Research Article

Prevalence of dementia and other psychiatric morbidities among geriatric population of Salagame primary health centre in Hassan district, Karnataka, India


Department of Community Medicine, Hassan Institute of Medical Sciences, Hassan, Karnataka, India

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*Correspondence:
Dr. Sumana M.,
E-mail: sumana_prasad@yahoo.com

ABSTRACT

Background: Depression and dementia are mental health problems that are encountered in elderly in India. It is imperative for us to recognize these symptoms in elderly and treat them appropriately. Thus we intended to study the prevalence and risk factors of depression and dementia in geriatric population in selected field practice area of Hassan Medical College.

Methods: A community based descriptive study was conducted among 231 individuals in geriatric age group aged 60 and above, over a period of 2 months. The sample size was estimated based on the prevalence of depression as 31% stated in one of the large community based study using similar scale. Geriatric Depression Scale-15 (GDS-15) was used to screen for depressive disorders and Barthel Index to grade their physical activity. Dementia among elderly was screened with a vernacular adaptation of the Hindi Mental State Examination tool (HMSE).

Results: Among 231 individuals, 150 (64.93%) were females and 81 (35.06%) were males. 45.88% of them had no formal education. Among 231 elderly individuals, 13 cases of dementia were identified with a prevalence rate of 5.6%. Total prevalence of depression was found to be 60.17%. Higher prevalence of dementia was found in females (6.6%), age above 80 years (18.7%), unemployed and labourers (7.4%), illiterates (7.4%), low SES (6.5%) and dependents (7.5%).

Conclusions: Depression and dementia are important health problems of the elderly population. Simple tools used in this study can be used at primary health care settings for early identification of dementia and depression in the elderly population.

Keywords: Barthel index, Geriatric depression, GDS-15, HMSE, Dementia, Hassan

INTRODUCTION

India is in a phase of demographic transition. There has been a sharp increase in number of elderly persons from 1991 to 2011 and it has been projected that by the year 2050, the number of elderly would rise to 324 million. Depression and dementia are the two important mental health problems that are encountered in elderly in India, while depression in old age is quite prevalent. It is a popular misconception that depression and dementia is a part of the normal ageing process yet they can’t be considered as physiological and inevitable part of ageing. They are commonly associated with medical illness and also linked to increased morbidity and mortality as it can worsen underlying medical disorders. These untreated mental illnesses in elderly are associated with a poor...
quality of life, difficulty with social and physical functioning.

Dementia prevalence in the studies conducted across various parts from India showed 33.6/1000 in southern India, 24.4/1000 in western India, 13.3/1000 in northern India. It is estimated that over 3.7 million people are affected by dementia in our country. This is expected to double by 2030. Despite the magnitude, there is gross ignorance, neglect and scarce services for people with dementia and their families. Depression prevalence has ranged from 5% to 58% in various studies across the country. Globally prevalence of depression is 10-20% and Dementia is 3%. In India prevalence of dementia varies from 0.9-7.5%. Depression is a mental state characterized by feeling of sadness, loneliness, despair, no self-esteem, and self-reproach. Accompanying signs include psychomotor retardation or at times agitation, withdrawal from interpersonal contact and vegetative symptoms, such as insomnia and anorexia.

Dementia is a mental disorder characterized by general impairment in intellectual functioning without clouding of consciousness, characterized by failing memory, difficulty with calculation, distractibility, alterations in mood and affect, impaired judgment and abstractions, reduced feasibility with language and disturbance of orientation.

Depression and dementia account for more than half of the psychiatric morbidity in Indian elderly. It has been observed to be more common in females, low socioeconomic status, uneducated and unemployed. Various studies worldwide have reported increased disability, poor health care utilization and increased cost of health services. Depressive symptoms are significant risk factors for cardiovascular as well as non-cardiovascular mortality. With the growing number of elderly in the Indian population, the burden of depression is going to be huge on the society. Thus it is imperative for the physician to recognize the symptoms of depression in elderly and treat them appropriately.

