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Original Research Article

Assessment of prevalence of depression among elderly people attending geriatric clinic at community health centre, Chakkarakal, Kannur district.

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Abstract

The study attempts to assess the prevalence of depression among male and female elderly people, with the objectives, to assess the prevalence of depression experienced by male and female elderly people, and to compare those results. The study was carried out in Community Health Centre, Chakkarakal. The sample comprised of 30 samples, they were selected from those attended the old age clinic for check up by using convenience sampling technique. The data was collected by administering Geriatric Depression Scale. The results of this study showed that Out 30 subjects, half were male and rest half females. Data revealed that 73.33% of the males were diagnosed as having depression and 93.33% of the females were diagnosed as having depression. Comparison of the findings between male and female elderly people shows that prevalence of depression varies between male and female elderly. Calculated chi square value 2.16 is less than table value 3.841, which means there is significant statistical association with prevalence of depression with sex of old age peoples. The findings of this study support the need for that early detection of depression and study stress the importance needed for special attention to old age peoples.

Keywords: Depression, Elderly people, Prevalence, Geriatric clinic

Introduction

The process of aging is classically depicted as one of constant and inexorable decline after reaching a peak bodily function and efficiency around the second decade of life [1]. The social life space of the older person is seen as shrinking due to retirement, widowhood, death of friends and children leaving home. Because of these losses, many people wrongly assume that sadness is an inevitable consequence of ageing. The lack of adjustment may affect the mood of the individual. The prolonged sadness may lead to depression [2].

India is currently entering the "Age of aging". The population of the elderly has been going up steadily in each census, though at varying rates2. The world's elderly population, which was 70 million in 2001, is estimated to cross 112 million by the year 2016. In India alone the number of people over 60 years is expected to touch 60 million in the next census report [3]. The most common emotional disorder in the elderly population is depression, which is often overlooked by health care professionals and family members [4]. Depression in elderly adults can be debilitating and can affect functional, cognitive and emotional health. The World Health Organization has identified major depression as the fourth leading cause of worldwide disease burden by 2020 [5].

The life time risk of depression in males is 8 to 12 percent and in females is 20 to 26 percent. Depression occurs twice as frequently in women as in men, and it is currently felt to affect one in four adults to some degree [3].

Despite all the publicity, some are still not aware of depression as it is an actual illness. This may be because we use the terms 'depressed' and 'sad' interchangeably [6]. But clinical depression is a medical condition, not just a passing mood, and has many physical and emotional symptoms that go along with it [8].

Finally, this researcher concluded that early detection of depression reduces the direct costs of prolonged depression, including the costs of medication, hospital care, and community-based care as well as indirect costs such as loss of earnings, lost productivity, and unemployment.

Objectives

1. To assess the prevalence of depression experienced by male elderly people.
2. To assess the prevalence of depression experienced by female elderly people.

3. To compare the findings between male and female elderly people.
4. To associate the findings with selected demographic variables.

Assumptions

1. Elderly people have depression.
2. Level of depression varies between male and female elderly people.

Material and methods used

Research approach: Research approach adopted for this study was quantitative approach.

Research design: The design selected for this study was non- experimental explorative descriptive research design.

Setting of the study: The study was conducted in Community Health Centre, Chakkarakal at Kannur District.

Population: In this study population consists of the elderly clients who were above the age of 55.

Sampling: In this study samples were peoples above 55 years, who visited the old age clinic of CHC; Chakkarakal.

Sampling technique: Convenient sampling technique was used to select the old age peoples for estimating prevalence rate of depression. From the people visited the old age clinic, total 30 samples were selected. Out of this 15 are males and rest 15 is females.

Data collection instruments

The following instruments were used for collection of data

1. Demographic Performa

Comprised of data with 6 items viz., age, sex, education, religion, monthly income, current illness.

2 . Geriatric Depression Scale

The Geriatric Depression Scale represents an effective quantitative method to gather information on depression in older adults. It is a useful screening tool in the clinical setting to facilitate assessment of depression in older adults. The Geriatric Depression scale may be used with healthy, medically ill, and mild to moderately cognitively impaired older adults. The Geriatric Depression Scale has demonstrated very good internal consistency ($\alpha = 0.94$) and split-half reliability of 0.94, sensitivity 92% and an 89% of specificity. The validity and reliability of the tool have been supported through both clinical practice and research. So the researcher has selected Geriatric Depression Scale for estimating prevalence rate of depression.

The Geriatric Depression Scale is a 15 item questionnaire that is a simple, clear, self-administered scale that does not rely on somatic symptoms. The Yes/No questions take 10 to 15 minutes to complete. Depressive responses are assigned 1 point with a maximum possible score of 15. Tallied scores of 0 to 4 indicate normal mood and above that indicate depression.

Plan for data analysis

It was decided to analyze the data by both descriptive and inferential statistics on the basis of objectives and assumptions of the study. Master data sheet would be prepared by the investigator to analyze the data.

