

INVESTIGATING THE PREVALENCE OF DEPRESSION AMONG ELDERLY RESIDING IN OLD AGE HOMES

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Abstract

The elderly have a well established system of care in India. The system of care for the elderly is state-run and well organized. Old Age Homes are a relatively new idea in India, but as the population ages, more and more of them are springing up to provide much-needed care for the elderly. People in their golden years are showing interest in Old Age Homes. The facilities at the retirement home need to be evaluated. Conversations with residents, employees, and management revealed many details about the building's layout, its services, its inhabitants' needs, and the challenges they encountered. You may get free help from certain Homes. There are others who can just pay to remain. There may be a variety of factors contributing to the rise in the demand for Old Age Homes. Most of the time, ungrateful kids would use them for their own ends and then forsake them. Unfortunately, some offspring may have to find other living arrangements for their ageing parents. Whatever the case may be, an Old Age Home is the finest option for the elderly who are no longer able to care for themselves. It takes a lot of mental preparation, however, for such seniors. They should keep in mind that no matter how nice the Old Age Home is, it will never be the same as being at home with loved ones. Despite differences and problems, the greatest option is for them to remain living with or under the direct care of their children. In certain circumstances, the elderly might be too critical and demanding. They fail to grasp the realities their children face today and refuse to change with the times. No child should ever abandon their ageing parents because they see them as a burden.

Introduction

Like the rest of the globe, India is seeing a rise in its senior citizen population. In both industrialised and emerging nations, the proportion of the population over 65 years old has been rising at an alarming rate. As the world's population ages, ageing and the elderly have emerged as some of the most pressing issues of the 21st century. Both rural and urban areas of India have seen increases in life expectancy since birth. The average life expectancy has risen from 48 in 1970–1975 to 66.3 in 2009–2013, and from 58.9 to 71.2 in metropolitan regions. Over the same time frame, life expectancy at age 60 has risen from 13.5 in rural regions to 17.5 in urban centres (Central statistics office, 2016). Since the first independent Indian census in 1951, the number of



Indians aged 60 and above has steadily increased. In 1951, 19.8 percent of India's population was 60 and older; by 2011, that number had risen to approximately 104 million, with men making up 51 million and females 53 million. More old people live in rural regions than in urban ones, according to official data (Central Statistics Office, 2016; Verma, 2011). In most nations, the elderly population quadrupled after 100 years, while in India, it took just 20 years (Agewell foundation, 2011). The percentage of Indians aged 60 and more is expected to increase from 8% in 2010 to 19% in 2050, as reported by the United Nations Population Division in 2011 (UNPD, 2011).

The proportion of people aged 60 and over in the total national population is 8.3. All of the larger States, with the exception of Andhra Pradesh, Assam, Bihar, Odisha, and Telangana, have a greater proportion of women aged 60 and more. The percentage of the population aged 60 and older varies widely from 6.5% in Assam to 13.5% in Kerala, with the majority of the elderly living in rural regions. Except for Assam, Bihar, Delhi, Jammu and Kashmir, Jharkhand, Rajasthan, and West Bengal, the percentage of the elderly living in urban areas is lower than in rural areas. For more populous states, this chart shows what share of the population is 65 and older.

It has been observed that over 75% of the elderly reside in rural regions, with 48% being female and 55% being widowed. Nearly 70% of rural seniors rely on care from family and friends due to their declining health. Differential patterns of ageing between men and women are only one of the many challenges that older women in India encounter. These challenges include illiteracy, unemployment, widowhood, and disability. The majority of Indians aged 60 and above are socially and economically disadvantaged, as reported in the Global Report on Ageing in the 21st Century (UNFPA and Help Age International, 2012). There is also a great deal of economically and socially impoverished diversity. In addition, the demographic transition varies greatly from one state to the next, leading to huge variations in the demographic landscape across various social, economic, and geographical groupings.

