AN EXPLORATORY-DESCRIPTIVE STUDY TO ASSESS FACTORS CONTRIBUTING TO DEPRESSION AMONG ELDERLY FROM SELECTED COMMUNITY AREAS OF PUNE CITY

Mrs. Sundari Apte [1], Mr. Nagesh Dolas [2], Mr. Shubham Choubisa [3], Ms. Preeti Jadhav[4], Ms. Meena Bhaskar[5],
Bharati Vidhyapeeth Deemed university college of Pune-43
Pune, India

Abstract— **A descriptive study to assess the factors contributing to depression among elderly from selected community areas of Pune city. Introduction: India is a developing country and the number of elderly people is steadily increasing in India. The current elderly population of India is around 100 million (10.7%). The number of elderly getting admitted to hospital with various medico-psycho- social problem are also on a rise. WHO theme for the year 2017 is "Depression let's Talk". Keeping these views our group of four fourth year b.sc nursing ventured to assess the contributing factors leading to depression among elderly from selected community areas of Pune city. Methodology: A quantitative, exploratory descriptive design was chosen for the study. The population under study was elderly people. The sample consisted of 200 elderly from selected community areas of Pune city. The tool used was semi structured questionnaire for factors leading to depression and GDS to assess the level of depression among elderly as a screening tool. If the depression level was more than 5 those elderly were taken into study. The sample was chosen by nonprobability purposive sampling technique. Results: In this study majority of sample were male, in the age group of 65 to 70 years. Maximum sample were with primary education, and doing business. Most of the sample had monthly income in the range of 10.000 to 50.000 and were living in joint family. Based on GDS maximum sample were in the moderate level of depression. The major physical or medical condition contributing to depression among elderly was hypertension, arthritis and eye problems. In behavioral and psychological factor maximum sample showed anger, anxiety/restlessness as the contributing factors. The major stressful life events contributing to depression was loss of relative or close friend. Association was found between the level of depression and financial depression and occupation. Association between the contributing factors and demographic variables was found in occupation at 0.05 level of significance. Conclusion: Thus depression is found significantly more among elderly peoples due to ageing process and this enable us to care more tenderly towards them**

Index Terms— **Elderly, Depression, GDS and Anxiety.**

I. INTRODUCTION

The world health organization (WHO) estimates that by 2020 depression will be the most important single cause of disability in both developed and developing countries. All through depression is a common mental health problem in the aging population estimates for the prevalence of depression in elderly differs greatly. All through previous studies had suggested that factor such as female sex, lower educational attainment, perceived income inadequacy and major life event are possible risk factors associated with geriatric depression (GD). The strength and relative importance of some known or potential factor associated with GD varied widely with regions and population. Although depression is a common mental health problem in the ageing population, the prevalence of depression in the elderly differ greatly .all through previous studies had suggested that physical, medical, behaviour, life satisfaction factors. The strength and relative importance of some known or political factors associated with geriatric depression varied widely with regions and population.

"**Depression is a common and serious medical illness that relatively affect how you feel, the way you think, and how you act**".

Although, everyone is familiar with aging,it can be simply referred as the passage of time and can even have a positive connotation as in aging wise.

Aging is a series of processes that begin with life and continue throughout the life cycle. It represents the closing period of the life span, a time when the individual looks back in life, lines on passed accomplishment and begins to finish of this life course. Adjusting to the changes that accompany old age requires than an individual is flexible and develops new coping skill to the changes that are common to this time in their lives.

II. Need for the Study

Aging is a universal phenomenon. India is the second largest country in the world, with 72 million elderly persons above 60 years of the age as of 2001 record. The senior citizen meetthe most hideous depression which often goes untreated because many people think that depression is a normal part of aging and a natural reaction to the chronic illness, loss and social transition.

WHO theme for this year 2017 is "depression -let's talk". Current prevalence of elderly (2016) in India is 103.9 million.

