Prevalence of depression among elderly people in old age homes, Chandigarh

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ABSTRACT

In India, there has been a considerable increase in the elderly population. According to census 2011, there are nearly 104 million elderly persons in India. A systemic review reported a median prevalence of 21.9% for depression among the elderly in India. Amongst the elderly population due to factors such as chronic illness loneliness and financial dependence they are more prone to depression as compared to other populations. To assess the prevalence of depression among elderly people residing in the old age home in Chandigarh and its association with socio-demographic variables. Three old age homes were selected randomly out of which 50 elderly people were selected through a convenient sampling technique. GDS was applied in all the individuals to assess the depression prevalence. This study showed that males were having more severe depression as compared to females. Mild depression was greater among females. There was a significant association of religion (p=0.05) and sex (p = 0.01) with depression. Those who were financially dependent had greater depression as compared to those who were financially independent. Depressive disorder was highly prevalent among the elderly population residing in the old age homes.

Keywords— Depression, Elderly, Old age homes

1. INTRODUCTION

Depression is an extremely common mental illness affecting people of all ages, gender, different socioeconomic groups and religion in India. Globally an estimated 322 million people were affected by depression in 2015 which is expected to get doubled in 2019. Depression contributes to significant disease burden at national and global levels. At the individual and family level depression leads to poor quality of life causing huge social and economic impact.

Depression includes a spectrum of conditions with episodes illnesses and disorders that are often disabling in nature and vary in severity. Depression in late life often presents prominent psychomotor agitation or irritability rather than depressed mood. Among females and males females are having more depression. With an ageing population depression among elderly is likely to increase in upcoming years with higher prevalence among elderly. A systemic review reported a median prevalence of 21.9% for depression among elderly in India. Among the community based studies in elderly the prevalence of depression ranged from 3.9% to 47.0%.With higher results among females. Living alone, stressful life events, lack of social support system, recent loss of loved ones, lower socioeconomic status and presence of co-morbid medical illnesses are some of risk factors for depression in elderly

2. RISK FACTORS FOR DEPRESSION

Biological   Psychological   Socioeconomic   Cultural
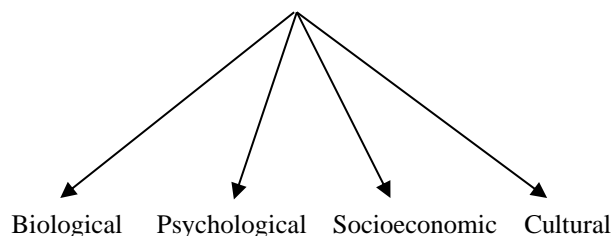
Since globally the population of older people is rising rapidly. Between 2015 and 2050 the population will almost double from 12% to 22%. The main reason behind increase in elder population is advancement in all sectors. Due to advancement there has been increase in life expectancy. Mental and neurological disorders among older adults accounts for 6.6% of the total DALY. Approximately 15% of adults aged 60 and above suffer from mental disorders. The most common among mental disorders is depression which effects 7% of the world's population and has become the leading cause of disability worldwide. The disorders are characterized by loss of interest in activities, change in weight, and sleeping patterns, fatigue and feelings of guilt and worthlessness. Depression can lead to impairment in one's ability to function, decreased quality of life and increased risk of health problems. Low income, low education being unemployed and having no health insurance are related to higher rates of depression. Depression often coexists with other chronic conditions including hypertension chronic pain and arthritis. Many methods are used to calculate depression. Most commonly used is the GDS scale. Among the risk factors insomnia and self-critical thinking are most commonly associated with depression. Other factors like co-morbid disease, poor physical health, cognitive impairment, structural changes in brain, and a sad experience in past related to family, widow are the major factors associated with depression. Even a minor stroke can precipitate depression. Parkinsonian diseases coronary diseases endocrine diseases. Sleep disturbances is the main risk factor. A number of medicines can cause or aggravate depression eg. Benzodiazepines, corticosteroids and Nsaids.

