

Geriatric Depression: A Comparative Study between the Elder Population at Old Age Home and in their Own Home

Dattatraya D Bant¹, Raghavendra D²

¹Professor and Head, ²Post-Graduate, Department of Community Medicine, Karnataka Institute of Medical Sciences, Hubballi, Karnataka

Abstract

Background: Geriatric depression is one of the major causes of Morbidity and Disability Adjusted Life Years (DALYs). It is often under diagnosed. The trend now being changed from a joint family setup to that of nuclear family have cost many elderly their homes and secure support structure, thereby affecting their mental health.

Objectives : To assess the prevalence of geriatric depression in Hubli-Dharwad district. To compare the same among the elderly population living with their family, in their homes with those who were living in old-age care facilities.

Methods: A comparative study was conducted among 170 elderly people aged ≥ 60 years selected from old age homes and surrounding areas of KIMS Hubli from 6th May to 5th June 2012. Geriatric Depression Scale (GDS) was used and Direct questionnaire method was adopted to collect the data from the study participants with the verbal informed consent.

Results: Out of 170 people surveyed, 49.5% of them were either mildly or severely depressed, with the depression being higher in females than males. And old age home people are found to be more depressed than those in their own homes.

Conclusion: Nearly half of the study population showed the signs of depression, where education and socio-economic status of the individuals affected the depression level to a significant extent.

Keywords: Geriatric Population, Depression, Old Age Home, Own Home

Introduction

Ageing population is an issue of rising concern in the world and to a greater extent in India. The enormous rise in the elderly population is a result of the rising life expectancy and fall in the birth rates. In India, the elderly

population (i.e. population of people aged more than 60 years), from 5.6% in 1961, is projected to rise to 12.4% of population by the year 2026.¹

In a developing country like India, the fast-growing elderly population poses a mounting pressure in socioeconomic, medical, and psychological fronts. There is a need to cope with this escalating issue with proper, effective programmes and legislature. Care should be taken to ensure their enforcement and effectiveness with regular surveillance.

One of the many psychosocial problems associated with higher dependence among elderly is that of depression. The prevalence rates of geriatric depression

Corresponding author:

Dr Raghavendra D

Post-Graduate, Department of Community Medicine,
Karnataka Institute of Medical Sciences,
Hubballi, Karnataka

Phone (or Mobile) No.: +91-8050290324

Email: raghavendra060690@gmail.com

among Indians are placed between 13% to 25% based on community mental health studies.^{2,3} According to World Health Organization, the factors of depression in old age are genetic susceptibility, chronic disease and disability, pain, frustration with limitations in activities of daily living (ADL), personality trait (dependent, anxious or avoidant), adverse life events (widowhood, separation, divorce, bereavement, poverty, social isolation) and lack of adequate social support.⁴

Higher dependency ratios mean a larger proportion of people tend to burden their near and dear ones, giving way to more neglect and abuse from family. There is an increasing trend among the Indian population, of elderly being evicted from their homes to old-age care facilities, despite the cultural restraints of the Indian family structure. The changes in trend from a joint family setup to that of nuclear family have cost many elderlies their homes and secure support structure.

Thus, this study was conducted with the objectives of assessing the prevalence of geriatric depression in Hubli-Dharwad district, and to compare the prevalence of depression among the elderly living with their family, in their homes and that among elderly living in old-age care facilities. The study also focused on identifying the psychosocial causes for depression and compare the same among the two populations of elderly.

Methods

A comparative study was conducted among 170 elderly people aged >60 years selected from surrounding areas and old age homes near KIMS Hubli from 6th May to 5th June 2012. Out of 170 people, 140 people

were residing with their family in their homes from surrounding areas of KIMS Hubli such as Ashok Nagar, Vijayanagar, Vidyanagar and Lokappana Hakkal. Remaining 30 people were from 3 different old age homes namely Castro Hall - Home for the old aged, Mother Theresa Home for old aged, and Sweet Home for old aged which are located near Keshwapur, Hubli.

Geriatric Depression Scale⁵ consisting of 30 ‘YES’ or ‘NO’ Questions developed by J A Yesavage and his colleagues in the year 1982 which were related to 7 common characters of depression in later life that included Somatic concern, Lowered Affect, Cognitive impairment, Feelings of discrimination, Impaired motivation, Lack of future orientation and Lack of self-esteem. The score was put to each answer as 0 (No) or 1 (Yes) and total score was calculated to categorise each individual as normal (0-9) / mildly depressed (10-19) / severely depressed (20-30). It was also considered that GDS is 84% sensitive and 95% specific for diagnosis of depression.

Statistical Analysis

Data was entered in MS-Excel and analysed using SPSS-20 software. The results were expressed in frequencies and percentages in the tables and figures.

Results

Among 170 study participants, majority were males i.e., about 93 (54.7%) and remaining 77 (45.3%) were females. Considering the participants with respect to the place where they reside, majority of males were staying in their own homes comparatively, whereas most of the females were staying in old-age care facilities. (Table 1)

Table 1: Distribution of participants based on gender with respect to their place of residence

Gender of the participants	Old Age Home		Own Home	
	Count	Percentage	Count	Percentage
Male	14	46.7%	79	56.42%
Female	16	53.3%	61	43.57%
Total	30	100%	140	100%

In the study, about 80% of population staying at old age homes were depressed which is higher compared to those, staying at their own homes which is around 42.8%. (Table 2)

Table 2: Comparison of Depression status between the study population in old age homes and in their own homes

Depression Status	Old Age Home		Own Home	
	Normal	6	20%	80
Mild Depression	11	36.7%	44	31.4%
Severe Depression	13	43.3%	16	11.4%
Total	30	100%	140	100%

The chi square value was found to be 21.68 with the p-value of 0.0001, thereby showing extremely significant association. This shows that people in old age homes in the study were more depressed than those in their own homes.

