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ORIGINAL RESEARCH

Evaluation of depression in elderly- A survey

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ABSTRACT

Background: Depending on the cultural context, the World Health Organization reported that the overall prevalence rate of depressive disorders among the elderly typically ranges between 10 and 20%. The present study was conducted to assess depression in elderly. **Materials & Methods:**172 adult subjects of both genders were subjected to Geriatric depression scale- 30 (GDS-30) to evaluate the depression in elderly. A pre-tested and semi- structured questionnaire was used to study socio-demographic profile, chronic morbidity, substance abuse, physical activity, living arrangement and other factors. **Results:** Out of 172 subjects, 102 were males and 70 were females. Education was primary in 45 and 42 in subjects with depression and without depression respectively. In subjects with depression and without depression married and unmarried were 40 and 32, unmarried were 36 and 38 and widow/separated were 14 and 125 respectively. SES was upper in 19 and 28, middle in 31 and 22, lower in 40 and 32. Occupation was employed in 38 and 37 and unemployed in 52 and 53 respectively. Family type was joint in 55 and 42 and nuclear in 35 and 40. Sleep problems were presentin 57 and 18 and absent in 33 and 62. Physical activity was present in 25 and 45 and absent on 65 and 37. The difference was significant (P< 0.05). **Conclusion:** Among the elderly, depression was very common. Joint families, low socioeconomic status, unemployment, sleep issues, and insufficient physical exercise were present in the majority of depressed participants.

Key words: Depression, Sleep, family

INTRODUCTION

Depending on the cultural context, the World Health Organization reported that the overall prevalence rate of depressive disorders among the elderly typically ranges between 10 and 20%.[1] The point prevalence of depressive disorders in the senior Indian population ranges from 13% to 25%, according to community-based mental health research conducted in India. Elderly depression is not yet considered a public health issue in India, despite the fact that it is the second most populous country in the world in terms of the number of people aged 60 and over.[2]

Depression contributes significantly to the global burden of disease and is one of the main causes of disability in the globe. Additionally, it is a significant risk factor for older patients' mortality and disability and one of the most prevalent geriatric psychiatric diseases.3 Despite being a prevalent mental health issue among the elderly, depression goes misdiagnosed in almost half of instances.[4] The prevalence of depression in the elderly is estimated to vary widely. Psychological, social, and biological factors are believed to determine the etiology of depression and concomitant psychiatric diagnoses (e.g., anxiety and other personality disorders), even though the true causes of depression are still unknown.[5] According to social scientists who proposed the psychosocial theory, depression may result from a lack of interpersonal connection.[6]The present study was conducted to assess depression in elderly.

MATERIALS & METHODS

The present study comprised of 172elderly of both genders. All gave their written consent for the participation in the study.

Data such as name, age, gender etc. was recorded. Study participants were screened for depression using the Geriatric Depression Scale-30 (GDS-30). The sociodemographic profile, chronic illness, substance misuse, physical activity, living arrangement, and other characteristics were examined using a semi-structured, pre-tested questionnaire. Data thus

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obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Total- 172		
Gender	**Males**	**Females**
Number	102	70

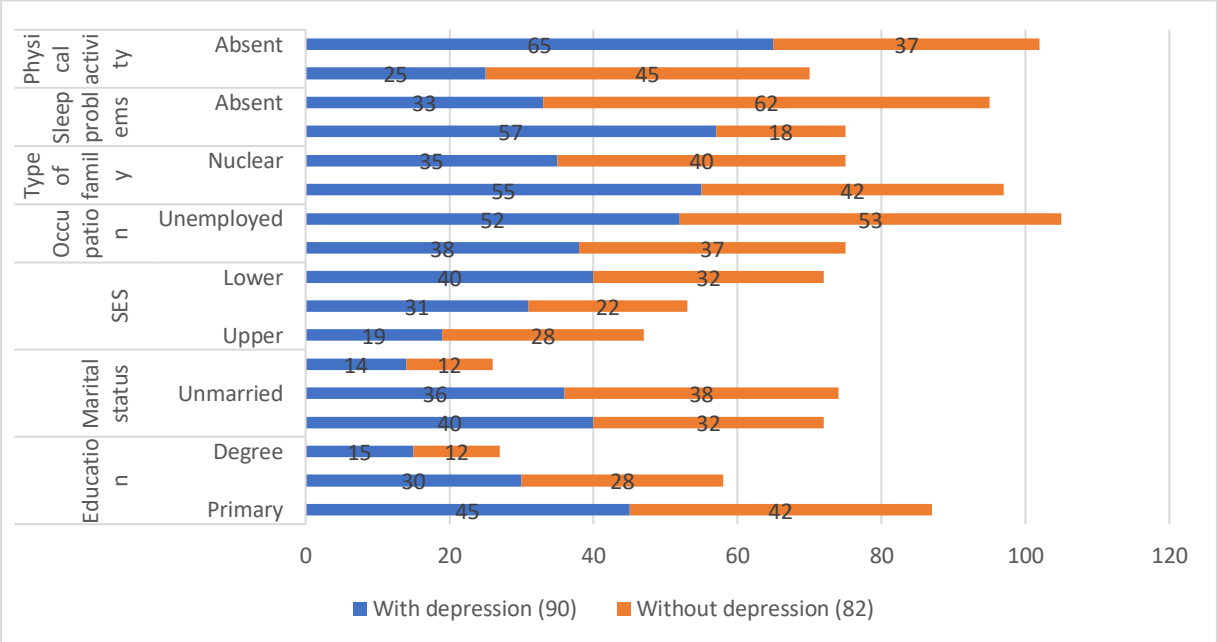
Table I shows that out of 172 subjects, 102 were males and 70 were females.

