To Find Out Prevalence of Depression in Geriatric Population in Old Age Homes in Ahmedabad - A Survey

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Abstract: Introduction: Because of aging process, so many changes occur in the body which leads to changes in blood flow of the body as well as brain. So in geriatrics, problems occur related to mood disorders. Mood disorders may be associated with global and regional changes in cerebral blood flow and metabolism. Global as well as regional cerebral blood flow and glucose metabolism decrease in latelife which is responsible for depression. Basal ganglia and temporal lobe abnormalities decreased prefrontal cortex blood flow and metabolism is main findings in depressed unipolar and bipolar patients, which leads to cognitive impairments. Aims and Objectives: To find out the prevalence of depression in geriatric population in old age homes in Ahmedabad. Methodology: 100 geriatric subjects were included after getting their informed written consent to participate. Depression was recorded by using Goldberg depression scale. Statistically the data were analyzed. Results: The present study was done to see the prevalence of depression in geriatrics and the results show that there is 23% of population in old age homes is severely depressed. Average 17% of population is under borderline to severe depression. And just 10% of population is having no depression. Conclusion: It can be concluded that prevalence of depression is high in old age homes in Ahmedabad.

Keywords: Geriatric, Depression, Goldberg depression scale, cognitive impairments

1. Introduction

Because of aging process, so many changes occur in the body which leads to changes in blood flow of the body as well as brain. So in geriatrics, problems occur related to mood disorders.Mood disorders may be associated with global and regional changes in cerebral blood flow and metabolism.Global as well as regional cerebral blood flow and glucose metabolism decrease in late-life which is responsible for depression.Basal ganglia and temporal lobe abnormalities, decreased prefrontal cortex blood flow and metabolism is main findings in depressed unipolar and bipolar patients, which leads to cognitive impairments.¹

2. Need of the Study

According to WHO, the overall prevalence rate of depressive disorders among the elderly, generally varies between 10% and 20%, depending on the cultural situations.

The community based mental health studies in India have revealed that the point prevalence of depressive disorder in elderly Indian population varies between 13% and 25%.

Although India is the second-most populated country in the world, in terms of elderly population of 60 years and above, elderly depression is not yet perceived as a public health problem in India.

Very few community based studies have been conducted in India so far to address this issue.²

Aims and Objectives

To find out the prevalence of depression in geriatric population in old age homes in Ahmedabad.

3. Materials and Methods

Study design: A cross sectional survey Sampling: Simple random sampling Sample size: 100 subjects Source of the data: From Old age homes in Ahmedabad

3.1 Measurement tools

For Depression- Goldberg Depression Scale.³

- It is a questionnaire which includes 18 questions. Each contains 0-5 scorings. According to the scale, depression is categorized as follows:
- 0-9- no depression
- 10-17 mildly depressed
- 18-21 borderline depression
- 22-35 mild-moderate depression
- 36-53 moderate-severe depression
- ≥ 54 severely depressed

3.2 Methodology

100 geriatric subjects were included after getting their informed written consent to participate. Depression was recorded by using Goldberg depression scale. Statistically the data were analyzed.

Inclusion Criteria:

Age Group: 65-84 yrs⁴ **Gender**: both male and female People living in old age homes in Ahmedabad

Exclusion Criteria:

Other psychological disorders Subjects who are not willing to participate Subjects who have communicating problems

Procedure

According to the inclusion and exclusion criteria, study was explained to the people and written consent form was taken

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and Goldberg depression questionnaire was given to them to fill up.



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No.	Score	Description	No. of People
1.	0-9	No depression likely	10
2.	10-17	Possibly mildly depressed	14
3.	18-21	Borderline depression	17
4.	22-35	Mild – moderate depression	19
5.	36-53	Moderate-severe depression	17
6.	54 ≤	Severely depressed	23

4. Results

The present study was done to see the prevalence of depression in geriatrics and the results show that there is 23% of population in old age homes is severely depressed. Average 17% of population is under borderline to severe depression. And just 10% of population is having no depression. This result shows that most of the population living in old age homes are depressed.

5. Discussion

The result in accordance with the evidence-based study done by ANKUR BARUA et al. that the proportion of the depressed elderly population in India (18.2%) was significantly higher than the rest of the world (5.4%) and this difference was found to be statistically highly significant.²

They also found that very few studies are done in India which are only 0.5% and the other countries have done 99.5%.



In past, Dementia often acted as a major confounder in cross-sectional studies on screening for depressive disorders in the elderly.

But actually major confounders are other mental disorders like cognitive impairment along with dementia are causes of depression.

They also found that other factors responsible for depression are epilepsy and parkinsonism.

The result in accordance with the study done by VISHAL JARIWALA et al. that in different places of Surat, all over the prevalence of depression was moderately high but severely depressed people in old age homes.⁵

They also found that literates have higher rate of depression and that is because of higher life expectancy

Single, widow, divorced, separated are more depressed in old age home.

They have found that gender does not play any role in depression.

The result in accordance with the study done by NARKHEDE V et al. that in old age homes of central Gujarat, the depression is significantly high.⁶

They have studied that depression is high in female, single, people having problems of hearing and sleeping, people with more age, people do not visited by family members or friends, people stay for shorter duration in old age homes.

Reason for higher prevalence might be that the institutionalized aged feels more lonely and depressed as they lack social network support and do not feel "the level of kinship" which is felt by non-institutionalized aged

They have also found that prevalence was less in nonworking individuals who are having income source, who do not consume any addictive substances and people having visual problems.

6. Conclusion

It can be concluded that prevalence of depression is high in old age homes in Ahmedabad.

7. Future Recommendation

This study can be done in some other population.

Same study can also be done in some other region.

Clinical Implementation: Protocol of Pranayama can be given to reduce depression.

Individuals can be send for further counseling.

References

 Jair C. Soares and J. John Mann, The functional neuroanatomy of mood disorders, Journal of psychiatric Research vol31; ISS 4(July-August 1997)

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- [2] AnkurBarua et al., Prevalence of depressive disorders in elderly Ann Saudi med. 2011 Nov-Dec; 31(6):620-624
- [3] Hassan Aminpoor et al., Validation of Goldberg's Depression Scale in academic and non-academic peoples, Scholar Research Library. Annals of biological Research, 2012, 3.
- [4] www.who.int/healthinfo/survey/ageingdefnolder/en/
- [5] Jariwala Vishal et al., A study of depression among aged in Surat city; National Journal of Community Medicine 2010, vol.1, Issue 1
- [6] Narkhede V et al., A study on depression in elderly inmates living in old age homes in Gujarat, IJRRMS, vol-2, no-3, July-Sep 2012

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