Depression:

Depression is the most prevalent mental health disease that occurs in later life. It impairs a person's ability to function normally in even the most basic aspects of day-to-day life. The old population in India is plagued by a wide variety of mental, social, and physical health issues. The existence of a number of depressing variables, such as migration, shifting in the family structure, and economic instability, all of which result in the elderly losing their place in their own home and experiencing a rise in the sense of isolation, increases the likelihood that mobility and



functional deficits will worsen with advancing age. According to research by Jariwala et al. (2010) and Pilania et al. (2013), different life experiences may have a significant influence on a person's psychological state, making them more vulnerable to developing depression. Potential employers in today's culture tend to perceive older people as having less vitality and less value than younger candidates. According to WHO (2012), having an attitude like this might discourage elderly men and women from engaging in social, economic, cultural, spiritual, civic, and other activities. According to Moussavi et al.'s (2007) research, issues related to old age are correlated with the psychological disorders of the elderly. People who suffer from depression often have worse physical health in addition to worse mental health, and they tend to withdraw more from social interaction. They also have problems in all of the important areas of functioning, such as taking care of themselves, being responsible for their families, and having the ability to work. They also suffer from a variety of medical conditions, have a greater risk for developing chronic illnesses, and pass away at an earlier age (WHO, 2012; National Academy on an Ageing Society, 2000). Inadequate vision, hearing, or other bodily changes, in addition to a lack of available financial means, may all contribute to a loss of control over one's life in later years for an adult. The result is that we feel bad about ourselves. The changes that often occur in later stages of life, such as after retirement, owing to the loss of spouse and family members, due to the death of friends, due to a lack of social circles, due to an increase in solitude in the home, and health issues may gradually lead to depression. A depressive state makes it difficult for a person to take pleasure in the activities of everyday life. According to Nautiyal et al. (2015), it also has an impact on a person's level of energy, the quality of sleep, and their physical health. According to the findings of recent research, a significant proportion of the population is now experiencing mental health issues. According to Singh et al. (1983), the incidence of depression is associated with an increase in the number of adjustment issues experienced by older people.

OBJECTIVE OF THE STUDY

1. To have a discussion on the current literature on depression among the elderly population resides in India.
2. To explore the prevalence of depression among older people who live in old age homes.

LITERATURE REVIEW:

Dubey A. et.al (2011). A study project titled "A Study of Elderly Living in Old Age Home and Within Family Set-up in Jammu" was carried out with the goal of gaining an understanding of the sentiments held by Jammu's senior population who live in both old age homes and family environments. The total sample size of sixty was made up of two groups of sixty-year-old



women who had been chosen using the process of purposive sampling. The instruments that were used were an interview schedule and observation method that had been custom-designed. The fact that these ladies were retired and over the age of 60 were two of the factors that were used to choose the sample. According to the findings of the study, the majority of elderly people believe that the younger generation has an unfavourable attitude towards them. This was especially true for those elderly people who were living in old age homes; rather than receiving respect, love, and affection from their family members, they were seen as a burden by those around them. On the other hand, the study found that women living in families had a favourable attitude towards old age.

Tiwari S.C. et.al. (2012). An exploratory research with the working title "Mental health problems among inhabitants of old age homes: A preliminary study" was carried out at an old age home in Lucknow. The sample consists of sixty-somethings older than forty-five years old. The Survey Psychiatric Assessment Schedule (SPAS), the Mini Mental State Examination (MMSE), the Mood Disorder Questionnaire (MDQ), and SCAN-based clinical interviews were the instruments that were used for the examination. According to the findings of the survey, the most frequent mental health issue was depression (37.7%), followed by anxiety disorders (13.3%) and dementia (11.1%).

Goud AA, NikhadeNS. (2015). "Prevalence of depression in older adults living in old age homes," was the title of the research. A research using a cross-sectional design was conducted in two retirement communities in the Ahmednagar area of Maharashtra. This research comprised a total of eighty participants, all of them were senior citizens aged 60 to 85 years old who lived in an assisted living facility. A questionnaire based on the Geriatric Depression Scale (GDS) was the instrument that was used. The results of the research led the researchers to the conclusion that the incidence of depression was greater among older people who lived in old age homes. The percentage of women who suffer from depression is higher than that of men, and this proportion seems to be growing with advancing age.

Praveen Kumar et. al. (2016). The purpose of the study titled "Depression and anxiety among the elderly persons from institutional and non-institutionalized settings in the field practise area of a tertiary-care institute, Andhra Pradesh: a comparative study" is to check for common psychiatric conditions such as depression and anxiety among the elderly population. These conditions frequently go untreated or unrecognized, due to a lack of knowledge and misperceptions about these conditions, which ultimately results in a decreased quality The size of the sample included a total of 112 older people, with 56 of them coming from an old-age home and the other 56



coming from the community in the field. The Geriatric Depression Scale (GDS) and the Hamilton Anxiety scale were the instruments that were used. The findings showed that the prevalence of depression was higher among senior people living in residential care facilities as compared to those living in the community. There was essentially no difference in the prevalence of anxiety between older people who lived in institutions and those who lived in non-institutionalized settings.

