Original Research Article

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Study on depression among elderly people in an urban slum of Raichur

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ABSTRACT

Background: Globally, more than 300 million people of all ages suffer from depression. With an ageing population, depression among the elderly is likely to increase in the coming years, with higher prevalence among the elderly people than that in the general adult population. This study was intended to know the prevalence of depression and factors associated with depression among elderly people.

Methods: A cross-sectional study was conducted in the urban field practice area of Navodaya Medical College, Raichur. A pre-designed and pre-tested questionnaire was used to interview the elderly person, after taking verbal consent. Depression was assessed using geriatric depression scale (short version). The study duration was from 1st September 2018 – 31st December, 2018 with 360 sample size.

Results: Out of 360 elderly people, the prevalence of depression was found to be 31.4 %. The prevalence of depression was more in females 31.9% (63 out of 197). Significant association of depression was noted with age, socio-economic status, marital status, type of family, education and occupation with p<0.05.

Conclusions: Around 1/3rd of the study participants were found to be suffering from depression. Depression was significantly associated with age, illiteracy, nuclear family, dependent on family members. Family support to the elderly population may prevent depression.

Keywords: Geriatrics depression scale, Depression, Elderly people, Urban slum

INTRODUCTION

Globally, the population is ageing rapidly. Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double, from 12% to 22%. Mental health and well-being are as important in older age as at any other time of life. Approximately 15% of adults aged 60 and over suffer from a mental disorder. Aging is an infallible phenomenon of life, and the mental health needs of an ever-growing elderly population is fast increasing. Depression can cause great suffering and leads to impaired functioning in daily life. Depression is both under diagnosed and undertreated in primary care settings. Symptoms are often overlooked and untreated because they co-occur with other problems encountered by older adults. Older people with depressive symptoms

have poorer functioning compared to those with chronic medical conditions such as lung disease, hypertension or diabetes. Depression also increases the perception of poor health, the utilization of health care services and costs. A systematic review reported a median prevalence of 21.9% (IQR, 11.6–31.1%) for depression among the elderly in India.³ Among the community based studies in the elderly, the prevalence of depression ranged from 3.9% to 47.0% with higher rates among female and urban residents. Living alone, stressful life events, lack of social support systems, recent loss of a loved one, lower socioeconomic status and presence of co-morbid medical illnesses are some of the risk factors for depression in the elderly.⁴

Objective

- To study the prevalence of depression among elderly people.
- To find out the factors associated with depression among elderly people.

METHODS

A descriptive cross-sectional study was conducted in the urban field practice area of Navodaya Medical College, Raichur. After taking verbal consent, elderly person was interviewed using a pre-designed and pretested questionnaire. It was one-to-one type of interaction. Depression was assessed using Geriatric Depression Scale (Short version). This is a questionnaire comprising of fifteen questions. Each question carrying 1 point. Elderly people who scores above 5 points were taken to be suffering from depression. The elderly person were also classified according to their age, gender, marital status, education, occupation, financial status, socioeconomic status, total monthly income, type of family, total family members. 360 elderly people were enrolled in the study. The sample size was calculated based on prevalence of depression in elderly people noted in previous studies conducted in the same area. The study was conducted for 4 months (1st September 2018 – 31st December, 2018). Data was entered on excel spread sheet after coding. It was further processed and analyzed using Epi info version 6.0 statistical software. The evaluation of significance of factors associated with depression was done using chi-square test. The study was conducted after obtaining the ethical clearance from the institutional ethical committee.

RESULTS

Our study includes total of 360 elderly people in which the prevalence of depression was 31.4% (113) according to the Geriatric depression scale (Short version). Out of 360 elderly people, 197 were female participants and 163 were male participants, among them the prevalence of depression is more in females 31.9% (63 out of 197) than in males 30.7% (50 out of 163). The mean score for the study population was 6.6 (Table 1).

In our study, majority (35%) of the elderly people belonged to 60-65 years of age, majority (54.72%) of the participants were females, 70.56% of elderly people belonged to middle class, 76.9% of the participants were married. Majority (93.9%) of our study participants lived in a nuclear family, 75.8% of the participants were illiterates and 95% of our study participants were not working (Table 2).

Table 1: Responses of the participants to Geriatric depression scale (n=360).

Geriatric depression scale			Yes	
		%	No.	%
1. Are you basically satisfied with your life?	118	32.8	242	67.2
2. Have you dropped many of your activities and interests?	237	65.8	123	34.2
3. Do you feel that your life is empty?	229	63.6	131	36.4
4. Do you often get bored?	229	63.6	131	36.4
5. Are you in good spirits most of the time?	126	35.0	234	65.0
6. Are you afraid that something bad is going to happen to you?	274	76.1	86	23.9
7. Do you feel happy most of the time?	149	41.4	211	58.6
8. Do you often feel helpless?	254	70.6	106	29.4
9. Do you prefer to stay at home, rather than going out and doing new things?	284	78.9	76	21.1
10. Do you feel you have more problems with memory than most?	244	67.8	116	32.2
11. Do you think it is wonderful to be alive now?	96	26.7	264	73.3
12. Do you feel pretty worthless the way you are now?	281	78.1	79	21.9
13. Do you feel full of energy?	142	39.4	218	60.6
14. Do you feel that your situation is hopeless?	301	83.6	59	16.4
15. Do you think that most people are better off than you are?	223	61.9	137	38.1

Table 2: Socio-demographic profile of elderly people (n=360).

