

# Geriatric depression in field practice area of urban health centre, Latur - A cross sectional study

Vijay C Nalpe<sup>1\*</sup>, Vimal M Holambe<sup>2</sup>, Jagannath V Dixit<sup>3</sup>

<sup>1</sup>Jr. Resident, <sup>2</sup>Associate Professor, <sup>3</sup>Professor and HOD, Department of Community Medicine, Government Medical College, Latur, Maharashtra, INDIA.

Email: [vijay\\_nalpe@yahoo.com](mailto:vijay_nalpe@yahoo.com)

## Abstract

**Background:** Ageing is a normal process. It is inevitable, irreversible and progressive one. Depression among elderly population is common, but generally it is undetected and ignored as a medical problem. If untreated, depression can lead to poor quality of life. **Aim and Objectives:** 1) To Study the prevalence of depression in geriatric population. 2) To suggest suitable recommendations to avoid it in elderly. **Methodology:** It's a Community based, cross-sectional study carried out at field practice area of urban health centre attached to Govt. Medical College, Latur. A total of 120 study participants more than 60 years of age during 1<sup>st</sup> Oct 2014 to 30<sup>th</sup> Nov 2014 using Non probability convenient sampling technique were selected. **Results:** Study group included 52.5% males. Among the total, 48% had lost their spouse while, 81% had some type of co-morbidities. According to Geriatric Depression Scale score, 58% of elderly had depression. The study also indicates, 61% felt that they are neglected by family and another 35% had no role in familial decision making. **Conclusion:** The study highlighted the high prevalence of Geriatric depression among elderly. Thus, there is an urgent need to develop Geriatric health care services in developing countries especially to focus on morbidity due to Geriatric Depression.

**Keywords:** Geriatric Depression, Cross-sectional study, UHTC.

## \*Address for Correspondence:

Dr. Vijay C. Nalpe, 'Raigad', Qr. No.-FII /1, SRTR Govt. Medical College Campus, Ambejogai,-431517.Dist Beed, Maharashtra, INDIA.

Email: [vijay\\_nalpe@yahoo.com](mailto:vijay_nalpe@yahoo.com)

Received Date: 10/04/2016 Revised Date: 18/05/2016 Accepted Date: 01/06/2016

## Access this article online

Quick Response Code:



Website:

[www.medpulse.in](http://www.medpulse.in)

DOI: 03 June 2016

## INTRODUCTION

Ageing is inevitable, irreversible and progressive process. In the words of Seneca, "Old age is an incurable disease". More recently, Sir James Sterling Ross commented, "You do not heal old age but, you protect it, you promote it and you extend it"<sup>1</sup>. India, the second largest country in the world, is presently undergoing such a demographic transition with 72 million elderly persons above 60 years of age, which is expected to increase to 179 million in 2031 and further to 301 million in 2051.<sup>2</sup> This increase in the number of elderly will have a direct impact on the

demand for health care services and social security. In India, the size of the elderly population, with age above 60 years is 8.2% of total population in 2011<sup>3</sup>. Depression is not a natural part of ageing. Depression among elderly population is common, but generally it is undetected and ignored as a medical problem. If untreated, depression can lead to poor quality of life. The symptoms of depression affect every aspect of your life, including energy, appetite, sleep, and interest in work, hobbies, and relationships. Depression prevents you from enjoying life like you used to.<sup>4</sup>

## Signs and symptoms of Depression<sup>5</sup>

Depression red flags includes Sadness, Fatigue, Losing interest in hobbies or other pleasurable pastimes, Social withdrawal and isolation, Weight loss or loss of appetite, Sleep disturbances, Loss of self-worth, Increased use of alcohol or other drugs, Fixation on death; suicidal thoughts or attempts.

## MATERIAL AND METHODS

It's a Community based, Cross-sectional study carried out at field practice area of urban health centre attached to Govt. Medical College and hospital, Latur. Study

Participants includes Elderly those are more than 60 years of age and willing to participate in the study while, those elderly with cognitive impairment and not willing to participate, excluded from the study. The Duration for the study was from 1<sup>st</sup> Oct 2014 to 30<sup>th</sup> Nov 2014 i.e. a period of 02 months with a sample size of 120 obtained by Non probability convenient sampling technique. Ethical clearance was obtained from institutional ethical committee. Study population was interviewed using a predesigned and pretested questionnaire after an informed consent also Screening for depression done by using GERIATRIC DEPRESSION SCALE- SHORT FORM (GDS).<sup>6</sup> The GDS was found to have a 92% sensitivity and a 89% specificity when evaluated against diagnostic criteria. In GDS- Short form, there were 15 Questions in binary response format. Range of scores was from 0 to 15. Scores of 0-4 are considered normal, score of 5-8 indicates mild depression, Score of 9-11 indicates moderate depression and a score of 12-15 indicates severe depression. Statistical analysis done by using IBM SPSS version 21.0.

