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

Vandana Ganganapalli, Sujatha N.*, Bhaskar Kurre

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

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

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Socio-demographic variable</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age</td>
<td>126</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>60 – 65</td>
<td>108</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>70 – 75</td>
<td>75</td>
<td>20.83</td>
</tr>
<tr>
<td></td>
<td>75 – 80 and above</td>
<td>51</td>
<td>14.17</td>
</tr>
<tr>
<td>2</td>
<td>Gender</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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%).

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

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.

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.

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.

In our study, majority (54.72%) of the participants were females, similarly other studies also had more number of female participants. While in the studies conducted by Jadav et al, Lilian D’ souza et al and Mandalikar et al the majority of the study participants were males.

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

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. Whereas in the study conducted by Saikia et al, majority (70%) of the participants were widowed.

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.

In our study, majority (75.8%) of the participants were illiterates. Similar results were found in the other studies.

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.

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.

While the study conducted by Jain et al, showed that there was no significant association between depression and age, education and type of family.

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.

In contrary, the study conducted by Mandalikar et al showed significant association between depression and gender of the study participants.

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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REFERENCES


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