

SENIOR WELLNESS IN AURANGABAD: A FOCUS ON DEPRESSION ASSESSMENT AND INFORMATION DISSEMINATION

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Abstract

The increasing elderly population in India has led to a rise in mental and behavioral issues, with depression being a major concern. The present study aimed to assess the level of depression among the elderly residing in selected areas of Aurangabad city and to develop an information booklet on depression management. A cross-sectional survey approach with a descriptive research design was used, and 50 elderly participants were selected using purposive sampling technique. Data was collected using a 15-item Geriatric Depression Scale (GDS) questionnaire. Results showed that 74% of the participants had a mild level of depression, while 26% had a moderate level. The study highlights the need for an information booklet on depression management to help elderly individuals cope with depression. The findings can be used to develop strategies and interventions to promote better mental health in the elderly population.

Introduction

The demographic shift towards an ageing population is a significant phenomenon that is occurring in many countries around the world, including India. The increase in life expectancy and improvements in healthcare has led to a rise in the number of elderly people in India. This demographic shift has significant implications for public health and healthcare services in India, particularly in the field of mental health.

Ageing is a process that brings physical, social, and psychological changes in an individual. These changes may result in physical disabilities, cognitive impairment, and mental health issues. Depression is a prevalent mental health issue among the elderly population, and it is a significant cause of disability and morbidity among older adults. Depression is associated with reduced quality of life, increased healthcare utilization, and higher rates of mortality.

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India is home to the second-largest population of older adults in the world, and it is projected to have 300 million older adults by 2050. The proportion of the elderly population in India has been increasing over the past few decades, and it is expected to reach 19% by 2050. Despite the increasing prevalence of depression among the elderly population in India, there has been relatively little research on this topic. This review aims to examine the available literature on depression in older adults in India. Specifically, it will explore the prevalence of depression, risk factors, and protective factors associated with depression among older adults in India. It will also examine the barriers to the diagnosis and treatment of depression in older adults in India and will identify potential interventions to address these barriers.

Prevalence of depression in older adults in India:

Depression is a prevalent mental health issue among older adults in India. Several studies have reported high rates of depression among older adults in India. According to a study conducted by the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, the prevalence of depression among older adults in India was 20.5%. The study found that depression was more common among older women than older men. Another study conducted by the All India Institute of Medical Sciences (AIIMS), New Delhi, found that the prevalence of depression among older adults was 31.1%.

Risk factors for depression in older adults in India:

Several risk factors have been identified for depression among older adults in India. These include physical health problems, cognitive impairment, social isolation, financial difficulties, and bereavement. Physical health problems such as chronic pain, disability, and chronic diseases have been found to be associated with an increased risk of depression among older adults in India. Cognitive impairment, such as dementia and mild cognitive impairment, is also a significant risk factor for depression among older adults in India. Social isolation, which is common among older adults in India, is another risk factor for depression. Financial difficulties, such as poverty, also increase the risk of depression among older adults in India. Finally, bereavement, such as the loss of a spouse, is a significant risk factor for depression among older adults in India.

Protective factors for depression in older adults in India:

Several protective factors have been identified for depression among older adults in India. These include social support, religious and spiritual involvement, and engagement in meaningful activities. Social support from family, friends, and community members has been found to be protective against depression among older adults in India. Religious and spiritual involvement, such as participation in religious or spiritual activities, has also been found to be protective against depression among older adults in India. Finally, engagement in meaningful activities, such as volunteering or pursuing hobbies, has been found to be protective against depression among older adults in India.

Barriers to the diagnosis and treatment of depression in older adults in India: Several barriers to the diagnosis and treatment of depression among older adults in India have been identified. These include a lack of awareness of depression among older adults and their caregivers, limited access to mental health services, stigmatization of mental illness, and the belief that depression is a normal part of aging. Additionally, the symptoms of depression in older adults can be different from those experienced by younger individuals, making it more difficult to identify and diagnose. For example, older adults may present with somatic complaints such as pain or fatigue rather than the typical emotional symptoms of depression. Furthermore, many older adults may be reluctant to seek help or disclose their symptoms due to cultural norms that discourage open discussion of mental health issues.

Given the increasing elderly population in India and the high prevalence of depression among older adults, it is crucial to address these barriers and improve access to diagnosis and treatment. This can be achieved through

education and awareness campaigns aimed at reducing the stigma surrounding mental illness, increasing knowledge about the symptoms of depression, and promoting the benefits of seeking help. Additionally, there is a need for increased availability of mental health services, particularly in rural areas where access may be limited. Telemedicine and other technology-based interventions may also be useful in improving access to care.

