

ORIGINAL RESEARCH

Assessment of depression in elderly**Dr. Aditya Yadav**

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Abstract**Background:** Depression is a leading cause of disability worldwide and is a major contributor to the overall global burden of disease. The present study was conducted to assess depression in elderly.**Materials & Methods:** 140 adult population of both genders were subjected to Geriatric depression scale- 30 (GDS-30) to screen the depression in study subjects. A pre-tested and semi- structured questionnaire was used to study socio-demographic profile, chronic morbidity, substance abuse, physical activity, living arrangement and other factors.**Results:** Out of 140 subjects, males were 65 and females were 75. With depression and without depression married and unmarried were 40 and 35, unmarried were 32 and 20 and widow/separated were 8 and 5 respectively. SES was upper in 10 and 20, middle in 30 and 10, lower in 40 and 30. Sleep problems were present in 50 and 10 and absent in 30 and 50. Physical activity was present in 25 and 45 and absent on 55 and 15. Family type was joint in 35 and 40 and nuclear in 45 and 20. Occupation was employed in 38 and 33 and unemployed in 42 and 27 respectively. The difference was significant ($P < 0.05$).**Conclusion:** There was high prevalence of depression among elderly. Most of subjects with depression had joint family, low SES, unemployment, sleep problem and inadequate physical activity.**Key words:** Depression, Sleep, Employment**Introduction**

The World Health Organization estimated that the overall prevalence rate of depressive disorders among the elderly generally varies between 10 and 20%, depending on the cultural situations.¹ The community-based mental health studies in India have revealed that the point prevalence of depressive disorders in elderly Indian population varies between 13% and 25%.² 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.³

Depression is a leading cause of disability worldwide and is a major contributor to the overall global burden of disease.⁴ It is also one of the most common geriatric psychiatric disorders and a major risk factor for disability and mortality in older patients.⁵ Even though depression is a common mental health problem in the elderly population, it is undiagnosed in about 50% of cases. The estimates for the prevalence of depression in the aging differ greatly.⁶ Although

real causes of depression remain not clear, psychological, social, and biological processes are thought to determine the etiology of depression and comorbid psychiatric diagnoses (e.g., anxiety and various personality disorders).⁷ Social scientists, postulating the psychosocial theory, posited that depression could be caused by a lack of interpersonal and communication skills, social support, and coping mechanisms.⁸ The present study was conducted to assess depression in elderly.

Materials & Methods

The present study comprised of 140 adult population of both genders. All gave their written consent for the participation in the study.

Data such as name, age, gender etc. was recorded. Geriatric Depression Scale- 30 (GDS-30) was used to screen the depression in study subjects. A pre-tested and semi- structured questionnaire was used to study socio-demographic profile, chronic morbidity, substance abuse, physical activity, living arrangement and other factors. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

Results

Table I: Distribution of patients

Total- 140		
Gender	Males	Females
Number	65	75

Table I shows that out of 140 subjects, males were 65 and females were 75.

