Is Depression a Part of The Aging Process?!: A Study From The Old Age Homes in Davangere District, Karnataka

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ABSTRACT

Background: Depression is a problem of many elderly. Even though attention has been paid to the medical problems of the elderly their social problems demands considerable light in order to improve the quality of their lives. The study was conducted to assess the magnitude of depression among the elderly living in the old age homes and **2**. To determine the social factors associated with depression.

Methodology: A cross sectional study was carried out in the old age homes of Davangere district for a period of 1 year with the sample of about 105 elderly residing in old age homes. Geriatric Depression Scale (GDS) was used to assess the depression. Socio factors were measured by responses to the pre-tested and semi structured questionnaire.

Results: Magnitude of depression among the elderly in old age homes was found to be 50.5%. Among the social factors, there was a statistically significant association between Depression and the literacy status (P = 0.0019) and between Depression and income from any source (P = 0.004).

Conclusion: The magnitude of depression is high in the old age homes. There are various social factors that play a role in depression among elderly.

Key words: elderly, old age home, depression

INTRODUCTION

Depression can affect anybody and interfere with the person's ability to carry out daily tasks. World health organisation has launched one year campaign, as the theme of world health day 2017, Depression: let's talk. [1] India is undergoing a demographic change. In 2001, Geriatric population was 77 million and it is estimated that in India total number of elderly will rise to 150 million by 2025, [2] which suggests that India is aging. The social values towards elderly are changing due to urbanization, education & exposure to western life styles which is leading to problems like economic insecurity, loneliness, lack of emotional support, lack of protection for their lives and property and dependency.[3] As a result of it, in the recent times the necessity of traditional role of the family is being provided by institutions such as old age homes.[4] Old age home is the place which the elderly are preferring for the rest of their life.[5]

Depression is not a part of the normal aging process. Although the aging brain is more vulnerable to depression, it cannot be considered physiological and an inevitable part of aging. Depression is the most common psychiatric illness among elderly people. [6] Improved health care promises longevity but social and economic conditions like poverty, breakup of the joint family system may be a psychiatric threat to them. [7]

As the number of elderly people is increasing in the Indian population, the burden of depression is going to be enormous on the society. Thus depres-

sion has an impact on medical, social and economic conditions of the individuals and families. In this regard present study has been done with objectives to assess the magnitude of depression among the elderly living in the old age homes; and to determine the social factors associated with depression among elderly.

MATERIALS AND METHOD

A Cross sectional study was conducted for One year, from 1st January 2012 to 31 December 2012 in Davangere district which has 7 old age homes (OAHs) in its jurisdiction; all the residents aged 60 years and above residing in the OAHs and also those who got admission to OAHs during study period were included. Complete enumeration of all the elderly people of the 7 OAHs in Davangere district was done. With this by the end of study period we were able to reach a sample of 105 elderly.

The study was conducted after obtaining the Institutional ethical committee clearance and the permission from the authorities of the OAHs. Written informed consent from the residents was taken for the study. A Pre tested and semi structured questionnaire was used to interview the elderly in all the old age homes and Geriatric depression scale (GDS) which has already been used and validated was included in the questionnaire to assess depression. Studies from the United States, United Kingdom and many Asian countries have shown that the GDS can be employed with different cultures and ethnicities. [8] GDS consists of 15 questions with a maximum score of 15. Those who scored 5 or more than that were considered as depressed. [7] Data was entered and analysed using Statistical package SPSS version 20. Results were tabulated in percentages and proportions. Chi square test was applied to test the statistical significance. P value 0f < 0.005 was considered to be statistically significant

RESULTS

Out of 105 residents, majority were in the age group of 60 – 69 (young old) accounting for 48% .Females outnumbered the males, 68(65%) were females and 37(35%) were males. 101 (96%) residents belonged to Hindu Religion. 48 residents (46%) were illiterates (Table 1).

