



A study to assess the level of depression among the elderly living in selected community area at Bhopal, (M.P.)

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doi: 10.48047/ecb/2023.12.si7.557

Abstract

Background: Depression in old age is a growing public health issue that causes morbidity and has a negative impact on quality of life. Depression in the elderly is not yet recognized as a public health issue, and it is generally underdiagnosed and undertreated. The physical and social surroundings have a significant impact on the elderly's health. As a result, the current study was designed to assess and compare depression among senior people living in a specific community area.

Methods: A descriptive research was conducted on 100 elderly people. Following informed consent, a pre-tested, externally validated short form geriatric depression scale with fifteen points is used to determine the amount of depression.

Results: Depression was common among the elderly. When the relationship between socio-demographic characteristics and depression among the elderly living in the community was examined, it was discovered that marital status and the presence of chronic disease were substantially linked with depression.

Conclusions: The high frequency of depression reported among the elderly suggests the need for depression screening.

Keywords: Depression, Elderly, Geriatric depression scale

Introduction

Depression is a prevalent mental disease, according to the WHO. According to estimates, the condition affects 5% of adults worldwide. Persistent sorrow and a lack of interest in formerly fulfilling or joyful activities are its defining traits. Moreover, it may impair appetite and sleep. Concentration problems and fatigue are frequent. The largest cause of disability in the world today is depression, which also significantly increases the burden of sickness on the planet. A person's capacity to function and lead a fulfilling life can be significantly affected by the consequences of depression, which can be long-lasting or recurrent. Complex connections between social, psychological, and biological factors are among the causes of depression. Childhood hardship, loss, and unemployment are all factors that can contribute to and/or hasten the onset of depression. There are medication-based and psychological therapies for depression. Yet, depression treatment and support services are frequently lacking or undeveloped in low- and middle-income nations.

More than 75% of those in these nations who have mental illnesses are thought to not be receiving treatment.¹

A mental and emotional condition affecting older persons is geriatric depression. Sadness and occasionally feeling "blue" are common. But persistent despair is not a typical aspect of becoming older. Sub-syndromal depression is more common in older persons. Sometimes the whole set of

requirements for serious depression aren't met by this kind of depression. But, if untreated, it might result in serious depression. Depression in senior citizens can lower quality of life and raise suicide risk. Continue reading to discover potential symptoms and available treatments.²

Depression is a true and treatable medical condition, not a normal part of aging. However older adults are at an increased risk for experiencing depression.³

With 8.6% of its population older than 60, India has earned the reputation of being an ageing country. Growing older is a normal process. The onset of different life events such as being widowed or divorced, lacking close family ties, being retired or unemployed which have a great bearing on one's psychological status, making them more susceptible to depression, along with increased morbidity and loss of functional efficiency as one ages, along with the decline of social support system causing loneliness and isolation. The symptoms of depression, a common mental illness, include sorrow, lack of interest or pleasure, a sense of guilt or low self-esteem, interrupted sleep or food, and difficulty concentrating. Anybody, regardless of culture, age, or background, however elderly people are more susceptible.⁴

According to the WHO, people 60 and older contribute significantly to society as family members, volunteers, and engaged members of the labour. While the majority of older persons are in good mental health, many are at risk of mental, neurological, or substance use disorders in addition to other illnesses including diabetes, hearing loss, and osteoarthritis. Also, as people get older, they have a higher chance of having many conditions at once. The population of the planet is ageing quickly. The percentage of elderly individuals worldwide is predicted to nearly double from 12% to 22% between 2015 and 2050. It is anticipated that the number of individuals over 60 will rise from 900 million to 2 billion in absolute terms.⁵

Except for headache disorders, more than 20% of adults aged 60 and older have a mental or neurological disorder, and these conditions are responsible for 6.6% of all disabilities (measured as disability adjusted life years, or DALYs) among those over 60. These conditions account for 17.4% of years lived with disability in older individuals (YLDs). Dementia and depression, which afflict roughly 5% and 7% of the world's senior population, respectively, are the most prevalent mental and neurological problems in this age group. 3.8% of older adults have anxiety disorders, 1% have substance use issues, and almost a quarter of suicide deaths occur in people 60 and older. Problems with substance misuse among older adults are frequently ignored or misdiagnosed.⁶

Problem statement

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Objectives

- To identify the sociodemographic characteristics related with depression in the elderly.
- To estimate the level of depression among people living in a specific community.

Methods

An uncontrolled descriptive study was done to investigate the depression among elderly.

Study population and sampling

Individuals aged 60 and up are considered elderly for the purposes of the current study.

Sample Size

100 elderly

Sampling technique

Non-probability purposive sampling technique.

Setting

The study was conducted in the selected community area, Bhopal M.P.

Duration of the study

6 weeks.

Criteria for Sample Selection

Inclusion criteria

Elderly willing to participate in the study.

Exclusion criteria

Elderly people who are terminally ill and are unable to answer the questionnaire and those who are not willing to participate in the study.

Ethical considerations

Interview Schedule was used to collect demographic and baseline data after receiving permission from the authority.

Research Study tool

The questionnaire consisted of two sections:

Section 1: Socio demographic variables

Section 2: A conventional, pretested, externally validated geriatric depression scale (GDS-30) with 30 questions translated into the local language was utilised.⁷

RESULTS

Table 1:- Frequency and percentage distribution of demographic variables.

