

Original Research Article


Prevalence of depression in older adults living in old age home

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Abstract

Background: The elderly population is large in general and growing due to advancement of health care facilities. These people are faced with numerous physical, psychological and social role changes that challenge their sense of self and capacity to live happily. Many people experience depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities.

Aim: To find out prevalence of depression in older adults living in old age homes.

Materials and Methods: A cross sectional study was carried out in two old age home in Ahmednagar district, Maharashtra. Eighty participants living at old age home in the age group of 60 to 85 years were included in this study. The elderly persons were contacted personally and the Geriatric Depression Scale (GDS) questionnaire was administered in their local language.

Results: The prevalence of depression in older adults living in old age home was 53.75%. An increase in depression cases was found as the age increases e.g. Young old (47.92%), Mid old (57.69%) and Old old (83.33%). Percentage of depression in females (58.82%) was more than men (44.83%). Percentage of depression according to marital status was found higher in widows/widowers (67.57%) followed by divorcee/ separated (63.63%) than in people living with spouse (33.33%) and never married (40%).

Conclusion: The prevalence of depression was higher in elderly living in old age home. Percentage of depression in females was more than men and found to be increasing with increase in age.

Key words

Depression, Geriatric Depression Scale (GDS), Old age home, Older adults.

Introduction

Depression in old age is an emerging public health problem leading to morbidity and disability worldwide [1]. According to World Health Organization, Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness and poor concentration. The WHO estimated that the overall prevalence rate of depressive disorders among the elderly generally varies between 10 and 20%, depending on the cultural situations [2, 3]. Although India is the second-most populated country in the world, in terms of elderly population of 60 years and above, elderly depression is not yet perceived as a public health problem in India [2, 3].

Many people experience depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities [4]. Social and cultural shift has also encroached the rural India which for centuries has boasted of a joint family system with high respect for its elderly members [5].

Depression in elderly lowers the productivity and increases health care financial burden to the family members [6]. Finding out prevalence of depression among older adults living in old age home and community provides the information about the impetus we should give on mental health care. For this reason, it was imperative to study the prevalence of depression among elderly people [6]. Very few community-based studies have been conducted in India so far to address this issue. Therefore this study was undertaken to find out prevalence of depression in older adults living in old age homes.

Materials and methods

An observational cross sectional study was carried out on 80 elderly persons (29 men and 51 women) living in old age home. The mean age of sample population was 72 years. The subjects for

the sample were selected from two geriatric centers Matoshree Vruddhashram and Bhausaheb Firodiya Vruddhashram in Ahmednagar district, Maharashtra.

Inclusion criteria for selection of subject were older individuals living in old age home in the age group of 60 to 85 years. Exclusion criteria were older adults suffering from chronic systemic illnesses such as cancer, stroke, Parkinsonism etc. and persons with cognitive impairment. The Geriatric Depression Scale (GDS) questionnaire was used to collect the data.

Procedure

Ethical clearance was obtained from Institutional Ethical Committee, PDVVPF's College of Physiotherapy, Ahmednagar. Initially the participants were personally contacted and rapport was established with them. The written Informed consent was taken from each participant.

The demographic data was collected and the participants were given GDS questionnaire in Marathi language to fill. If they had any difficulty they were encouraged to ask questions. After finishing the entire set of questions, they were asked to return the questionnaire. The uneducated participants who could not read and understand were asked questions based on Geriatric Depression Scale in their local language by the Interns who were blinded to this study.

Results

The prevalence of depression in older adults living in old age home was 53.75% (**Table - 1**), in which mild depression cases are 27.5%, moderate depression cases are 21.25% and severe depression cases are 5%. Overall percentage of depression was as per **Graph - 1**.

As per **Table - 2**, an increase in depression cases as the age increased. Percentage of depression in Young old was 47.92%, Mid old was 57.69% and Old old was 83.33%.

As per **Table – 3**, gender wise distribution of depression showed females (58.82%) were more affected than men (44.83%). As per **Table – 4**, percentage of depression according to marital status of older adults showed depression in

widows/ widowers (67.57%) was higher followed by divorcee/ separated (63.63%) than in people living with spouse (33.33%) and never married (40%).

Table - 1: Percentage of depression in older adults living in old age home.

Level of Depression	No. of Subjects	% of Depression
Mild	22	27.5%
Moderate	17	21.25%
Severe	04	5%
Total	43	53.75%

Graph - 1: Overall percentage of depression in older adults living in old age home.

