as dementia was not taken as exclusion criteria.

CONCLUSION

High prevalence of depression was found among elderly and positive association was found with the female

gender, those who were living alone, and who had death in the family or close relative. Unfortunately, many depressed elderly fail to recognize the symptoms of depression. Measures should be taken to detect the psychiatric disorders among elderly at general OPD and geriatric OPD. Community should be sensitized for geriatric issues and provide tender love and care to elderly in their families, for this role of NGO and IEC is suggested.

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