



HOW DEPRESSED ARE THE ELDERLY PERSONS IN OLD-AGE HOMES? A PILOT STUDY IN AN OLD-AGE HOME OF SILIGURI

Community Medicine

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ABSTRACT

INTRODUCTION: With the increasing trend of nuclear families in the society, the care of older persons in the families gets difficult and they are forced to shift to old age homes. There are lack of close family ties and reduced connections with their culture of origin, which leads to high risk of depression among elders.

OBJECTIVE: Determine the Prevalence of depression among the inmates of old-age home and identify associated factors

METHODS:

Study type and design: Observational study, Cross sectional design⁷

Study setting: The study was conducted in Aapnaghar old-age home of Siliguri, West Bengal (The old age home was chosen by lottery method).

Study population: In-mates of Aapnaghar old-age home

Study period: 2 months

Sample size: All inmates of Aapnaghar old-age home was included by complete enumeration method; total 75 participants

DISCUSSION: In Mild mood disturbance to borderline clinical depression, 28 (54.9%) patients were Male and 9 (37.5%) patients were Female. In Moderate to severe depression, 15 (29.4%) patients were Male and 15 (62.5%) patients were Female. Association of Gender vs Normal, Mild mood disturbance to borderline clinical depression and Moderate to severe depression was statistically significant ($p < 0.0001$). In Normal, 6 (42.9%) patients were married, 1 (4.2%) patients were unmarried and 1 (2.7%) patients were others. In Mild mood disturbance to borderline clinical depression, 7 (50%) patients were married, 19 (79.2%) patients were unmarried and 11 (29.7%) patients were others.

CONCLUSION: In the current study, the BDI has been utilized to detect the prevalence of depression. Although it is not designed for diagnostic purposes, its epidemiologic utility has been evaluated in several studies. Depression was a common finding among the elderly in old-age home. These results could help to clarify the attributes of target populations for depression and provide insight to prevent depression among elderly.

KEYWORDS

Elderly Persons, Pilot Study And Old-Age Home

INTRODUCTION

With the increasing trend of nuclear families in the society, the care of older persons in the families gets difficult and they are forced to shift to old age homes. There are lack of close family ties and reduced connections with their culture of origin, which leads to high risk of depression among elders¹.

The changing demographic scenario and population projections of India indicate that the growth rate of Indian older adults (aged 60 years and above) is comparatively faster than other regions of the World. Since recent past, due to marked increase in life expectancy, rise in number and proportion of older adults the population of older adults is increasing at a fast pace. In India at present, older adults constitute 7.6% of total population. Within three decades, the number of older adults has more than doubled i.e. from 43 million in 1981 to 92 million in 2011 and is expected to triple in the next four decades i.e., 316 million.² This clearly reveals that the growth rate of Indian older adults is comparatively faster than in other regions of the World. The life expectancy at birth has also increased from 62.5 years in 2000 to 66.8 years in 2011.³ Rapid growth in percentage and proportion of older adults in the country is associated with major consequences and implications in all areas of day-to-day human life, and it will continue to be so. As a result, the aged are likely to suffer with problems related to health and health care, family composition, living arrangements, housing, and migration.

Traditionally, the family has been the primary source of care and material support for the older adults throughout Asia. And, the Indian family system is often held at high position for its qualities like support, strength, duty, love, and care of the elderly. The responsibility of the children for their parents' wellbeing is not only recognized morally and socially in the country, but it is a part of the legal code in many states in India. But urbanization, modernization, industrialization, and globalization have brought major transformations in the family in the form of structural and functional changes.⁴ As a result of these socio-demographic changes, older adults at times are forced to shift from their own place to some institutions/old age homes.⁵

This segment of population is more vulnerable to health-related problems including mental health problems. Various prevalence studies have reported mental health problems among older adults to be very higher than other age groups. The available literature indicates that there are hardly any effort to understand the morbidity and the needs of such elderly people and specific studies related to the issue are hardly available.⁶

The present study was planned to explore the prevalence of depression and its associated factors among the inmates of old-age home in Siliguri.

OBJECTIVE

1. To determine the Prevalence of depression among the inmates of old-age home
2. To identify associated factors

METHODS

Study type and design: Observational study, Cross sectional design⁷

Study setting: The study was conducted in Aapnaghar old-age home of Siliguri, West Bengal (The old age home was chosen by lottery method).

