Prevalence of Anxiety and Depression among the Elderly

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Abstract: *The old age is an integral part of human life. A study was conducted to assess the prevalence of anxietyof elderly people living in institutionalized and non- institutionalized care in Shillong city of Meghalaya and Guwahati city of Assam state. A descriptive research design was adopted on 120 samples, 60 elderly under institutionalized care and 60 elderly under non-institutionalized care which is further divided into 30 males and 30 females in both institutionalized and non-institutionalized care. The data were collected through a set of questionnaire usingAnxiety, depression and stress scale Inventory devised by Bhatnagar (2017)Mean, frequency, percentage, standard deviation and t-test was used to analyse the data. It is concluded from the study that majority of the respondents were in the age group of 75 years above. Results revealedmaximum numbers of male and female respondents had above average level of anxiety in institutional care whereas, maximum numbers of male and female respondents had average level of anxiety in non-institutional care. Maximum numbers of male and female respondents were above average level of depression in institutional care.*

Keywords: Elderly, Anxiety, Depression

1. Introduction

Ageing is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and the social conditions. The aged become increasingly dependent on others. As man grows, his reduced activities, income and consequent decline in the position of the family and society makes his life more vulnerable. An old person begins to feel that even his children do not look upon him with that degree of respect, which he used to get some years earlier. The old persons feel neglected and humiliated. This may lead to the development of psychology of shunning the company of others. Aging begins with conception and terminates with death. Aging may best be defined as the survival of a growing number of people who have completed the traditional adult roles of making a living and child bearing. Physiologically aging is characterized by diminishing of bodily functions. Many researchers have divided old age into three categories.

The disintegrating system of joint family, rapid industrialization and urbanization and changing social values have together caused serious problem for the aged. They are treated like an unavoidable burden if they ceased to remain productive members. The onset of anxiety disorders in the elderly is usually associated with the way and the quality of life during the adult period. However, the female gender, the partner's death, loneliness and psychosomatic downfall constitute some of the predisposing factors for the development of anxiety disorders in old age **(Kunik 2005, Forlani et al 2014, National Institute of Mental Health 2016).**

The impact of anxiety on the health of the elderly appears to be determining. Major health problems such as arterial hypertension, heart failure, chronic occlusive pulmonary disease, tumors, dementia and psychotic disorders seem to be associated with the presence of anxiety and depression **(Kunik et al 2005).** The aim of the present study was to look into anxiety level of the elderly in both area under old age home and home care.

Depression in old age is an emerging public health problem leading to morbidity and disability worldwide According to World Health Organization, Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness and poor concentration. The WHO estimated that the overall prevalence rate of depressive disorders among the elderly generally varies between 10 and 20%, depending on the cultural situations. 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.Many people experience depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities.Social and cultural shift has also encroached the rural India which for centuries has boasted of a joint family system with high respect for its elderly members.

Depression is one of the most common psychological conditions during the normal course of life with so much of losses and disappointments. Depression itself refers to a heterogeneous set of phenomenon ranging from simple mood swings to severe affective state.

The specific objectives of the present study are as followed:
1) To find out and compare the anxiety and depressionamong the elderly people living in institutionalized and non- institutionalized care inShillong city of Meghalaya and Guwahati city of Assam state
2) To find out the prevalence in gender differences in anxiety and depressionamong the elderly people living in institutionalized and non-institutionalized care in Shillong and Guwahati.

2. Materials and methods

Based on the nature of the study descriptive research design was adopted for the research study.The survey method was

adopted for the present study in which the investigator studied the respondents with respect to certain sociological and psychological variables. Based on the objectives of the study the purposive random technique was adopted. Shillong city from Meghalaya and Guwahati city of Assam state were purposively for the present study. The institutions catering the elderly population were selected purposely and 60 respondents were selected through randomly from those institutions. Likewise the 60 respondents from non-institutionalized category were selected through purposive random sampling techniques from Shillong city and Guwahati.They were residents of Shillong and Guwahati only.They were in the age group of 60 years above.Their minimum qualification was up to 5th standard. Anxiety, depression and stress scale Inventory devised b**y Bhatnagar (2017)** was used to measure the anxiety, depression and stress scale in adults/aged. This inventory consists 48 items divided into three sub scales i.e., Anxiety, Depression and Stress. It comprises of 48 items divided into 3 subscales. To measure the anxiety we took the anxiety sub scale comprises of 19 items covering various symptoms that are manifestation of Anxiety.

