A Study of Depression in Geriatric Population in a Rural Area of North India

INTRODUCTION

Aging is a continuous and universal process which begins with the first day of life to the last moment of death[1]. Deteriorating health status in the form of psychological, social and physical health problems are all associated with aging. Geriatric population is challenged by many psychiatric co-morbidities depression being the most predominant. Across India, community based studies have estimated the prevalence of depression amongst the elderly in urban areas, but there are only a few such studies done in rural settings. The purpose of the present research was to study and determine the prevalence of depression amongst the elderly population, 60 years or more of age, in a rural area of north India. This was a cross sectional descriptive study conducted in a rural area in north India. Out of the total population of 5037, geriatric was 554. Out of these 554 people, only 518 met inclusion criteria. House to house survey was done for collection of data by using a pre-designed and pre-validated 15 item Geriatric Depression Scale (GDS), developed by Yesavage JA in 1983. In this study, the overall prevalence of depression in elderly in the study population was estimated to be 62.16%. The most commonly endorsed symptom (83.01%) was a positive response to the question, “Do you feel that your life is empty?”; followed by, “Have you dropped many interests and hobbies?” (75.87%). More than half of the study population endorsed symptoms that they often get bored and helpless. Conclusion: Prevalence of depression in the present study, amongst elderly population in a rural area was found to be high which shows that the quality of health care services to the elderly need improvement.

Keywords: depression, geriatric, India, population, rural

Abstract: Deteriorating health status in the form of psychological, social and physical health problems are all associated with aging. Geriatric population is challenged by many psychiatric co-morbidities depression being the most predominant. Across India, community based studies have estimated the prevalence of depression amongst the elderly in urban areas, but there are only a few such studies done in rural settings. The purpose of the present research was to study and determine the prevalence of depression amongst the elderly population, 60 years or more of age, in a rural area of north India. This was a cross sectional descriptive study conducted in a rural area in north India. Out of the total population of 5037, geriatric was 554. Out of these 554 people, only 518 met inclusion criteria. House to house survey was done for collection of data by using a pre-designed and pre-validated 15 item Geriatric Depression Scale (GDS), developed by Yesavage JA in 1983. In this study, the overall prevalence of depression in elderly in the study population was estimated to be 62.16%. The most commonly endorsed symptom (83.01%) was a positive response to the question, “Do you feel that your life is empty?”; followed by, “Have you dropped many interests and hobbies?” (75.87%). More than half of the study population endorsed symptoms that they often get bored and helpless. Conclusion: Prevalence of depression in the present study, amongst elderly population in a rural area was found to be high which shows that the quality of health care services to the elderly need improvement.

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urbanization, education, and exposure to Western lifestyles has led to increasing neglect of elderly population, being economically unproductive[10]. Moreover, the age related disorders like depression determine the capacity for self-care as well as the ability to perform the daily tasks of life and also impose practical and emotional burden on the family members which may lead to heavy investment in domiciliary services[5]. Therefore it is important to diagnose and treat the condition early, so that burden of the disease can be reduced both amongst the elderly and the family members[4].

Across India, many community based studies have estimated the prevalence of depression amongst the elderly in urban areas, but there are only a few such studies done in rural settings. The purpose of the present research was to study and determine the prevalence of depression amongst the elderly population, 60 years or more of age, in a rural area of north India.

MATERIAL AND METHODS

This was a cross sectional descriptive study that was conducted in a rural area in north India for a period of two months between June and August 2013. Out of the total population of 5037 in the village, geriatric population was 554. Out of these 554 people, only 518 were available for the study since the others were either not present there, having been visiting relatives or on some pilgrimage or else they were admitted in the hospital for treatment of chronic ailments. House to house survey was done for collection of data. Every household in this community was visited by the investigator and all elderly persons aged 60 years and above were included in the study, after obtaining informed consent. There were no non-respondents.

In order to assess the depression status of the study population, data was collected using a pre-designed and pre-validated 15 item Geriatric Depression Scale (GDS), which is a self-report scale developed by Yesavage JA in 1983[11]. The scale has three subscales: (a) a generalized anxiety (GA) scale adapted from the CARE schedule, the Present State Examination (PSE)[12] and the Geriatric Mental State (GMS), VI (13) (b) a Phobic (Ph) scale (c) a Panic Disorder (PD) scale. It also screens for seven characteristics of depression in elderly, which are somatic concerns, lower affect, cognitive impairment, feelings of discrimination, impaired motivation, lack of future orientation and lack of self-esteem[4].