Study population: In-mates of Aapnaghar old-age home

Study period: 2 months

Sample size: All inmates of Aapnaghar old-age home was included by complete enumeration method; total 75 participants

Study tool: Predesigned questionnaire and Beck's Depression Inventory scale⁸.

Study technique: All willing participants were interviewed maintaining confidentiality and anonymity using predesigned questionnaire to assess the background characteristics. The Beck Depression Inventory Scale (BDI) was used for screening of depression among study population. It is a 21-item measure.

Responses to the 21 items are made on a 4-point scale, ranging from 0 to 3 (total scores can range from 0 to 63)

Data analysis: Data entry and analysis was done in SPSSv22.

Ethical clearance: Ethical permission was taken from Institutional Ethics Committee of North Bengal Medical College, West Bengal.

DISCUSSION

Our study showed that in our study, 42(26%) patients 60-69 years old, 28(37.3%) patients 70-79 years old and 28(6.7%) patient were >80 years old. In our study, 51(68%) patients were Male and 24(32%) patient were Female. In our study, 24(32%) patients were married, 14(18.7%) patients were Unmarried and 34(49.3%) patient were others. In our study, 20(26.7%) patients Education Level were NFL+ Primary School, 17(22.7%) patients Education Level were Middle School and 31(41.3%) patients Education Level were High School & above. In our study, 17(22.7%) patients had No child, 22(29.3%) patients had <2 children and 36(48%) patient had >2 children. In our study, 36(48%) patients had Age related physical debility. In our study, 18(24%) patients had Diseases of Circulatory system, 17(22.7%) patients had Endocrine and metabolic disorders, 22(29.3%) patients had Diseases of musculoskeletal system and connective tissue, 10(13.3%) patients had Diseases of digestive system, 1(1.3%) patients had Diseases of nervous system, 2(2.7%) patients had Diseases of respiratory system and 5(6.7%) patients had Diseases of genitourinary system.

Tiwari SC et al⁸ Forty five elderly inhabitants who had given their consent to participate in the study were interviewed. Depression (37.7%) was found to be the most common mental health problem followed by anxiety disorders (13.3%) and dementia (11.1%). We found that in Normal, 8 (15.7%) patients were Male. In Mild mood disturbance to borderline clinical depression, 28 (54.9%) patients were Male and 9 (37.5%) patients were Female. In Moderate to severe depression, 15 (29.4%) patients were Male and 15 (62.5%) patients were Female. Association of Gender vs Normal, Mild mood disturbance to borderline clinical depression and Moderate to severe depression was statistically significant ($p<0.0001$). In Normal, 6 (42.9%) patients were married, 1 (4.2%) patients were unmarried and 1 (2.7%) patients were others. In Mild mood disturbance to borderline clinical depression, 7 (50%) patients were married, 19 (79.2%) patients were unmarried and 11 (29.7%) patients were others. In Moderate to severe depression, 1 (7.1%) patients were married, 4 (16.7%) patients were unmarried and 25 (67.6%) patients were others. Association of Marital Status vs Normal, Mild mood disturbance to borderline clinical depression and Moderate to severe depression was statistically significant ($p<0.0001$).

It was found that in Normal, 6 (35.3%) patients had No child, 1 (4.5%) patients had < 2 Children and 1 (2.8%) patients had >2 Children. In Mild mood disturbance to borderline clinical depression, 7 (41.2%) patients had No child, 10 (45.5%) patients had < 2 Children and 20 (55.6%) patients had >2 Children. In Moderate to severe depression, 4 (23.5%) patients had No child, 11 (50%) patients had < 2 Children and 15 (41.7%) patients had >2 Children. Association of Number of Children vs Normal, Mild mood disturbance to borderline clinical depression and Moderate to severe depression was statistically significant ($p=0.0005$). In Normal, 1 (2.6%) patients had Age related physical debility. In Mild mood disturbance to borderline clinical depression, 12 (30.8%) patients had Age related physical debility. In Moderate to severe depression, 26 (30.8%) patients had Age related physical debility. Association of Age related physical debility vs Normal, Mild mood disturbance to borderline clinical depression and

Moderate to severe depression was statistically significant ($p<0.0001$). Panwar P et al⁹ Findings revealed a significant relationship of loneliness with depression ($r=-0.740$, $p<0.01$) and sociability ($r=0.195$, $p<0.01$). Similarly, sociability and depression were found dependent on each other ($r=-0.354$, $p<0.01$) in elderly.