In India life expectancy has increased from 45 years in 1970 to 65 years in 2010. Although the proportion of people 60 years and above is smaller than that in developed world but in 2020 the absolute number of elder adults is likely to be higher in India. The change in family structure along with economic insecurity results in elderly losing their relevance and significance in their own house and increase feeling of loneliness. In modern society enforced retirement may act to marginalize older people. The elderly are viewed as less energetic and less valuable which prevents older people to participate. All these factors make elderly more prone to depression.

3. SOCIAL IMAPCT OF DEPRESSION
Depression decreases an individual quality of life and increases dependence on others. People from depression suffers from impairment of all major areas of functioning personal care and family responsibility.

4. GOVERNEMENT AND GERIATRIC HEALTH
The government of India have launched the national mental health program in 1982. But however it failed because mental health took a back seat and did not even mention in national 5years plan. The importance of health care of elderly was officially emphasized in policies of government in India in 1999 by adopting national commitments UN conventions on rights of person.

5. MEASURES TAKEN TO FIGHT DEPRESSION
- Resolution of symptoms
- Prevention of relapse and recurrence
- Early recognition and timely treatment becomes necessary element of management of depression
- For mild to moderate depression interventions like cognitive behavior therapy interpersonal therapy should be preferred.
- Antidepressants drugs
- Government in India should attempt to change the negative perception the community holds towards mental disorders.
- Intervention in educational settings

6. MATERIALS AND METHOD
There was a cross sectional study among the three old age homes in Chandigarh. GDS (Geriatric Depression Scale was used to assess the prevalence of depression): In geriatric depression scale each individual was interviewed for 30 minutes. A questionnaire was made having answers in form of yes and no. The interview schedules were carried out only after taking an informed consent. The questionnaire used was divided into two sections. The first part of questionnaire comprised of socio demographic information such as name, age, sex, marital status etc. The second part of questionnaire comprised of a scale for measuring depression. After collection of data the data was analyzed in SPSS version 21 and the results were recorded. Prevalence of depression ranged from 42 to 70%.Multiple physical illnesses were commonly seen in depressed elderly. Among specific disorders hypertension osteoarthritis and cataract were more common. Mostly depression was found in elderly group of people falling under age group of 64 to 70.