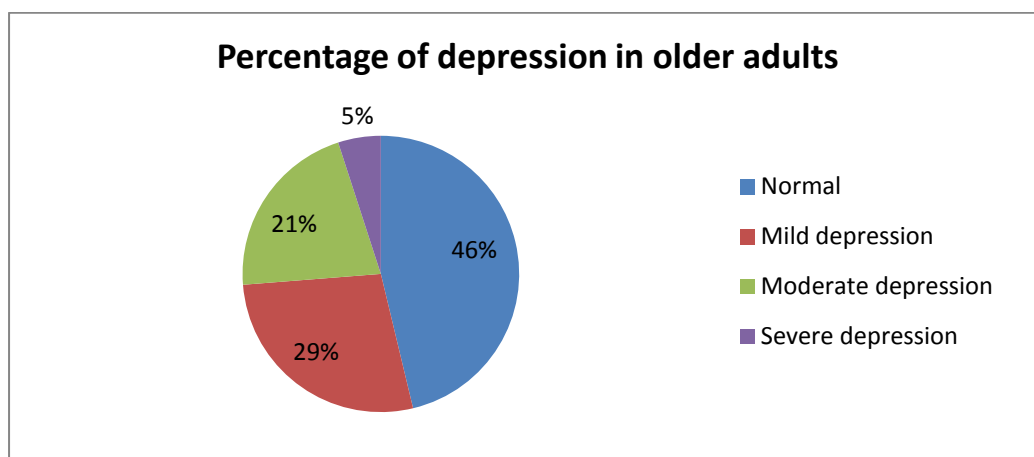


Table - 2: Percentage of depression in older adults according to age groups.

Age groups	Subjects with depression			Total	% of depression
	Mild	Moderate	Severe		
Young old (n=48)	13	09	01	23	47.92 %
Mid old (n=26)	09	05	01	15	57.69 %
Old old (n=6)	02	01	02	05	83.33 %

Table - 3: Gender wise distribution of depression in older adults.

Gender	Subjects with depression			Total	% of depression
	Mild	Moderate	Severe		
Male (n=29)	07	05	01	13	44.83 %
Female (n=51)	17	11	02	30	58.82 %

Table - 4: Percentage of depression according to marital status of older adults.

Marital status	Subjects with depression			Total	% of depression
	Mild	Moderate	Severe		
Never married (n=5)	01	01	-	02	40 %
Living with spouse (n=27)	05	03	01	09	33.33 %
Widows/ Widowers (n=37)	14	09	02	25	67.57 %
Divorcee/ Separated (n=11)	03	03	01	07	63.63 %

Discussion

The prevalence of depression found in this study was 53.7%. Similarly Nandi PS, et al. [6] found prevalence of 55.2% in a population of more than 60 years conducted in a rural area of West Bengal in 1997. In another study conducted in Udupi Karnataka the prevalence of depression was found to be 48% which is more or less near to the present findings [7]. Similarly Arun R, et al. [8] found a prevalence of 44.5% in a study conducted among inmates of old age home in Kottayam Kerela. However the prevalence of depressive disorder in older adults was found to be 21.7% by Barua and Kar [9] in 2010, 22.0% by Nandi DN, et al. in Bengal [10] and 13.5% by Tiwari SC [11]. These differences in the prevalence of depression compared with the present study might be due to different instruments used for measuring depression and also their larger sample size. Rodda, et al. (2008) reported that older people living in residential aged care also have a higher rate of anxiety and depression disorders than other groups of older people [12].

Depression was observed to be more common among women than men in this study, similar findings were found by Sati P. Sinha [13] in her study. But studies by Archana Singh and Nishi Mishra [3] has revealed that there are no significant gender differences in the elderly persons with respect to loneliness and depression, i.e. both the male and female elderly persons equally experience feeling of loneliness and depression.

In this study, we observed that depression was most prevalent in widowed and divorcee/separated older adults compare to the older adults living with spouse and never married. Similar findings were noticed by Sati P.Sinha [13]. George (1996) reported that increasing age, lower socioeconomic status and reduced quantity and quality of social relations are all associated with increased depressive symptom levels. Loss of important relationships can lead to feeling of emptiness and depression [14]. Baldwin, et al. (2002) identified risk factors for late life depression includes a low socio-economic status, external locus of control, being female and being unmarried. The loss of a significant other, including spouse, family member and close friend is also associated with an increased risk of depression [15].

There were certain limitations in this study. The sample size was small and restricted to only two old age homes, Moreover no formal diagnosis of depression was made in the sample used in the study. Only self reported GDS questionnaire was used to determine the level of depressive symptoms in the older adults. For determining gender difference, both male and female constituents of the sample should be equivalent in all respects. In future longitudinal studies on a larger group of elderly men and women living in old age home are needed.

Conclusion

From this study we concluded that the overall prevalence of depression was higher in elderly living in old age home. It is more prevalent among elderly females than males. The

significant determinants of depression in this study were age group, gender, divorced or separated, widow or widower. Addressing some of these issues may contribute to improve the quality of life of older adults and decrease burden on family, society and the nation.

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