A social security benefit in the form of old age pension/widow pension was available to about 43% of the residents. 28% of the residents didn't have income from any source. 71% of the residents were from rural area. 65% were staying in the old age home for duration of less than 4 years (Table 2).

As 6 of the elderly didn't comprehend the geriatric depression scale, 99 out of 105 elderly were ana-

lysed for depression. Depression was found to be high among the elderly in the age group of 60 – 69 years (48%). Females were more depressed (62%). Residents without spouse were more depressed accounting for 76%. Magnitude of depression was high among elderly who were not literates (54%) and association was found to be statistically significant (0.019). Depression was more among those who have some source of income (66%) and association was found to be statistically significant (0.043). residents from rural area were more depressed accounting for 70% Depression was found high among the elderly having 3 or more children (40%) (Table 3).

Depression was more among those staying in the OAH since less than 4 years (70%). The elderly who had not gone home to visit their family members had depression accounting for 50%., wherein 54% of the residents, for whom none of the family members had come to see them since joining OAH were found to be depressed.

Table 1: Distribution of study subjects according to their socio demographic profile (n = 105)

Variable	Frequency (n=105) (%)
Age(years)	
60- 69	50 (47.6)
70- 79	36 (34.3)
80 & above	19 (18.1)
Gender	(0)
Male	37 (35.2)
Female	68 (64.8)
Marital Status	(0)
Married	24 (22.9)
No spouse	81 (77.1)
Religion	(0)
Hindu	101 (96.2)
Muslim	3 (2.9)
Jain	1 (1)
Education	(0)
Not literate	48 (45.7)
Literate	57 (54.3)

Table 2: Socio-demographic profile of the elderly (n=105)

Variable	Frequency
Source of income	
Gainfully employed	2 (1.9)
Money sent from family	22 (21)
Old age pension / widow pension	45 (42.9)
Property	7 (6.7)
No income	29 (27.6)
Place most stayed	
Urban	30 (28.6)
Rural	75 (71.4)
Duration of stay	
< 4 years	68 (64.8)
>4 years	37 (35.2)

Table 3 : Association between depression and the socio demographic factors of the elderly. (n = 99)

Categorisation	Depressed (n=50)	Not depressed (n=49)	Total (n= 99)	P Value
Age (in years)				
60 – 69	24 (48%)	25 (51%)	49	0.516
70 – 79	20 (40%)	15 (31%)	35	
80 & above	6 (12%)	9 (18%)	15	
Gender				
Male	19 (38%)	17 (35%)	36	0.732
Female	31 (62%)	32 (65%)	63	
Marital status				
Married	12 (24%)	12 (25%)	24	0.955
No Spouse	38 (76%)	37 (75%)	75	
Literacy status				
Not literate	27 (54%)	15 (31%)	42	0.019
Literate	23 (46%)	34 (69%)	57	
Source of income				
No income	17 (34%)	8 (16%)	25	0.043
Have income	33 (66%)	41 (84%)	74	
Place of residence				
Urban	15 (30%)	14 (29%)	29	0.876
Rural	35 (70%)	35 (71%)	70	
No: of children				
Nil	16 (32%)	24 (49%)	40	0.199
1 – 2	14 (28%)	12 (24%)	26	
3 & above	20 (40%)	13 (27%)	33	

Table 4: Association between depression and certain factors related to the stay in Old age home.

Characteristic	Depressed (n=50)	Not depressed (n=49)	Total (n=99)	P Value
Duration of stay				
< 4 years	35 (70%)	28 (57%)	63	0.184
>4 years	15 (30%)	21 (43%)	36	
Do your family/ relatives come to see you				
Yes	23 (46%)	28 (57%)	51	0.267
No	27 (54%)	21 (43%)	48	
Do you go to visit your Family/ relatives				
Yes	25 (50%)	30 (61%)	55	0.261
No	25 (50%)	19 (39%)	44	
Perception of happiness regarding their stay in the old age home				
Happy	29 (58%)	38 (78%)	67	0.06
Not happy	14 (28%)	5 (10%)	19	
Can't say	7 (14%)	6 (12%)	13	

About Perception of Happiness among residents regarding their stay in old age home, 67 (67.6%) residents said they "were happy", 19 (19.1%) were "not happy" and 13 (13.1) responded that they can't say anything. Depression as per the geriatric depression scale was high among the residents who said they were "happy" with their stay in OAH (58%) (Table 4).

