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Community Medicine

A CROSS-SECTIONAL STUDY TO ASSESS THE STATUS OF DEPRESSION AMONG THE ELDERLY IN AN URBAN SLUM OF MUMBAI

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ABSTRACT

Introduction: India is the second largest country in the world and is in the process of rapid demographic progression of increased life expectancy and ageing with geriatric population of 100 million at present which is expected to be 323 million by 2050. Geriatric depression" is a common clinical condition in which "a prolonged state of depression in anyone over the age of 60 years". This study was carried out to assess the status of depression among the elderly in an Urban Slum of Mumbai.

Methodology: A Cross sectional study was done among 100 randomly selected elderly aged above 60 years attending the geriatric OPD in an Urban Health Centre attached to a tertiary care Hospital.

Results: The mean age of the population is 67.97 ± 5.992 years. Almost half of the study participants (45%) were in the age group of 61-65 yrs and 72 % of them were females.

The Mean Geriatric Depression score was 18.62 ± 5.749 which was in the range of mild to severe depression. Widowed elderly ($p < 0.05$) were significantly associated with depression.

Conclusion: Identification of risk groups and associated factors will thus facilitate formulation of health care services among elderly which provide a long way in adding life to their years instead of years to life.

KEYWORDS : Geriatric, Depression, Urban Slum

INTRODUCTION:

Aging is a series of process that begin with life and continue throughout the life cycle, ending with death[1]. Population aging has become a universal phenomenon[2] and is the result of process known as "demographic transition ". India is the second largest country in the world and is in the process of rapid demographic progression of increased life expectancy and ageing with geriatric population of 100 million at present which is expected to be 323 million by 2050. This increase in the number of elderly will have direct impact on the demand for health care services and social security[3] . ."Depression" which is an affective illness characterized by depression in mood, cognition and behavior[4]. "Geriatric depression" is a common clinical condition in which "a prolonged state of depression in anyone over the age of 60 years"[5] .According to WHO, over 20% of adults aged 60 years and over suffer from a mental health disorder, in which depression constitute approximately 7% with higher prevalence of geriatric depression in India (21.9%)[6].

AIM & OBJECTIVES:

AIM To assess the status of depression among the elderly in an Urban Slum of Mumbai.

Objectives

To assess the status of depression in elderly.

To study some correlates associated with depression among them

METHODOLOGY:

Cross sectional study was done among 100 randomly selected elderly aged above 60 years attending the geriatric OPD in an Urban Health Centre attached to a tertiary care Hospital. Sample size was calculated (using formula 4p*q/l2) as 100 considering the average prevalence of geriatric depression as 45.9% (According to the study conducted by R. K. Jain1 and R.Y. Aras2 "Depression in Geriatric Population in Urban Slum of Mumbai"[7]). Study was based on Geriatric Depression Scale [GDS-30 {scoring 0-9(normal),10-19(mild depression),20-30(severe depression)}] questionnaire and done over a period of 4 months from August to November, 2016. Data was entered in Excel sheet and Chi Square test was used for analysis.

RESULTS:

Socio-demographic profile of the subjects studied was analysed, and proportion of depressed elderly and the degree of depression was assessed as per the age group. The mean age of the population is 67.97 ± 5.992 years. Almost half of the study participants (45%) were in the age group of 61-65 yrs. The study sample comprised of 72 % of females. Most common religion was Muslim (78%). The percentage of study participants who were widowed was 74 % and most of them (83%) were economically dependent/not working. Very few (6%) were getting pension. Only 5% of the study participants were living alone and rest all were living either with their spouse or children. Most of the study participants were from Socio-economic Class IV (47%) and Class III (34%) according to modified BG Prasad scale (Table 1).

Table 1: Socio-demographic Profile Of Elderly

Sr. No.	Socio-demographic Character	Frequency	Percentage	
1.	Age group	61-65 years 66-70 years 71-85 years	45 32 23	45 32 23
2.	Sex	Male Female	28 72	28 72
3.	Religion	Hindu Muslim Christian	19 78 05	19 78 05
4.	Educational status	Illiterate Primary Secondary & above	50 36 14	50 36 14
5.	Marital status	Married Widowed Divorced / Separated	23 74 03	23 74 03
6.	Living arrangement	Alone With spouse only With children only With spouse & children	05 11 39 45	05 11 39 45
7.	Family type	Nuclear Joint Extended	35 41 24	35 41 24
8.	Occupational status/economic dependency	Working Pensioner Non- working	11 06 83	11 06 83
9.	Socio-economic status	Class II Class III Class IV Class V	12 34 47 07	12 34 47 07

The Mean Geriatric Depression score was 18.62 ± 5.749 which was in the range of mild to severe depression.

