

Comparative Study on Emotional Disorders and Dietary Habits among the Geriatric Population in Old Age Home and In Community of Urban Chidambaram

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Abstract: Because of modernization, obligation of the younger generation towards older generation is being eroded and so old people move to old age home. Dietary habits of the elderly also differ from younger generation. Present study is done 1) To assess the emotional disturbances in Geriatric population 2) To assess the dietary practices in Geriatric population 3) To compare the emotional problems and dietary practices among Geriatric population in old age home and community. A comparative descriptive study was done in a study population of elderly people in old age home and the community. Through non probability purposive sampling technique 13 elderly people were selected from old age home and 25 from the urban field practice area, Chidambaram. GDS -15 (geriatric depression scale) was used to measure depression. Anxiety scale used was a liker four point scale. Data were entered in Excel sheet and analyses through SPSS package by non-parametric statistical analysis. 42.1% were found to be suggestive of depression, 34.2% of the respondents showed severe anxiety. Females were more prone to anxiety than males. Elders with low educational status were more prone to depression. People living in old age home were more malnourished than those who were living in the community.

Keywords: Depression, Anxiety, Geriatric population.

INTRODUCTION

Ageing is a global phenomenon. India is in a phase of demographic transition. Its population has approximately tripled during the last 60 years, but the number of elderly Indians has increased more than fourfold [1]. The somatic changes and failure to adapt during later part of life cycle can result in physical and emotional illness such as depression, anxiety, and grief.

Because of industrialization, urbanization and modernization in India, the tradition of joint family is disappearing slowly and people have started in believing in nuclear family. There by elders have started moving to old age home. Family is main source of care giving to the elders. It gives them social and emotional support. Family mainly acts as the buffer for older individuals. So people living in old age home may be more prone to emotional disorders. Life in institution need not be bad always. People go to old age home because they have no relatives to care for them. Thus the individuals when they see alternate accommodation may increase their social contact and have a positive impact on their wellbeing. They may live freely in the institution without any family problems and stress.

Evidence suggests that depressive symptoms are associated with poorer dietary intake Higher depressive symptoms were hypothesized to predict poorer diet quality, greater emotional eating, lower physical activity levels [3]. Other factors like lack of physical exercise which reduces BMR, alteration in GIT, lack of interest In food ,loss of tooth and difficulty in mastication affects the nutritional status of old people. Dietary practices of the elderly in old age home differ from those living with their family.

Objectives

Therefore our study is done with the following objectives

- To assess the emotional disturbances among the Geriatric population in old age home and community

- To assess the dietary practices among the Geriatric population in old age home and community.
- To compare the emotional problems and dietary practices among Geriatric population in old age home and community

METHODOLOGY

A comparative descriptive study was done in a study population of elderly people in old age home and the community. Through non probability purposive sampling technique 13 elderly people were selected from old age home and 25 from the urban field practice area, Chidambaram. Pretested questionnaire was used to collect data. Data were collected on socio-demographic variables. Standard scales were used to measure depression and anxiety. GDS -15 (geriatric depression scale) was used to measure depression. GDS-15 was a 15 questioned scale with yes or no responses. When the total score

was less than 5, it was interpreted as no depression; when it was between 5 to 10, interpreted as suggestive of depression and when the score was greater than 10, interpreted as indicative of depression. Anxiety scale used was a liker four point scale. Total score 0 to 7 was taken as normal , 8 to 9 as mild anxiety, 10 to 14 as moderate anxiety, 15 to 19 as severe anxiety and the score greater than 20 was taken as extremely severe anxiety. Data on dietary intake was got by 24 hrs dietary recall method. Data were collected for one week. Data were entered in Excel sheet and analyses through SPSS package by non-parametric statistical analysis.

RESULTS

Table 1 shows the distribution of age and sex of our study subjects. Among the total of 38 people studied from both old age home and community, 52.6% belonged to the age group 60 to 70 .57.9% of our study subjects were males.