6.1 Inclusion criteria
- Included the population present during collection of data
- Included population above 65.
- Included the population who gave consent after being informed about the research.
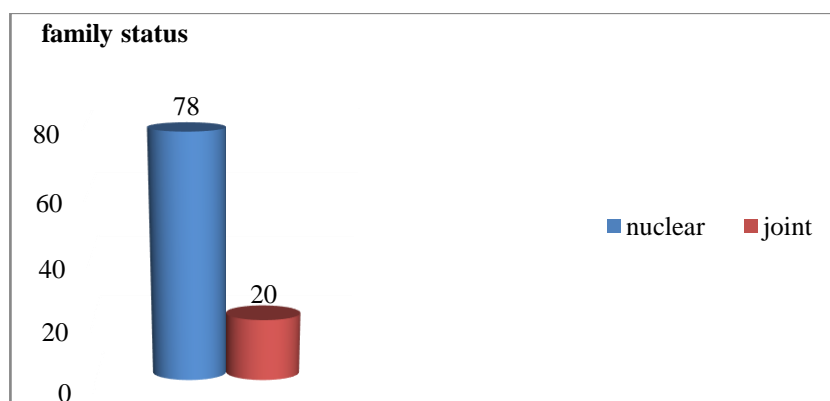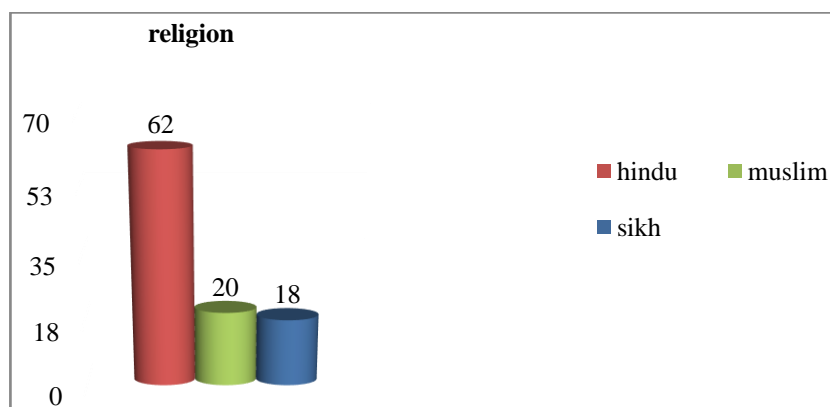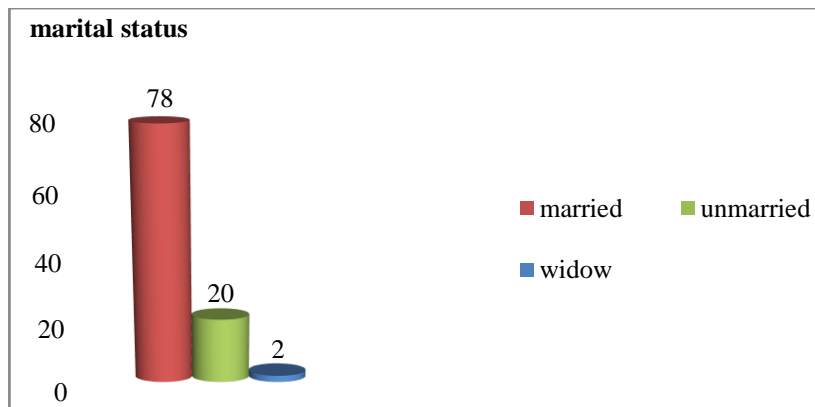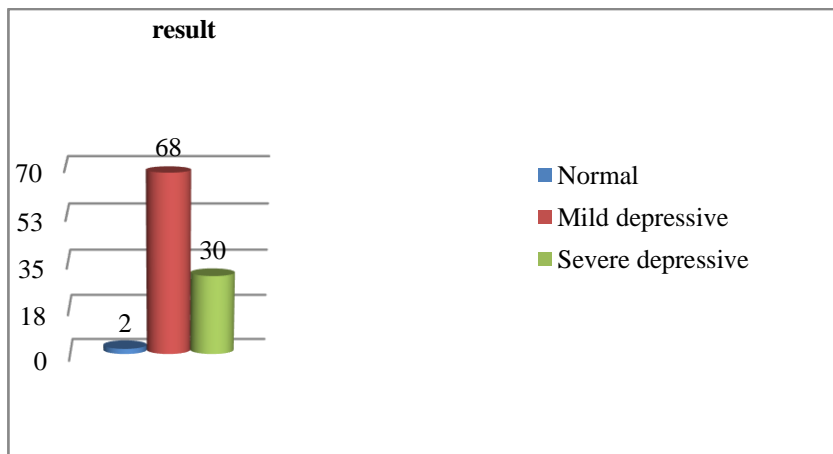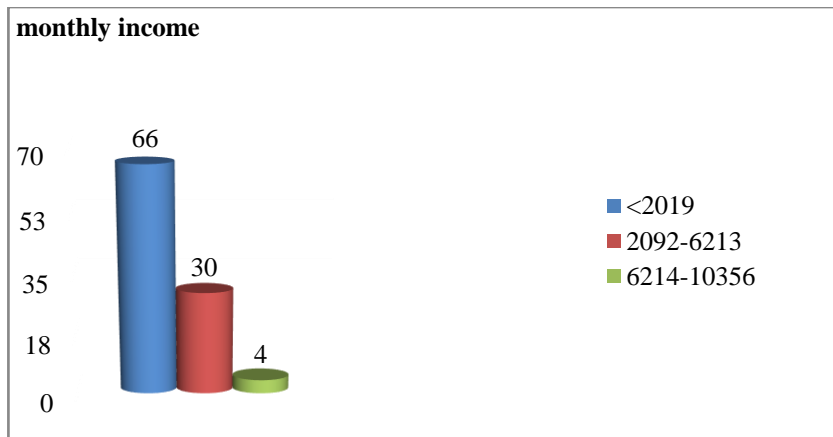
6.2 Exclusion criteria
- Excluded elderly people who were absent during data collection.
- Excluded mentally ill elderly people.

Table 1: Showing frequency and percentage of various sociodemographic variables.