We need to develop community-based interventions for management of mental health conditions like dementia and depression in late life. The effectiveness of these interventions needs to be established. It is important to identify risk factors for depression and dementia in our population. We could then try and modify these factors to reduce the prevalence of these conditions. This study intended to identify the disease load and risk factors of depression and dementia in geriatric population.

METHODS

A Cross sectional study was carried out for a period of three months from January 2011 to March 2011. Study area included villages coming under Salagame Primary Health Centre which is the field practice area of the Community Medicine Department. Total population of the study area is 27151, among which Geriatric population accounted 5,418. Sample size was calculated based on the prevalence rate of a large community based study in India: 31% (p= 0.031, q=0.069, l=0.062). The Sample size was estimated to be 231 elderly Individuals.

Salagame has 10 sub centres. By random sampling 6 sub centers were selected, 40 elderly from each sub centre were randomly selected. Study population included all the elderly population aged more than 60 years residing in the study area for past six months. Individuals with serious or terminal illness, clear History of Thyroid disorders, HIV infection, and brain tumours were the excluded from the study.

Along with various socio demographic factors, presence of high blood pressure, diabetes mellitus, cardiac disease, cancer, head injury, fits or any psychiatric disorder was assessed and cross checked with Caregivers.

After reviewing previous studies semi-structured questionnaire was designed keeping in mind the objectives of the study and study variables. Data collection was done by interview schedule. A door to door survey was done in the selected villages of Salagame. Geriatric Depression Scale-15 (GDS-15) was used to screen for depressive disorders and Barthel Index to grade their physical activity. Screening for dementia was done with a vernacular adaptation of the Hindi Mental State Examination (kannada). The tool was translated and validated independently by three people and one of them was psychiatrist of our hospital.

Statistical Analysis was done using Microsoft Excel for data entry and Epi Info software for analysis. Descriptive statistics was used to summarize and Chi square test to co-relate risk factors with prevalence of depression and dementia.

The following study tools were used to screen for dementia, depression and physical activity.

Hindi Mental State Examination (HMSE): this test consists of 22 items, which test different components of intellectual capability. The items cover several areas of cognitive functioning such as orientation to time (1-5) and place (6-10), memory (11), attention and concentration (12-16), recognition of objects (17-18), language function (19), both comprehension and expressive speech (21), motor functioning and praxis (20&22). It is relatively simple to administer and provides a quick, brief index of the subject's current level of functioning. It is a modified version of the Mini Mental State Examination, <24/30 suggestive of dementia (sensitivity 81%, specificity 93%). Spuriously low in people with low educational level, low SES, poor language skills, illiteracy, impaired vision and not sensitive in people with higher educational background.
Scores: 1= Correct answer, 0=Wrong answer; Grading, 

GDS-Geriatric Depression Scale\(^{15}\), we have used GDS-
SF, a short form of GDS which has been extensively used 
with the older population. The conclusions of the study 
were based on a questionnaire, where individuals were 
required to either state 'yes' or 'no' to a set of 15 
questions. The GDS may be used with healthy, medically 
ill and mild to moderately cognitively impaired older 
adults. It has been extensively used in community, acute 
and long-term care settings.

Score 1 point for each bolded answer. A score of 5 or 
more suggests depression. Score of 5 is considered to be 
the best cut-off point for diagnosing depression in an 
elderly population, with sensitivity=80.5\% and 
specificity=75.0\%. Factor analysis of the GDS-15 
revealed 4 factors: a cognitive (thought content), an 
affective, a functional and a factor that reflects 
helplessness and fear for the future. The two diagnostic 
groups differed on all 4 factors scores at \(p\)-value <0.001. 
Grading: 0-4 normal, 5-10 moderate, 11-15 severe.

Barthel index\(^{16}\)

This questionnaire consisted of 10 items which were used 
to grade the status of activity of daily living. Scoring 
criteria: Total Score= 100 Dependant<80.

RESULTS

Two hundred and thirty one elderly people formed the 
study population of which one hundred and fifty were 
females and eighty one were males. About 7.35\% were 
living alone and 45.88\% had no formal education. About 
half of the elderly were BPL card holders.11 (5\%) were 
dependent on family members for day today activities of 
living according to Barthel index (Table 1).

