The Level of Depression Among Elderly

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“Ours is an age which consciously pursues health, and yet only believes in the reality of sickness”.
-Susan Sontag

Abstract: It has been documented that the elderly are more prone to psychological problems and depression is the commonest of the geriatric psychiatric disorders. Ageing in human refers to multidimensional process of physical, psychological, and social change. fast change in the hallmark of present day lifestyle. Old age as such cannot be identified with ill health or disability, although advancing age tends to bring increased health problems. The objectives of the study were to assess the level of depression among elderly. Materials & methods: Descriptive design was used. The sample for the study was n=50. Elderly in selected old age home at Chandigarh were selected by using Non probability convenient sampling technique. A modified Geriatric Depression Scale (GDS-15) was used to assess the level of depression; the data was analyzed by using descriptive and inferential statistics. Results: The study observes that majority 66% of elderly experienced some form of depression, out of which 38% showed mild depression, 18% were at moderate intensity and least 10% of them experienced severe depression. Mental health care should be a part of routine health care provided to elderly. There is need for well developed system of care for elderly.

Keywords: Depression, elderly, Old age home, Health education pamphlets.

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I. Introduction

As soon as man is born, ageing starts. Ageing is a natural phenomenon and an inevitable process. It is a process of gradual change in physical appearance and mental status that cause a person to grow old. As the birth is an event and the pregnancy a process of it, similarly old age is an event and ageing is its process

According to census of India 2001, Indian population aged 60 years and older is about 76,6,22,231 which comprises 7.5% of total population

Elderly have to cope with various expectations and to prepare themselves to enter the next world. Old age is the age of long life experiences. The mental suffering encountered during this period due to health problems, sorrows caused by departure from beloved ones, doubt concerning the nature of present and next life thus pose a great challenge for their sustenance the common psychiatric illness that affect this vulnerable group is “depression”. It affects overall11.5 million people or 1 in 20 every year. In India depression is found in one to six percentage of the general population.

Depression is observed in both institutionalized and non-institutionalized elderly, but the incidence and prevalence varies as per the settings. a systematic review on prevalence and predictors of depression among elderly Caucasians showed that the prevalence of major depression ranges from 0.9% to 9.4% in private households, from 14% to 42% in institutional living.

A study compared socio- demographic characteristics and clinical profile of patient aged 60 years and above attending psychiatric services. Result revealed that mood disorder formed a large group of mental disorder in the geriatric age group of which more than half had depression.

Thus in a point of researcher view, depression among elderly specially residing in old age home settings should be screened for depression and conduct health education program focusing the depression periodically.

Need for study: ageing is a progressive state, beginning with conception and ending with death. There has been a considerable increase in the absolute and relative numbers of elderly in the world. Around 335 million of these elderly live in developing countries. Old age in people in India, like in other countries suffer from a range of problems. However, all the problems associated with an ageing population, health care demands the top priority ageing is a time of multiple illness and general disability.

Depression is the darkest of moods, an empty feeling people are not interest in many things, finally it leads to lurch thereby diminishing person’s quality of life, personal joy and productivity.

A study conducted on three groups, the elderly of the institutional and non-institutional, staying with spouse only and staying with family members found that non-institutionalized groups have better life
satisfaction as compared with the institutionalized group. So serious action planning is required especially for the institutionalized aged who needs care and counseling in elderly, depression and depressive symptoms constitute a common mental health disorder

A cross sectional study on the prevalence and correlation of depressive symptoms among inmates of old age homes showed that 56.5% of men and 38.6% of woman had depressive symptoms. Researcher also concluded that by 2025 the number of old age home inmates with depressive symptoms will be twice than the present status.

The growing population figure of the elderly not only in the India but also globally vastly increasing and that warrants more care and attention to be given to them. Hence, the investigator was motivated to explore the level of depression in elderly to provide them more useful and more practicable contents based on day to day life related facts through a health education pamphlet.

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Objectives:
- To assess the level of depression among elderly.
- To find the association between the level of depression and selected demographic variable

Hypothesis: - H1- There will be significant association between the level of depression and selected demographic variables.

II. Material And Methods

Research design: - In this study descriptive design was used
Research setting: Selected old age homes, at Chandigarh.
Sample and sampling techniques: - 50 elderly were selected by using non-probability convenient sampling techniques.

Criteria for sample selection:-
Inclusive criteria:
- Elderly both male and female whose age is 60 years and above
- Those who are willing to participate in this study.
- Should be able to read and write Hindi or English.

Exclusive criteria:
- Elderly who are not willing to participate in the study
- Elderly who are below 60 years
- Elderly who are deaf and dumb.
- Severely debilitated.

Ethical consideration:- The study protocol approved by the Research ethics committee of the faculty of the Nursing. The nature of the study was harmless. All data were kept confidential and used only for the research purpose. The study subjects willingly agreed to participate in the study and gave their verbal consent and each participant was free to withdraw at any time throughout the study. Before the interview, children were informed about the purpose of the study and assured them about confidentiality of data. The interview took about 20-30 minute

Development of data collection instrument -: the investigator used A modified geriatric depression scale developed by Sheikh JI, Yesavage JA, to assess the level of depression among elderly living in old age homes. Permission from Javed Sheikh was taken, the English version was translated to Hindi version and its validity and reliability was tested. Researcher modified it according to north Indian culture adding “old age” in front of home and categorized the 15 items into five areas according to Indian settings for the tool validation.

Tool description
The instruments used for data collection was modified geriatric depression scale, which consist of 2 sections
The tool consist of the following sections
- Section A- Includes the socio-demographic Performa.
- Section B- Modified Geriatric Depression Scale (GDS-15) short version.
III. Results And Discussion

Table 1: Overall Mean, SD, of depression level among elderly, N=50

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression among elderly</td>
<td>6.42</td>
<td>3.21</td>
</tr>
</tbody>
</table>

Data in Table 1 shows Overall mean, SD of depression among elderly.