Effective treatment of depression in older adults requires a comprehensive approach that takes into account the unique challenges and needs of this population. This may involve a combination of pharmacotherapy, psychotherapy, and lifestyle interventions such as exercise and social support. However, there is a lack of research on the effectiveness of these interventions in older adults, and more studies are needed to guide treatment decisions.

Depression among older adults is a significant public health concern in India, with several barriers to diagnosis and treatment. Addressing these barriers requires a multifaceted approach that includes education and awareness campaigns, increased availability of mental health services, and research to guide treatment decisions. By improving access to diagnosis and treatment, we can improve the quality of life for older adults in India and reduce the burden of depression on individuals, families, and society as a whole.

Review of Literature

The extensive review of the literature has been done and arranged in the following headings, □ Literature review related to depression

- Literature review related to intervention to depression
- Literature review related to depression in elderly

Research Methodology Research Approach

Cross Sectional Survey Approach.

Research Design

Non Experimental Descriptive study design

Setting of the study

Study was conducted in selected areas of Aurangabad city.

Sample Size

50 elderly as per inclusion criteria

Sampling Technique

Non probability purposive sampling technique was used.

Setting

Selected Community area of Shivajinagar, Aurangabad.

Inclusion Criteria

1. Participants aged 60 years and above.
2. Willing to participate in the study
3. Who are permanent residents of Aurangabad city?
4. Both gender i.e. male and female

Exclusion Criteria

1. Those who are not willing to participate in a study.
2. Those who are not able to read and write Marathi and English.
3. Elderly person with mental illness

Tool and technique

Structured questionnaires were used for data collection. The questionnaires comprises of two sections. Sections- A = deals with demographic data of participants

Section-B = comprises of a scale known as Short Geriatric Depression Scale – 15, created by Yegavage *et al*, which has been tested and used extensively to measure depression among the elderly. It is a shortquestionnaire that consists of 15 questions. Scores of more than 5 indicate mild depression, and scores of more than 5 are considered to be moderate and score more than 10 indicates severe depression. The scale was translated into Marathi language for data collection.

Validity

The content validity of structured questionnaire was found by submitting the tool to the experts in the field of Psychiatry (Psychiatrist, Psychologist and Mental health nursing).

Pilot study

It was conducted on 10 elderly in the selected area of Rajnagar, Aurangabad.

Reliability

It was established by Karl Pearson's Correlation coefficient.

The reliability of tool was calculated and it was 0.76.

Findings of the Study

Section A

Table 1: Demographic data analyzed using frequency and percentage

Demographic Variables		Frequency	Percentage
Age	a)65-69 years	34	68%
	b)70 -74 years	11	22%
	c)75-80 years	4	8%
	d)80 More than	1	2%
Gender	a)Male	24	48%
	b)Female	26	52%
Education	a)Literate	43	86%
	b)illiterate	07	14%
Occupation	a)job/occupation	04	08%
	b)None	46	92%
Marital status	a)Married	49	98%
	b)Unmarried	01	02%
	c)Divorced	-	-
	d) Separate	-	-
Religion	a)Hindu	37	74%
	b)Muslim	-	-
	c)christen	-	-
	d)other	13	26%
Family monthly income	a) Less than 10000/.	33	66%
	b)10000-15000	12	24%
	c) 15000-20000	04	08%
	d) More than 20000	01	02%
Types of family	a)Joint family	44	88%
	b)Nuclear family	06	12%

Number of child in family	a)1	15	30%
	b)2	16	32%
	c)3 and more	17	34%
	d) none	02	04%
Number of family members	a)2	06	12%
	b)3	03	06%
	c)4	03	06%
	d)5 or more	38	76%

Section B among elderly.

