

Comparative study to assess & compare depression among elderly population living in selected old age homes & community

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Abstract

Introduction: Ageing in the new millennium will be greatly influenced by both global and region specific factors, although increasing numbers as well as significant changes in the socio cultural milieu are responsible for the recent emphasis on studies pertaining to older's in India. This has resulted in the caregiver issue becoming a growing concern for national policy makers. It has been documented that elderly are more prone to psychological problems and depression is the commonest geriatric psychiatric disorders. In fact the elderly in India face a multitude of psychological, social and physical health problems.

Objective: To assess and compare depression among elderly population residing in selected old age homes and community.

Methods: Total sample of the study was 200 (100 from selected old age home and 100 from selected community). Geriatric Depression Scale (GDS) was used to assess depression among elderly population residing in selected old age homes and community.

Results: Mean score and standard deviation of depression among elderly population living in selected old age homes was higher (8.96±1.355) than the mean score and standard deviation of depression among elderly population living in community (7.91±1.621). The computed 't' value (tab) = 1.98, indicates that there was significant difference between the depression scores among elderly population living in selected old age homes and community. Thus, it was established that the difference obtained in the mean quality of life score of elderly population living in selected old age home and community was true difference and not by chance

Conclusion: The elderly population living in selected old age home had moderate depression whereas the elderly population living in selected community had mild depression.

Keywords: old age homes & community, elderly population

1. Introduction

Ageing in the new millennium will be greatly influenced by both global and region specific factors, although increasing numbers as well as significant changes in the socio cultural milieu are responsible for the recent emphasis on studies pertaining to older's in India. This has resulted in the caregiver issue becoming a growing concern for national policy makers. The family as a single unit understands changes leading to significant adjustments in accommodating and caring for older's in the family, making them more vulnerable to illness and psychological strains in the absence of familiar support network^[1].

It has been documented that elderly are more prone to psychological problems and depression is the commonest geriatric psychiatric disorders. In fact the elderly in India face a multitude of psychological, social and physical health problems. As age advances there is increased morbidity and functional loss, also presence of a variety of depressive factors and occurrence of varying life events, greatly impact on one's psychological status, making them more prone to depression. Ageing is a universal process. In the word of Seneca "old age is an incurable disease", however as Sir James sterling commented "you do not heal old age, you protect it, you promote it and you extend it"^[5].

The Bhoré Committee had perceived that patients requiring institutional treatment would be 2 per 1000 in the country. In

1966, the Mental Health Advisory Committee to Govt, of India suggested a prevalence rate of mental illnesses of 20 per 1000 population with 14 per 1000 in rural areas (Elnagger MN *et al*). Depression is among the commonest psychiatric disorder among elderly manifested as major or minor depression characterized by a collection of depressive symptoms. Many studies have indicated severe under – recognition and under treatment of depression in the elderly, even in developed countries^[5].

Depression affects 121 million people world-wide. It can affect a person's ability to work, form relationships and destroy their quality of life. At its most severe depression can lead to suicide and is responsible for 850000 deaths every year^[9].

2. Objective

To assess and compare depression among elderly population residing in selected old age homes and community.

3. Methods

After obtaining administrative approval, and permission from the respective authorities the final study was conducted in Mullana village and selected old age homes in Ambala, Chandigarh & Kurukshetra. Total sample of the study was 200 (100 from selected old age home and 100 from selected community) through convenient sampling technique. Geriatric Depression Scale (GDS) was used to assess depression among

elderly population residing in selected old age homes and community. Each of them gave written consent for the study.

The average time taken by the subjects to complete the questionnaire was 25-30 minutes.

4. Results

Table 1: Frequency and percentage distribution of depression score of elderly population Living in selected old age homes and community N=200

levels	Range	Old age home (n=100)	Community (n=100)
		f	f
Normal	0-4	00	00
Mild	5-8	33	64
Moderate	9-11	65	35
Severe	12-15	02	01

Minimum score=0, Maximum score= 15

Table 1 shows the frequency and percentage distribution of depression score of elderly living in selected old age homes and community. The data reveals that the majority of elderly population had moderate depression (65%) living in old age home, whereas majority of elderly population had mild depression. (64%) living in community area.

