

Depression among Geriatric Population: Need of Caregivers Support

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Abstract – Depression is the most common mental health problem in the elderly and is associated with a significant burden of illness that affects patients, their families, communities and takes an economic toll as well. Prevalent studies suggest that 14% to 20% of the elderly living in the community experience depressive symptoms, with higher rates among the elderly. The World Health Organization (WHO) estimates that depression will be a major burden of illness in most of the developing countries (Murray & Lopez, 1996). A study has been carried out in Nellore to assess the prevalence of depression and the factors influencing depression among the geriatric population in Andhra Pradesh with a sample of 100 elderly by using Geriatric Depression Scale (Yesage et al., 1983). The results revealed that of the total population 59.2% were normal, 23% were having mild depression and 17.8 % were severely depressed. The results revealed that there is a high incidence of depression among the geriatric population and demand gero-psychiatric services to mitigate the problem.

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INTRODUCTION

In advanced age when body function start diminishing, regular source of income disappear or insufficient and social relations start shrinking a sense of uselessness start overpowering the person. He may start losing interest or pleasure in normal activities, and remain preoccupied with worries for his future life. In such situation the elderly people start suffering from Nihilistic delusions. In old age the person has been worrying about his health though the illness may not be serious. Chronic and unrelieved pains, disease, which limits the person's mobility are some common symptoms and infections, alcoholism, metabolic disturbances or its treatment are known to cause mental symptoms, which include depression. Life events are also related to the occurrence and precipitation of depression among elderly. All types of major depressions are found within the range of 13 percent to 15 percent of the general elderly population. The major depression is found from one to two percent (Johan A. Talbott et al., 1988). In old age when the person is subject to many changes in life such as loss of spouses or a close friend or a loved one a sudden financial crisis, abrupt shift in the place of residency etc., is more vulnerable to depression. In spite of the rich experiences of life maturity he starts feeling himself dependent upon others and seeks help to maintain his equilibrium. Losses and failures or even the mere threat of loss or failure may prove dangerously disturbing.

The World Health Organization (WHO) estimates that depression will be a major burden of illness in most developing countries (Murray & Lopez, 1996). It is most commonly diagnosed mental health problem in older adults who have attempted suicide (Zweing and Hinrichsen, 1993). Depression sometimes accompanies chronic diseases, particularly when the disease impairs functioning of the person (Casten, et. al, 2002). It is projected that in the near future the elderly population of the world increased by about 21 percent (Venne, 2005) and in Western Pacific region the figure will double (WHO, 2005). In North west Malaysia where the population of the elderly is high, the prevalence of depression among the elderly in the community is to be as high as 48.4 percent (AlJawad et al. 2007).

Older adults are becoming more and more depressed and committing suicide at a greater rate than ever before due to their failing physical and mental health. The rate of completion of suicide in aged is 50 percent higher than the population as a whole. Thus, elders kill themselves at a greater rate than any other group in society and they tend to be more determined and purposeful (Weaver and Koenig, 2001.) Most depression episodes in old age are noted to be preceded by a negative life event, generally bereavement or physical illness and disability. old age depression is frequent and is a consequence of the isolation and loss of close persons, health,

material recourses and status that characterize this phase of life.

Although depression is the most common psychiatric problem among the elderly they are at higher risk of developing depression (Robert et al. 1997) untreated depression in the elderly has significant clinical and social implications. Depression decreases individual's quality of life, increases dependence on others, causes functional impairment, imposes an immense burden on communities and health services, and can even lead to suicides (O'Connel et.al. 2004) the reason for misdiagnosis and under treatment of depressive disorders in the elderly. The Geriatric Depression Scale (GDS) was used to determine whether the persons had depressive symptoms. The GDS is questionnaire widely used world wise as a screening tool for depression in the elderly(Yesage et al.,1983)

Clinical depression in the elderly is common. That doesn't mean, though, it's normal late life depression affects about 6 million Americans aged 65 and older. But only 10 % receive treatment for depression. The likely reason is that the elderly often display symptoms of depression differently. Depression in the elderly is also frequently confused with the effects of multiple illness and the medicines used to treat them. Advancing age is often accompanied by loss of social support systems due to the death of a spouse or siblings, retirement, or relocation of residence. Depression doubles their risk of cardiac diseases and the risk of death from illness. At the same time, depression reduces an elderly person's ability to rehabilitate.