Variables	Category	Frequency	Percentage
sex	Male	29	58
	Female	21	42
religion	Hindu	31	62

	Muslim	10	20
	Sikh	29	18
Marital status	Married	39	78
	Unmarried	10	20
	Widow	1	2
Family status	Nuclear	39	78
	Joint	10	20
Family monthly income	<2019	33	66
	2092-6213	15	30
	6214-10356	2	4

marital status

78 married ■ unmarried ■
20 widow ■
2

gender

58 male ■ female ■
42

religion

62 hindu ■ muslim ■
20 sikh ■
18

family status

78 nuclear ■ joint ■
20

monthly income

result

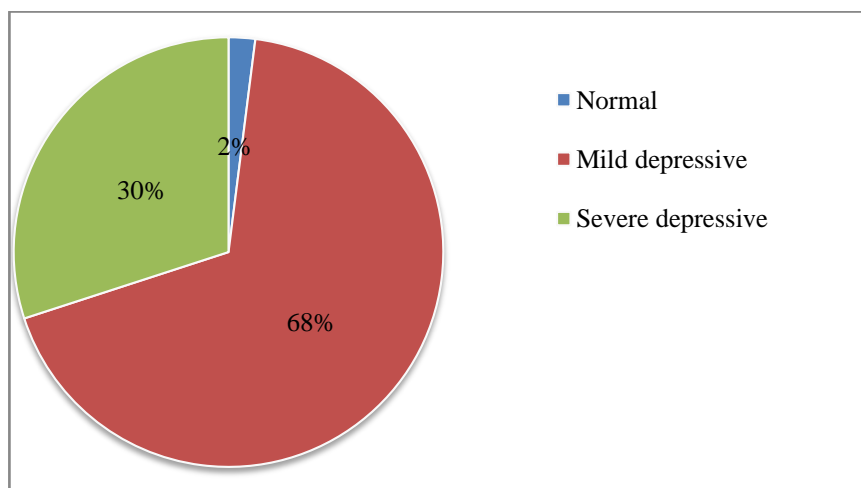| Normal	1	2
Mild depressive	34	68
Severe depressive	15	30

Table 2. Showing association of sociodemographic variables with depression

Variables	Category	normal	Mild depression	Severe depression	Chi^2	df	p
sex	male	1(3.4%)	15(51.7%)	13(44.8%)	8.474	2	.014
	female	0	19(90.5%)	2(9.5%)			
religion	hindu	0	19(61.3%)	12(38.7%)	9.139	4	.058
	muslim	1(10.0%)	6(60.0%)	3(30.0%)			
	sikh	0	9(100%)	0			
Marital status	married	0	26(66.7%)	13(33.3%)	4.944	4	293
	unmarried	1(10%)	7(70%)	2(20%)			
	widow	0	1(100%)	0			
Family status	nuclear	1(3.1%)	22(68.8%)	9(28.1%)	.674	2	0.714
	joint	0	12(66.7%)	6(33.3%)			
	<2019	1(3.0%)	23(69.7%)	9(27.3%)	1.032	4	.905

Family	2092-6213	0	10(66.7%)	5(33.3%)			
monthly income	6214-10356	0	1(50%)	1(50%)			

7. DISCUSSION AND CONCLUSION
In our study depression was found to be highly prevalent among elderly. This finding of our study supported by similar studies conducted on the study of depression among geriatric population in Nepal which showed that 53.2% of the samples experienced depressive illness according to GDS. Similarly another study from an old age home at chit wan showed prevalence of depression to be 52.3% in old age home and 25.45% in community. A study conducted on prevalence of depression among elderly living in old age home in capital city Kathmandu foundation it to be 47.33% like in our study there was significant association with the socio demographic factors similarly similar results were seen in a study conducted in Asian countries. In our study Depression was more common among elderly in rural as compared to those living in urban community. Financially independent elderly were less depressed. There was a significant association of religion (p=0.05) and sex (p = 0.01) with depression. Females were found to have more mild depression than males.

8. CONCLUSION
Depression is prevalent among elderly population residing in old age home of Chandigarh .Financially independent elderly were less depressed. Various medical illnesses were associated with depression. Social factors such as stressful life events leads to depression. Males are more likely to suffer from severe depression.

9. REFERENCES
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