Gupta (2018) investigated the level of stress and anxiety (both as a state and as a characteristic) in patients with coronary heart disease (CHD) who were either middle-aged or elderly. The major purpose of the research was to determine the relative levels of stress and anxiety experienced by patients of varying ages as well as normal controls in order to draw comparisons between the two groups. Patients of either gender who were at least one year removed from their most recent myocardial infarction or who had experienced a recurrent infarction were eligible to participate in the trial as subjects. The results of the investigation supported the following hypotheses: (1) the elderly CHD patients had a higher score on stress and state anxiety when compared with the normal controls as well as the middle-aged CHD patients; (2) the elderly and middle-aged normal persons did not differ on the indices of stress and anxiety; and (3) the middle-aged CHD patients were more stressed than the middle-aged normal persons.

COMPARATIVE STUDIES OF THE PREVALENCE RATE IN A VARIETY OF DISTINCT ENVIRONMENTS

The prevalence rates of depression have been recorded by a few of the research, which recruited participants from a variety of settings. According to the findings of these research, the prevalence rate of depression is higher among people who are incarcerated in nursing homes for the elderly when compared to people who can be found living in the community, wealthy societies, or slums. A research was conducted in Varanasi by Tiple et al., 2006, in which they investigated the psychological morbidity associated with four different groups. Group A was comprised of elderly patients who went to the Psychiatric Outpatient Department for treatment. Geriatric patients who were referred from the Geriatric Clinic and were suspected of having a mental condition made comprised the members of Group B. Members of Group C were individuals who were staying in Varanasi with the intention of achieving "moksha" and who were responsible for paying for their boarding and lodging expenses. They communicated with members of their family on a quite infrequent basis.

Ascetics who had left their families earlier were included in Group D. The Mumukshu Bhavan, which is an old age home, was responsible for covering the costs of their day-to-day living



expenses. According to the findings of this study, the incidence of depressive disorders (including single episode depression, recurrent depression, and dysthymia) was highest among those who were suspected of having mental problems and were sent to geriatric clinics, while the prevalence was lowest among ascetics.

ASSOCIATED CORRELATES AND FACTORS IN ELDERLY PEOPLE WHO SUFFER FROM DEPRESSION

Numerous studies have reached the conclusion that elderly women are more likely to suffer from depression. Some of the other demographic characteristics that have been associated with depression in senior people include not being married, being divorced or widowed, living in a rural area, being illiterate, getting older, having a lower socioeconomic position, and not having a job. The various psychosocial factors that have been shown to be associated with depression in elderly people include feelings of loneliness, inadequate social and family support, feelings of isolation, dependence, a lack of family care and affection, insufficient time spent with children, stressful life events, a perception of poor health, a lower level of spirituality, and a greater reliance on emotion-based coping strategies.

The absence of a hobby, irregular food habits, substance use or smoking, and a lack of physical activity are some of the lifestyle and nutritional characteristics that have been associated with depression according to research. Furthermore, the existence of chronic physical ailments is associated with an increased risk of depression, according to the presented research.

HIGH PREVALENCE OF PHYSICAL ILLNESSES AMONG ELDERLY PEOPLE WHO ARE DEPRESSED.

There have been a few studies that have concentrated on the physical health of older people who suffer from depression. In 1992, Sagar and colleagues conducted a study in which they compared older people who were depressed with those who were not depressed. They discovered that although the incidence of previously recognized physical diseases did not change between the two groups, the prevalence of previously undetected physical illnesses was much greater in those who were sad. As an additional point of interest, the sad group was more likely to have various medical diseases. When it comes to certain conditions, those who suffer from depression were much more likely to suffer from hypertension, osteoarthritis, and cataracts. In a similar vein, Satapathy et al., 1997 found that older patients who were depressed had a higher prevalence of undetected physical ailments compared to matched control subjects. This study compared a control group consisting of twenty old people from the general community who did not have any mental illness with a group consisting of forty senior people who were diagnosed with



