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A study to assess the risk factors of depression in elderly

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Abstract

Elderly people often suffer from depression and it is highlighted as one of the most common and significant psychiatric problems. Among the factors linked to depression, the following stand out: being female, advanced age, low levels of education and living alone. In addition to the socio-demographic characteristics, which are well established in the literature, other factors are associated with depression, such as: smoking, co-morbidities (cardiovascular, endocrine, neurological, oncological diseases), high levels of medicine use, functional incapacity, negative perception of own health, low levels of physical activity, suicidal thoughts, insomnia, and a predominance of negative exchanges in relationships with family and friends. These factors, especially those that can be modified, need to be further explored, taking into account cultural differences between countries and regional differences within those countries, as in Brazil.

Objectives

- To assess the risk factors of depression in elderly.
- To associate the risk factors in elderly socio demographic variables.

Methodology

A quantitative research design with purposive sampling technique was adopted to conduct a study to assess the risk factors of depression in elderly. Data was gathered by using multiple choice questionnaires. Confidentiality was maintained throughout the procedure collected data was analysed by using descriptive and inferential statistics.

Result

In risk factors of depression in elderly the most of them 9(30.0%) had average risk factors of depression in elderly and 17(57.0%) had good risk factors of depression in elderly among urban elderly and 4(13.0%) risk factors of depression in elderly..The demographic variable had not shown statistically significant association of level the risk factors of depression with their selected demographic variables.

Conclusion

The studies concluded that the demographic variable had not shown statistically significant association of level the risk factors of depression with their selected demographic variables.

Keywords: assess, depression in elderly, risk factor

Introduction

Elderly people often suffer from depression and it is highlighted as one of the most common and significant psychiatric problems. According to a systematic review, prevalence worldwide varies between 0.9% and 9.4% in those living in the community and 14% to 42% in those living in a care home. Brazilian epidemiological studies carried out with the elderly show that the prevalence of depressive symptoms varies between 19% and 34% in the different regions of the country ^[1].

The high prevalence of depression requires the attention of health care professionals and managers, as this disease increases the likelihood of functional incapacity in the elderly and constitutes a significant public health problem. In China, as of the end of 2018, the number of people aged 60 or older was close to 250 million, accounting for 17.9% of the total population ^[2, 3].

In 2015, the "Family Development Report of China (2015)" issued by the National Health and Family Planning Commission showed that empty nesters accounted for half of all elderly people. It is estimated that the proportion of empty-nest families will account for 90% of elderly families in 2030, when the elderly families in China will be empty-nested across the board ^[4].

On a global scale, the burden of depression continues to increase. Depression is a common mental disorder, and approximately 300 million people of all ages suffer from it worldwide ^[5]

Depression is the leading cause of disability in the world and it is a major factor contributing to the global burden of disease. Depression can lead to suicide in the worst cases. Depression is expected to be the main cause of disease burden in 2030. The elderly are more susceptible to depression than other populations, especially empty nesters [5, 6].

In China, the prevalence of depression in the elderly is worrying. In 2012, the results of an investigation using the Geriatric Mental State examination among 4265 community elderly people conducted in four provinces in China showed that the detection rate of depression symptoms in empty nesters was 8.18%, which was higher than the 6.31% for non-empty nesters. Empty nesters are more likely to develop depression than average elderly people [7].

Depression is one of the most common mental health problems worldwide. It is also considered to be common, but by no means inevitable, in palliative care populations. Estimated prevalence rates for depression in palliative care populations vary widely, from 1 to 77% with a median of 10-20%. Systematic reviews attribute the wide range of prevalence rates to a number of factors, including small samples, variation in assessment tools used, and classification of symptoms. Common methodological criticisms include reliance on screening instruments that have not been validated in a palliative population, the lack of a clear definition of depression, and inclusion of somatic symptoms (e.g., weight loss) in depression scales thereby introducing symptom overlap with the effects and/or treatment of the terminal illness [8, 9]. While probable consequence of many of these weaknesses is to inflate prevalence rates, this is offset by the known barriers to detection and management of depression. The diagnosis of depression is not straightforward in older patients generally, who represent a significant proportion of the palliative care population. Diagnostic challenges unique to the palliative care setting also arise, such as distinguishing depression from the normal grief process (e.g., sleep, appetite, concentration) that often accompany cancer and/or its treatment. Physicians may be reluctant to diagnose depression because they view treatment as adding to an already high medication burden or having limited effectiveness [10].