Table-1: Distribution of age and sex of the respondents (n=38)

	Frequency (n)	Percentage %
Age		
60 – 70 years	20	52.6
70 – 80 years	13	34.2
>80 years	5	13.2
Total	38	100
Sex		
Male	22	57.9
Female	16	42.1
Total	38	100

50% of our study people were widows/widowers & 47.4% were married.89.5% of them were Hindus_.Majority of them 57.9 % (22) had

completed their primary education and 23.7 % (9) of them were illiterate.78.9% of them were unemployed and 26.3 % were without income

Table-2: Depressive status of the respondents (n=38)

Depressive status	Frequency	Percentage
No depression	12	31.6
Suggestive of depression	16	42.1
Indicative of depression	10	26.3
Total	38	100

Majority of them (42.1%) were found to be suggestive of depression 31.6% of the study subjects

had no depression. 10 of them (26.3 %) were indicative of depression.

Table-3: Anxiety grading among the respondents (n=38)

Anxiety grading	Frequency	Percentage %
Normal	12	31.6
Mild	3	7.9
Moderate	6	15.8
Severe	4	10.5
Extremely severe	13	34.2
Total	38	100

34.2% of the respondents showed severe anxiety and 31.6% were normal.

The collected data were analysed by non-parametric statistical analysis. Table 4 shows correlation of depression and anxiety with socio-demographic variables. Among the demographic variables sex of the respondents was found to be

correlated with anxiety (5% significance). Females were more prone to anxiety than males. As regards depression education was negatively correlated with depression (5% significance). There was a very significant correlation between depression and anxiety.

Table-4: Correlation of depression and anxiety with socio demographic variables

Variable	Depression (correlation coefficient)	Anxiety (correlation coefficient)
Age	0.066	-0.082
Sex	-0.237	-0.350*
Education	-0.383*	-0.227
occupation	0.128	0.118
income	-0.183	-0.036
site	-0.063	-0.036
depression	1	-0.683**
anxiety	0.683**	-0.036

*correlation at 5 % significance **correlation at 1 % significance

Table 5 shows the calorie intake among the study subjects. 86.8% of them had deficient calorie intake.

Correlation coefficient for diet and site was 0.568 with 1% significance. People living in old age home were more malnourished than those who were living in the community.

Table-5: Calorie deficiency among the respondents

Calorie deficiency	Frequency	Percentage
Upto 300 KCAL	8	21.1
300 - 600 KCAL	9	27.3
600 - 900 KCAL	8	21.1
900 - 1300 KCAL	8	21.1
Total	33	86.8
Others	5	13.2
Total	38	100

DISCUSSION

In our study about 42% were suggestive of depression, 26.3% were indicative of depression and overall 68.3 % were depressed. This is different from Christos Kleisiaris *et al.* study where the overall prevalence of depression was 58.5%, mild depression was 52.0%, and the moderate depression was 6.5% [2]. In our study 34.2% of the study subjects were suffering from extreme anxiety and females had more anxiety disorder than males. Depression was negatively correlated with education. This is similar to study of onya and Stanley where female sex and poor educational background were found to be risk factors for depressive illness in the elderly [3]. In our study no correlation between depression and other socio-demographic variables. This is in contrast to onya and Stanley where in addition, older age groups, widowhood, were found to be risk factors for depressive illness in the elderly [3].

Anxiety and depression were correlated with each other at 1% significance in our study this is similar to Aartjan T.F. Beeckman *et al.* study where among those with major depressive disorder, 47.5% had a concurrent anxiety disorder, whereas 26.1% of those with anxiety disorders also met criteria for major

depressive disorder. Among the anxiety disorders, concurrent major depressive disorder was most common with panic disorder and OCD [4].

People living in old age home were more calorie deficiency than those who were living in the community. This is similar to study conducted among elderly population of Lucknow city by Anuradha Singh *et al.* They found that people living alone in old age home without support were more prone to deficient calorie intake than those who were living with their family [5].

The limitations of our study are small sample size and non-probability sampling technique.

CONCLUSION

From our study it was found that depression was high among the elderly. Anxiety and depression was correlated with one and another. Females had more anxiety disorder than males. Elders with low educational status were more prone to depression. People in the old age home had more calorie deficiency than those who were in the community. However there was no correlation between site and depression or anxiety in our study, this may be due to small sample

size. Therefore keeping this study as initiation further researches are needed in this field

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