METHODOLOGY

In this context a study has been carried out in Nellore with few objectives to assess the prevalence of depression and the factors influencing depression among the geriatric population in Andhra Pradesh. In the light of above facts, a study was carried out with few objectives as follows:

OBJECTIVES

- ▶ To know the socio-economic and demographic information of the respondents.
- ▶ To explore the psycho-social and health status of the elderly
- ▶ To know the problems faced by the elderly and available social support for them.
- ▶ To assess the incidence of depression and the factors influencing depression

HYPOTHESIS

The health statuses significantly influence the level of depression among the elderly. The level of depression is significantly associated with psycho-social status and the support they are receiving.

STUDY AREA

The study area Nellore district comprises three revenue divisions namely Gudur, Nellore and Kavali. From each division one rural mandal and one urban mandal were selected and a total of 6 mandals were included in the study. Later from each mandal five panchayats were identified and the total old age pension holder's names were identified from the list available in revenue records. the universe comprises of all the pensioners from the 30 panchayats is 7349.

SAMPLING:

Descriptive and diagnostic research designs were adopted for conducting the study. By adopting multi stage sample technique a sample of 120 pensioners were identified from the universe. All the respondents were listed and contacted them to check their physical presence. Among 120 pensioners 103 were available and expressed their willingness to be part in the study and 3 respondents not cooperated to give required information though confidentiality assured .By considering all the ethical issues finally 100 pensioners are included in the study by obtaining their consent.

DATA COLLECTION:

The purpose of the study was informed to elderly and they were assured of confidentiality of the results. The objectives of the study were explained and convenient timing for interviewing them was fixed to commence the study. The interviews were conducted at the residence of respondents or sometimes in the neighborhoods. Thus; convenience of the respondents has been taken into consideration to conduct interviews. The data was collected primarily through personal interviews. Besides interview, observation method was also used while collecting the data pertaining to elderly to support the information given by them.

TOOLS USED FOR THE STUDY

The researcher used standardized measuring scales such as Inventory to Assess Health Status (Ramamurti P.V, 1996) A Problem Inventory for Older People (Ramamurti P.V,1969), Perception of Social Support Inventory (Ramamurti P.V and Jamuna.D,1991), validated Geriatric Depression Scale (Yesage et.al.,1983) etc were used to measure the problems of elderly and the incidence of elder abuse in the context of family.

ANALYSIS

The collected data was tabulated and percentages were calculated, statistical tests were carried out whenever necessary with the help of SPSS 16.0.

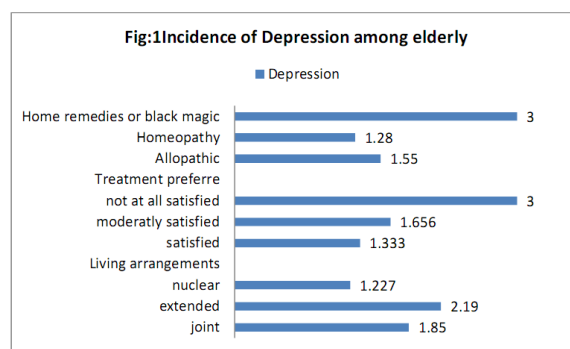
RESULTS AND DISCUSSION

The researchers by using appropriate tools collected the respondents socio- demographic details, assessed the health status, ascertained data about living arrangements, problems faced by the elderly and social supports received by them. Further information was collected regarding the abuse they are experiencing in the context of family and the incidence of depression and the factors influencing depression. Demographic and socio-economic characteristics of the elderly are very important to understand the problems among the elderly. The socio-demographic characteristics of the sample in the present study: The result shows that a little above half of elderly each i.e., 55 percent were males and the remaining were female. Regarding age distribution it is found that a little above two fifths i.e. 45 per cent were in the age group of 65 to 70 years and 40 percent in 60-65 years age group and the remaining 15 percent in the age group of 70 and above years. Nearly three fourths of the respondents i.e. 74 percent of the elderly were not having any formal education. Regarding occupation of the respondents the a majority i.e. 83 percent were not doing any gainful work, 14 percent are working as wage workers. 42.5 percent of the elderly are having pension as the only income and 22 percent were having other sources of income from 'children, family members & business'. Most of the elderly i. e. 90 percent were not having any savings and same percent economic sources are not enough to meet their need and they depend on family.

It is clear from the study that most of the elderly i.e., 66 per cent were Hindus by religion and 55 per cent belong to BC category. 44 per cent of the elderly are living in nuclear families and 47 percent each of elderly are currently married and the same are widow or widower. Further 64 percent of the elderly were 'not at all satisfied' with the available living arrangements at home. The results revealed that a majority i.e. 56 percent of the elderly are having television for recreation. 42 percent 'never' participated in organised social activities and availability of choice of food is 'never' for 56 percent of the elderly. Further 67 percent are not happy with food intake. Elder abuse incidences is increasing by inculcation of human and spiritual values and with suitable intervention it can be minimized. 64 percent are not faced abusive experiences and the remaining 34 percent were faced abusive experiences in their family. Further it is found that, among 34 percent of the respondents 18 percent faced abusive experiences such as use of harsh

words, criticism, threatening, humiliation and intimidation, 11 percent faced 'Neglecting in providing food, clothing, shelter, denying recreation and lack of assistance, the remaining 7 percent faced both.

