A STUDY TO ASSESS THE LEVEL OF DEPRESSION AMONG THE ELDERLY LIVING IN SELECTED COMMUNITY AREA AT BHOPAL, (M.P.)

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ABSTRACT **Background:** Depression in old age is an emerging public health problem leading to morbidity and disabling effect on the quality of life. Depression in elderly is not yet perceived as a public health problem and is grossly underdiagnosed and undertreated. The physical and social environment plays an important role on the mental health of the elderly. Hence the present study was undertaken to assess and compare the depression among elderly residing in selected community area. **Methods:** A descriptive study was done among 100 elderlies. A pre tested, externally validated short form geriatric depression scale with fifteen points is used for the assessment of level of depression after taking informed consent **Results:** Prevalence of depression was high among elderly. On analyzing the association between sociodemographic factors and depression among the elderly residing in the community, it was found that marital status and presence of chronic disease were significantly associated with depression. **Conclusions:** High prevalence of depression observed among the elderly indicates the need of screening for depression.

INTRODUCTION

Depression is a prevalent mental disease, according to the WHO. According to estimates, the condition affects 5% of adults worldwide. Persistent sorrow and a lack of interest in formerly fulfilling or joyful activities are its defining traits. Moreover, it may impair appetite and sleep. Concentration problems and fatigue are frequent. The largest cause of disability in the world today is depression, which also significantly increases the burden of sickness on the planet. A person's capacity to function and lead a fulfilling life can be significantly affected by the consequences of depression, which can be long-lasting or recurrent. Complex connections between social, psychological, and biological factors are among the causes of depression. Childhood hardship, loss, and unemployment are all factors that can contribute to and/or hasten the onset of depression. There are medication-based and psychological therapies for depression. Yet, depression treatment and support services are frequently lacking or undeveloped in low- and middle-income nations. More than 75% of those in these nations who have mental illnesses are thought to not be receiving treatment.[1]

A mental and emotional condition affecting older persons is geriatric depression. Sadness and occasionally feeling "blue" are common. But persistent despair is not a typical aspect of becoming older. Sub-syndromal depression is more common in older persons. Sometimes the whole set of requirements for serious depression aren't met by this kind of depression. But, if untreated, it might result in serious depression. Depression in senior citizens can lower quality of life and raise suicide risk. Continue reading to discover potential symptoms and available treatments.[2]

Depression is a true and treatable medical condition, not a normal part of aging. However older adults are at an increased risk for experiencing depression.[3]

With 8.6% of its population older than 60, India has earned the reputation of being an ageing country. Growing older is a normal process. The onset of different life events such as being widowed or divorced, lacking close family ties, being retired or unemployed which have a great bearing on one's psychological status, making them more susceptible to depression, along with increased morbidity and loss of functional efficiency as one ages, along with the decline of social support system causing loneliness and isolation. The symptoms of depression, a common mental illness, include sorrow, lack of interest or pleasure, a sense of guilt or low self-esteem, interrupted sleep or food, and difficulty concentrating. Anybody, regardless of culture, age, or background, however elderly people are more susceptible.[4]

According to the WHO, people 60 and older contribute significantly to society as family members, volunteers, and engaged members of the labour. While the majority of older persons are in good mental health, many are at risk of mental, neurological, or substance use disorders in addition to other illnesses including diabetes, hearing loss, and osteoarthritis. Also, as people get older, they have a higher chance of having many conditions at once. The population of the planet is ageing quickly. The percentage of elderly individuals worldwide is predicted to nearly double from 12% to 22% between 2015 and 2050. It is anticipated that the number of individuals over 60 will rise from 900 million to 2 billion in absolute terms.[5]

Except for headache disorders, more than 20% of adults aged 60 and older have a mental or neurological disorder, and these conditions are responsible for 6.6% of all disabilities (measured as disability adjusted life years, or DALYs) among those over 60. These conditions account for 17.4% of years lived with disability in older individuals (YLDs). Dementia and depression, which afflict roughly 5% and 7% of the world's senior population, respectively, are the most prevalent mental and neurological problems in this age group. 3.8% of older adults have anxiety disorders, 1% have substance use issues, and almost a quarter of suicide deaths occur in people 60 and older. Problems with substance misuse among older adults are frequently ignored or misdiagnosed.[6]

Problem statement
A study to assess the level of depression among the elderly living in selected community area at Bhopal, (M.P.).

