

**ORIGINAL RESEARCH ARTICLE****LEVEL OF DEPRESSION AMONG ELDERLY IN SELECTED OLD AGE HOMES AT MANGALORE, INDIA****R Subba^{1*}, HK Subba¹**¹ College of Nursing, Chitwan Medical College, Bharatpur-13, Chitwan, Nepal.***Correspondence to:** Mr. Ramesh Subba, College of Nursing, Chitwan Medical College, Bharatpur-13, Chitwan, Nepal. Email: subbaaskash@yahoo.com**ABSTRACT**

Aging means so many things to so many individuals; it can be viewed as incorporating aspects of the biologic, social, psychologic, functional and spiritual domains. Throughout a person's life, various traumatic experiences, either physical or emotional, may actually weaken the individual ability to repair or maintain himself/herself. Role changes, major life events and co morbidity contribute to an increased rate of depression in the geriatric population. A descriptive study was conducted to evaluate the level of depression among the elderly people. For this study, Purposive sampling was applied & 50 subjects were interviewed in selected old age homes by using a Modified Geriatric Depression Scale (GDS -15). The collected data were analyzed by descriptive and inferential statistics. The study findings showed that the overall mean for the depression among elderly was 6.42 with the SD of 3.21 and 38% of the elderly were suffering from mild depression where as 10% with severe depression. There was a significant association between the levels of depression and selected demographic variables such as gender, marital status, education level, family type, reasons to join old age homes & duration of stay except for age and religion. Helping older adults adjust to limitations, while accentuating positive attributes, may aid older people in remaining independent and may perpetuate a high quality of life during later years. Therefore, there is need to develop and plan the individualistic intervention to decrease depression level among elderly.

Key words: *Depression, Elderly, Old Age Home.*<https://doi.org/10.3126/jcmc.v4i11.1955>**INTRODUCTION**

As soon as a man is born, ageing starts. Ageing is a natural phenomenon and an inevitable process. It is a process of gradual change in physical appearance and mental status that cause a person to grow old. As the birth is an event and the pregnancy a process of it, similarly old age is an event and ageing is its process.¹ Elderly people have to cope with various expectations and to prepare themselves to enter the next world. Old age is the age of long life experience. The Mental sufferings encountered during this period due to health problems, sorrows caused by

departure from beloved ones, doubt concerning the nature of present and next life thus pose a great challenge for their sustenance.²

The common psychiatric illness that affects this vulnerable group is 'Depression'. It affects overall 11.5 million people or 1 in 20 every year. In India, depression is found in one to six percentages of the general population³. A prevalence study on depression among elderly showed that 53.2% were experiencing depressive illness, among them 34.2% were mild and

19% were severe. Thus, concluding that significant number of elderly patients attending OPD of tertiary care hospital were sufferers of depression.⁴The residents aged 65 years and above from 12 old age homes in Mannheim and Camden were interviewed using Brief Assessment Interview technique which revealed 34.6% of residents in Mannheim and 33.5% in Camden were experiencing depression.⁵

A study compared socio demographic characteristics and clinical profile of patients aged 60 years and above attending psychiatric services. Results revealed that mood disorder formed a large group of mental disorder in the geriatric age group of which more than half had depression.⁶ Depression is the darkest of moods, an empty feeling people are not interest in many things, finally it leads to lurch thereby diminishing person's quality of life, personal joy and productivity.⁷A study conducted on three groups; the elderly of the institutional and non institutional, staying with spouse only and staying with family members found that non-institutionalized groups have better life satisfaction as compared with the institutionalized group. So serious action planning is required especially for the institutionalized aged who needs care and counseling. This planning should be at the community and social level⁸.

