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Research Paper

Prevalence of Depression and Life Satisfaction Among Institutionalized Elderly in Selected Old Age Homes at Mangalore

Medical Science

KEYWORDS : Prevalence rate, depression, life satisfaction, Institutionalized elderly, old age home, GDS, SWLS.

Ms. Sibi Raichel Baby. D/o P. Baby, Sinu Bhavan, Thenmala P.O, Thenmala, kollam dist. kerala.

Mr.Shivakumara J. Associate professor, Department of mental health nursing, Laxmi Memorial College Of Nursing, Mangalore, Karnataka. India.

ABSTRACT

Ageing is a universal process associated with deteriorating health status. Most of studies reveals life satisfaction is decreased in depressive elderly people and its rate increases year by year >3%. The aim of the study was to assess the prevalence of depression and life satisfaction among institutionalized elderly in selected old age homes at Mangalore. Descriptive survey approach with non experimental descriptive research design was adopted. Purposive sampling technique was used to select the sample. A self administered questionnaire of GDS and SWLS was used to collect data from 300 inmates of old age homes at Mangalore. The results revealed that prevalence rate of depression was high (78.4%) and (72.7%) was having less satisfaction. There is a strong negative correlation between depression and life satisfaction (r = - 0.365) also shows that there was a significant association of prevalence of depression and life satisfaction with demographic variables at p <0.005.

Introduction:

Old age is not a disease. Ageing is an integral, natural part of life and it is a normal process of time related change, begins with birth and continues throughout life. Ageing, which is an inescapable reality of the human existence on the planet earth, plays a crucial role in the global demographic transition. The life expectancy of the human being is increased in both developed and developing countries due to advancement and improvement of latest technology in medical field[1].

Old age is a phase of life cycle characterized by its own developmental issues, many of which are concerned with loss of physical ability and mental acuity, friends and loved ones and status and power. At the same time old age is associated with accumulation of wisdom and the opportunity to pass that on to future generations[1].

The point prevalence of depressive disorders in the elderly population in India varies from 13 to 25%. Since the World Health Organization (five) Well-being index is simple and easy to administer, an attempt is made to evaluate the Indian version of this instrument to identify depression in the elderly Indian community.

The prevalence of depression in elderly population was determined to be 21.7% (95% CI = 18.4 - 24.9). The Indian version of WHO-five well-being index (1998 version) showed a sensitivity of 97.0%, specificity of 86.4%, and positive predictive value of 66.3% and an overall accuracy of 0.89. In Karnataka the prevalence rate of depression is 11.2%.The study showed that 46.3% of the depressed were females and 53.7% were males. In South Karnataka the prevalence of depression is 8.6% - 15.00% and in Mangalore the prevalence rates of depression is estimated to the range from 15%[3].

Several studies carried out among the elderly in India have shown that depression is the commonest mental health problem. Depression in the elderly has impacts on their general health status and also the satisfaction of life. Impairment of health status and depression often go hand in hand and reduces the life satisfaction. Most of the studies show that life satisfaction is decreased in depressive elderly people and the rate of depression increases year by year more than 3%. Hence, there is need for considering the emotional status of the elderly when they are treated for any physical problem in the hospitals, homes or in PHC's. This motivated the investigator to conduct the study to assess the prevalence of depression and life satisfaction among the elderly who are residing in the old age homes.

Review of the Literature

A study was conducted in Bangalore to assess the prevalence of depression among adults in selected urban community. Geriatric depression scale is used as the screening instrument.300 respondents were interviewed and the majority of the respondents 45.5% were normal and without depression, 34.5% of them had respondents had moderate depression followed by 10.5% of the respondents having severe depression and least 9.5% of respondents has mild depression[4].

A study was conducted on African Americans to explore the prevalence of depression among older adults attending an academic outpatient rehabilitation program.150 older African Americans seen over a 2-year period were examined. Depression was assessed using the 30-item Geriatric Depression Scale (GDS). Using a GDS cut off score for depression of 11 or higher, 30% of the sample (age 75.5 +/- 7.16 years, range 65-95, 75% women) scored positive for depression. 9% also reported having suicidal thoughts within them[5].

A descriptive study was conducted in the Sivas city of Turkey including 71 elderly people. Random sampling technique was used. Using the Socio-Demographic Information Form and the Life Satisfaction Questionnaire, data was collected by interviewing the aged individually. The data was analyzed using SPSS Version 130. Of the study population, 21 individuals lived in rest houses, while 50 lived with their families. Of the subjects 70.4 % were men, 52.1% were between 65-74 years of age, 46.2% suffered from unhappiness due to solitude, while 62.0 % preferred to live with their families. It is determined that considerable numbers (36.6 %) of the subjects were not satisfied with their lives.[6]

Objectives:

1. To determine the prevalence rate of depression among the institutionalized elderly.
2. To assess the level of life satisfaction among the institutionalized elderly.
3. To find the relationship between the prevalence of depression and life satisfaction among the institutionalized elderly.
4. To find the association between the prevalence rate of depression among the institutionalized elderly and selected demographic variables.
5. To find the association between life satisfaction among the institutionalized elderly and selected demographic variables.

Methodology:

Setting: The study was conducted in selected three old age homes, Mangalore.

Population: Elderly people aged 60 years and above, who are residing in selected old age homes at Mangalore.

