Original Research Paper

Volume - 7 | Issue - 6 | June - 2017 | ISSN - 2249-555X | IF : 4.894 | IC Value : 79.96

Psychology

SOMATIC DISTRESS AND ANXIETY AMONG COMMUNITY DWELLING OLDER ADULTS

N. Hemalatha	Department of Psychology, S.V.University, Tirupati-517502, A.P.
K. Suresh	Department of Psychology, S.V.University, Tirupati-517502, A.P.
V. Subramanyam	Department of Psychology, S.V.University, Tirupati-517502, A.P.
A. Gayathri	Department of Psychology, S.V.University, Tirupati-517502, A.P.
D. Jamuna	Prof., Department of Psychology, S.V.University, Tirupati-517502, A.P.

ABSTRACT This study is an attempt to assess the levels of somatic distress and anxiety in a sample of 100 elderly in the age group of 60-70 years, living in semi urban and rural areas of Rayalaseema region of A.P. The levels of somatic distress and anxiety were analyzed by using CMI Index 'A' and an adapted version of Beck's anxiety Inventory. Findings on somatic distress and anxiety levels across socio demographic variables viz., age, gender, education, marital status and financial status have policy implications in promoting psychosocial well being of older adults.

KEYWORDS : Somatic distress, anxiety, community dwelling older adults.

INTRODUCTION

Growing old is a normal and universal phenomena, with inter and intra individual variations in aging changes. The primary and secondary aging changes brings on several degenerative changes and cause disability and dependency. In traditional agrarian Indian culture the joint family served as a the haven for many elderly who could not support themselves physically or economically (Ramamurti, Liebig and Jamuna, 2016). In addition to personal aging changes, rapid urbanization and migration, dual career families and market economy brought changes in the living arrangements and an erosion in values of filial care. The potent availability of informal support by the family members is decreasing. Multigenerational families under one roof once a provider of emotional support will become a rarity. The effect of modernization has tremendous impact on psycho-social wellbeing of elderly.

Somatic distress syndromes, which include somatoform disorders and syndromes of chronic fatigue such as neurasthenia but not somatic presentations of anxiety and depression, are one of the common expressions of distress in primary care (Ormel et al., 1994) and general hospital settings (Hemert et al., 1993). They are of considerable importance cross-culturally (Ono et al., 1999) and often lie at the interface of psychiatry and medicine (Hickie, 1999). They are associated with significant disability (Ormel et al. 1994; Andrews, 2000) and health-care utilization (Escobar et al. 1991).

Studies based on certain inclusion criteria reported rates for only three relevant disorders across the age span. These were somatization disorder, syndromes of chronic fatigue (termed neurasthenia by ICD-10 and undifferentiated somatoform disorder by DSM-IV) and hypochondriasis. Unfortunately, different diagnostic criteria have been reported for the same entity, although these represent differences in symptom duration (for instance neurasthenia versus persistent fatigue) and number (somatization disorder versus abridged somatization), rather than differences in the underlying construct. The variable prevalence rates are a reflection of this, although our main interest lies in differences by age (Wijeratne, 2001).

People aged 65 years and over account for up to 25 per cent of primary care consultations (Commonwealth Department of Health and Family Services, 1996). The presence of medical illness is a risk factor for somatic distress, a fact which has tended to be overlooked (Lipowski, 1988). It would also complement the preliminary literature, which has suggested a decline in vulnerability to affective and anxiety disorders with age (Flint, 1994; Henderson, 1994; Krasucki et al. 1998; Jorm, 2000) and thereby clarify how neurotic disorders may vary in presentation with age. Therefore, the issues pertinent to this paper is to include whether the traditional conceptualization of somatic distress syndromes are appropriate to older people and those with medical illness, whether prevalence rates vary with age and medical illness, and if so, possible explanations for such differences.

The concept of anxiety in late life had been disregarded in clinical practice and the scientific community. This disregard is still often thought to be justified by the fact that older adults with anxiety disorders rarely present to mental health care settings. In light of these circumstances, it is understandable that clinicians and researchers alike used to believe that anxiety disorders were not very prevalent in late life. However, recent epidemiological studies have shown that prevalence rates of late-life anxiety disorders are equal to or may even exceed prevalence rates of depressive disorders in late life. Estimates of prevalence rates vary widely due to conceptual and methodological differences between studies, but most estimates of current prevalence rates fall within the range of 6% to 10% (Bryant, Jackson and Ames, 2008). Review of researches suggest that GAD is the only late-life anxiety disorder worthy of discussion. However, a closer look at the available research data shows considerable variation in the prevalence estimates of this disorder, ranging from 1% to 7.3% (Beckman et al., 1998). In these, which are closer to the truth is a question that has yet to be answered. In view of the significance, the present study is planned with an objective to assess the somatic distress and anxiety levels among community dwelling older adults.

