Abstract

Background of the Study: Geriatric population is challenged by many psychiatric co-morbidity. Depression is the most predominant disorder affecting quality of life in elderly. Depression is a major contributor to healthcare costs and is projected to be the leading cause of disease burden in middle and higher income countries by the year 2030. Depression in later life, traditionally defined as age older than 65, is associated with disability, increased mortality and poorer outcomes from physical illness.

Objectives: The objectives of the study were to assess perceived depressive feelings experienced by elderly living with family members in a selected community of New Delhi and to find out relationship between perceived depressive feelings with selected demographic variables.

Materials and Methods: A descriptive survey design was adopted for the study. Sample comprised of total 100 elderly people above the age of 60 years from a selected community of New Delhi through convenient sampling technique. Structured interview schedule was used to collect the data.

Results: Data was analysed using descriptive and inferential statistics. Major findings are as follows: Maximum 54% of the elderly were in the age group of 60-65 yrs., 53% of the elderly were female and 47% were male, 60% of the elderly were Hindu, 31% of the elderly were illiterate and 22% had primary education. With regard to depressive feelings experienced by elderly it was found 63% of the elderly had feeling of memory loss, 63% of elderly found it hard to start new projects, 61% of elderly client felt hopeless about future, 59% of elderly clients had dropped interest in most activities in life, 48% had bothering thoughts that they could not get rid of, 43% were unhappy most of time, 47% were feeling helplessness. Results showed that 63% of the elderly were mildly depressed, 23% of the elderly were normal and only 14% of the elderly were severely depressed. No significant association was found between depression and Selected demographic variables.

Keywords: Depression, Elderly, Perceived Depressive Feelings

Introduction

Ageing is an inevitable consequence of life. Every organism that is born must grow old and eventually die. Human beings are no exception. Population ageing is the most significant emerging demographic phenomenon in the world today. Aging is characterized by many changes, particularly in the occupational and financial domain, in physiology, and in health, including psychological and social domains.1

Depression in the geriatric community population has been identified as a significant problem in view of the negative outcomes regarding poor functioning, increased perception of poor health and increased utilisation of medical services.2 Studies have reported that depression among the elderly often goes undetected and thus untreated.2 Identification and treatment of depression in the elderly is important because of its association with increased morbidity and mortality. It is specifically linked to an increased risk of
stroke, heart failure and hip fractures. Depression has been found to be an independent cause of disability as well as contributing to disability from a primary physical illness by exacerbating physical deterioration. Early identification and treatment of depression serves to reduce additional medical costs incurred by depressed individuals and lessen the significant associated caregiver burden.

Depressive symptoms seen in elder age are related to the advancing of age, being a female, living alone, divorcement, low education level, functionality disorder, comorbid physical illness, low level cognitive dysfunction, cigarette and alcohol use. Because of its devastating consequences, late life depression is an important public health problem. It is associated with increased risk of morbidity, increased risk of suicide, decreased physical, cognitive and social functioning, and greater self-neglect, all of which are in turn associated with increased mortality.

Need of the study

With 1.21 billion inhabitants counted in its 2011 census, India has become the second most populous country in the world. The census also informs that the 60+ population accounts for 7.5% of India’s population, translating into roughly 93 million people. It is anticipated that by 2050, the share of the 60+ population is projected to climb to 19%, or approximately 323 million people. The elderly dependency ratio (the number of people aged 60 and older per person aged 15 to 59) will rise dramatically from 0.12 to 0.31.

Many older people enjoy life, but a significant proportion struggle with loneliness, isolation, low-level mental health problems like depression or even more serious problems that lead to suicide. Certain groups of older people are at more risk of poor wellbeing than others: these are typically the poorest, the very elderly, some minority ethnic groups, the most isolated, those with worse physical health, and, the most significant though often neglected, those without an active social or community life.

The Global Burden of Disease Study has predicted that depressive disorders will be a leading cause of disability by 2020 due to their significant impact on functioning and quality of life.

Approximately 5 million older adults worldwide experience late-onset depression but it still remains under-recognised and inadequately treated.

Most of the studies on elderly depression were done in institutional as well as health care settings. Also in India, studies on elderly depression are very few. So, many times depression in community in elderly remained unnoticed. Incidence of elderly depression is increasing day by day, therefore the researchers felt the need to assess the perceived depressive feelings experienced by elderly living with family members in a selected community of New Delhi.

