

Original Research Article

Prevalence of depression and anxiety in the elderly patients admitted in Regional Geriatric Centre, Gauhati Medical College and Hospital, Guwahati

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ABSTRACT

Background: Mental health issues among the elderly are frequently under-recognized and untreated, particularly in developing countries. Depression and anxiety are common psychiatric morbidities in geriatric populations and are often associated with socio-demographic factors. This study was conducted to assess the prevalence of depression and anxiety among elderly patients admitted to a tertiary care geriatric center and to examine their socio-demographic correlates.

Methods: This cross-sectional hospital-based study was conducted at the Regional Geriatric Centre, Gauhati Medical College and Hospital, from August 2016 to July 2017. Eighty-five patients aged 60 years and above who fulfilled the inclusion criteria were evaluated. Socio-demographic data were collected using a semi-structured proforma. Psychiatric diagnoses were made using the International Classification of Diseases, 10th Revision (ICD-10) diagnostic criteria.

Results: Out of 85 elderly patients assessed, 40 (47.1%) were diagnosed with psychiatric illness. Depression was present in 16 patients (40%) and anxiety disorders in 5 patients (12.5%). Depression was more common among females, widows, unemployed individuals, and those from rural backgrounds. Anxiety disorders were more frequently observed in males, individuals aged 70-79 years, and those living in joint families. Psychiatric comorbidity was observed in five patients with depression.

Conclusions: Depression and anxiety are highly prevalent among hospitalized elderly patients and show significant associations with socio-demographic factors. Early identification and appropriate intervention are essential to improve mental health outcomes in the geriatric population. Community awareness and integration of mental health services into geriatric care are strongly recommended.

Keywords: Anxiety, Depression, Elderly, Geriatric psychiatry, Socio-demographic factors

INTRODUCTION

Old age is not a disease. It is a phase of the life cycle characterized by its own developmental issues, many of which are concerned with loss of physical agility, and mental acuity, friends and loved ones, and status and power. Ageing has not only physical or health related

implications but also has social, economic and political issues associated with it. The psychiatric morbidity in elderly is one of the less focussed areas in our country and much of this co-morbidity remains undetected, and therefore, remains untreated. Many a times the symptoms seen in elderly individual are given less importance and often these are thought to be a part of normal ageing.

In the study of Sood et al in which depression is most common (25.94%) among 260 patients with psychiatric disorder.¹ Tiwari et al reported depression to be the most common psychiatric illness (30.09%) among 206 patients.² In a hospital based study by Kumar et al, 25% patients had depression among 48 patients with psychiatric illness.³ Similar finding was reported by Nandi et al depression was found to be the most common psychiatric illness among the geriatric age group.⁴ In a systematic review of all articles of IJP from 1958 to 2009, 13 articles were related to psychiatric morbidity in late life in which depression was found to be the commonest psychiatric illness in geriatric age group.⁵ In a study done in AIMS where 31 elderly depressed patients are assessed reported that depression was more associated with female gender, with stressful life events and low income.⁵ In a community based study done in Assam in 2013 reported prevalence of depression in elderly as 17.25%, more in female, urban population.⁶

Many western studies also reported a high prevalence of depression among elderly population. Uwake et al reported a prevalence of 45.3% of psychiatric illness in elderly age group and depression was found to be the most common among them.⁷ In a population based study by Sandberg et al 41% study population had depression and 51% had anxiety.⁸ In a UK based study done by Burn et al reported 23% patients with depression and 7% with anxiety disorder.⁹ In a study Katon et al using MEDLINE database consisting sample for duration of 40 years revealed depression and anxiety were co morbidly associated with chronic medical illness in elderly age group.¹⁰ According to Katz and Alexopoulos many of the depressive disorders remain undiagnosed, untreated and misinterpreted as a part of normal ageing.¹¹

With this background the present study was conducted to detect prevalence of depression and anxiety in elderly population.

Aim

To assess the prevalence of depression and anxiety in elderly patients. To assess the association of socio-demographic variables in these patients.

METHODS

This was across sectional study done in the Regional Geriatric Centre, Gauhati Medical College and Hospital. The sample size was 85. The study was done from 1st August 2016 to 31st July 2017.

Tools used for psychiatric assessment included:

A semi-structured interview consisting of socio-demographic details; International Classification of Diseases (ICD-10) diagnostic criteria- classification of mental and behavioural disorders.¹²

Inclusion criteria

Age >60 years. Patients admitted at the Regional Geriatric Centre. Availability of reliable informant.

Exclusion criteria

Patients not giving consent. Patients who were unable to participate in the interview. Patients on drugs, which could alter their cognitive functions.

85 patients of 60 years or above who fulfilled the inclusion criteria were selected and the purpose of the study was explained and written informed consent was taken. The psychiatric assessment on the patients was conducted at least 3 days after their admission to the hospital, so that they get adapted to the ward setup. The interview was conducted on the bed side. Particulars of all the cases were noted on a semi structured proforma which includes socio demographic variables. Provisional diagnoses were made by using ICD-10 diagnostic criteria and the final diagnoses were confirmed by the consultant of the psychiatry department.

RESULTS

85 patients of 60 or above age admitted in the Regional Geriatric Centre, Gauhati Medical College and Hospital were assessed and out of which 40 patients were found to have psychiatric illness. Among these 40 patients 16 patients had depression (40%) and 5 patients had anxiety disorder (12.5%).