METHOD

Sample:

A sample of 100 community dwelling elderly men and women of rural and urban areas of Rayalaseema (Chittoor and Kurnool) region of Andhra Pradesh from the age groups of 60-69 and 70-79 years were drawn by using a multi-stage random sampling technique. Older adults were identified on the basis of Census Reports, mandal records, and also by house-to-house survey. Those without chronic illness and cognitively intact were included in the study. The participants were individually contacted and Personal Data Form (PDF) was used to seek information on relevant sociodemographic characteristics. Cornel Medical Index A was used to measure somatic distress and anxiety was measured by an adapted version Beck's Anxiety Inventory (Beck, 1990). Both the measures were standardized as part of ICSSR project (Jamuna, 2014) and test-retest reliability 0.87 and 0.82, respectively (with an interval of 2 weeks, n=30).

RESULTS AND DISCUSSION

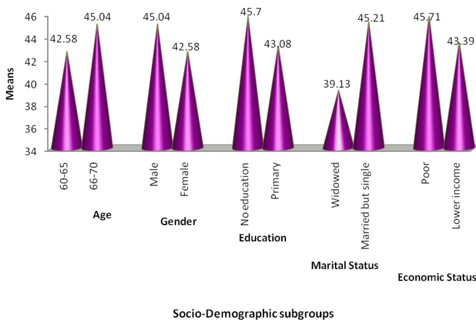
Table-1: Somatic Distress in Different Socio Demographic Subgroups of Community Dwelling Older Adults (N = 100)

Sl.No	Category	N	Mean (SD)	t value
1.	**Age** a) 60 – 65 b) 66 – 70	50 50	42.58 (6.80) 45.04 (5.54)	1.983*
2.	**Gender** a) Male b) Female	50 50	45.04 (6.14) 42.58 (6.26)	1.983*

3.	**Education** a) No education b) Primary	74 26	45.70 (5.01) 43.08 (7.62)	1.987*
4.	**Marital Status** a) Widowed b) Married but single	23 77	39.13(6.13) 45.21(5.66)	4.429**
5.	**Economic Status** a) Poor b) Lower income	56 44	45.71(5.84) 43.39(5.78)	1.986*
**P<.01; * P< 0.05				

A cursory glance of results on somatic distress (Table-1) indicate that the mean differences are statistically significant in term of age, gender, education levels, marital status and economic status subgroups. Residents in 66-70 year age group, male residents, incumbents with no education, those who were widows reported higher physical distress or somatic distress compared to their other counterparts in the subgroup (Figure-1).

Figure-1: Somatic Distress in Different Socio Demographic Subgroups of Community Dwelling Older Adults

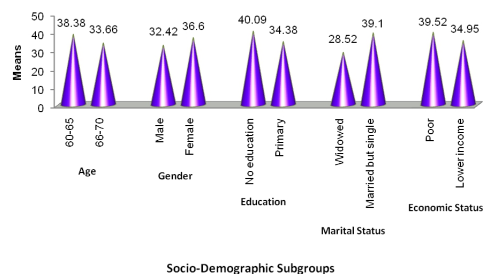


Levels of anxiety in community dwelling residents of different socio demographic subgroups (Table-2) shows that there are subgroup variations in anxiety.

Table-2: Anxiety in Different Socio Demographic Subgroups of Community Dwelling Older Adults (N = 100)

Sl.No	Category	N	Mean (SD)	t value
1.	**Age** a)60 – 65 b)66 – 70	50 50	38.38 (12.90) 33.66 (10.76)	1.987*
2.	**Gender** a)Male b)Female	50 50	32.42 (10.56) 36.60 (10.45)	1.989*
3.	**Education** a)No education b)Primary	74 26	40.09 (12.25) 34.38 (13.61)	1.985*
4.	**Marital Status** a)Widow b)Married but single	23 77	28.52(9.61) 39.10(11.31)	4.063**
5.	**Economic Status** a)Poor b)Lower income	56 44	39.52(11.86) 34.95(10.77)	1.987*
***P<0.05; **P<0.01**				

Figure-2: Somatic Distress in Different Socio Demographic Subgroups of community older adults



Levels of anxiety between subgroups of age, gender, education, marital status and economic status differed significantly (Table-2). Residents in 60-65 years, female, older adults with no education, married but single and those from lower income groups reported higher levels of anxiety. Through the magnitude of mean differences between subgroups were small but they were statistically significance showing variations in anxiety levels of older adults. In a study by Suresh, Gayathri and Jamuna (2015) carried out on sources of anxiety through focused group discussion among residents of pay & stay care homes noticed higher levels of anxiety in these subgroups and source of anxiety were primarily health and disability, familial & social contexts and economic & financial concerns.

The levels of anxiety in different subgroups of community dwelling elderly is illustrated in Figure-2.

In general, our fear, worry has a tremendous impact on physical, mental and emotional well being. Such tendencies trigger negative thinking and impair normal perception, rational thinking, comprehension capacity, limit, and expectations and generally avoid undue risks and less interest in facing complications (Suresh et al., 2015). Though fears are part of our survival, such fears become a problem when they start to interfere with day-to-day normal functioning. Such negative impacts would result in strained relationships and of course with advancing age, a person is habitually accustomed and adapted to fears and some times, consciously its presence will be ignored. In this process of ignoring our fears, a person tries to push these into our subconscious and as a result he/she rationalize and develops peculiar habits and self-limiting behaviours without feeling uncomfortable (Suresh, et al., 2015). The net result of this is worry, doubt and anxiety. This is more so in old age, where elderly are reluctant in making decision, subjected to constant worry, suffer from low self esteem, underestimate one's ability, growing feeling of impending fear of indulging in irrational behaviour, avoiding relationships and interpersonal communication. If this condition continues for a while this would manifest in various behavioural problems and depressive behaviour. Thus, the findings highlight the need for prevention strategies to promote psychosocial well being in later adulthood years.

