

Prevalence of Depression among Geriatric People in Dehradun City of Uttarakhand, India

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Abstract

Depression is a medical problem that is commonly seen among geriatric people which is sometimes unrecognized public health problem. So, a study was conducted in 200 geriatric people with the help of brief questionnaire in which the respondents were asked to respond to 30 questions as per long form of Geriatric Depression Scale (GDS) to determine the prevalence of depression among older people in Dehradun District of Uttarakhand. It was responded by 88.5% of geriatric population. Most of the geriatrics (58.75%) were in age group of 60-69, while least number (6.21%) were found in age group of 80-89. Fifty-three (29.94%) geriatric were found to be depressed as per GDS score. As per financial status was concerned 139(78.53%) geriatric population was financially independent and 38(21.46%) geriatric population was financially dependent. Out of 177 respondents, 32(18.07%) financially dependent and 21(11.86%) financially independent geriatric population was found to be depressed. It was also observed that 136(76.83%) were living in joint families and 41(23.16%) were living in nuclear families. The present study suggests substantial proportion (29.94%) of geriatric people are suffering from depression based on GDS standard method of screening geriatric subjects. And concluded that proper interventions are required from healthcare professionals to overcome the problem of depression in the community.

Keywords: Depression; Prevalence; Geriatric people; GDS

Introduction

Depression is a medical problem that is common seen among geriatric people, but it cannot be considered as a normal part of aging process. Every people at sometimes feel sad or down sometimes but these feelings pass away usually after a few days. The people in depression may have difficulty in performing daily life work for weeks at a time weeks at a time. Depression is a serious mental illness that needs to be treated. If left untreated, it could lead to suicidal tendency [1]. Old age is often portrayed as a time of taking rest, reflecting opportunities to do the things that were not considered while raising pursuing career and families. But unfortunately, the aging process is not always so idyllic. An older adult may have lack of control over his or her life due to poor eyesight, hearing problem and other physical changes, as well as limited financial resources. These give rise to negative emotions [2]. The changes that usually come across in later part of life like after retirement, due to death of spouse, family members, death of friends, lack of social circle, increased isolation in home, health problems-can progressively lead to depression. Depressive conditions prevent a person from enjoying daily life. But it also has effect on your energy, sleep, appetite, and physical health. However, depression condition is not an inevitable part of aging process, but such problems can be overcome, no matter the challenges occurring in life [3]. The world's population of geriatric people will be more than children. It is estimated that from 2000 to 2050, the proportion of geriatric population in the world is predicted to get doubled from ~11 to 22% and the absolute increase in population is expected increase from 605 million to 2000 million. Out of these, 80% of the people will be living in developing countries [4,5]. The community-based mental health studies in India have reported prevalence of depressive disorders in geriatric Indian population varies between 13% and 25% [6,7]. As per the Census 2011, geriatric people constitute 7.4% population of India [8]. It is expected to increase to 20% in 2050. India will be soon becoming home to the second largest population of senior citizens in the world. It is estimated that the number of people in the 60-plus age group in India will increase to 100 million

in 2013, and 198 million in 2030 [9]. India being the second-most populated country in the world, in terms of geriatric population of 60 years and above, but the geriatric depression has not yet become as a public health problem in India. There are few community-based studies that have been conducted in India so far to address this issue [10,11].

Materials and Methods

A cross-sectional descriptive study was conducted in January and February 2015 in Dehradun district in the state of Uttarakhand, with an area of 300 square kilometers and a population of 578,42. A door to door survey was conducted, in which every household of the community was visited and all geriatric people aged ≥60 years were selected. For conducting the study, a written informed consent was obtained (in case if the person was illiterate a thumbprint was taken), then the participants were assessed face to face for depression using the long Form Geriatric Depression Scale (GDS) [12]. It consists of brief questionnaire in which the participants were asked to respond to the 30 questions by answering either, yes or no. The questionnaire was translated in to local language and approved by Institutional Ethical committee of the institution. Scores of 0-9 are considered as normal, 10-19 indicated mild depression and 20-30 indicated severe depression. It was designed to identify and assess depressive condition in geriatric patients. The questionnaire was simple and introduced to the participants by the pharmacy students. Study variables included

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socio-demographic parameters such as age, sex, education, occupation, socioeconomic status, and marital status. The purpose of the study was to determine the prevalence of depression among geriatric people and to determine their financial status and other their family living status.