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

<table>
<thead>
<tr>
<th>Level of depression</th>
<th>Score</th>
<th>Frequency</th>
<th>% of elderly</th>
</tr>
</thead>
<tbody>
<tr>
<td>No depression</td>
<td>0-4</td>
<td>17</td>
<td>34%</td>
</tr>
<tr>
<td>Mild depression</td>
<td>5-8</td>
<td>19</td>
<td>38%</td>
</tr>
<tr>
<td>Moderate depression</td>
<td>9-11</td>
<td>9</td>
<td>18%</td>
</tr>
<tr>
<td>Severe depression</td>
<td>12-15</td>
<td>5</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Data presented in the Table 2, showed that majority of the subjects experienced some level of depression. Among them highest percentage (38%) belonged to mild depression, 18% to moderate and 10% to severe category. However 34% belonged to the category of No depression.

Table 4: Column diagram representing grading of depression level among elderly.
Table 3 - Association between the level of depression and selected demographic variables

<table>
<thead>
<tr>
<th>Demographic variable</th>
<th>Calculated valueX²</th>
<th>P Value</th>
<th>Inference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>9.623</td>
<td>0.141</td>
<td>NS</td>
</tr>
<tr>
<td>Gender</td>
<td>9.816</td>
<td>0.020</td>
<td>S</td>
</tr>
<tr>
<td>Marital status</td>
<td>15.212</td>
<td>0.019</td>
<td>S</td>
</tr>
<tr>
<td>Education level</td>
<td>14.752</td>
<td>0.022</td>
<td>S</td>
</tr>
<tr>
<td>Religion</td>
<td>3.18</td>
<td>0.785</td>
<td>NS</td>
</tr>
<tr>
<td>Type of family</td>
<td>13.346</td>
<td>0.038</td>
<td>S</td>
</tr>
<tr>
<td>Reason of joining old age home</td>
<td>10.597</td>
<td>0.014</td>
<td>S</td>
</tr>
<tr>
<td>Duration of stay</td>
<td>28.353</td>
<td>0.001</td>
<td>S</td>
</tr>
</tbody>
</table>

NS- Not Significant, S- Significant

This table shows that there is a significant association between the level of depression and selected demographic variables like gender, level of education, marital status, type of family and duration of stay except for age and religion with the calculated value of 9.623, p< 0.141 and 3.18, p< 0.785 respectively, hence the hypothesis is accepted.

Major findings of the study shows that nearly half of the samples (48%) were in the age group of 70-79 years. Majority (58%) of the samples were females. Majority (56%) of the subjects were single unmarried and widow. 50% of elderly had the primary education as their qualification. Majority (60%) were Christian. Majority (52%) were from nuclear family. Most (78%) of the elderly in old age homes for the reason being due to no body to look after them in their family. Majority (56%) of elderly were staying in old age homes for the past two years.

Majority (66%) of elderly experienced some form of depression. Out of which 38% showed mild depression, 18% were at moderate intensity and least (10%) of them experienced severe depression. Area wise analysis revealed that the elderly had highest depression in the area of social restrictiveness with a mean percentage of 57% and least with the mean percentage of 30% in the area of personal integrity.

The overall mean for the depression among elderly was 6.42 with the SD of 3.21. There was a significant association between the level of depression and selected demographic variables like gender, level of education, marital status, type of family and duration of stay except for age and religion with the calculated value of 9.623, p< 0.141 and 3.18, p< 0.785 respectively.

Interpretation:

The findings of the present study identify the thrust area in the field of mental health i.e depression among the elderly. It highlights the global concern for prompt intervention in order to promote their psychological well being. The study observe that 34% of the elderly were having no depression, 38% of the elderly were suffering from mild depression and moderate 18% whereas 10% with severe depression. In addition to this, the most significant variable like gender and reason to join the old age home were strongly associated which indicated that female gender was more susceptible to acquire and most of them felt that they were degraded while at home and thus found nobody to care for them. However individualistic religion could serve a protective factor in maintaining their health to optimal desired level expected for that age.

Findings of the study depicts that there is increased need for awareness program and periodical educational session by government for the public specially institutionalized elderly which can improve the mental well being status and help in managing depression. The finding of this study will also provide importance direction for conducting further research in the areas of psychological wellbeing and mental health of elderly.

IV. Recommendation

- A similar study can be undertaken with a large sample to generalize the findings.
- A comparative study can be conducted to assess the depression level between institutionalized and non-institutionalized inmates.
- A study can be conducted to assess the factors influencing depression among elderly.
- A correlation study between depression among institutionalized elderly and family support can be conducted.

V. Conclusion

Helping older adults adjust to limitations, while accentuating positive attributes, may aid older people in remaining independent and may perpetuate a high quality of life during later years. Therefore considering the magnitude of psychological problems that exist in this special group, one should develop and plan the individualistic intervention to meet this concern which is the need of the hour.

On the basis of findings of the study obtained, following conclusion was drawn … majority of the subject experienced some level of depression. Among them highest percentage (38%) belonged to mild...
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Depression, 18% to moderate and 10% to severe category. However 34% belonged to the category of no depression.

Elderly had highest depression in the area of social restrictiveness with a mean percentage of 57.5 followed by mental hygiene ideology with a mean percentage of 51.33%. the mean depression score was 6.42+3.21, with a mean percentage of 45.86% revealing that elderly regarding depression among the elderly in old age home is mild that can be managed appropriately. Doing research on the treatments for depression, integrating them in the training programmes for the community and for the general health workers and collaborating with non-governmental organizations, are the key factors for meeting the mental health needs of the elderly subjects.

References

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