Table 1 shows the socio-demographic variables in depression and anxiety disorders. In the depression group maximum patients (9 out of 16) belonged to the age group of 60-69 years while in anxiety group more patients (4 out of 5) belonged to 70-79 years. Female sex outnumbered male in depression group. Majority of patients in both groups were Hindu, unemployed and from rural background.

Among the 16 patients with depression, co morbidity was seen in 5 patients. The main co morbid psychiatric illness were dementia (2), substance abuse (1), somatoform (1) and suicide attempt (1).

Table 1: Socio-demographic profile of patients with depression and anxiety.

| Socio-demographic variables | Depression | Anxiety |
|-----------------------------|------------|---------|
| Age (years) | | |
| 60-69 | 9 | 1 |
| 70-79 | 4 | 4 |

Continued.

| Socio-demographic variables | Depression | Anxiety |
|-----------------------------|------------|---------|
| 80-89 | 2 | 0 |
| ≥90 | 1 | 0 |
| Sex | | |
| Male | 5 | 3 |
| Female | 11 | 2 |
| Religion | | |
| Hindu | 13 | 3 |
| Islam | 3 | 2 |
| Marital status | | |
| Married | 7 | 3 |
| Unmarried | 1 | 1 |
| Widow | 8 | 1 |
| Locality | | |
| Urban | 7 | 2 |
| Rural | 9 | 3 |
| Education | | |
| Illiterate | 4 | 2 |
| up to 5 th | 5 | 1 |
| Matriculation | 3 | 0 |
| H. S. Pass | 2 | 2 |
| Graduate | 2 | 0 |
| >graduate | 0 | 0 |
| Employment status | | |
| Employed | 1 | 0 |
| Unemployed | 10 | 3 |
| Retired | 5 | 2 |
| Monthly income | | |
| <5000 | 1 | 0 |
| 5000-10000 | 6 | 1 |
| 10000-25000 | 3 | 4 |
| 25000-50000 | 3 | 0 |
| >50000 | 3 | 0 |
| Type of family | | |
| Nuclear | 8 | 1 |
| Joint | 8 | 4 |

DISCUSSION

This cross-sectional study was done to assess the prevalence of depression and anxiety among geriatric age group and also to assess the socio-demographic profile among these patients.

Out of 85 patients admitted in Regional Geriatric Centre, 40 patients are diagnosed with psychiatric illness. Out of these 40 patients, depression is found in 16 patients which constitute 40%. This observation is comparable with the study of Sood et al in which depression is most common (25.94%).¹ Similar findings were reported in studies by Tiwari et al in 1998 (30.09% case of depression).²

Among the patients with depression, maximum number of patients were in the age group of 60-69 years. With age the capacity for adjustment and coping changes. It is associated with different life stressors, life events for

which the mind is not totally capable of handling those issues. The factors associated with more prevalence of depression are loss of vigors, loss of occupation, lack of family support and absence of care giver, the associated physical illness. The socio-demographic distribution of patients with depression and anxiety is summarized in Table 1.

The Similar finding was reported in studies done by Tiwari et al, Prasad et al, Pereira et al and Rao et al.¹³⁻¹⁶ Depression is also seen more in female, widow. The study finding is comparable with study done by Taqui et al where depression was found to be associated with female sex, widow.¹⁷ The study done by Kumar et al, Nandi et al, Seby et al and Manjubhasini also reported female predominance of depression.^{3,4,18,19} Depression was more common in widow in the study done by Seby et al and Manjubhasini et al.^{18,19} This can be explained by conventional family set up of India where females are

more exposed to family burden and responsibility. The educational status of female is also not up to the mark. These results in stress and the presence of ongoing stress plays an important role in appearance of psychiatric disorders in female population.

Majority of the patients are Hindu, more from rural background, unemployed with monthly income range of 5000-10000. In the study of Manjubhasini depression was more in rural area and unemployment population.¹⁹ Seby et al also reported more prevalence of depression in unemployed.¹⁸ However, no. of patients with depression same in joint and nuclear family. However, the results are not comparable with the study done by Niruj et al where depression was more common in nuclear family.²⁰

5 patients are diagnosed with anxiety disorders. Out of which 3 patients are having generalised anxiety disorder and 1 patient with PTSD and another 1 with Illness anxiety disorder. The present study results can be compared with studies done by Sandberg et al where prevalence of anxiety disorder was 51% and with the study done by Chennamsetty et al where GAD was found in 2% and Burn et al which reported the prevalence of anxiety disorder as 7%.^{8,9,21}

Among the patients with anxiety disorder, it is seen that more patients are in the age group of 70-79 years, male, married, Hindu, unemployed and from rural background staying in joint family. The study results can be comparable with the study done by Beekman et al where anxiety disorder was more found to be more common in age >75 years of age, married, unemployed with low level of education.²²

Limitations of this study are: small sample size. It was a cross sectional study, the follow up of the patient is not done. The study was done on the sample taken from the hospital-based population, it may not be representative of the general population. All the patients are screened in a one stage interview of their stay in the hospital. The effect of treatment outcome has not been evaluated.

CONCLUSION

The present study analysed the prevalence of depression and anxiety in geriatric age group. The socio-demographic profile of the patients with depression and anxiety are also evaluated. The study results show that depression is very much prevalent in geriatric age group so as the anxiety disorders. There is a definite association of socio-demographic variables and the prevalence of depression and anxiety disorders. The study also emphasised the role of community participation and increases role of awareness about psychiatric illness among the vulnerable population. Future research is needed in this field to support the finding of the present study with bigger sample size, sophisticated methodology and proper follow up of the patients along with the

consideration of different preventive and treatment measures.

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