Results

Out of 200 geriatric people, 23 people did not give their consent and were not involved in the study. So, only 177 geriatric people participated in the study without any hesitation resulted in 88.5% response. Out of 177 participants 104 were in the age group of 60-69, 62 were in the age group of 70-79, 11 were in the age group of 80-89 and 119(67.23%) were males (Table 1). The financial status showed that out of 177 geriatric participants, 139(78.53%) geriatric participants were financially independent and 38(21.46%) geriatric participants were financially dependent (Table 1). And from 53 depressive geriatric populations, 32(18.07%) were financially dependent (i.e. those participants who are not having any pension but wholly dependent on their children for their livelihood) and 21(11.86%) were financially independent (i.e. receiving pension or engaged in job). It was observed that out of 177 geriatric participants, 9(5.08%) participants had lost their partner, 136(76.83%) were living in joint families and 41(23.16%) were living in nuclear families (Table 1). Fifty-three (29.94%) participants (44males, 9 females) were found to be depressed: 48(27.11%) with mild depression, 5(2.82%) with severe depression as per GDS score (Tables 2 and 3).

Discussion

As the population is continuously increasing in developing countries in the world, including India, in recent years, there is need to keep in mind the number of depressed geriatric people who would require adequate mental health care. Depression is often looked as normal response to ageing, or other events of life. But proper medical interventions are required to cure this problem. In the present study majority 104(58.75%) of geriatric people were found to be in age group of 60-69 and least number 11(6.21%) of geriatric people were found in the age group of 80-89. Fifty-three (29.94%) of the geriatric people was found to be depressed. Out of 53 depressive participants, 44 people (24.85%) were found to be males, there by reflecting depression conditions more in males. 32(18.07%) were financially dependent, 9(5.08%) geriatric population had lost their partner and 41(23.16%) population were living in nuclear families. These factors show that depression among geriatric people could be due to lack of financial dependency on others, loss of their partner or living in nuclear families. Earlier Indian study conducted by Tiwari et al. showed the prevalence of psychiatric morbidity to be much higher in the geriatric group (43.32%) than in the non-geriatric group (4.66%). The most common psychiatric

Distribution of older people based on age		
Age group	Number of people (177)	Percentage
60-69	104	58.75
70-79	62	35.02
80-89	11	6.21
Distribution of older people based on financial status		
Financial status	Number of people(177)	Percentage
Financial dependent	38	78.53
Financial independent	139	21.46
Distribution of older people based on family living status		
Family living status	Number of people(177)	Percentage
Joint family	136	76.83
Nuclear family	41	23.16

Table 1: Distribution of older people based on age, financial status and family living status.

GDS Score	Number of people(177)	Percentage
Normal	124	70.05
Mild	48	27.11
Severe	5	2.82

Table 2: Distribution of older people based on Geriatric Depression Scale (GDS) Score.

Number of people (177)	Number of depressed people (53)	Percentage
Male	44	24.85
Female	9	5.08

Table 3: Distribution of older people based on sex.

morbidity pattern consisted of depression [13], Nandi et al. showed Sixty one percent of the geriatric population was mentally ill out of 183 persons. Women had a higher rate of morbidity than men (77.6% and 42.4% repetitively). The overwhelming majority of the affected persons were depressives [14], Shubhada Kale et al. study revealed that, the majority i.e. 70% of the geriatrics were having poor depression score (0-5), 29% of the geriatrics were having average depression score (6-10) and only 1% geriatrics had good depression score (11-15) [15]. Guha et al. conducted study in old age home population, and reported that major depressive disorder (13.4%) was the most common psychiatric diagnosis in this population [16]. Rao et al. reported that depression was more common in elderly males [17]. Singh et al. conducted in his study done in 103 elderly people in Kancheepuram District in the state of Tamil Nadu and reported 44% depression among elderly people [18]. Sanjay et al. conducted study on 100 elderly people in Bengaluru city using GDS scale and reported 36% depression [19]. Nair et al. conducted study in Dharwad and observed a prevalence rate of 32.4% depression in older population [20]. Vishal et al. conducted study in Surat and reported a prevalence rate of 39% depression [21]. Pirkis et al. studied the community prevalence of depression in older Australian and reported a depression rate of 8.2% [22]. On comparing the present study with these previous studies, it reflected a moderately high prevalence of depression among geriatric population. The present study suggests substantial proportion of geriatric people is suffering from depression based on GDS standard method of screening geriatric subjects. The present study has some limitations. The method used in this study is meant for only the screening of the geriatric population, and it could not be a replacement of diagnosis as done by a clinician. In this study, depression was identified but still the risk factors are yet too identified accordingly.

Conclusion

Depression, particularly mild depression, is common in among older people, particularly among male. The healthcare professional should take proper interventions to overcome the depression in geriatric population. The family members should take care of their elderly people and should spend time with them to make them feel comfortable. Also the government should take initiative to set up geriatric club where they can spend time along with other friends of the community and share their thoughts. Further studies can be carried out to large population of geriatrics to determine other health related issues and suitable measures for overcoming them.

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