3. Results and Discussion

The results derived from the study entitled "Prevalence of anxiety and depression among the elderlyliving under Institutionalized and non-institutionalized care" are analyzed statistically and the findings are portrayed under following sub-heads with tables and graphical figures and discussed in the following paragraphs:
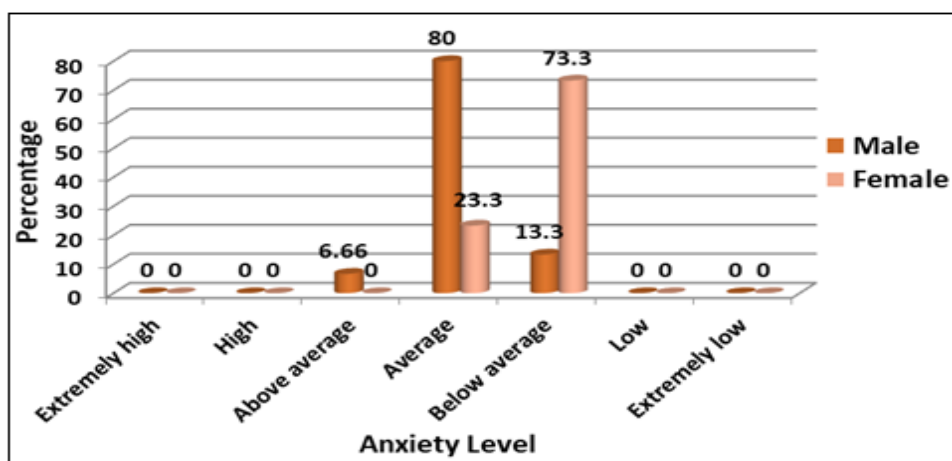
Comparison of anxiety level experienced by elderly people living in institutionalized and non-institutionalized care

Level	Range	Institutionalized		Non-Institutionalized	
		Male (n=30)	Female (n=30)	Male (n=30)	Female (n=30)
Extremely high	17 above	-	-	-	-	-	-	-	-
High	13 to 16	9	30	13	43.3	-	-	-	0
Above average	10 to 12	16	53.3	12	40	2	6.66	-	0
Average	04 to 09	5	16.6	5	16.6	24	80	7	23.3
Below average	01 to 03	-	-	-	-	4	13.3	22	73.3
Low	00	-	-	-	-	-	-	0	0
Extremely low	--	-	-	-	-	-	-	-	0
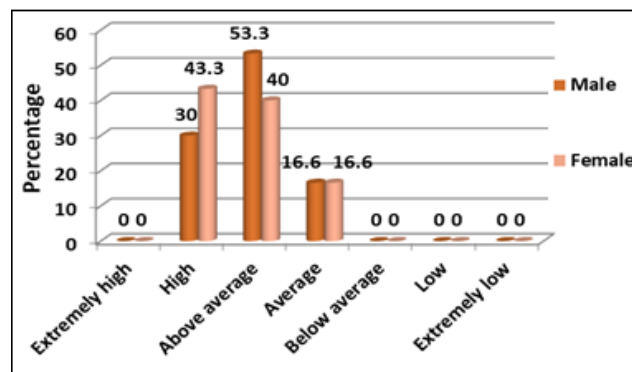
Comparison of anxiety level experienced by elderly people living in institutionalized care
The above table and figure depicts the anxiety level faced by the elderly in institutional care .It is evident from the above table, maximum 53.3 per cent of male were above average level of anxiety followed by 30 per cent of respondents who were shown to have high level of anxiety and 16.6 per cent of respondents were shown to have average level of anxiety level. In case of female respondents, maximum 43.3 per cent of female were facing high level of anxiety followed by 40 per cent of respondents who were above average of anxiety and 16.6 per cent of respondents were average category of anxiety level. The result of the study was observed to be in accordance with the study conducted by **Parshad and Tufail (2014)** whoconducted a study to explore differences in depression, anxiety, coping and quality of life between elderly residing in old age homes and within family setup. It was predicted that elderly in old age homes will have higher depression, anxiety and poor quality of life however no difference on coping was predicted between the two groups. A sample of 120 elderly: 60 from old age homes and 60 from family setup participated. The measures used were: Pakistan Anxiety and Depression Questionnaire, Brief COPE Inventory and World Health Organization Quality of Life Questionnaire. Data was analyzed using Independent sample t-test. Results revealed high scores on depression, anxiety and quality of life among elderly residing in old age homes compared to elderly living with their families. Moreover, elderly living in old age home used more of maladaptive coping and elderly living with families used more of adaptive coping strategies.