Objectives
- To determine the sociodemographic factors associated with depression among the elderly.
- To assess the level of depression among elderly residing in selected community area.

Methods
A non-experimental descriptive study was conducted to assess the depression among elderly.

Study population and sampling
For the purpose of the current study, individuals aged 60 and above are considered as elderly.

Sample Size
100 elderly

Sampling technique
Non-probability purposive sampling technique.

Setting
The study was conducted in the selected community area, Bhopal M.P.

Duration of the study
6 weeks.

Criteria for Sample Selection
Inclusion criteria

Elderly willing to participate in the study.

Exclusion criteria
Elderly people who are terminally ill and are unable to answer the questionnaire and those who are not willing to participate in the study.

Ethical considerations
Interview Schedule was used to collect demographic and baseline data after receiving permission from the authority.

Research Study tool
The questionnaire consisted of two sections:

Section 1: Socio demographic variables
Section 2: A standard, pre tested, externally validated geriatric depression scale –(GDS-30) consisting of 30 questions translated in the local language was used. [7]

RESULTS
Table 1:-Frequency and percentage distribution of demographic variables. (N=100)

| S.No	Demographic Characteristics	Frequency	Percentage
1.	Age a) 60-65 Years b) 66-70 Years c) 71-75 Years d) Above 75 Years	 46 24 21 09	 46% 24% 21% 09%
2.	Sex a) Male b) Female	 50 50	 50% 50%
3.	Educational Status a) Illiterate b) Primary education c) Secondary Education d) Graduate and more	 23 28 35 14	 23% 28% 35% 14%
4.	Religion a) Hindu b) Muslim c) Christian d) Others	 44 21 20 15	 44% 21% 20% 15%
5.	Occupation a) Retired b) Service c) Business d) Labor	 54 18 11 17	 54% 18% 11% 17%
6.	Residential Area a) Rural area b) Urban area	 30 70	 30% 70%
7.	Type of Family a) Joint Family b) Nuclear Family	 44 56	 44% 56%
8.	Family Income a) Rs.5000/- to Rs.10000/- b) Rs.11000/- to Rs.15000/- c) More than Rs.20000/-	 22 34 44	 22% 34% 44%
9.	Medical Illness a) Yes b) No	 78 22	 78% 22%

Socio demographic data shown that 46% participants were belong to 60-65 years of age, 50% were male & 50% were female, 35% participant educated up to secondary education, 44% were Hindu, 54% participants were retired, 70% had residential area were in urban area, 56% were belong to nuclear family, 44% had monthly income more than Rs.20000/- and 78% were having medical illnesses.

Table 2:-Level of depression. (N=100)

S.No	Level of depression	Frequency	percentage
1	Normal (0-9)	21	21%
2	Moderate (10-19)	62	62%
3	Severe (20-30)	17	17%

Finding of level of depression shown that Highest 62% had moderate level of depression and lowest 17% had severe level of depression whereas 21% had normal score.

Fig:- Pie diagram showing level of depression among elderly

Level of depression
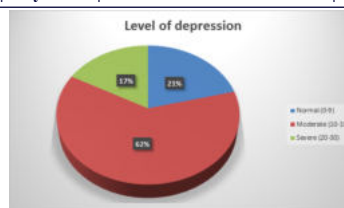
CONCLUSION
The older generation is one of the most vulnerable age groups and needs more consideration and care from younger generations. Depression among the elderly is a serious issue. In order to prevent geriatric depression and create a thorough plan for its early detection, these findings could serve as a reference for managers of community-based programmers who are responsible for developing and implementing effective and timely mental health treatments for older persons.

Recommendations
*   The high prevalence of depression in the study population highlights the need to concentrate on educating the general public about depression and ensuring that appropriate healthcare services are accessible and readily available for the early detection of depression and its treatment.
*   To solve these issues and enhance the quality of life for the elderly, a multifaceted strategy is needed. Apart from the urgently needed soft love, care, and special attention to address these concerns, residents of old age homes in particular require monthly counselling sessions with qualified professionals to motivate them to be more active.

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