Section 1: Description of sample characteristics

Baseline data containing sample characteristics would be analyzed using frequency and percentage.

Section 2:

- Calculation of prevalence rate of depression
- ANOVA was used to compare the difference between parameters.
- Chi-square test and coefficient mean square contingency test was used to find out the association of depression with selected demographic variables.

Results

Major findings of the study

Section I: Sample characteristics

- Highest percentage, 33.33% of subjects were in the age group of 66-70 years and 26.67% were between 55-60 years of age 20% were between 61-70 years and 20 % were in the age group of above 71 years.
- Distribution of subjects was selected equally according to the sex, 50% males and 50% females.
- Out of 30 samples 36.67 % were illiterates, 20% subjects got primary education, 40% having secondary education and only 03.33 % having degree qualification.

- The subjects from Hindu religion were the highest 76.67%. Subjects from Muslim religion were 23.33% and there are no subjects from any other religion.
- Income wise distribution of the subjects shows that majority, 76.67% of them had family income below 1000 Rs. 20% subjects had family income in between 1001-3000 Rs , 03.33% subjects had family income 3001-5000Rs and no one had above 5001 Rs family income.
- Distribution of subjects according to the history of illness revealed that 86.67% of subjects were having current medical illness and out of that 50% of the subjects were having diabetic mellitus and 43.33% were having hypertension, whereas 13.33% of the subjects were having cancer , 3.33% were having thyroid disorder.

Section II: Calculation of prevalence rate of depression

Data revealed that 73.33% of the males were diagnosed as having depression and 93.33% of the females were diagnosed as having depression.

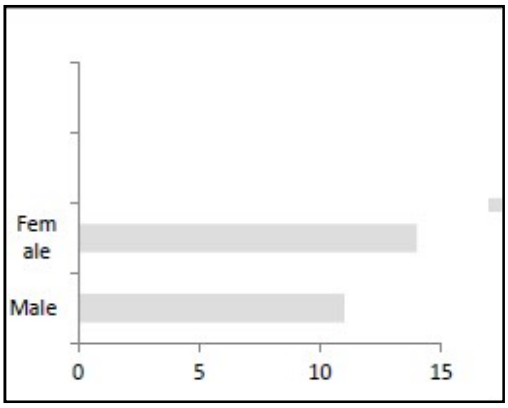

Figure 1: Bar diagram showing comparison of prevalence of depression among male and female elderly people.

Significant association between prevalence of depression with selected demographic variables.

In relation to age 26.66% of depressed elderly included in the age group of 66-70 years, 20% in both 55-60 years and 61-65 years and 16.66% in 55-60 years. Calculated chi square value1.734 is less than table value (7.815), which means there is significant statistical association with prevalence of depression with age of old age peoples.

Equal division in sex revealed that, 93.33% elderly females and 73.33% elderly males having depression. Calculated chi square value 2.16 is less than table value 3.841, which means there is significant statistical association with prevalence of depression with sex of old age peoples.

Out of depressed elderly peoples 60% were illiterate and 26.66% having secondary education 20.00% having primary education only 00.03% having degree education and no one have higher secondary or post graduate education. Calculated chi square value 4.177 is less than table value 11.07, which means there is significant statistical association with prevalence of depression with educational status of old age people.

Among depressed elderly peoples 66.66% elderly peoples in the Hindu religion and 16.66% belongs to Muslim religion...Calculated chi square value 0.931 was less than table value 7.815, which means there is significant statistical association with prevalence of depression with religion of old age peoples.

While considering income wise seperation 63.33% elderly peoples were having monthly income less than 1000, 16.66% having monthly income 1001-3000, 00.03% having 3001-5000 monthly income. Calculated chi square value 3.771 is less than table value 7.815, which means there is significant statistical association with prevalence of depression with monthly income of old age peoples.

Current medical illness also cause the depression results shows, among depressed elderly peoples 50% having diabetic mellitus 43.33% having hypertension 13.33% having respiratory disorder and 3.33% having thyroid disorder. Calculated chi square value 1.55 is less than table value 16.75, which means there is significant statistical association with prevalence of depression with Current Medical Illness with current Medical Illness

Recommendations

Based on the findings of the present study, recommendations offered for future research are:

- A similar study can be conducted on a large sample size.
- A similar study can be done to determine the prevalence stress among old age people.
- A study with an educative intervention can be planned.
- The study can be replicated in different settings with similar facilities.
- An experimental study can be under taken with introduction of any therapy.

Conclusion

The study data revealed that 73.33% of the males were diagnosed as having depression and 93.33% of

the females were diagnosed as having depression. Comparison of the findings between male and female elderly people shows that prevalence of depression varies between male and female elderly. There is significant statistical association with prevalence of depression with age, sex, educational status, religion, monthly income and current medical illnesses of old age peoples find out the possible solutions.

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