Relationship between Depression and Quality of Life among Institutionalised Elderly

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ABSTRACT

Old age begins in 60's and lasts until death. Depression is characterized by a persistent down mood that does not improve over time and interferes with the normal functions and activities. Quality of life in elderly refers to the respect they have for themselves and secondly by the respect the outside world shows them. Depressed mood is associated with low quality of life among elderly. Study aims to find the relationship between Depression and Quality of life among institutionalised elderly. The sample consisted of 120 institutionalised elderly
Geriatric Depression Scale and The World Health Organisation Quality of life (WHOQOL) –BREF was administered to the sample. The data collected was statistically analyzed using Karl Pearson's correlation. Analyses revealed a significant negative correlation between Depression and Physical, Psychological, Social quality of life, overall quality of life and overall health. No significant relationship emerged between depression and Environment quality of life.

INTRODUCTION:
Old age has been referred as late adulthood which begins in the 60's and lasts until death. Depressed mood was associated with low quality of life among elderly

Depression among elderly is usually confused with the effects of the multiple illnesses associated with this age and the medication used for their treatment, or it is consider normal among elders. However, it must be emphasized that depression is not a part of the normal aging. Depression in elderly can be caused due to Psychological, Physical and Environmental factors.

The symptoms of depression in the elderly often include: agitation, anxiety, sadness, unexplained physical complaints, appetite and weight changes, sleep disturbance such as daytime sleepiness, difficulties, lack of energy and increased fatigue, discouragement, hopelessness, and worthlessness feelings, negligence about personal care, confusion, delusions and hallucinations. Prolong grief after a loss and suicidal thoughts or attempts are also common.

WHO defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. An elderly person's quality of life is defined, first and foremost, by the respect they have for themselves, something over which they have power, and secondly, by the respect the outside world shows them. Moreover, in this stage of life, various conditions, such as retirement, widowhood, loss of social roles, social support net-work reduction, loneliness, and lack of personal life significance, can create obstacles to a better quality of life (Paschoal et al, 2007).

The evaluation of quality of life in elderly has become extremely important due to the longevity brought to human life.

OBJECTIVE:
To find the relationship between Depression and Quality of life among Institutionalized elderly.

HYPOTHESIS:
There is no significant relationship between Depression and Quality of life among Institutionalized elderly

REVIEW OF LITERATURE:
Boushera and Arnout (1996) conducted a study to explore the relation between quality of life, death anxiety and depression in elderly persons. Study sample consisted of 150 elderly persons (75 males. 75 females) from Sharqia city aged between 60-79 years. Different tests like; Elderly Quality of life inventory,

Death anxiety scale, Beck depression short inventory were used. Research finding suggested that there was significant relation between coping strategies, death anxiety, depression and the quality of life for elderly.

Akyol et al (2010) investigated the effects of the general state of health and personal characteristics on quality of life in elderly, and to evaluate the relationship between the level of depressive symptoms, pain intensity, and quality of life. One hundred twenty individual's ≥65 years of age were included in the study. All subjects were evaluated using a questionnaire form, including items about demographic and clinical information. The intensity of pain was assessed by a visual analogue scale (VAS), quality of life was assessed by the Short Form-36 (SF-36), and the level of depressive symptoms was assessed by the Geriatric Depression Scale (GDS). Results indicated a significant negative correlation between quality of life and pain intensity and level of depression. Quality of life is negatively affected with the level of depression and the pain intensity.

METHOD:
Design:
The study adopts a correlational design.

Sample:
Convenient sampling consisting of 120 institutionalized elderly from Mangalore and Udupi district of Karnataka.

Definition of terms:
Elderly:
Conceptual definition:
Men and women of age 60 years and above are referred as elderly.

Operational definition:
Men and women of age 60 years and above are referred as elderly.

Institutionalisation:
Conceptual definition:
Institutionalisation refers to multi residence housing facility for elderly people who cannot take care of themselves anymore and need a little extra help.

Operational definition:
Institutionalisation refers to elderly residing in old age homes.

Depression:
Conceptual definition:
Depression is a mood disorder in which feelings of sadness, loss,

anger, or frustration interfere with everyday life for an extended period of time (Zieye et al, 2008).

Operational definition:
Depression refers to feeling worthless, sad, hopeless, helpless and emptiness in life as measured by Geriatric Depression scale.

Quality of life:
Conceptual definition:
Quality of Life is an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals,   expectations, standards and concerns.

Operational definition:
Quality of life is the degree of well-being felt by an individual or group of people. It is a road ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment as measured by WHOQOL-BREF.