(N=100)

S. No	Demographic Characteristics	Frequency	Percentage
1.	Age		
	a) 60-65 Years	46	46%
	b) 66-70 Years	24	24%
	c) 71-75 Years	21	21%
	d) Above 75 Years	09	09%
2.	Sex		
	a) Male	50	50%
	b) Female	50	50%
3.	Educational Status		
	a) Illiterate	23	23%
	b) Primary education	28	28%

	c) Secondary Education d) Graduate and more	35 14	35% 14%
4.	Religion a) Hindu b) Muslim c) Christian d) Others	44 21 20 15	44% 21% 20% 15%
5.	Occupation a) Retired b) Service c) Business d) Labor	54 18 11 17	54% 18% 11% 17%
6.	Residential Area a) Rural area b) Urban area	30 70	30% 70%
7.	Type of Family a) Joint Family b) Nuclear Family	44 56	44% 56%
8.	Family Income a) Rs.5000/- to Rs.10000/- b) Rs.11000/- to Rs.15000/- c) More than Rs.20000/-	22 34 44	22% 34% 44%
9.	Medical Illness a) Yes b) No	78 22	78% 22%

Socio demographic data shown that 46% participants were belong to 60-65 years of age, 50% were male & 50% were female, 35% participant educated up to secondary education, 44% were Hindu, 54% participants were retired, 70% had residential area were in urban area, 56% were belong to nuclear family, 44% had monthly income more than Rs.20000/- and 78% were having medical illnesses.

Table 2:-Level of depression.
(N=100)

S.No	Level of depression	Frequency	percentage
1	Normal (0-9)	21	21%
2	Moderate (10-19)	62	62%
3	Severe (20-30)	17	17%

Finding of level of depression shown that Highest 62% had moderate level of depression and lowest 17% had severe level of depression whereas 21% had normal score.

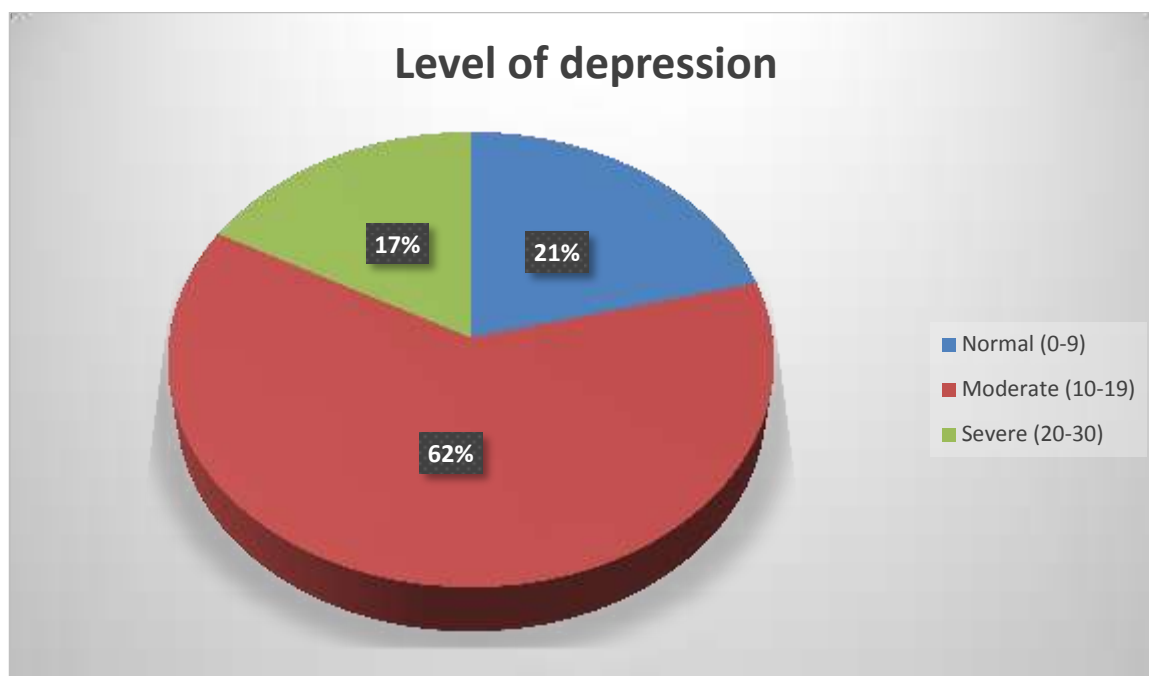


Fig 1:- Pie diagram showing level of depression among elderly

CONCLUSION

The older generation is one of the most vulnerable age groups and needs more consideration and care from younger generations. Depression among the elderly is a serious issue. In order to prevent geriatric depression and create a thorough plan for its early detection, these findings could serve as a reference for managers of community-based programmers who are responsible for developing and implementing effective and timely mental health treatments for older persons.

Recommendations

- The high prevalence of depression in the study population highlights the need to concentrate on educating the general public about depression and ensuring that appropriate healthcare services are accessible and readily available for the early detection of depression and its treatment.
- To solve these issues and enhance the quality of life for the elderly, a multifaceted strategy is needed. Apart from the urgently needed soft love, care, and special attention to address these concerns, residents of old age homes in particular require monthly counselling sessions with qualified professionals to motivate them to be more active.

Funding:Self

Conflict of interest:None declared

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