Sl. No.	Socio-demographic variable	Frequency	Percentage (%)	
1	Age	•		
	60 – 65	126	35	
	65 – 70	108	30	
	70 – 75	75	20.83	
	75 – 80 and above	51	14.17	
2	Gender			

	Female	197	54.72
	Male	163	45.28
3	Socio-economic status		
	Lower	74	20.56
	Middle	254	70.56
	Upper	32	8.89
4	Marital status		
	Married	277	76.9
	Single/widow/divorced/separated/widower	83	23.1
5	Type of family		
	Nuclear	338	93.9
	Joint	22	6.1
6	Education		
	Illiterate	273	75.8
	Literate	87	24.2
7	Occupation		
	Still working	18	5
	Not working	342	95

Table 3: Association between socio-demographic variables and depression (n=360).

Association between socio-demographic variables and depression		Depression			Chi		
		Present		Absent	Absent		P Value
		No.	%	No.	%	value	
Age	60-65	42	11.7	84	23.3	13.259	0.004
	65-70	45	12.5	63	17.5		
	70-75	18	5.0	57	15.8		
	75-80 and above	8	2.2	43	11.9		
Condon	Female	63	17.5	134	37.2	0.071	0.791
Gender	Male	50	13.9	113	31.4		
Socio economic	Lower class	33	9.2	41	11.4	15.661	0.000
	Middle class	64	17.8	190	52.8		
status	Upper class	16	4.4	16	4.4		
	Married	45	12.5	232	64.4	127.9	0.000
Marital status	Single/widow/divorced/ separated/widower	68	18.9	15	4.2		
True of family	Nuclear	99	27.5	239	66.4	11.314	0.001
Type of family	Joint	14	3.9	8	2.2		
Education	Illiterate	97	35.5	176	64.5	9.00	0.003
	Literate	16	18.4	71	81.6		
Occupation	Still working	1	0.3	17	4.7	5.871	0.015
Occupation	Not working	112	31.1	230	63.9		

^{*}Significant if p<0.05.

Majority of depression among elderly people was noted in the age group of 65-70 years (12.5%), 17.5% of people with depression were females, 17.8% of people belonged to middle class, depression was prone to people who were single/widow/divorced/separated/widower (18.9%), 27.5% of people were from nuclear family, 35.5% of people with depression were illiterates and 31.1% of people who were not working were prone to depression. Association of depression with age, socio-economic status, marital status, type of family, education and occupation was statistically significant with p<0.05.

There was no association between depression and gender of the study participants (Table 3).

DISCUSSION

Prevalence of depression

In the present study the prevalence of depression among elderly people was found to be 31.4%. In many other studies the prevalence of depression ranged from 30-40%. High prevalence of depression was noted in the

studies conducted by Jain et al (45.9%), Srivsatav et al (50.89%) and Lilian D'souza et al (51.9%). 10-12

Highest prevalence of depression among elderly people was 75.5% found in the study conducted by Mandolikar et al in the urban field practice area of a medical college at Dakshina Kannada district of Karnataka.¹³

Lowest prevalence of depression among elderly people was 17.25% found in the study conducted by Saikia et al in the 10 randomly selected wards of Guwahati city.¹⁴

In our study, the mean score of study population was 6.6 whereas, in the studies conducted by Jadav et al, the mean score was 7.43 and in D'souza study it was 8.34.^{6,12}

Our study showed that the prevalence of depression was more in females (31.9%) than in males (30.7%). High prevalence of depression among females was noted in the studies conducted by Jadav et al (33.82%), Thirthahalli et al (41.6%) and Jain et al (57.8%).

Socio-demographic profile of elderly people

Majority (65%) of the elderly people in our study belonged to 60-70 years, similar result was noted in several other studies. ^{6,8,9,14}

In our study, majority (54.72%) of the participants were females, similarly other studies also had more number of female participants.^{8,9,14} While in the studies conducted by Jadav et al, Lilian D'souza et al and Mandolikar et al¹³ the majority of the study participants were males.^{6,12,13}

Majority (70.55%) of our study participants belonged to middle class whereas, in the studies conducted by Patil et al and Mandolikar et al majority of the participants were from low socio-economic status.^{9,13}

In our study, majority (76.94%) of the participants were married. Similar results were noted in the studies conducted by Jadav et al and Patil et al.^{6,9} Whereas in the study conducted by Saikia et al, majority (70%) of the participants were widowed.¹⁴

Majority (93.89%) of our study participants lived in a nuclear family, while majority of the participants lived in joint family in the study by Saikia.¹⁴

In our study, majority (75.8%) of the participants were illiterates. Similar results were found in the other studies. ^{6,8,9}

Majority (95%) of our study participants were not working. Likewise in the studies conducted by Jadav et al and Thirthahalli et al, the majority of the participants were not working. ^{6,8}

Factors associated with depression

In our study, statistically significant association of depression was noted with age, socio-economic status, marital status, type of family, education and occupation with p<0.05. Many other studies were in support to our findings. 7-10,13,14 While the study conducted by Jain et al, showed that there was no significant association between depression and age, education and type of family. 10

In our study, there was no significant association between depression and gender of the study participants. Similar result was noted in the study conducted by Saikia et al. ¹⁴ In contrary, the study conducted by Mandolikar et al showed significant association between depression and gender of the study participants. ¹³

CONCLUSION

As prevalence of depression among elderly people is high, there is a need to strengthen the mental health programme. Screening for depression is crucial for early identification and management. Health education to family members should be given regarding spending time with elderly people, supporting them functionally and financially and awareness should be created about the availability of social security schemes.

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