Percentage distribution and comparison of anxiety level experienced by elderly people living in non-institutionalized care

The above table further depicts the anxiety level faced by the elderly in non- institutional care .It is evident from the above table that maximum 80 per cent of male has average level of anxiety followed by 13.3 per cent of respondents who were below average level of anxiety and 6.66 per cent of respondents above average category of anxiety level. In case of female respondents, maximum 73.3 per cent of female were below average level of anxiety level followed by 23.3per cent of respondents who had average level of anxiety.

So it is clear from the above table that maximum numbers of male showed average anxiety and female respondents had average anxiety level. High level of anxiety was observed in institutional care whereas maximum numbers of male and female respondents in non-institutional care were average and below average level of anxiety.

Percentage distribution and comparison of depression level experienced by elderly people living in institutionalized and non- institutionalized care.

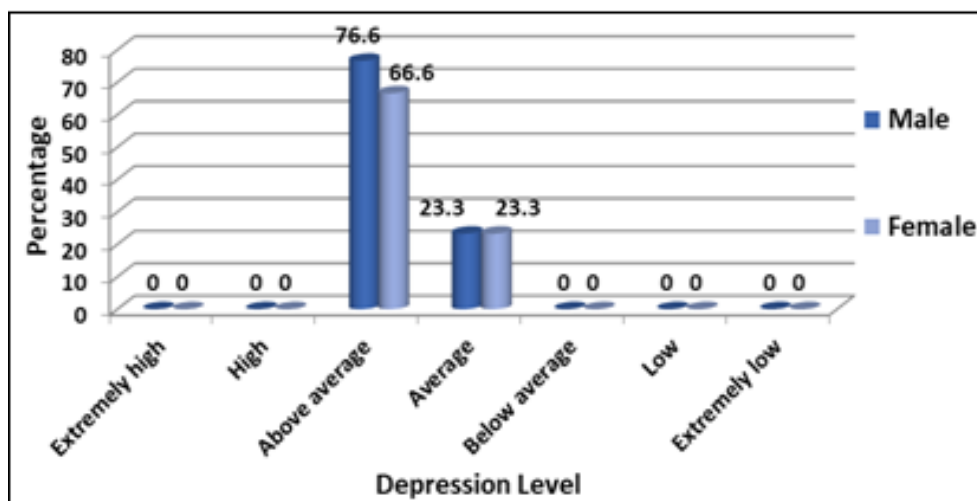| Level	Range	Institutionalized				Non-Institutionalized			
		Male (n=30)		Female (n=30)		Male (n=30)		Female (n=30)	
Extremely high	-	0	0	0	0	0	0	0	0
High	13 to 15	0	0	0	0	0	0	0	0
Above average	09 to 12	23	76.6	20	66.6	0	0	0	0
Average	03 to 08	7	23.3	10	23.3	6	20	25	83.3
Below average	00 to 02	-	-	-	-	24	80	3	10
Low	-	-	-	-	-	-	-	2	6.66
Extremely low	-	0	0	0	0	0	0	0	0

Figure 4.2.2: Percentage distribution and comparison of depression level experienced by elderly people living in institutionalized care

The above table **4.2.2** and figure **4.**2.2 depicts the depression level faced by the elderly in institutional care .It is evident from the above table that maximum 76.6per cent of male were above average level of depression followed by 23.3 per cent of respondents who had average level of depression. In case of female respondents, maximum 66.6 per cent of respondents were above average of depression level followed by 23.3 per cent of respondents who had average levelof depression. The result of the study was in accordance with the study conducted by **Chalise (2014)** whoconducted a study to assess the prevalence of depression and its correlates among the elderly living in Briddashram (old age home). This is a cross-sectional study carried out in 2012. Data were collected by face-to-face interview using short version of Geriatric Depression Scale. The data were analysed using percentage, mean, simple correlation and regression. Results reveal the subjects (N = 185) were elderly aged 60 years and above living in Devghat area, Nepal. Mean age of the subjects was 73.67 (±3.23) years old and 51% were male. 94% elderly belong to Khas ethnicity. Nearly one third (31%) elderly were from nuclear family back ground, 25% were married, and only 18% elderly were literate. Majority of the elderly (93%) had health problems and self-reported health shows 86% elderly reported their health fair. This study shows mean functional disability score was 2.53 (±2.05). Finding shows the pre- valence of depression was 57.8%. Among them 46.7% had mild, 8.9% had moderate and 2.2% had severe depression.