Based on the scores of the Geriatric Depression Scale, out of 72 females, 36(50.0%) were mildly depressed and 32(44.45%) were severely depressed. Similarly out of 28 males, 11(39.28%) were mildly

depressed and 15(53.57%) were severely depressed. Thus overall among the elderly, 94(94%) out of 100 elderly were depressed according to the scale. And it was more seen in the age group 66-70years (severe depression 56.25%). Severe depression were common in study participants who were from lower socio-economic status (57.13%- Class V & 53.32%- Class IV). More percentage of non-working (49.40%) were depressed as compared to working or economically independent participants.

Chi Square association: Significance was obtained only for widowed elderly ($p < 0.05$) with the presence of depression.

Table 2: Degree Of Depression & Socio-demographic Factors

Sr. No.	Variable	Normal	Mild Depression	Severe Depression	Chi Square	df	P value
1.	Age group: 61-65years 66-70years >70years	 03 (6.66%) 01 (3.12%) 02 (8.70%)	 21 (46.67%) 13 (40.63%) 13 (56.25%)	 21 (46.67%) 18 (56.25%) 08 (17.01%)	2.788	4	0.594
2.	Sex : Male Female	 02 (33.3%) 04 (5.55%)	 11 (23.4%) 36 (50.0%)	 15 (53.57%) 32 (44.45%)	0.934	2	0.627
3.	Religion: Hindu Muslim Christian	 01 (5.28%) 05 (6.57%) 00 (00%)	 09 (47.36%) 34 (44.73%) 04 (80.0%)	 09 (47.36%) 37 (48.70%) 01 (20.0%)	2.423	4	0.658
4.	Marital status Married Widowed Divorced/separated	 04 (17.4%) 02 (2.70%) 00 (00%)	 10 (43.5%) 37 (50.0%) 00 (00%)	 09 (39.1%) 35 (47.30%) 03 (100%)	10.205	4	0.037
5.	Educational status: Illiterate Primary Secondary & above	 02 (4.0%) 04(10.53%) 00 (00%)	 24 (48.0%) 14 (42.10%) 09 (64.28%)	 24 (48.0%) 18 (47.37%) 05 (35.72%)	4.604	4	0.330
6.	Living arrangement: Alone With spouse With children With spouse & children	 00 (00%) 00 (00%) 00 (00%) 06 (13.3%)	 01 (20.0%) 05 (45.50%) 20 (51.3%) 21 (46.7%)	 04 (80.0%) 06 (54.50%) 19 (48.7%) 18 (40.0%)	10.053	6	0.122
7.	Socio –economic status: Class I Class II Class III Class IV Class V	 00 (00%) 00 (00%) 04(11.76%) 01 (2.12%) 01(14.29%)	 00 (00%) 08 (66.67%) 17 (50.0%) 20 (42.56%) 02 (28.58%)	 00 (00%) 04 (33.33%) 13 (38.24%) 26 (53.32%) 04 (57.13%)	8.213	6	0.223
8.	Occupational status/Economic dependency: Working Pensioner Not working	 02 (18.2%) 00 (00%) 04 (4.8%)	 04 (8.50%) 05 (83.30%) 38 (45.80%)	 05 (45.50%) 01 (16.70%) 41 (49.40%)	6.531	4	0.163
9.	Family type: Nuclear Joint Extended	 01 (2.9%) 03 (7.3%) 02 (8.3%)	 18 (51.40%) 16 (39.0%) 13 (54.20%)	 16 (45.70%) 22 (53.70%) 09 (37.50%)	2.736	4	0.603

CONCLUSION:

- Intervention at the primary level in terms of health education of the community, is the need of the hour.
- Tender love and care for the elderly, sensitize the community of the health concerns in the elderly whether physical or psychosocial or economical.
- Several steps need to be taken to provide the elderly with geriatric friendly environments in terms of social recognition.
- Health insurance schemes, geriatric clinics and facilities for social gatherings.
- Counselling sessions should be made available in the Geriatric Clinic, involving family members so that elderly can be considered as asset rather than liability.
- Identification of risk groups and associated factors will thus facilitate formulation of health care services among elderly which provide a long way in adding life to their years instead of years to life.

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