depression. There were several diseases present in ninety percent of the study group, whereas only twenty percent of the control group had these conditions. The musculoskeletal system was the one that was affected the most frequently, followed by the cardiovascular system and the ophthalmological system. In terms of frequency, the most prevalent diagnoses were as follows: 77% of patients were diagnosed with osteoarthritis, 55% with hypertension, 47% with cataracts, 25% with chronic respiratory illness, 17% with ischemic heart disease, and 12% with diabetes mellitus. The study group had considerably higher rates of hypertension, osteoarthritis, and cataracts than the control group did. These were the three conditions that were examined. In around sixty percent of the patients, physical abnormalities such as impairments of movement and eyesight were discovered. These disabilities were much more prevalent in the patient group compared to the control group. In 67 percent of the research samples, the scientists found that physical diseases and disabilities had a role in exacerbating depression, whereas in seven percent of the samples, depression was either secondary or unrelated to the physical sickness or disability. Seventy-six percent of the elderly sad patients had some form of physical ailment that had not been identified before, whereas seventy-one percent of the control group had suffered from the same condition. The most prevalent physical illnesses identified in senior individuals who were diagnosed with depression were osteoarthritis (43.9%), followed by cataracts (25.2%), hypertension (17.6%), diabetes (7.6%), and heart diseases (3.9%), according to a research that was conducted in the community. (Sundru,2013) The relationship of heart diseases, transient ischemic attack, previous head injury, diabetes, stroke, and hypothyroidism has been documented by other authors to be more typically encountered in older people who are suffering from depression. (Singh,2013)

DISCUSSION

The number of people aged 65 and older is growing in India and other Asian countries, which indicates that there is a requirement for the field of geriatric psychiatry to be developed. Consequently, it is necessary to have an understanding of the problems that are frequently observed in this kind of population. A considerable amount of the material that is currently available from India indicates that the prevalence rate of depression is very high among the older population (Dumbray SS, 2014; Barua, 2011). Taking into account statistics from several nations, it appears that the prevalence rate of depression among the older population in India may be greater than in other developing and less developed countries. As of right now, a significant amount of India's old population lives in rural regions, which are characterized by inadequate access to mental health treatments. This is due to the fact that psychiatric services are more or less concentrated in metropolitan areas. Therefore, primary care physicians are responsible for



providing the majority of the care that is offered to senior patients. When this is taken into consideration, it is essential to provide primary care physicians with the training necessary to detect and treat depression in senior patients. In addition, taking into consideration the fact that depression is more prevalent among people who are afflicted with a variety of physical conditions, there is a requirement for the training of professionals from a variety of fields in order to recognize and treat depression. A number of psychosocial factors, including loneliness, inadequate social and family support, isolation, dependency, a lack of family care and affection, insufficient time spent with children, stressful life events, a perceived lack of health, a lower level of spirituality, and a higher use of emotion-based coping, have been found to increase the risk of depression among the elderly population in India. It is becoming increasingly common for nuclear families to take the place of the traditional joint family structure that is prevalent in India. (Avasthi,2011) When this is taken into consideration, together with the psychosocial elements that are identified as being related with depression in the elderly, it is possible to assert that there will be a large increase in the prevalence of depression among the elderly throughout the course of time. Therefore, in order to prevent a situation like this from occurring, it is necessary to accentuate the significance of having a joint family structure and to urge individuals to adopt the same strategy. Given the lifestyle and nutritional aspects that have been associated to depression, it is imperative that elderly patients be encouraged to engage in regular physical activity, refrain from consuming a variety of drugs, including smoking, maintain regular food habits, and cultivate hobbies in order to keep oneself engaged. There is a correlation between depression and a higher level of impairment, dysfunction, poor quality of life, and poor result in medically unwell elderly people, according to studies conducted in India, which are in agreement with the data acquired from other nations.(Hasche LK 2010; Reynolds,2008; Adamson,2005) As a result, all senior patients who are suffering from a variety of physical ailments are required to undergo screening for depression, and it is imperative that they receive appropriate treatment for it.

CONCLUSION

In conclusion, the findings of this analysis indicate that depression is fairly prevalent among senior citizens who reside in the Community residing in India. The prevalence of depression is also extremely prevalent among older people who are now receiving medical care at a variety of facilities. Given these high prevalence rates, it is clear that there is a pressing need to educate primary care physicians as well as experts from a variety of fields on how to recognize and treat depression. When it comes to studies analyzing the many different facets of depression among older people in India, there is a substantial void available. Therefore, there is an immediate



requirement to concentrate on depression among people of advanced age. The field of depression research requires multicentric, longitudinal investigations that investigate a variety of facets of the condition.

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