Our study results show that very old population (80 years and above) are higher in number in the OAHs than in the community and this was statistically significant with a P value of 0.0001. This points that the household members might be unable to provide for the growing needs of the old people and most of them land up in old age homes for support and care. Females formed a majority in both community (70%) as well as old age homes (66%) and it did not show a significant difference in the two settings. Similar findings were reported by George et al¹⁰ but was statistically significant with a p value of 80 years, female gender, marital status and financial status showed statistically significant association, while presence of co-morbidities was not associated with depression.

CONCLUSION

In the current study, the BDI has been utilized to detect the prevalence of depression. Although it is not designed for diagnostic purposes, its epidemiologic utility has been evaluated in several studies. Depression was a common finding among the elderly in old-age home. These results could help to clarify the attributes of target populations for depression and provide insight to prevent depression among elderly.

Table 1: Background characteristics of the study participants (n)

Variables		Frequency	Percentage
Age Group (In completed years)	60-69	42	26
	70-79	28	37.3
	>80	5	6.7
Gender	Male	51	68
	Female	24	32
Marital status	Married	24	32
	Unmarried	14	18.7
	Others	37	49.3
Level of Education	Illiterate	7	9.3
	NFL+ Primary School	20	26.7
	Middle School	17	22.7
Na of children	High School & above	31	41.3
	No child	17	22.7
	<2	22	29.3
Age related physical debility	>2	36	48
	Present	39	52
	Absent	36	48
Other illness	Diseases of Circulatory system	18	24
	Endocrine and metabolic disorders	17	22.7
	Diseases of musculoskeletal system and connective tissue	22	29.3
	Diseases of digestive system	10	13.3
	Diseases of nervous system	1	1.3
	Diseases of respiratory system	2	2.7
	Diseases of genitourinary system	5	6.7

Table 2: Factors associated with the prevalence of Depression among the study participants (n-75)

Variables / Depression		Normal	Mild mood disturbance to borderline clinical depression	Moderate to severe depression	Total	X2, df, p
Gender	Male	8 (15.7%)	28 (54.9%)	15 (29.4%)	51 (100%)	9.233, 2, 0.01
	Female	0	9 (37.5%)	15 (62.5%)	24 (100%)	
Marital Status	Married	6 (42.9%)	7 (50%)	1 (7.1%)	14 (100%)	38.0394, 4, <0.01
	Unmarried	1 (4.2%)	19 (79.2%)	4 (16.7%)	24 (100%)	
	Others	1 (2.7%)	11 (29.7%)	25 (67.6%)	37 (100%)	
Number of Children	No child	6 (35.3%)	7 (41.2%)	4 (23.5%)	17 (100%)	14.846, 4, 0.005
	< 2	1 (4.5%)	10 (45.5%)	11 (50%)	22 (100%)	
	>2	1 (2.8%)	20 (55.6%)	15 (41.7%)	36 (100%)	
Age related physical debility	Present	1 (2.6%)	12 (30.8%)	26 (30.8%)	39 (100%)	25.121, 2, <1.01
	Absent	7 (19.4%)	25 (69.4%)	* 4 (11.1%)	36 (100%)	

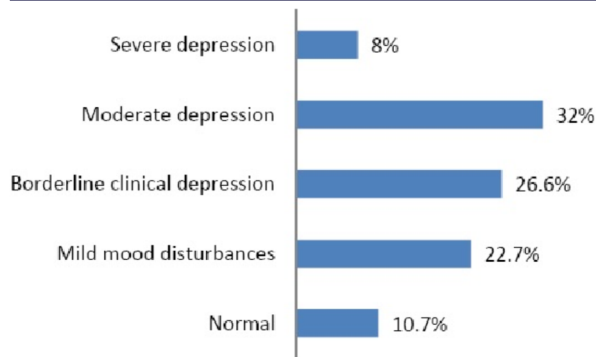


Fig1: Prevalence of Depression among the study participants according to beck's Depression inventory Scale (n=75)

Total Score	Levels Of Depression
1-10	Normal
11-16	Mild Mood Disturbances
17-20	Borderline Clinical depression
21-30	Moderate depression
31-40	Severe depression
Over 40	Extreme Depression

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