A cross sectional study on the prevalence and correlation of depressive symptoms among inmates of old age homes showed that 56.5% of men and 43.6% of women had depressive symptoms. Researcher also concluded that by 2025 the number of old age homes inmates with depressive symptoms will be twice than the present status.¹

Depression is common in late life, affecting nearly 5 million Americans aged 65 and over. Both major and minor depression are reported in 13% of community dwelling elderly, 24% of elderly medical outpatients,

30% of elderly acute care patients, and 43% of nursing home dwelling elderly⁹.

MATERIALS AND METHODS

A descriptive approach was used with the aim to find out the degree of depression among old age people. Selected old age homes were adopted for the project namely, St Ann's Convent, Home for the Aged and Sisters of Poor house at Mangalore. Formal permission was taken from the concerned authority and also consent from the participants by briefing the purpose of the study. Purposive sampling was applied among 50 samples with interview by using a Modified Geriatric Depression Scale (GDS -15). A blueprint on the Geriatric Depression Scale was prepared that consisted five areas. It depicted the distribution of items according to the content area. Personal integrity had 3 (20.0%), emotional stability had 4 (26.67%), social stability had 2 (13.33%), mental hygiene ideology had 3 (20%) and vitality had 3 (20%) items covering all the Geriatric Depression Scale.

The English version was Kanada version, and its validity & reliability was tested. Although it is standard tool, reliability is tested after doing pilot study using Karl-Pearson's correlation coefficient formula ($r=0.78$). In question item number nine, modified according to south Indian culture adding old age in front of home and categorized the 15 items into five areas according to Indian setting for tool validation. The collected data was analyzed by descriptive and inferential statistics.

RESULTS

Table 1: Socio demographic characteristics(n=50)

Characteristics		Frequency	Percentage (%)
Age in Years	60-69	16	32
	70-79	24	48
	≥ 80	10	20
Sex	Male	21	42
	Female	29	58
	Married	22	44
Marital status	Unmarried	17	34
	Widow/Widowed	11	22
Education level	Primary	25	50
	High school	16	32
	Pre university & above	9	18
Religion	Hindu	19	38
	Muslim	1	2
	Christian	30	60
Type of Family	Nuclear	26	52
	Joint	19	38
	Extended	5	10
Reasons to join old age home	No body to look after in the family	39	78
	Does not wish to stay with the family	11	22
Duration of stay in old age homes	Less than 6 months	4	8
	6 to 12 months	8	16
	1 to 2 years	10	20
	More than 2 years	28	56

Nearly half of the participants (48%) were in the age group between 70-79 years, 32% were between 60-69

yrs. Majority (58%) of the participants were female. 22(44%) of the participants were married, 34% unmarried and 22% were widow. More than half of the participants (52%) were living in a nuclear family, 38% in a joint family and 10% belonged to extended family. Most of them (78%) expressed that there were nobody else in the home to care them where as 22% pointed out that they preferred to stay away from family. Majority (56%) were staying for more than two years in the old age home, where as few of them (8%) were there for the last six months. In regard to their qualification, half of the subjects possessed primary education, and remaining 18%

studied up to Pre- University College and above. Majority of them (60%) were Christians.

Table 2: Levels of depression among elderly (n=50)

Level of Depression	Score	Frequency	%
No Depression	0-4	17	34
Mild Depression	5-8	19	38
Moderate Depression	9-11	9	18
Severe depression	12-15	5	10

Data presented in the Table 2 showed that the two third (66%) of the subjects experienced some level of depression. Among them highest percentage (38%) belonged to mild depression, only 10% to severe category.