A statistically significant correlation was found between feelings of depression and age, sex, previous family type, ethnicity, feeling of loneliness and instrumental activities of daily living. Regression analysis shows that being women, feeling of loneliness and higher the dependency in IADL were predictors of depression. This study indicates that many elderly living in the Briddashram are suffering from depression. There should be some interruption from the concerned authorities so that depression can be reduced which will support to the well-being and quality of life of elderly.
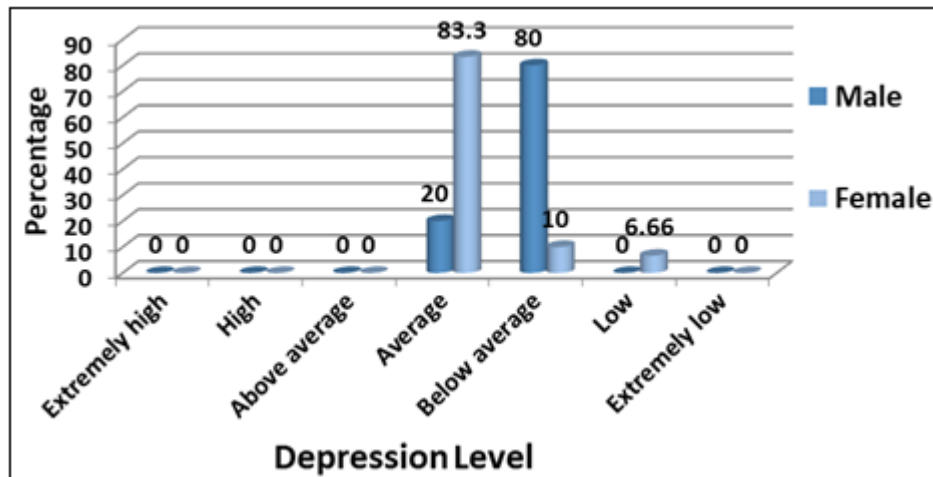
Figure 4.2.2: Percentage distribution and comparison of depression level experienced by elderly people living in non-institutionalized care

The above table **4.2.2** and figure **4.2.2** depicts the depression level faced by the elderly in non -institutional care. It is evident from the above table that maximum 80per cent of male were below averagelevel of depression followed by 20 per cent of respondents who had average level of depression level. In case of female respondents, maximum 83.3 per cent of respondents had average level of depression followed by 10 per cent of respondents were below average level and only 6.66 per cent of respondents had low depression level.

So it is clear from the above table that maximum numbers of male and female respondents were above average and average level of depression in institutional and non-institutional care.

The study was in accordance to the study by**Buber and Engelhard (2011)** conducted a research to compare data and to analyse the association between age and the prevalence of symptoms of depression, controlling for well-known determinants of mental health.

Based on the first wave of the Survey of Health, Ageing and Retirement in Europe (SHARE), depressive symptoms of 28,538 persons aged 50 to 89 from eleven European countries and Israel are analysed using a negative binomial regression model. The results indicate that the number of depressive symptoms measured by EURO-D scores increase with age and are higher among women than among men. When including socio-demographic characteristics, health conditions and economic strains, the association between depressive symptoms and age vanishes for men, and even reverses for women. Thus, the association between age and mental health is mediated by the health and living conditions of older persons; age by itself has no explanatory power.

4. Conclusion

It is concluded from the study that majority of the respondents were in the age group of 75 years above. Maximum numbers of male and female respondents had above average level of anxiety in institutional care whereas, maximum numbers of male and female respondents was shown to have average level of anxiety in non-institutional care. Maximum numbers of male and female respondents

were above average level of depression in institutional care compared to non-institutionalized care. As the aged are the most valuable and vulnerable section of our society so the results of the study helps to adopt a positive and effective approach to help them have a good and long life.The results of the study can be applied to know the status of old age home and help the parent, researcher, policy maker to take appropriate steps for proper management of old age home for the welfare of elderly.The results of the study can be applied to create a comfortable healthy environment for the elderly.

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