Methods

The research approach in this study was quantitative with non-experimental descriptive survey design. A total of 100 elderly above the age of 60 years were selected through convenient sampling technique from a selected community of New Delhi. The Institutional research committee gave approval to conduct the study. Structured interview schedule was used to collect the data. Data collection duration was 4 weeks. Interview schedule consisted of two sections. Section 1 comprised of 10 items pertaining to demographic data such as age, sex, religion and educational status of elderly. Section 2 was Standardized tool Geriatric depression scale (GDS) consisted of 30 items to elicit information regarding the depressive feelings experienced by elderly. The scale was first developed by J.A Yesavage in 1982. In the Geriatric Depression Scale, questions are answered “yes” or “no.” One point is assigned to each answer and the cumulative score is rated on a scoring grid. The grid sets a range of 0-9 as “normal”, 10-19 as “mildly depressed”, and 20-30 as “severely depressed”. Validity and Reliability of GDS is well established.

Informed verbal consent was taken from the interviewed subjects. The data obtained was subjected to analysis using descriptive and inferential statistics.

Results

Section 1: Demographic profile of Subjects

Figure 1. A Compound Bar Graph depicting the Demographic Profile of the elderly by their Age, Sex, Religion and Educational Status
Section 2: This section deals with the scores of depression in elderly

Table 1. Frequency and Percentage of Geriatric Depression Score of Sample Subjects measured by GDS-30 contributing to depression in elderly

| S. No. | GDS-30 Items                                      | Frequency | Percentage (%) |
|--------|--------------------------------------------------|-----------|----------------|
| 1.     | Are you dissatisfied with life?                   | 29        | 29             |
| 2.     | Have you dropped many of your activities and interests? | 53        | 53             |
| 3.     | Do you feel that your life is empty?              | 45        | 45             |
| 4.     | Do you often get bored?                           | 44        | 44             |
| 5.     | Are you hopeful about the future?                 | 61        | 61             |
| 6.     | Are you bothered by thoughts you can’t get out of your head? | 48        | 48             |
| 7.     | Are you in good spirits most of the time?         | 44        | 44             |
| 8.     | Are you afraid that something bad is going to happen to you? | 44        | 44             |
| 9.     | Do you feel happy most of the time?                | 43        | 43             |
| 10.    | Do you often feel helpless?                        | 47        | 47             |
| 11.    | Do you often get restless and fidgety             | 43        | 43             |
| 12.    | Do you prefer to stay at home, rather than going out and doing new things? | 59        | 59             |
| 13.    | Do you frequently worry about the future?         | 35        | 35             |
| 14.    | Do you feel you have more problems with memory than most? | 63        | 63             |
| 15.    | Do you think it is wonderful to be alive now?     | 43        | 43             |
| 16.    | Do you often feel downhearted and blue?           | 54        | 54             |
| 17.    | Do you feel pretty worthless the way you are now? |           | 51             |
| 18.    | Do you worry a lot about the past?                |           | 52             |
| 19.    | Do you find life very exciting?                   |           | 39             |
| 20.    | Is it hard for you to get started on new projects? |           | 63             |
| 21.    | Do you feel full of energy?                       |           | 58             |
| 22.    | Do you feel that your situation is hopeless?      |           | 44             |
| 23.    | Do you think that most people are better off than you are? |           | 54             |
| 24.    | Do you frequently get upset over little things?   |           | 53             |
| 25.    | Do you frequently feel like crying?               |           | 46             |
| 26.    | Do you have trouble concentrating?                |           | 47             |
| 27.    | Do you enjoy getting up in the morning?           |           | 32             |
| 28.    | Do you prefer to avoid social gatherings?         |           | 43             |
| 29.    | Is it easy for you to make decisions?             |           | 49             |
| 30.    | Is your mind as clear as it used to be?           |           | 54             |

