

Research Article

PREVALENCE OF DEPRESSION AMONG ELDERLY PEOPLE

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ABSTRACT

Background: Depression is a mood disturbance characterized by exaggerated feelings to sadness, despair, lowered self esteem, loss of interest in former activities and pessimistic thoughts. The incidence of increased depression among the elderly is influenced by the variables of physical illness, functional disability and cognitive impairment. **Aim:** The present aims to assess the prevalence of depression among elderly people in selected villages at Mamandur, Kancheepuram District. **Methodology:** This cross sectional study was conducted in selected villages at Mamandur such as Meiyur and Vadapathi, Kancheepuram District. 130 elderly people those who fulfilled the inclusion criteria were selected by using Non-probability convenient sampling technique. Structured questionnaire was used to assess the demographic variables of elderly people. Standardized Geriatric Depression was used to assess the prevalence of depression among elderly people. **Results:** The present study results show that, majority 115 (88.46%) of elderly people had mild level of depression, 13(10.00%) of them had severe level of depression & only 2(1.54%) were normal. **Conclusion:** Depression can be minimized in elderly by regular and periodic check up of physical health proper planning of retirement, low cost health insurance schemes, encouragement of traditional values and joint family system and advice to engage old people in religious activities and reading habits.

Key words: prevalence, depression, elderly people

INTRODUCTION

Ageing is a life spanning process of growth and development from birth to death. Old age is an integral part of the whole, bringing fulfillment and self actualization. The ageing process occurs in every living species, and also in human beings by graying of hair, wrinkling of skin, hardening of arteries, aches and pains in joints and weakening of eye sight. The way that older adults adjust to the changes of ageing depends on the individual. For some individuals, adaptation and adjustment are relatively easy, where as for other individuals coping with ageing changes may require the assistance of family, friends and health care professional.

Decreasing strength is the general physical change in the elderly. The sociological issues of ageing are concerned with work, retirement, social security and health care. The response to getting old age is related to lifelong habits ,diet and exercise patterns. Old aged often becomes anxious if they live alone, lacking family support, poor income, accommodation and insecurity which may lead to depression.

Depressive disorders are the most common affective illness found in old age. Depression is a mood disturbance characterized by exaggerated feelings to sadness, despair, lowered self esteem, loss of interest in former activities and pessimistic thoughts. The incidence of increased depression among the elderly is influenced by the variables of physical illness, functional disability and cognitive impairment.

Gulani reported that , the world elderly population in the last 50 years from 1950 to 2000 had increased from 8 to 9.9 percent of total population. The geriatric population at present is 30.2 percent of total population. The proportion of elderly population is expected to increase from 9.5 percent in 1955 to 14.6 percent in 2025.Of these more than fifty percent of them would be living in developing countries. It is estimated that by the year 2020, 700 million elderly people will be in developing countries, currently there would be around 671 million elderly people in the world. It is also projected that by 2020 the Japanese population will be the oldest in the world with 31 % over 60 years of age followed by Italy, Greece and Switzerland

India is one of the South East Asian countries, In India by the year 2001, there were around 76 million elderly people, who constituted 7.7 % of the country's population. Currently, there are 9.8 percent elderly people

in the country. It is expected to increase further to 14 % by 2025. In Karnataka, out of population of 5.5 crores,18% are elderly citizens. World Health Organization reported the prevalence of depression varies throughout the world .The lowest rates are reported in Asian and South East Asian countries. Percentages represent the life time change that a person will experience a depressive episode that lasts a year or more. Taiwan reports less than 2% and Korea 3%. Western countries typically report higher rates, such as Canada 7%, New Zealand 11%, France 16% and United States has rate of 6%.Also countries plagued by protracted civil war, such as Bosnia and Northern Ireland report higher rates of depression.

Chong MY conducted prevalence study on depressive disorders among community dwelling elderly in Taiwan. A randomized sample of 1500 subjects aged 65 and over was selected from three communities. The prevalence of psychiatric disorder was 37.7% , with 15.3% depressive neurosis and 5.9% major depression. A high risk of depressive disorder was found among widows with a low educational level living in the urban community, and among those with physical illnesses.

Depression is so common that it is sometimes difficult to identify risk factors .According to a study in 1993 the major risk factors include prior episode of depression ,family history of depressive disorder, lack of social support, stressful life event, current substance use and medical co morbidity. Depression comes in many shapes and forms. In some, depression can persist at a low level for month or even years. In others, the symptoms are so strong that life grinds to a halt and suicide can be a real call. Depression can be triggered or aggravated by personal and interpersonal events, hormonal changes and can even be triggered by lack of sunlight.

The aim of the study is to assess the prevalence of depression among elderly people in selected villages at Mamandur, Kancheepuram District.

METHODOLOGY

This cross sectional study was conducted in selected villages at Mamandur such as Meiyur and Vadapathi, Kancheepuram District. The setting was chosen on the basis of feasibility in terms of availability of

adequate samples. There are around 1337 elderly people residing in the selected villages. 130 elderly people those who fulfilled the inclusion criteria were selected by using Non-probability convenient sampling technique. The inclusion criteria for sample selection includes a) male and female elderly people those who were in the age group of 60-80 years, b) elderly people who knew to interact in Tamil and c) elderly people who were willing to participate in the study. The exclusion criteria include elderly people with dementia, sensory deficits, depression and psychotic features.