Out of 231 elderly populations screened for dementia 
using Hindi Mental State Examination (HMSE) 13 scored 
24 and below, a prevalence rate of 5.6\% (Table 2). All 
the thirteen elderly individuals were referred to 
psychiatry department for further evaluation.

Higher prevalence of dementia was observed as age 
advances. Dementia was more prevalent among females 
(Table 3), (Figure 1). The mean age among dementia 
patients was 75 years. Higher prevalence of dementia was 
found in females (6.6\%), age above 80 years (18.7\%), 
unemployed and labourers (7.4\%), illiterates (7.4\%), low 
SES (6.5\%) and dependents (7.5\%). Dementia was 
prevalent in 16.9\% of depressive geriatric patients (Table 
4).

Among 231 elderly individuals screened for depression 
using GDS-15, prevalence of depression was found to be 
60.17\%. Higher prevalence of depression was found to be 
significant in females (66\%), age above 80 years 
(93.75\%) (Figure 2), unemployed (90.9\%), illiterates 
(77.35\%), low socio economic status (63.9\%), h/o known 
hypertension (73.8\%), and h/o known diabetes mellitus 
(89.47\%) (Table 5, Table 6).
DISCUSSION

Dementia and depression are emerging health problems of the elderly. They are important public health conditions which need serious rethinking. Understanding their risk factors can help us prevent further rise in the incidence. The following study aimed to estimate the prevalence and understand the risk factors of both dementia and depression among elderly population.

In our study we have used the Barthel Index, GDS-15, vernacular adoption of Hindi Mental State Examination (HMSE) tools to assess Status of activity of daily living, geriatric depression and dementia. According to Linda G
Marc et al., the psychometric properties of the GDS-15 had sensitivity 80.5%, specificity 75.0%, with optimal cut-off values 5/612 and according to Pandav et al HMSE (≥24) has sensitivity of 81.3%, specificity of 93.4%, PPV of 8.0%, and NPV of 99.9%.18

In the present study 5.6% of elderly were found to have dementia when screened with vernacular adaptation of Hindi Mental State Examination (HMSE). Several community based studies in different parts of the country both in rural and urban areas have found similar prevalence of 3.3%,1 2.7%,19 3.8%,20 8.4%. Age, low education and female gender showed increased risk of dementia in our study.

Total prevalence of depression was found to be 60.17%. Nandi et al. (1997) in a rural community of Gambhirgachi and Paharpur villages, West Bengal found prevalence of depression as 52.2%.21 A recent study using similar Geriatric Depression Scale reported a prevalence of 45.9%.22 Similar rates were reported from Andra Pradesh11 and Uttar Pradesh.23 Some of the studies have reported lower prevalence of Geriatric Depression also.7,24 This variation can be explained because of different study settings.

In the present study depression was more common as age advanced. Age above 80 years showed a higher prevalence which was statistically significant, similar to studies done in Nellore7, Ludhiana23 and Manipal26. Elderly females showed higher prevalence of Depression than men similar to the other studies.7,11,26 Lack of recreation, being dependent on spouse and children, more emotionally attached to the family, neglect, loss of spouse because of higher life expectancy all could be the reasons of higher prevalence.

Illiteracy, low socio economic status (63.9%). Morbidities like hypertension (73.8%), and Diabetes mellitus (89.47%) were other risk factors which were associated with depression. Many studies have reported that the illiteracy, low socio economic status, chronic illness all are independent predictors of Geriatric depression.7,11,26,27

As quoted by Steffens DC et al and Ganguli et al many studies have correlated Depression and Dementia, stating Dementia is more common among elderly with depression. There are intriguing reports that suggest depression might itself increase the risk of dementia.28,29 In our study too we found prevalence of dementia was significantly higher among subjects with depression. It is always clinically appropriate to treat depression to reduce suffering, which itself is a major cause of morbidity and mortality.30 Perhaps in a few years we will know whether treating depression, as an added bonus, will also stave off dementia.29

Limitation of our study was we could not further follow up the referred study subjects with psychiatry department for confirmation of Dementia. Further Geriatric depression can be confirmed using Structured Clinical Interview for DSM-IV (SCID) a gold standard assessment.17

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