REFERENCES

1. American Psychiatric Association (1994). Diagnostic and Statistical Manual of Mental Disorders, 4th edn. APA: Washington, DC.
2. Barsky, A.J., Frank, C. B., Cleary, P. D., Wyshak, G., & Klerman, G. L. (1991). The relation between hypochondriasis and age. The American Journal of Psychiatry, 148(7),923-928.
3. Beekman, A.T., Bremmer, M.A., Deeg, D.J., van Balkom, A.J., Smit, J.H., de Beurs, E., van Dyck, R., and van Tilburg, W. (1998). Anxiety disorders in later life: a report from the Longitudinal Aging Study Amsterdam. International Journal Geriatric Psychiatry, 13(10): 717-26.
4. Bryant, C., Jackson, H., Ames, D. (2008). The prevalence of Anxiety in Older Adults: Methodological Issues and a review of the literature. Journal Affect Disorder, 109(3): 233-50.
5. Chanaka Wijeratne, Sushmita Shome, Ian Hickie, Annette Koschera (2001). An age-based comparison of chronic pain clinic patients. Full publication history, DOI: 10.1002/gps.366
6. Diagnostic and Statistical Manual of Mental Disorders. (1987). 3rd Ed, revised. Washington DC: American Psychiatric Association.
7. Escobar, J., Swartz, M., Rubico-Stipec, M. & Manu, P. (1991). Medically unexplained symptoms: distribution, risk factors and comorbidity. In Current Concepts of Somatization. Research and Clinical Perspectives (ed. L. Kirmayer and J. Robbins), pp. 63–78. American Psychiatric Press Inc: Washington, DC
8. Fabrega, H. (1991). Somatization in historical and cultural perspective. In Current Concepts of Somatization. Research and Clinical Perspectives (ed. L. Kirmayer and J. Robbins), pp. 181–200. American Psychiatric Press, Inc: Washington, DC.
9. Flint, A. (1994). Epidemiology and comorbidity of anxiety disorders in the elderly. American Journal of Psychiatry, 151, 640–649.
10. Hemert, A. V., Hengeveld, M., Bolk, J., Rooijmans, H. & Vanderbroucke, J. (1993). Psychiatric Disorder In Relation to Medical Illness Among Patients of a General Medical Out-Patient Clinic. Psychological Medicine, 23, 167–173.
11. Henderson, A. (1994). Does ageing protect against depression? Social Psychiatry and Psychiatric Epidemiology, 29, 108–109.
12. Hickie, I. (1999). Primary Care Psychiatry is not Specialist Psychiatry in General Practice. Medical Journal of Australia, 170, 171–173.
13. Jablensky, A. (1999). The concept of somatoform disorders: a comment on the mind-body problem in psychiatry. In Somatoform Disorders. A Worldwide Perspective (ed. Y. Ono, A. Janca, M. Asai)
14. Jamuna,D., Lalitha,K. & Ramamurti, P.V. 2003. Future of elder care in India: Hope or despair: Some alternative care models. Indian Journal of Gerontology, 17(3&4), 147-156.
15. Jorm, A. (2000). Does old age reduce the risk of anxiety and depression? A review of epidemiological studies across the adult life span. Psychological Medicine, 30, 11–22.
16. Kisely, S., Goldberg, D. & Simon, G. (1997). A comparison between somatic symptoms with and without clear organic cause: results of an international study. Psychological Medicine, 27, 1011–1019.
17. Krasucki, C., Howard, R. & Mann, A. (1998). The relationship between anxiety disorders and age. International Journal of Geriatric Psychiatry, 13, 79–99.
18. Lipowski, Z. (1988). Somatization: the concept and its clinical applications. American Journal of Psychiatry 145, 1358–1368.
19. Ormel, J., VonKorff, M., Üstün, B., Pini, S., Korten, A., and Oldehinkel, T. (1994).

Common mental disorders and disability across cultures: results from the WHO Collaborative Study on Psychological Problems in General Health Care. Journal of the American Medical Association, 272: 1741–1748.
20. Ramamurti, P.V., (1989). Psycho-Social Markers of Successful Ageing among Rural Elderly Men. In Pati, R.N and Jena, B. (Eds), Aged In India (Socio-Demographic Dimensions). Ashish Publishing House. New Delhi.
21. The ICD-10 classification of mental and behavioural disorders: Diagnostic criteria for research. Geneva: WHO; 1992.
22. World Health Organization (1992). The ICD-10 Classification of Mental and Behavioural Disorders. Clinical Descriptions and Diagnostic Guidelines. WHO: Geneva.