TOOL FOR DATA COLLECTION

The tool for data collection consisted of two sections:

SECTION A: It dealt with demographic variables such as age, gender, religion, occupation, family income, place of residence, type of family, number of children, leisure time activity, previous diagnosis and social support.

SECTION B: It comprised of Standardized Geriatric Depression to assess the prevalence of depression among elderly people. It is a standardized scale which has 30 items with yes or no type of options. The scores are interpreted as normal, mild depression and severe depression. Reliability of the tool was established by split half method.

The r value was $r = 0.82$. The correlation coefficient was very high, hence the tool was considered reliable and feasible for proceeding with the main study.

ETHICAL CONSIDERATION

The research proposal was approved by research committee of SRM College of nursing, SRM University, Kattankulathur, Kancheepuram district. Formal permission was obtained from the Dean, SRM College of nursing, and Counselor and Panchayat president of selected villages for conducting the study. Informed consent was obtained from the study participants after explaining the nature and duration of the study. Assurance was given to the individual that, report will be kept confidential.

RESULTS

The descriptive and inferential statistics were used for analyzing the data. Frequency and percentage distribution were used to assess demographic variables and level of depression among elderly people. Chi-square was used to associate the level of depression among elderly people with their demographic variable

Table 1: Frequency and percentage distribution of demographic variables of elderly people.

S. No.	Demographic Variables	Classifications	Frequency (n)	Percentage distribution (%)
1	Age in years	60-64	42	32.3
		65-69	22	16.9
		70-74	17	13.1
		75-79	32	24.6
		80 and above	17	13.1
2	Gender	Male	73	56.2
		Female	57	43.8
3	Religion	Hindu	110	84.6
		Muslim	15	11.5
		Christian	5	3.8
4	Education	Illiterate	63	48.5
		Primary school certificate	54	41.5
		Middle school certificate	10	7.7
		High school certificate	3	2.3
5	Occupation	Unemployed	111	85.4
		Unskilled worker	12	9.2
		Clerical, Shop-owner, Farmer	7	5.4
6	Family income per month in Rs.	Rs.1590-Rs.4726	61	46.9
		Rs.4727-Rs.7877	38	29.2
		Rs.7878-Rs.11,876	24	18.5
		Rs.11,817-Rs.15,753	7	5.4
7	Place of residence	Urban	0	0.0
		Semi Urban	0	0.0
		Rural	130	100.0
8	Type of family	Nuclear	92	70.8
		Joint	30	23.1
		Extended	8	6.2
9	Leisure time activity	Reading newspaper	4	3.1
		Listening to music/ watching television	28	21.5
		Chatting with friends	6	4.6
		Sleeping	54	41.5
		None	38	29.2
10	No. of Children	No Child	3	2.3
		One	7	5.4
		Two	26	20.0
		Three	51	39.2
		More than Three	43	33.1
11	Any previously diagnosed medical condition	Diabetes mellitus	39	30.0
		Hypertension	14	10.8
		Cardiac illness	3	2.3
		Arthritis	24	18.5
		Any other	9	6.9
		Nil	9	6.9
12	Social Support	More than one	32	24.6
		Sons and daughters	100	76.9
		Other relatives	12	9.2%
		Friends	2	1.5%
		None	16	12.3%

The above table shows that, most of them 42 (32.3 %) belongs to the age group of 60-64 years and only 17 (13.1%) were in the age group of 70-74 and above 80 years. Regarding the gender most of them 73 (56.2 %) male and 57 (43.8%) female. Considering the religion ,most of them 110 (84.6 %) belongs to Hindu religion and 15 (11.5 %) was Muslim religion .Regarding the educational status ,63 (48.5%) were illiterate and only 3 (2.3%) completed high school certificate .Considering the occupation ,majority 111 (85.4%) were unemployed and only 7 (5.4%) were clerical, shop-owner , farmer .Regarding the family income per month , most of them 61 (46.9%) Rs.1590-Rs.4726 and only 7 (5.4%) Rs.11,817-Rs.15,753 . Regarding the place of residence , majority of 130 (100.0%) were rural and 0 (0.0%) were in the urban and semi urban. Regarding type of family , most of them 92 (70.8%) were nuclear family and only 8 (6.2%) were extended family. Considering the leisure time activity , majority 54 (41.5%) were sleeping and only 4 (3.1%) were reading newspaper. Considering the number of children , most of them 51(39.2%) three children and only 3(2.3%) were no child .Considering the medical condition ,most of them 39(30.0%) were diabetes mellitus and only 9 (6.9%) were any other disease and nil . Considering the social support , most of them 100(76.9%) were sons and daughters and only 2(1.5%) were friends .

Table 2: Frequency and percentage distribution of level of depression among elderly people.