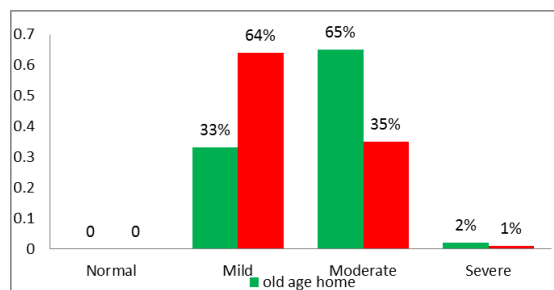


Fig 1: Bar graph showing Frequency and percentage distribution of depression score of elderly population living in selected old age homes and community

Table 2: Range, Mean, Median and standard deviation of depression score of elderly population living in selected old age homes and community (N=100)

Depression	Range	Mean + SD	Median
Old age home	4-9	8.96 ± 1.355	9
Community	9-11	7.91 ± 1.621	8

Minimum score = 0, Maximum score= 15

The data presented in Table 2 indicates that the mean score and standard deviation of depression among elderly population living in selected old age homes was higher (8.96±1.355) than the mean score and standard deviation of depression among elderly population living in community (7.91±1.621)

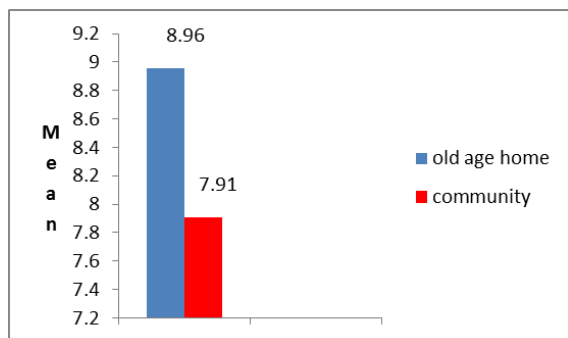


Fig 2

Table 3: Mean, Median, Standard deviation and t value of depression score of elderly population living in selected old age homes and community (N=100)

Group	Mean+ SD	SE _{md} value	t value
Old age home	8.96± 1.355	0.423	5.693*
Community	7.91± 1.621		

The data presented in Table 3 shows that ‘t’ value was significant at 0.05 level of significance. The computed ‘t’ value (tab) = 1.98, indicates that there was significant difference between the depression among elderly population living in selected old age homes and community. Thus, it was established that the difference obtained in the mean depression scores of elderly population living in selected old age home and community was true difference and not by chance. Hence, Hypothesis H2 was accepted and null hypothesis is H02 was rejected.

5. Discussion

The present study aimed to assess depression among elderly population living in selected old age home and community. The result of current study showed that Elderly population living in old age home had moderate depression whereas elderly population living in community had mild depression. The findings of the present study are discussed here with consistent and inconsistent supports from previous studies. The result of current study showed that elderly population living in selected old age home had moderate depression whereas elderly population living in selected community had mild depression. A similar study was conducted by Amna Khalid (2012), to assess depression among elderly people of old age home and community of kerala. Data were collected from 141 subjects, 108 were community residents and 33 were living in old age home. The prevalence of depression were assessed by GDS. Results shows that 42.6% of community and 69.7% of elderly people of old age home were depressed. The study concludes that elderly people residing in old age home were more depressive than elderly people living in community. The findings of this study is consistent with the findings of current study.

The result of current study showed that elderly population living in selected old age home had moderate depression whereas elderly population living in selected community had mild depression. A similar study was conducted by Joshi p.c (2013), conducted comparative study to assess level of depression among elderly people of old age home and community of Pune. Total no. of samples were 250. Samples

were selected by non-probability convenience sampling technique. Major findings shows that 57.14% were having less depressive symptoms. 71.42% were having more depressive symptoms who were living in old age home. This study concludes that elderly people living in old age home have more depressive symptoms than elderly people living in community. The findings of this study is consistent with the findings of current study.

6. Conclusion

The elderly population living in selected old age home had moderate depression whereas the elderly population living in selected community had mild depression.

7. Reference

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