Data from the Table 1, depicts the analysis of Geriatric Depression Scores and feelings as follows: 29 (29%) of elderly who participated were dissatisfied with life, 53 (53%) of elderly client had dropped interest in most activities in life, 45 (45%) had feeling of emptiness, 44 (44%) were bored in life, 61 (61%) of elderly client felt hopeless about future, 48 (48%) had bothering thoughts that they could not get rid of, 44 (44%) of study subjects who participated had low spirit most of times, 44 (44%) were afraid of unknown happening, 43 (43%) were unhappy most of time, 47 (47%) were feeling helplessness. 43 (43%) of elderly clients were feeling restlessness and frightened, 59 (59%) of elderly clients preferred staying at home rather than going out and doing something new, 35 (35%) of elderly were worried about the future, 63 (63%) had feeling of memory loss, 43 (43%) of elderly client felt worthless to be alive, 54 (54%) of elderly felt downhearted...
and blue, 51 (51%) of elderly felt worthless the way they were, 52 (52%) were worried about the past, 39 (39%) of elderly felt life is depressing, 63 (63%) of elderly found it hard to start new projects. 58 (58%) of sample subject under study felt lack of energy, 44 (44%) had feeling in hopeless situation, 46 (46%) of elderly had frequent feeling of crying, 47 (47%) had trouble in concentrating, 32 (32%) of elderly dislike getting up in the morning, 43 (43%) of elderly on study prefer to avoid social gathering, 49 (49%) found difficult in making decisions, 54 (54%) of elderly clients living with family had lack of clarity in thoughts compare to before.

Table 2. Frequency and Percentage Distribution of range of score of different level of Geriatric Depression in study subjects

| Level of geriatric depression | Range of score | Frequency | Percentage (%) |
|-------------------------------|----------------|-----------|----------------|
| Normal                        | 0-9            | 23        | 23             |
| Mild depression               | 10-19          | 63        | 63             |
| Severe depression             | 20-30          | 14        | 14             |

The data depicted in table 2 indicates that majority of elderly i.e 63 (63) were mildly depressed, 23 (23%) of the elderly were normal and only 14 (14%) of the elderly were severely depressed.

Section 3: This section is dealing with the association between selected demographic variables with Depression

Table 3. Frequency and Percentage Distribution of the study subjects showing association between age, Sex, Religion and Living arrangement of the subjects with Depression

| Variables         | Depression scores | Test applied | p-value | Remarks                        |
|-------------------|-------------------|--------------|---------|--------------------------------|
|                   | Normal            | Mild depression | Severe depression |                           |
| Age               |                   |               |         | Fisher exact                   | Not significant at 0.05 level of significance |
| 60-65Yrs          | 12                | 34            | 8       |                               |
| 66-70Yrs          | 8                 | 18            | 4       |                               |
| 70 above          | 3                 | 11            | 2       |                               |
| Sex               |                   |               |         | Chi square                     | Not significant at 0.05 of significance |
| Male              | 7                 | 31            | 9       |                               |
| Female            | 16                | 32            | 5       |                               |
| Religion          |                   |               |         | Fisher exact                   | Not significant at 0.05 of significance |
| Hindu             | 13                | 40            | 7       |                               |
| Muslims           | 4                 | 10            | 4       |                               |
| Sikh              | 4                 | 8             | 1       |                               |
| Christian         | 2                 | 5             | 1       |                               |
| Any other         | 0                 | 0             | 1       |                               |
| Live in arrangement |                 |               |         | Fisher exact                   | Not significant at 0.05 of significance |
| Living with spouse| 10                | 32            | 5       |                               |
| Living with children |            | 13            | 29      | 9                             |
| Any other         | 0                 | 2             | 0       |                               |

Data presented in table 3, indicates that no significant association was found between depression and selected demographic variables such as age, sex, religion and living arrangement of elderly at 0.05 level of significance.

Discussion

Depression in the elderly population is significantly rising. Depression is treatable but require early identification at primary care level. This study provided a measure of the burden of depression and depressive symptoms in the elderly using the 30 item Geriatric Depression Scale.

Majority of them had mild depression and thus identifying them at an early stage and appropriate treatment would help to improve their quality of life.

Findings of the present study that majority (63%) of the elderly had mild depression are in agreement with the findings of Naik and Nirgude. In the present study analysis revealed that there was no statistically significant association between age and type of family with depression and the findings of this study are in conformity with the findings reported by Sharma and Sharma, who in their study found no statistically significant association of age and type of family with depression.

Conclusion

Magnitude of the depression was very low in the present study. But we cannot neglect the risk of depression among...
elderly, because of the significant rise in the elderly population. As the age increases, the risk for depression increases as well. There is a great need of awareness about depression among community members and primary health care level for early identification and prompt treatment.

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Conflict of Interest: None

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