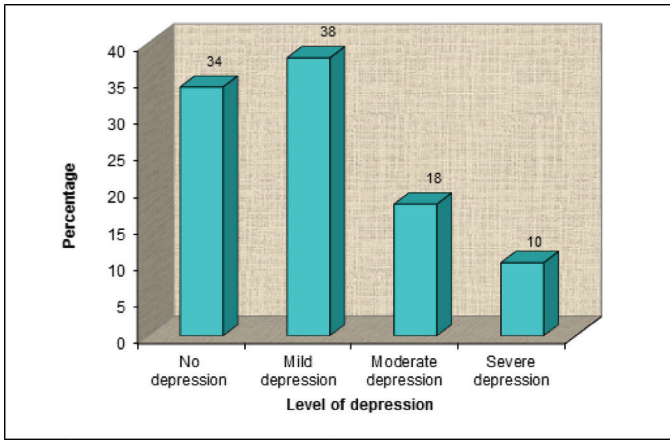


Figure 1: Bar Diagram Representing Grading of Depression Level Among the Elderly.

The Diagrammatic representation of the table 2 shows that less than half (38%) of the participants had mild depression whereas only 10 % suffered severe depression which indicates the dire need for an intervention to combat this serious problem.

Table 3: Mean, SD, and Mean Percentage of Depression Level among Elderly (n=50)

Depression among Elderly	Mean	SD	% Mean
	6.42	3.21	45.86

The findings of the study show that the overall Mean for the depression among elderly was 6.42 with the SD of 3.21.

Table 4: Area wise means, SD and mean Percentage of depression among elderly

Characteristics of area	Min. Score	Max. Score	Mean	SD	% Mean
Personal Integrity	0	3	0.9	0.95	30.00
Emotional Stability	0	4	1.44	1.07	36.00
Social Restrictiveness	0	2	1.14	0.73	57.00
Mental Hygiene Ideology	0	3	1.54	0.99	51.33
Vitality	0	3	1.4	1.03	46.60
Overall depression	0	14	6.42	3.21	45.86

Data in the table 4 revealed that elderly had the high-

est depression in the area of social restrictiveness with a mean percentage of 57% followed by mental hygiene ideology with a mean percentage of 51.33%. The mean depression score was 6.42 ±3.21, with a mean percentage of 45.86% revealing that elderly regarding depression in old age homes is mild that can manage properly.

Table 5: Association between the level of depression and selected demographic variables

Characteristics	Calculated Value (X ²)	P Value
Age	9.623	0.141
Gender	9.816	0.02
Marital Status	15.212	0.019
Education Level	14.752	0.022
Religion	3.18	0.785
Family Type	13.346	0.038
Reasons of joining old age homes	10.597	0.014
Duration of stay	28.353	0.001

The data presented showed that there was significant association between level of depression and variables like gender, marital status, education level, family type, reasons to join old age homes & duration of stay.

DISCUSSION

There are eighty millions elderly in India. Among them 68.75% go to sleep on an empty stomach, 37.5% are lonely, 8.125% felt no one even knows they exist and 15% are blind only because they cannot afford the treatment . 90% have to continue their work if they have to live¹⁰.

The findings of the present study is consistent with a study carried out among geriatric population in Nepal, which showed majority (53.2%) were experiencing depressive illness, among them 34.2% were mild and 19% were severe⁴.

Majority (66%) of elderly experienced some form of depression. Out of which 38% showed mild depression, 18% were at moderate intensity and least (10%) of them experienced severe depression.

A descriptive study on prevalence of depression among 50 elderly from old age homes revealed 8% of them had mild depression, 56% with moderate intensity and 36% with severe depression¹¹.

A study done among Chinese elderly population revealed the association between the depressive symptoms and education levels¹².

A similar finding is noted in a cross sectional study on prevalence of depression among Malaysian elderly which found that the level of depression is significantly associated with variables like gender¹³.

CONCLUSION

Majority of the subjects experienced some level of depression. Among them highest percentage belonged to mild depression, whereas moderate & severe category were following respectively. However just above one third belonged to the category of no depression.

Elderly had the highest depression in the area of social restrictiveness with a mean percentage of 57% followed by mental hygiene ideology with a mean percentage of 51.33%. The mean depression score was 6.42 ± 3.21 , with a mean percentage of 45.86% revealing that elderly regarding depression in old age homes is mild that can be managed appropriately.

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