Table II Assessment of parameters

Parameters	Variables	With depression (90)	Without depression (82)	P value
Education	Primary	45	42	0.02
	High	30	28	
	Degree	15	12	
Marital status	Married	40	32	0.71
	Unmarried	36	38	
	Widow/separated	14	12	
SES	Upper	19	28	0.05
	Middle	31	22	
	Lower	40	32	
Occupation	Employed	38	37	0.52
	Unemployed	52	53	
Type of family	Joint	55	42	0.91
	Nuclear	35	40	
Sleep problems	Present	57	18	0.02
	Absent	33	62	
Physical activity	Present	25	45	0.05
	Absent	65	37	

Table II, graph I shows that education was primary in 45 and 42 in subjects with depression and without depression respectively. In subjects with depression and without depression married and unmarried were 40 and 32, unmarried were 36 and 38 and widow/separated were 14 and 125 respectively. SES was upper in 19 and 28, middle in 31 and 22, lower in 40 and 32. Occupation was employed in 38 and 37 and unemployed in 52 and 53 respectively. Family type was joint in 55 and 42 and nuclear in 35 and 40. Sleep problems were presentin 57 and 18 and absent in 33and 62. Physical activity was present in 25 and 45 and absent on 65 and 37. The difference was significant (P< 0.05).

Graph I Assessment of parameters



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DISCUSSION

Anxiety symptoms and memory impairments with distress can hide the clinical picture of depression in old age, but these issues are secondary to depression.[7] Several community-based investigations demonstrated that problems from depression were present in older persons.9, 10 Depression exacerbates the functional impairments brought on by physical sickness, obstructs rehabilitation and treatment, and further deteriorates a person's physical functioning.[8,9] Because it significantly contributes to the increase in direct annual livelihood costs, it also affects older persons economically.[10,11]The present study was conducted to assess depression in elderly.

We found that out of 172 subjects, 102 were males and 70 were females.For the final analysis, Barua et al.[12] 74 original research papers that polled 487,275 senior citizens, aged 60 and above, living in different parts of the world were included. In the global aged population, the median prevalence rate of depressive disorders was found to be 10.3% (interquartile range [IQR], 4.7%-16.0%). It was found that the median prevalence rate of depression in the senior Indian population was 21.9% (IQR: 11.6%–31.1%). In recent years, the prevalence of geriatric depression among Indians has been much higher than that of the rest of the globe, despite a notable decline in the global trend. We observed that education was primary in 45 and 42 in subjects with depression and without depression respectively. In subjects with depression and without depression married and unmarried were 40 and 32, unmarried were 36 and 38 and widow/separated were 14 and 125 respectively. SES was upper in 19 and 28, middle in 31 and 22, lower in 40 and 32. Occupation was employed in 38 and 37 and unemployed in 52 and 53 respectively. Family type was joint in 55 and 42 and nuclear in 35 and 40. Sleep problems were presentin 57 and 18 and absent in 33 and 62. Physical activity was present in 25 and 45 and absent on 65 and 37. According to Zenebe et al.[13], 42 pertinent papers were found, including n=57,486 older populations for this meta-analysis. In the elderly, the average predicted prevalence of depression was 31.74% (95% CI 27.90, 35.59). The pooled prevalence in the sub-group analysis was higher in developing countries (40.78%) than in developed countries (17.05%), Geriatrics Depression Scale-30 (GDS-30) studies (40.60%) than in GMS studies (18.85%), and studies with a smaller sample size (40.12%) than studies with a larger sample (20.19%).

Ten of the 124 Anganwadi centers in the study area were chosen at random, according to Pilania et al.[14] Five hundred senior citizens who were 60 years of age or older were screened for depression at random. The Geriatric Depression Scale (GDS-30) long form was employed, with a cutoff score of 22. The elderly had a 14.4% frequency of depression. The study population's mean age was 68.5 ± 7.7 years. After controlling for other factors, depression in the elderly was significantly associated with female gender not being consulted for major decisions, having any chronic morbidity [OR=2.4 (95% CI 1.3-4.5)], going a day without engaging in any activity, work, or hobby [OR=3.8 (2.1-7.1)], and losing a close relative within the previous year [OR=2 (1.1-3.7)].

The shortcoming of the study is small sample size.

CONCLUSION

Authors found that among the elderly, depression was very common. Joint families, low socioeconomic status, unemployment, sleep issues, and insufficient physical exercise were present in the majority of depressed participants.

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