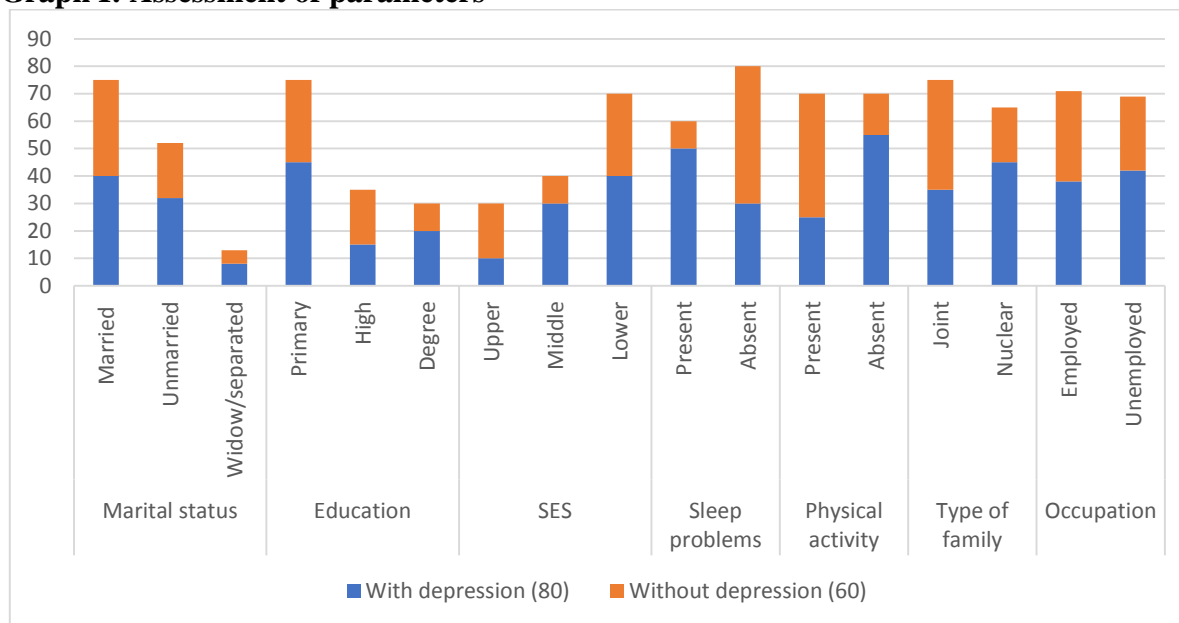
Table II: Assessment of parameters

Parameters	Variables	With depression (80)	Without depression (60)	P value
Marital status	Married	40	35	0.04
	Unmarried	32	20	
	Widow/separated	8	5	
Education	Primary	45	30	0.02
	High	15	20	
	Degree	20	10	
SES	Upper	10	20	0.05
	Middle	30	10	
	Lower	40	30	
Sleep problems	Present	50	10	0.01
	Absent	30	50	
Physical activity	Present	25	45	0.05
	Absent	55	15	
Type of family	Joint	35	40	0.02
	Nuclear	45	20	
Occupation	Employed	38	33	0.04
	Unemployed	42	27	

Table II, graph I shows that with depression and without depression married and unmarried were 40 and 35, unmarried were 32 and 20 and widow/separated were 8 and 5 respectively. SES was upper in 10 and 20, middle in 30 and 10, lower in 40 and 30. Sleep problems were present in 50 and 10 and absent in 30 and 50. Physical activity was present in 25 and 45 and absent on 55 and 15. Family type was joint in 35 and 40 and nuclear in 45 and 20.

Occupation was employed in 38 and 33 and unemployed in 42 and 27 respectively. The difference was significant ($P < 0.05$).

Graph I: Assessment of parameters



Discussion

Most of the time, the clinical picture of depression in old age is masked by memory difficulties with distress and anxiety symptoms; however, these problems are secondary to depression. Numerous community-based studies showed that older adults experienced depression-related complications.^{9,10} Depression amplifies the functional disabilities caused by physical illness, interferes with treatment and rehabilitation, and further contributes to a decline in the physical functioning of a person. It also has an economic impact on older adults due to its significant contribution to the rise of direct annual livelihood costs.¹¹ The present study was conducted to assess depression in elderly.

We found that out of 140 subjects, males were 65 and females were 75. Pilia et al¹² found that of total 124 Anganwadi centres in study area, 10 were randomly selected. A total 500 elderly persons aged 60 years and above were randomly screened for depression. Long form of Geriatric Depression Scale (GDS- 30) was used with cut off score at 22. The prevalence of depression in the elderly was 14.4%. Mean age of study population was 68.5 ± 7.7 years. Depression in the elderly had significant association with female gender not being consulted for major decisions, presence of any chronic morbidity [OR=2.4 (95% CI 1.3- 4.5)], spending day without doing any activity, work or hobby [OR=3.8 (2.1- 7.1)], and death of any close relative in the last 1 year [OR=2 (1.1- 3.7)] after adjustment of various factors.

We found that with depression and without depression married and unmarried were 40 and 35, unmarried were 32 and 20 and widow/separated were 8 and 5 respectively. SES was upper in 10 and 20, middle in 30 and 10, lower in 40 and 30. Sleep problems were present in 50 and 10 and absent in 30 and 50. Physical activity was present in 25 and 45 and absent on 55 and 15. Family type was joint in 35 and 40 and nuclear in 45 and 20. Occupation was employed in 38 and 33 and unemployed in 42 and 27 respectively. Zenebe et al¹³ 42 relevant studies were identified, including, for this meta-analysis, n=57,486 elderly populations. The average expected prevalence of depression among old age was 31.74% (95% CI 27.90, 35.59). In the sub-group analysis, the pooled prevalence was higher among developing countries; 40.78% than developed countries; 17.05%), studies utilized Geriatrics Depression

Scale-30 (GDS-30); 40. 60% than studies that used GMS; 18.85%, study instrument, and studies having a lower sample size (40.12%) than studies with the higher sample; 20.19%.

Barua et al¹⁴74 original research studies that surveyed a total of 487,275 elderly individuals, in the age group of 60 years and above, residing in various parts of the world, were included for the final analysis. The median prevalence rate of depressive disorders in the world for the elderly population was determined to be 10.3% (interquartile range [IQR], 4.7%-16.0%). The median prevalence rate of depression among the elderly Indian population was determined to be 21.9% (IQR, 11.6%-31.1%). Although there was a significant decrease in the trend of world prevalence of geriatric depression, it was significantly higher among Indians, in recent years, than the rest of the world.

The limitation the study is small sample size

Conclusion

Authors found that there was high prevalence of depression among elderly. Most of subjects with depression had joint family, low SES, unemployment, sleep problem and inadequate physical activity.

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