Deals with analysis of data related to level of depression

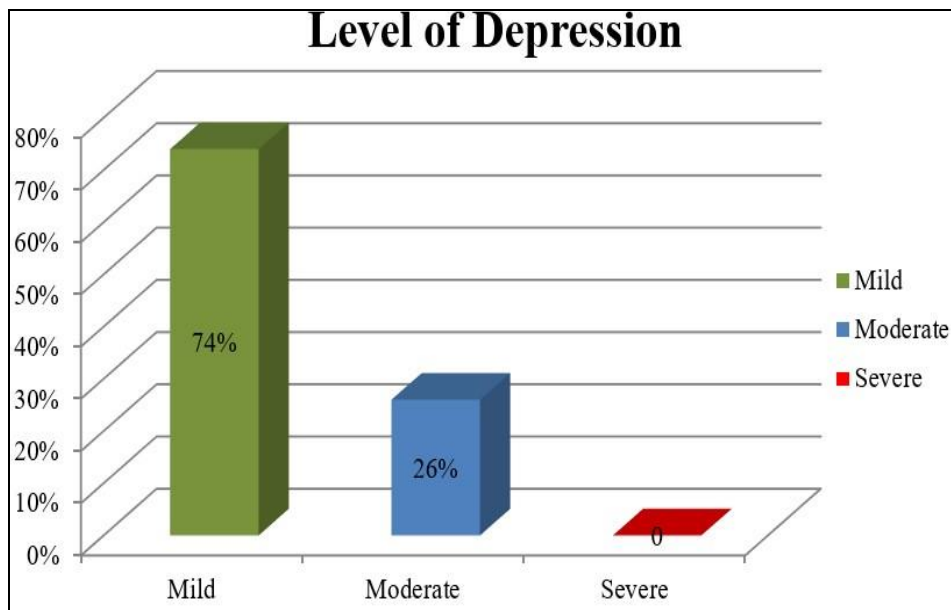


Fig 1: Calculation of sample according to level of Depression

Above graph shows that there was highest percentage 74% in moderate level in depression and there were no any of them were in mild level of depression, 26% of them were sample in severe level of depression.

Table 2: Association of knowledge regarding problems of Assess the level of depression among the elderly person in selected areas at Aurangabad. N=50

Demographic Variables		Mild	Moderate	severe	Chi-Square Value	P-Value
Age	a)65-69 years	28	06	-	53.52	7.82
	b)70 -74 years	09	02	-		
	c)75-80 years	04	00	-		
	d)80 More than	01	-	-		
Gender	a)Male	22	02	-	50	3.84
	b)Female	19	07	-		
Education	a)Literate	36	07	-	25.92	3.84
	b)illiterate	05	03	-		
occupation	a)job/occupation	04	-	-	35.28	3.84
	b)None	37	09	-		

Marital status	a)Married	42	07	-	42.16	7.82
	b)Unmarried	01	-	-		
	c)Divorced	-	-	-		
	d) Separate	00	00	-		
Religion	a)Hindu	37	06	-	73.04	7.82
	b)Muslim	-	00	-		
	c)christen	-	00	-		
	d)other	10	03	-		
Family monthly income	a) Less than 10000/.	24	09	-	50	7.82
	b)10000-15000	12	-	-		
	c) 15000-20000	03	01	-		
	d) More than 20000	01	-	-		
Types of family	a)Joint family	35	09	-	28.88	3.84
	b)Nuclear family	05	01	-		
Number of child in family	a)1	13	02	-	10.94	7.82
	b)2	15	01	-		
	c)3 and more	11	06	-		
	d) none	02	-	-		
Number of family members	a)2	05	01	-	70.04	7.82
	b)3	01	02	-		
	c)4	03	-	-		
	d)5 or more	31	07	-		

Table 2 depicts that there was significant association 54, 64-65, 80-82, 150-152, 550-571. between depressionall demographical variables 5% level of significance.

Implications

1. **Nursing Education:** Nursing educators can educate nurses about screening techniques of depression.
2. **Nursing Service:** Nurse can implement different screening tools to identify depression among elderly in community area or in the hospital set up.
3. **Nursing Administration:** Nurse Administrators can arrange camps for elderly population, where screening for depression can be undertaken to find out prevalence, causes and for preventive measures
4. **Nursing Research:** Nurse Researchers can undertake more extensive studies based on the findings and methodology of this study, to identify carouses and to provide intervention to reduce and prevent depression
5. **Mental health Nursing:** Mental health nursing based on the study of findings we can find out the level of depression and common precipitating factors for causation of depression, it will be effective for them to manage their related problems.

Recommendation

On the basis of the findings of the study following recommendations have been made for further study

1. The same study can be conduct for a longer period to get more reliable result.
2. The qualitative study can be conduct to assess level of depression among elderly.
3. The study can be done in various settings e.g. Work places, old age homes, community area etc.

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