DISCUSSION

As a result of lifelong exposure to health risks and lack of resources for health promotion and poor access to health services most people enter the old age in poor health. [9]The magnitude of depression in our study was found to be 50.5% whereas in a study from Jain RK et al. (2007) done in the urban slums of Mumbai found the prevalence of depression to be 45.9%.[10] A study by Sandhya GI (2010) in a rural community of South Kerala, showed the prevalence of depression among people of 60 years and above to be 25.4%.[7] A higher percentage of elderly were depressed in a study by Narkedhe V et al. (2012) in the old age homes of Gujarat where the magnitude of depression was found to be 63.8 %.[11] From the above results it is evident that magnitude of depression is high among the elderly. The reason for higher magnitude of depression in old age homes may be because residents in old age homes have more social, economic and health problems. In our study elderly in the age group of 60 – 69 years, elderly with income and females were more depressed accounting for 48%, 66% and 62% respectively. whereas in the study by Narkedhe V et al. depression was high among elderly with age 80 years and above (85%), females (69%) and elderly with income (67.6%).[11] In another study by Goud AA (2015) "Prevalence of depres-

sion in older adults living in old age homes", found females(59%) and old old elderly (83%) to be more depressed.[12] The reason may be the in our study, the people in the age group of 60 – 69 is higher and people aged 80 and above is comparatively less. In our study, depression was significantly associated with not literate status (0.019) and elderly with income (0.043). Where as in a study by Narkedhe V et al. (2012) in the old age homes of Gujarat, the depression was significantly associated with increased age (p=0.001) and in females (p=0.006). The reason may be in our study majority of the people were from rural area and source of income for majority of the people was from pension where the amount is smaller and also there are many challenges that the elderly have to face to avail the amount.

In our study depression was found more among the residents who were staying for shorter duration (< 4 years) accounting for 70% whereas study by Narkedhe V et al. (2012) showed depression to be more in inmates who stayed for longer (>5years) duration (79%).[11] The reason being almost 2/3rd of the people in our study were residing since less than 4 years.

Similar to our finding the magnitude of depression in a study by Narkedhe V et al. (2012) was more in residents who were not visited by family member or friends than those who were visited.

In a study report prepared by Das NP et al. [13] only 2.6% were not happy and 1.7% not at all happy but vast majority, 35.2% were happy, 27.9% were very happy & 32.2% were somewhat happy with their stay in the old age home. Only 0.4% were not able to say anything. [12]. In our study, perception of happiness among residents with their stay in the old age home; 67 (67.6%) residents said they "were happy", 19 (19.1%) were "not happy" and 13 (13.1) responded that they can't say anything. Facilities available in the OAH have a role to play in the happiness of the residents staying in there. The findings of the study from Das NP et al. [13] shows that more residents were happy when compared to our study, most probable reason might be availability of better facilities in the OAHs of Gujarat.

CONCLUSION

Half of the elderly in the old age homes were found to be depressed. Magnitude of depression was high among elderly who were not literates (54%) and association was found to be statistically significant (0.019). Depression was more among those who have some source of income (66%) and association was found to be statistically significant (0.043). Depression was high among the residents who were not happy with their stay in OAH.

RECOMMENDATION

In our study the Magnitude of depression was found to be high when compared to other studies, hence the provision of recreational activities in the OAH will help in a long way in maintaining positive mental health. Arranging interactive sessions and discussions about their problems with health personnel will also help in this regard.

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