The study was conducted after ethical clearance as well as after obtaining permission from the administrative authorities of the area. Data thus collected was analysed using EpiInfo software. Frequency distributions were calculated for each Geriatric depression symptoms based on each age group.

RESULTS

In this study, (Table-1) the overall prevalence of depression in elderly in the study population was estimated to be 62.16%. Table-2 lists individual GDS-H items rank ordered with respect to frequency and percentage of subjects reporting that symptom in the total sample. The most commonly endorsed symptom (83.01% of all subjects) was a positive response to the question, “Do you feel that your life is empty?”. The second most commonly endorsed symptom was a positive response to the question, “Have you dropped many interests and hobbies?” (75.87% of all subjects) which was also the second most common endorsed symptom in the study conducted by Ganguli M et al[14] and was 57.2% in their study. More than half of the study population endorsed symptoms that they often get bored and helpless. Slightly less than half of them but more than 30% endorsed other symptoms like lack of energy, memory problems, feeling of hopelessness, dissatisfaction, unhappiness, feeling of worthlessness etc.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Subjects with depression N (%)</th>
<th>Subjects without depression N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥60 to &lt;70</td>
<td>212(66.25)</td>
<td>108(33.75)</td>
</tr>
<tr>
<td>≥70 to &lt;80</td>
<td>97(58.79)</td>
<td>68(41.21)</td>
</tr>
<tr>
<td>≥80 to &lt;90</td>
<td>11(47.83)</td>
<td>12(52.17)</td>
</tr>
<tr>
<td>≥90 to &lt;100</td>
<td>2(25)</td>
<td>6(75)</td>
</tr>
<tr>
<td>≥100</td>
<td>0(0)</td>
<td>2(100)</td>
</tr>
<tr>
<td>Total</td>
<td>322(62.16)</td>
<td>196(37.84)</td>
</tr>
</tbody>
</table>
DISCUSSION
Depression is an important condition in older adults that is often overlooked as a clinical diagnosis and assumed to be a normal response to aging, physical losses or other life events[4]. Serious depressive symptoms were found in 8 – 20% of elderly in community and 37% of elderly in primary care setting (U.S Public health service 1999). Presence of co-morbid depression greatly increases health care cost with decrement in function and well being, that are similar to those associated with chronic medical disease[15].

In this study, the overall prevalence of depression in elderly population was estimated to be 62.16%, almost consistent with another study conducted in urban slum by Pracheth R et al [4]. Our results differed from the studies conducted by Jk W [12], Steffens DC et al [15] where overall prevalence of depression in the elderly was estimated to be 53.7%, 39.04%, 43.32%, respectively. This difference in the prevalence of depression amongst the elderly could be most likely due to the difference in study settings, family composition and support, as well the basic customs and traditions prevalent in the area that influence the support systems in place. The elderly population in rural setting have increased risk of psychiatric co-morbidities especially depression due to lack of awareness and lack of availability of health services. Also, prevalence of depression was highest in the elderly age group 60-70 years similar to the study conducted by Sinha MD et al [9]. Community-based mental health studies conducted in India have revealed a variable prevalence of depressive disorders. The point prevalence of depressive disorders in the elderly Indian population varies between 13% and 25% [16-17]. The most commonly endorsed symptom in our study population was feeling of emptiness in life. Other symptoms were endorsed by less than 50% of the study population due to the misconceptions that this rural community could potentially consider these as aspects of normal ageing[14].

A study done by Korte J[18] concluded that depression in elderly is evitable and can be prevented by addressing the risk factors leading to depression. As depression frequently manifests with somatic symptoms like tension, headache and heaviness, etc., most of the elderly persons visit non -psychiatry outpatient services seeking relief for their symptoms[19]. Hence, there is an urgent need for greater awareness of geriatric depression, both among community members as well as the health personnel to prevent misdiagnosis of the condition.

CONCLUSION
Prevalence of depression in the present study, amongst elderly population in a rural area was found to be high – 62.16%. Another study has already been started to find out the factors that may be responsible for this depression. But obviously, the present study shows that the quality of health care services to the elderly population in this area should be improved in order to reduce the burden of diseases and disabilities. It would be best done by education and awareness of the family members as well as the grassroots health workers.

REFERENCES