Regarding health 57 percent are having 'Poor' health status and 30 percent are having mild health problems, followed by 24 percent moderate and 22 percent had major health problems. and 89 percent were taken Allopathic treatment when they have health problems and 39 percent at private general hospital and 25 percent in government general hospital. Regarding bad habits 62 percent not having any bad habits. The results revealed that of the total population 59.2% were normal, 23% were having mild depression and 17.8 % were severely depressed. The results revealed that there is a significant incidence of depression among the geriatric population in the Nellore district and it indicates need to develop measures to minimize or control depression among elderly and specialized gero-psychiatric services are required to mitigate the problem.



From Fig No.1 it has been observed that the respondents who were satisfied with living arrangement were had a low mean score (1.3330) for the depression experienced and there is significant mean difference between groups i.e. moderately and severely depressed elderly groups ($t = 7.887$, $P < 0.01$). Further low mean score (1.285) was noticed in the case of respondents who prefer to undergo homeopathy treatment and the mean difference between other treatment preferences was significant ($t = 8.238$, $P < 0.05$). Further the elderly who are more depressed preferred to undergo treatment at Home remedies or black magic, this clearly indicates that scientific diagnosis and treatment is taking place regarding depression with some false notions, superstitious beliefs and misconceptions. The table also revealed that a low mean score for depression is experienced by elderly (2.196) who were staying in extended families than joint and nuclear families. The mean scores for depression among elderly living with different type families differ significantly ($t = 10.090$, $P < 0.01$). The elderly who were living with extended and joint families were having more incidence of

depression, this clearly indicates that mere having number of people in and around is not enough, continuous interaction and concern and support is essential to avoid depression. Thus, this can be concluded that the high incidence of depression is found among the respondents who are living with extended families and not at all satisfied with the living arrangements and preferred treatment is home remedies or black magic. This clearly indicates the significance of caregivers support for the elderly. Mere fulfilling basic requirements like food, medication etc. by caregivers is not enough. The emotional needs like care and concern, regular interaction and good dynamics with family and neighbourhood play a pivotal role in minimizing the onset of depression among elderly. Hence the family caregivers of elderly has to arrange suitable environment to the aged family members where the emotional needs of the elderly are properly taken care. The family must give psychological support to the elderly. Love, care and understanding from the family and friends in times of crisis are invaluable source of succor. The techniques of reassurance, appreciation, encouragement and approval from others can prove effective.

NEED OF CAREGIVERS SUPPORT - SOCIAL WORK INTERVENTION:

The most important factor in dealing with depression among the aged is to identify the factors which are contributing for depression. The greatest problem of old age is loneliness, unmet emotional needs. An old person wants regular interaction with others and expect every member of the family should consult him for guidance in crucial matters and their decisions may be considered, which is invisible in many families. They look forward to talk with caregivers (near and dear) frequently, but there may be few who would sit down and talk to them. In such situation the following steps are needed. Hence the social worker suggest some measures to minimize depression among elderly such as.. suggesting the younger generation regularly spend some time with the elderly at home. The senior citizens should be encouraged to continue to have an active interest in life. The elderly must be involved in decision making for the family on important occasions and important matters. They should regularly attend social functions like weddings, engagement ceremonies and birthday parties, etc. and thus keep their interest in the family and the community alive. Those who by nature are not very social, should be encouraged to pursue hobbies like music, playing cards, chess, etc., in which much physical effort is not involved. Reading, writing or even looking after grandchildren, generally making oneself useful to the family and the community ward off depression. A common mistake that many people make is lack of planning on what to do after retirement, how to use their time and consider alternate plans are some disturbing questions for them. Government should make arrangements at District Employment offices to help needy senior citizens in planning their future

through pre-retirement training programmes. In every hospital at district level there should be proper arrangement of counselling and consultation for elderly people.

By this we can better equip our senior citizens to withstand the ups and downs of life in old age ensure the best possible use of their capacities, talent, knowledge and experience. Senior citizens need to maintain a high degree of independence and self-mastery resulting in self-respect and dignity. Utmost care should be taken to keep their self-respect and dignity maintained and provides opportunity to their power of judgment, knowledge and skills to contribute to society and to live a satisfying life.

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