## RESULTS

Study group included 52.5% males and 47.5% females. According to GDS score, 58% of elderly had depression, while 42% of population had no assets. The study also indicates, 61% felt that they are neglected by family and another 35% had no role in decision making in family. Among the total, 48% had lost their spouse while, 81% had some type of co-morbidities. A total number of elderly found to have depression was 70 i.e. about 58% of total.

**Table 1:** Distribution of study subjects depending on different variables

VARIABLES		STUDY POPULATION (N=120)	
		No.	%
Gender	Male	63	52.50
	Female	57	47.50
Age Groups	60-74	82	68.33
	75-84	26	21.66
	85 and above	12	10.00
Spouse	Alive	63	52.50
	Dead	57	47.50
Role in Familial decision making	Yes	78	65.00
	No	42	35.00
Response by Family members	Neglected	74	61.70
	Respected	46	38.30
Daily Exercise	Yes	48	40.00
	No	72	60.00
Co-morbidities	Present	97	81.00
	Absent	23	19.00

**Table 2:** Table showing geriatric depression scores among study subjects

Depression score and type	Number	Percentage
5-8 (Mild depression)	45	37%
9-11 (Moderate depression)	18	15%
12-15 (Severe depression)	07	6%
<b>Total</b>	<b>70</b>	<b>58%</b>

**Table 3:** Table depicting Correlation between Geriatric depression and various psychosocial variables

Variables	Correlation value R	P value
Lost Spouse	0.68	P<0.001 Significant
Neglected by family members	0.51	P<0.001 Significant
Presence of co-morbidities	0.62	P<0.001 Significant
Lack of daily exercise	0.23	<b>P&gt;0.05</b> Not Significant

## DISCUSSION

In the study on depression among elderly in India, Ramachandran *et al.*<sup>7</sup> found that, the prevalence of depression was more among widowed (22.54%), single / separated (21.43%) and divorced (16.67%) as compared to married (11.95%) who were living with their spouse. Dr. R. K. Jain and Dr. R.Y. Aras<sup>8</sup> studied Depression in Geriatric Population in Urban Slums of Mumbai by using Geriatric Depression Scale and came to the conclusion that, depressed elderly constituted 45.9% of the study population<sup>6</sup>. Another study by Hughes *et al.*<sup>9</sup> on elderly who were suffering from different types of chronic morbidities like diabetes, hypertension, visual impairment, locomotor disabilities etc, 61.5% respondents showed presence of depression. A.P. Rajkumar *et al.*<sup>10</sup> in his study regarding prevalence of geriatric depression (ICD-10) within the previous one month, was 12.7% (95% CI 10.64–14.76%). Poverty and physical ill health are risk factors for depression among elderly while good social support is protective. Study carried out by Swarnalatha *et al.*<sup>11</sup> on the Prevalence of Depression among the Rural Elderly in Chittoor District, Andhra Pradesh signifies the prevalence of depression as 47%. The depression was high among the elderly who were aged 80 years and above (54.3%), females (56.5%), illiterates (59.0%). Santosh D. Patil *et al.*<sup>12</sup> in their study of depression level among elderly people in the rural area of bijapur, india, the magnitude of mild or severe depression was 34 % on GDS scale. Also, its found to be statistically significant positively associated with increasing age, illiteracy, a low socio-economic status, those who were living alone, those who were economically partially dependent and those who were totally dependent for the activities of daily living. A study on depression among geriatrics : prevalence and associated factors carried out by Sreejith S Nair *et al.*<sup>13</sup> revealed that 32.4% of individuals were suffering from depression concluding that, depression in elderly is

associated with poor socio economic status, unemployment, disrupted marital status, illiteracy, and substance abuse.