S. No.	Level of depression	Frequency (n)	Percentage distribution (%)
1	Normal	2	1.54
2	Mild	115	88.46
3	Severe	13	10.00

The above table depicts that, majority 115(88.46%) elderly people had mild level of depression, 13(10.00%) of elderly people had severe level of depression & only 2(1.54%) of them were normal.

DISCUSSION

Ageing is inevitable. It is irreversible, progressive and is associated with decline in functions. The individual gradually becomes dependent physically, functionally, socially and economically. Elders usually exhibit multiple health problems with complex interactions. The most common chronic conditions affecting older adults are cardio vascular diseases, cancer, diabetes, osteoarthritis, Alzheimer's disease and most commonly depression and dementia.

Depression causes confusion and exacerbates dementia. It reduces a person's incentive to care for him, and lowers his energy level. Untreated depression could cause irreversible brain damage and could lead to suicide. It is one of the most common emotional and psychological disorders found in the elderly and affects relational problems. Later life depression can have serious repercussions in increasing mortality and disability, health care utilization and longer hospital stays,yet 63% older adults with a mental health disorder experience an unmet need for mental health service. Deteriorating health, a sense of isolation and hopelessness and difficulty adjusting to new life leads to depression and which in turn leads to suicide.

The present study results showed that, majority 115(88.46%) elderly people had mild level of depression, 13(10.00%) of elderly people had severe level of depression & only 2(1.54%) of them were normal.

The study findings are consistent with the study done by Abrar Hussain Azad,et.al (2016) on frequency and predictors of depression among elderly of Rawalpindi Pakistan. This cross sectional study was conducted among elderly coming to outdoor patient department. Patients and their attendants of age 64 and above were included in the study. 209 patients were selected by consecutive sampling technique. Questionnaire included socio demographic profile and geriatric depression scale (GDS) scale consisting of 15 items. Analysis was done by utilizing SPSS16. Descriptive statistics were performed. A sample of 209 was studied and depression was found to be present in 28.71%. There was no statistically significant relationship between education, intimacy, sleep, having children or having not financial support and depression (P-value > 0.05). The analysis showed that there was a significant relationship between gender, people ever diagnosed for depression in life, persons having

suicidal ideas at least once in life, poor marital relationship, monthly income between Rs10,000 to 30,000, elderly having no care giver and depression (P-value<0.05)..

The study findings are consistent with the study done by Abdul Nayeem (2013) on prevalence of depression and the factors influencing depression among the geriatric population in a rural area in Tamil Nadu. A cross sectional study was conducted among 400 geriatric populations at Attayampatti village in Selam district. The results showed that, 41.2% were normal,37.8% were having mild depression and 21% were severely depressed.

The results revealed that , there was no association found between the prevalence of depression among elderly people with the demographic variables such as age , gender , religion , education , occupation , family income , place of residence , type of family , leisure time activity ,s number of children , medical condition and social support .

CONCLUSION

The present study results conclude that, majority 115 (88.46%) of elderly people had mild level of depression , 13(10.00%) of elderly people had severe level of depression & only 2(1.54%) were normal. Depression can be minimized in elderly by regular and periodic check up of physical health proper planning of retirement, low cost health insurance schemes, encouragement of traditional values and joint family system and advise to engage old people in religious activities and reading habits.

REFERENCES

- Potter and Perry .Fundamentals of nursing. V edition. New Delhi: Harcourt Pvt ltd, 2005; 246.
- Ann J Zwimmer. Basic psychology for nurses in India. I edition. New Delhi, B.I.Publications Pvt ltd, 2002:193.
- Christensen Kockorow . Foundation and adult health nursing I edition, Philadelphia, Mosby company, 2006 :1082-1088
- Bimla Kapoor. Text book of Psychiatric nursing, I edition, New Delhi, Kumar publishing house, 2005:272-275.
- Gulani K . Community Health Nursing Principles and Practices, I edition New Delhi, Kumar publishing house, 2005:469-471.
- K.Park. Text book of Preventive and Social Medicine, XVII edition, Jabalpur, India, Banarasidas Bhanot Publication, 2007:382.
- World health organization report Geneva. Prevalence of depression, feb.24 2013:198.
- Chong MY, Tsang HY et.al .Community study depression in old age in Taiwan. Journal of psychiatry. National level statistics on depression among elder, 2013 : 178(1):29-35.
- Mary Ann boyd. Psychiatric nursing contemporary practice, II edition, Philadelphia Lippincott company , 2002:921.
- Karen Saucer, Sharynjanes, K.S. Lundy . Essentials of Community based nursing I edition, Canada, Jones and Barlett publishers, 2003:502,504,509,525.
- Suen L.J and Morris D.L. Depression and gender differences: focus on Taiwanese American older Adult, Journal of gerontological nursing, 2006:32 (4):28-35.
- Abrar Hussain Azad,et.al .Frequency and predictors of depression among elderly of Rawalpindi Pakistan ,Journal of postgraduate medical Institute,2016:30(1)
- RadhakrishnanS, Nayeem A. Prevalence of depression among geriatric population in a rural area in Tamil Nadu. International Journal of Nutrition, Pharmacology, Neurological Disease,2013;3:309-312