Materials and Methods

An evaluative approach with quantitative research design was used to conduct the study. The study was conducted in rural areas Eriyamangalam. 30 samples were selected by using a purposive sampling technique. The inclusion criteria for the sampling are people who are all age group above 50 year of elderly, people who were available at the time of study, people who are able to read and write Tamil or English and People who are willing to participate in the study. A prior formal permission was obtained from the village leader of Eriyamangalam. People were selected based on the demographic variable and who met the inclusion criteria. The purpose of the study was explained to the people Consent of all the participants was obtained prior to the study. Structured questionnaires were administered to assess the demographic variables. A structured knowledge questionnaire was used to assess the risk factors of depression in elderly, and structured interview questioners. The duration of the study is 3 days. The same procedure was followed for all selected samples. The data were analyzed

using descriptive and inferential statistics. The sample characteristics were described using frequency and percentage. The demographic variable had not shown statistically significant association of level the risk factors of depression with their selected demographic variables.

Result and Discussion

Section A:

Description of the Demographic Variables of the Rural Elderly.

Frequency and percentage distribution of demographic variables of rural elderly.

In the present study, most of them 18(60%) were in the age group of 50 – 60 years, 19(63.3%) were educated up to No formal education, 14(47.0%) were Hindus, 19(63.0%) were Tamilians.

Section B: Assess the Risk Factors of Depression in Elderly.

Table 1: Frequency and percentage distribution of level of assess the risk factors of depression in elderly.

n = 30

Risk factors of depression in elderly	No.	%
mild (0 – 4)	0	0
moderate (5 – 10)	9	30.0
sever (11 – 15)	17	57.0
Very severe (16 – 20)	4	13.0

The present study in depression, most of them 9(30.0%) had average risk factors of depression in elderly and 17(57.0%) had good risk factors of depression in elderly among urban elderly and 4(13.0%) risk factors of depression in elderly.

Table 2: Assessment of mean and standard deviation of assess the factors of depression in elderly.

n = 30

Risk factors of depression in elderly	Mean
Risk factor	12.3
Depression	2.337

The present study, the mean score of risk factors of depression in elderly was 12.3 with standard deviation of 2.337.

Section C: Association of Level of Risk Factors of Depression in Elderly with Their Selected Demographic Variables.

The present study shows that none of the demographic variable had not shown statistically significant association of level the risk factors of depression with their selected demographic variables.

Conclusion

The findings revealed that the risk factors of depression in elderly people had moderate and there is reduced through lifestyle style, health education and mass media education.

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References

1. Skoog I, Waern M, Duberstein P, Blennow K, Zetterberg H, Börjesson-Hanson A *et al.* A 9-year

- prospective population-based study on the association between the APOE* E4 allele and late-life depression in Sweden. *Biological psychiatry* 2015;78(10):730-6.
2. American Psychological Association. Guidelines for psychological practice with older adults. *The American psychologist* 2004;59(4):236.
 3. Paliana M, Yadav V, Bairwa M, Behera P, Gupta SD, Khurana H *et al.* Prevalence of depression among the elderly (60 years and above) population in India, 1997–2016: a systematic review and meta-analysis. *BMC public health* 2019;19(1):832.
 4. Luppá M, Sikorski C, Luck T, Ehreke L, Konnopka A, Wiese B *et al.* Age-and gender-specific prevalence of depression in latest-life–systematic review and meta-analysis. *Journal of affective disorders* 2012;136(3):212-21.
 5. American Psychological Association. Guidelines for psychological practice with older adults. *The American psychologist* 2004;59(4):236.
 6. Patel M, Bhardwaj P, Nebhinani N, Goel AD, Patel K. Prevalence of psychiatric disorders among older adults in Jodhpur and stakeholders perspective on responsive health system. *Journal of family medicine and primary care* 2020;9(2):714.
 7. Disu TR, Anne NJ, Griffiths MD, Mamun MA. Risk factors of geriatric depression among elderly Bangladeshi people: A pilot interview study. *Asian journal of psychiatry* 2019;44:163-9.
 8. Polacsek M, Boardman GH, McCann TV. Factors influencing self-management of depression in older adults: a qualitative study. *Aging & Mental Health* 2020;24(6):939-46.
 9. Adams DJ, Ndanzi T, Rweyunga AP, George J, Mhando L, Ngocho JS, Mboya IB. Depression and associated factors among geriatric population in Moshi district council, Northern Tanzania. *Aging & Mental Health*, 2020, 1-7.
 10. Grover S, Malhotra N. Depression in elderly: A review of Indian research. *Journal of Geriatric Mental Health* 2015;2(1):4