## CONCLUSIONS

In this present study, the prevalence of depression among the elderly was found to be 58% which was significantly higher among the elderly who were lost their spouse, having some form of comorbidities or those who felt to be neglected or having no role in familial decision makings. Contrastingly, this study shows no significant correlation between depression and lack of daily exercise. These findings could guide community-based program managers to devise and implement effective and timely mental health interventions for older adults in order to prevent geriatric depression and develop comprehensive strategy for its early diagnosis.

## STRENGTHS AND LIMITATIONS

The GDS is not a substitute for a diagnostic interview by mental health professionals. It is a useful screening tool in the clinical setting to facilitate assessment of depression in older adults especially when baseline measurements are compared to subsequent scores. It does not assess for suicidality.

### Follow-Up

The presence of depression warrants prompt intervention and treatment. The GDS may be used to monitor depression over time in all clinical settings. Any positive score above 5 on the GDS Short Form should prompt an in-depth psychological assessment and evaluation for suicidality.

## RECOMMENDATIONS

Supportive counselling either in the form of religious or peer counseling can ease loneliness and the hopelessness of depression, or help you find new meaning and purpose. There is a need for creating opportunities to laugh. Laughter provides a mood boost, so swap jokes with your loved ones, watch a comedy, or read a funny book. Connect with others, face to face whenever possible. If you can't get out socializing, invite loved ones to visit you, or keep in touch over the phone. Support groups for depression, illness, or bereavement connect you with others, they are a safe place to share experiences, advice, and encouragement. Its true that, Depression is often reversible with prompt recognition and appropriate treatment. If you're feeling overwhelmed by stress and the pressures of daily life, it may be time

to learn new emotional management and emotional intelligence skills. Finally its important to watch for warning signs and to seek immediate professional help if you suspect that your loved one is thinking about suicide.

## REFERENCES

1. Prakash R, Choudhary SK, Singh US. A Study of Morbidity Pattern among Geriatric Population in an Urban Area of Udaipur Rajasthan. *Indian Journal of Community Medicine*. 2004 Jan-Mar; Vol. XXIX(1): pp35-40
2. Seby K, Chaudhury S, Chakraborty R. Prevalence of psychiatric and physical morbidity in an urban geriatric population. *Indian J Psychiatry* 2011; 53 (2): pp121-127.
3. Situation Analysis of the Elderly in India, 2011; Central Statistics Office Ministry of Statistics and Programme Implementation Government of India; pp1-6
4. Sandhya GI. Geriatric Depression and Related Factors-A Cross sectional Study from a Rural Community in South Kerala. *Journal of the Indian Academy of Geriatrics* 2010; 6 (2): pp61-63.
5. Depression in Older Adults and the Elderly. Available from: <http://www.helpguide.org> [Last accessed on 2015 Oct 19 at 8:41 am].
6. "TRY THIS", The Geriatric Depression Scale (GDS) By: Sherry A. Greenberg, PhD(c), MSN, GNP-BC, Hartford Institute for Geriatric Nursing, NYU College of Nursing, Issue Number 4, Revised 2012.
7. Ramachandran V, Menon SM, Arunagiri S. Socio-cultural factors in late onset depression. *Indian J. of Psychiatry* 1982; 24(3): pp268-73.
8. Jain RK, Aras RY, Depression in geriatric population in urban slums of Mumbai. *Indian Journal of Public Health*.2007; April- June 51(2):pp112-3
9. Hughes RN, Dana C, Demallie, Diane and Blazer, Dan G. Does age makes a diff. in the effects of physical health and social support on the outcome of a major depressive episode? *American journal of psychiatry* 1993; 150 (5):pp728-733.
10. Rajkumar AP et al. Nature, prevalence and factors associated with depression among the elderly in a rural south Indian community. *International Psychogeriatrics* 2009; 21: pp372-8.
11. Swarnalatha N. The Prevalence of Depression among the Rural Elderly in Chittoor District, Andhra Pradesh. *Journal of Clinical and Diagnostic Research*. 2013 Jul, Vol-7(7): pp1356-1360.
12. Patil SD, Udayar SE, Shannawaz Md. "A Study of Depression Level among Elderly People in the Rural Area of Bijapur, India". *Journal of Evolution of Medical and Dental Sciences* 2015, April 13; Vol. 4(30):pp 5154-5160.
13. Sreejith S Nair et al. depression among geriatrics: prevalence and associated factors. *Int J Cur Res Rev*, April 2013/ Vol 05 (08); pp 110-112.

Source of Support: None Declared  
Conflict of Interest: None Declared