Among the total population studied, 60.2% of males and 39% of females were found to have normal mental state and 39.8% of males and 61.1% of females have been found to be suffering from depression, showing that females in the study were more depressed than males. Also considering the age factor, the depression state was observed to be increasing as age advances, but slight improvement in mental state was seen above 80 years, which cannot be taken as significant because the population between 80-90 years of age is comparatively less. In the study, 72.8% of mildly depressed and 81.4% of severely depressed population fall into low socioeconomic status, categorised according to Kuppuswamy Scale.⁶ Hence depression was more prevalent among low socioeconomic group than high socioeconomic group in the study population. (Table 3)

Table 3: Comparison of Depression status with respect to Gender, Age and Socio-economic status of the participants

		Normal		Mild Depression		Severe Depression		Chi-square value	p-value
Gender	Male	56	60.2%	27	29.0%	10	10.8%		
	Female	30	39.0%	28	36.4%	19	24.7%		
Age group	60-65	19	52.7%	13	36.1%	4	11.1%	11.617	<0.05
	65-70	19	38.7%	26	53.1%	4	8.2%		
	70-75	9	30.0%	15	50.0%	6	20.0%		
	75-80	5	17.8%	16	57.1%	7	25.0%		
	80-85	6	28.5%	9	42.8%	6	28.5%		
	85-90	3	50.0%	1	16.6%	2	33.3%		
SES	Upper Class	30	37.5%	4	9.1%	2	12.5%	26.515	<0.001
	Upper Middle	22	27.5%	8	18.2%	1	6.3%		
	Lower Middle	14	17.5%	14	31.8%	1	6.3%		
	Upper Lower	11	13.8%	9	20.5%	3	18.8%		
	Lower Class	03	3.8%	9	20.5%	9	56.3%		

Among the study population, depression status was gradually increasing as the education status declined i.e., depression being highest (73.6%) in illiterates. Around 64.2% of people who preferred to avoid social gathering were depressed while only 32.9% of people who did not prefer to avoid social gathering were depressed. About 84.1% of people who did not get

enough attention from their family were depressed while only 35.5% are depressed among those who get enough attention. Among the normal people, none of them felt that they were burden to their family. But almost half of the depressed (both mild and severe) population felt that they are burden to the family. However, all these findings were not found to be statistically significant.

Table 4: Comparison of Depression with respect to Marital status of the participants

		Married		Unmarried		Widowed		Chi-square value	p-value
Depression Status	Normal	45	32.0%	5	38.4	5	27.7	94.003	<0.0001
	Mild	77	55.4	4	30.8	5	27.7		
	Severe	17	12.2	4	30.8	8	44.4		

In the study, the depression status among married, unmarried, and widowed was almost in the range of 60-70%. However, 80% of old age population were either widowed or unmarried and 20% were married but they are neglected or divorced. Hence, the difference in distribution of population as per marital status was found to be extremely significant. (Table 4)

Discussion

The prevalence of geriatric depression from the study was found to be 50% (including mild and severe) which is higher as compared to the study conducted by Nair SS et al.⁷ This difference may be attributed to the small sample size studied and disproportionation between the two sets of population studied.

Similar to the study by Yazdkhasti F et al⁸, the higher prevalence of depression is seen among females almost two times as that of males. Increased prevalence in females may be due to relatively more emotional attachments and they tend to express their feelings more than males.

Though less difference is seen in depression status in relation to marital status, widowed are at a bit higher depressed state which may be attributed to their lonely life. The result is consistent with the study conducted by

Seby K et al.⁹

There exists a significant difference among the depression status which seems to be more prevalent in illiterate and in people belonging to low socioeconomic group. This result is also in consistent with various other studies.^{10,11} Both have interrelationship like illiteracy again may account to low socioeconomic status, unbearable family burden and hence bad impact on psychosocial health.

It is evident that though elder people are unhappy and depressed, they often deny going to old age homes and prefer to stay at home. It is obvious from this fact that people at old age homes would feel very depressed compared to those at their own home as seen clearly in the current study.

Conclusion

Almost half of the study population was observed to be prevalent with geriatric depression. Comparatively depression was significantly higher in old age homes due to the deprivation of homely environments and comfort as well as worry regarding the past. Main social causes for depression were found to be poor socioeconomic conditions, poor educational status, and neglect by the family.

Limitations

- Desired sample size could not be attained.
- Duration of study was less, so less time was spent with every person for interview.
- Only psychosocial factors and no medical factors like chronic illnesses were included.
- Two sets of population were disproportionate, so comparison was not as desired.

Recommendations

- Strengthening of policies for old age persons, which focus on financial security, health care, nutrition, shelter, education, and welfare of elderly.
- Psychosocial education to the community on how to take care of elderly persons should be emphasized.
- Encouragement of elderly population to mingle with others and avoid loneliness.

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Declaration

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