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Sample size: 300

Sampling technique: purposive sampling technique

Research design: Descriptive research design

Tools:
- Demographic proforma consisted of 07 items
- The structured self administered questionnaire on depression which is Geriatric Depression Scale (GDS) and Satisfaction With Life Scale (SWLS) for life satisfaction
- GDS has 15 items. Scores of 0-4 are considered normal; 5-8 indicate mild depression; 9-11 indicate moderate depression; and 12-15 indicate severe depression.
- SWLS has 5 items and this is a rating scale. Scores of this scale 5-9 indicates 'extremely dissatisfied', 10-14 indicates 'dissatisfied', 15-19 indicates 'slightly dissatisfied',20 indicates 'neutral', 21-25 indicates 'slightly satisfied', 26-30 indicates 'satisfied' and 35-31 indicates 'extremely satisfied'.

Data collection method:
- Prior to the data collection, permission was obtained from the concerned old age home authorities for conducting the study.
- Subjects were selected based on the set criteria.
- The structured questionnaire on depression and life satisfaction was administered to inmates.

Result of the study:
The demographic data showed that majority (56.7%) of the respondents were aged between 66 -70 years and (62.7%) were males. Most (74%) of the subjects belonged to Christian religion. Majority (59.4%) of respondents were unmarried. Majority (68%) of the respondents were degree holders. Majority (61.7%) of the respondents were forced by their children and got admitted in old age homes.

The study also revealed that there was a negative correlation between the prevalence of depression and life satisfaction. ($r = -0.365$; $p<0.01$) among the elderly residing at old age homes.

Figure 1 shows that majority (70.3%) had mild depression and 22.6% had moderate depression and only 7% were normal.

Figure 2 shows the frequency and percentage distribution of sample according to their life satisfaction level.

Data in **table 1** shows that there was significant association between the prevalence of depression and the selected demographic variables such as nature of the admission and duration of stay, $\chi^2= 3.909$ ($P \leq 0.05$) and $\chi^2= 9.459$, $P \leq 0.05$.

Data in **table 2** shows that there was a significant association between the life satisfaction and the selected demographic variables such as nature of the admission, $\chi^2 = 3.88$ ($P \leq 0.05$).

Conclusion:
The present study proved that most of the institutionalized elderly inmates are affected with depression due to various reasons and they have decreased life satisfaction level. Successful aging is reflected in the ability of older people to adapt to physical, social and emotional losses and to achieve contentment, security and life satisfaction. Because changes in life patterns are inevitable over a life time, older people need resiliency and coping skills when confronting stresses and change. Failure to adaptations of the aging which can lead to frustration, loneliness, bitterness, hopelessness, helplessness and insecurity which makes older people prone for later life depression[3]. Depression can be reduced by increasing interpersonal relationship, and this will help to increase life satisfaction. So, helping them in social interactions will improve their life style.

Figure 1: Pie diagram showing distribution of sample according to prevalence rate of depression

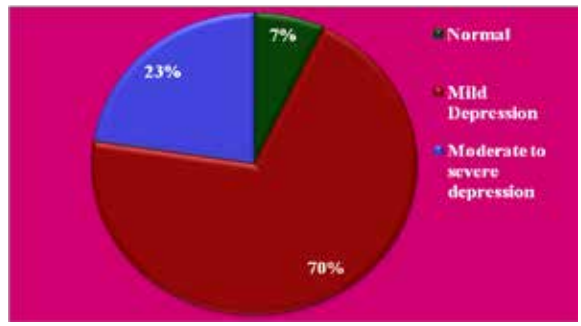


Figure 2: Line chart showing the frequency and percentage distribution of sample according to their life satisfaction level

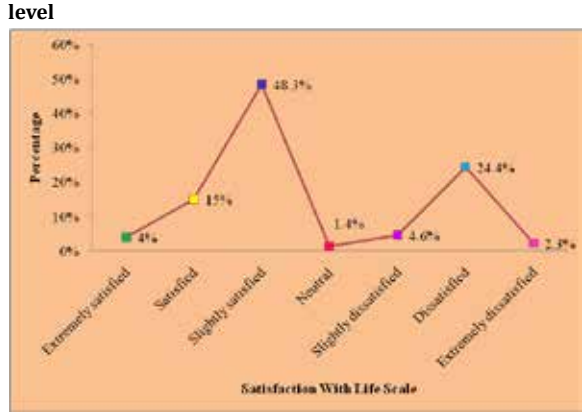


Table 1: Chi-square test showing the association of the prevalence of depression and selected demographic variables

N= 300

Sl. No	Socio-demographic variables	χ^2	df	Table value	Inference
1.	Age in years	0.020	1	3.841	Not significant
2.	Gender	1.40	1	3.841	Not significant
3.	Religion	0.009	1	3.841	Not significant
4.	Marital status	4.99	2	5.991	Not significant
5.	Education	0.095	2	5.991	Not significant
6.	Nature of admission	3.909	1	3.841	*Significant
7.	Duration of stay	9.459	2	5.991	*Significant

Table 2: Chi- square test showing the association of life satisfaction and selected demographic variables

N=300

Sl. No	Socio-demographic variables	χ^2	df	Table value	Inference
1.	Age in years	2.71	1	3.841	Not significant
2.	Gender	1.146	1	3.841	Not significant
3.	Religion	0.054	1	3.841	Not significant
4.	Marital status	3.85	1	3.841	Not significant
5.	Education	1.02	2	5.991	Not significant
6.	Nature of admission	3.88	1	3.841	*Significant
7.	Duration of stay	5.905	2	5.991	Not significant

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