Tests:
1. Geriatric Depression scale (Yesavage et al, 1983)
The Scale consists of 30 yes/no questions and is widely used in screening depression among the elderly.

Scoring:
Questions 1, 5, 7, 9, 15, 19, 21, 27, 29 and 30 if marked 'no' gets a score of 1 and questions 2, 3, 4, 6, 8, 10, 11, 12, 13, 14, 16, 17, 18, 20, 22, 23, 24, 25, 26 and 28 if marked 'yes' gets a score 1. Total depression score is obtained by summing the marks of each question.

Reliability and Validity:
The reliability and validity of the tool have been supported through both clinical practice and research. In a validation study comparing the long and short forms of the Geriatric Depression scale for self-rating symptoms of depression, both were successful in differentiating depressed from non-depressed adults with a high correlation of 0 .84.

2. The World Health Organisation Quality of life (WHOQOL) –BREF (1995)
The questionnaire consists of 26 questions divided into four dimensions namely Physical, Psychological, Social and Environmental

Scoring:
Questionnaire is rated on a five point rating scale. Questions 3, 4 and 26 are scored as 5,4,3,2 and 1. Remaining questions are scored as 1, 2, 3, 4 and 5.

Question 1 measures an individual's overall perception of quality of life. Question 2 measures an individual's overall perception of their health. The mean score of items within each domain is used to calculate the domain score. The four domain scores denote an individual's perception of quality of life in each particular domain.

Domain scores are scaled in a positive direction (i.e. higher scores denote higher quality of life.

Reliability and validity:
In the Indian population test has a α coefficient of 0.77 for physical QOL, 0.83 for Psychological QOL, 0.72 Social QOL and 0.82 for Environmental QOL. It also displays good discriminant and content validity.

Procedure:
To collect data from elderly, permission was taken from various old age homes and elderly were personally approached and both the scales were administered to the elderly as per the instructions in the manual and were thanked for their co-operation.

RESULTS AND DISCUSSION:

Table 1
Karl Pearson's correlation between depression and quality of life among institutionalised elderly.

Variables (N=120)		r
Depression	Physical QOL	-0.529**
	Psychological QOL	-0.767**
	Social relations QOL	-0.359**
	Environment QOL	-0.155NS
	Overall QOL	-0.522**
	Overall health	-0.486**

$**p< .01$, NS: Not Significant

Correlation between Depression and Physical QOL is significant at 0.01 level hence the null hypothesis that there is no relationship between Depression and Physical QOL is rejected. Depression and Physical QOL are negatively correlated indicating that as Depression increases Physical QOL decreases and vice versa. The finding of the present study is in accordance to the study conducted by Yu et al which revealed that poor physical health leads to depression.

Correlation between Depression and Psychological QOL is significant at 0.01 level hence the null hypothesis that there is no relationship between Depression and Psychological QOL is rejected. Depression and Psychological QOL are negatively correlated indicating that as Depression increases Psychological QOL decreases and vice versa.

Correlation between Depression and Social QOL is significant at 0.01 level hence the null hypothesis that there is no relationship between Depression and Social QOL is rejected. Depression and Social QOL are negatively correlated indicating that as Depression increases Social QOL decreases and vice versa. The results are similar to the study conducted by Nelson which revealed that social support significantly correlated with depression and also according to the study conducted by Wilhelmson et al indicating that social relations influence the quality of life of elderly people, but the results are contradictory to the study by Singh and Misra where their research concluded that no significant relationship between sociability and depression was found.

Correlation between Depression and Environment QOL is not significant hence Depression and Environment QOL are not related.

Correlation between Depression and overall QOL is significant at 0.01 level hence the null hypothesis that there is no relationship between Depression and overall QOL is rejected. Depression and overall QOL are negatively correlated indicating that as Depression increases overall QOL decreases and vice versa. The results are similar to the study conducted by Akyol et al indicating a significant negative correlation between quality of life and level of depression.

Correlation between Depression and overall health is significant at 0.01 level hence the null hypothesis that there is no relationship between Depression and overall health is rejected. Depression and overall health are negatively correlated indicating that as Depression increases overall health decreases and vice versa. The results are similar to the study conducted by Wilhelmson et al indicating that health influences the quality of life of elderly people.

FINDINGS:
1. As depression in elderly increases Physical QOL , Psychological QOL, Social QOL, overall QOL and overall health decreases and vice versa.
2. No significant relationship emerged between depression and Environment quality of life.

SCOPE FOR FURTHER STUDY:
1. Study can be extended to larger geographical area
2. Comparative study on elderly group can be done.

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