Bhodhare T.N.et al conducted a cross sectional study on 109 sample to assess the prevalence and risk factors of depression among elderly population from a rural area of Andhra Pradesh. The tool used was patient health questionnaire (PHQ-9). The findings showed maximum sample were in the age group of 60 -89 years old were maximum under the study and maximum were male with 64%. 71% of the sample belonged to lower socioeconomic class. 63% of the samples were suffering with moderate to severe level of depression.
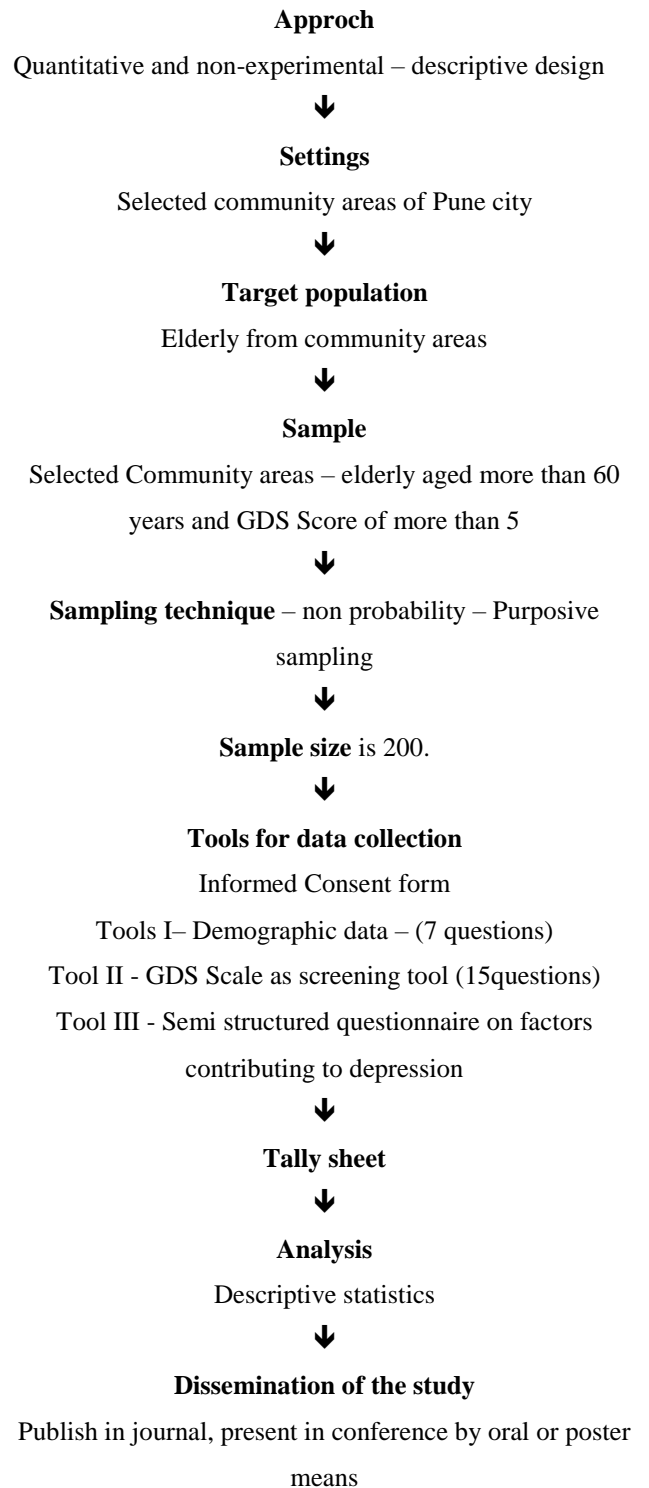
Rosenvinge,(2013) conducted ameta analysis to study the contributing factors to depression using MEDLINE, CINHAL,PsychINFO,Embase ,pubmed and www.salutogenesis.Seventy five studies,38 clinical and 37 community setting,were included in the study. The result showed with higher sense of control and internal locus of control, more active strategies and positive religious coping were significantly associated with fewer symptoms of depression both in longitudinal and cross sectional studies in clinical and community settings.

Rashid A, et al (2005) conducted a research study among elderly relating to depression. A sample of 2005 older adults was randomly selected. The geriatric depression scale was used to screenfor depression. The prevalence of severe depression was 19.2%. The risk factor identified was- socioeconomic status, past history of depression and perceived poor health status.

III. Objective of the study

A. To assess the level of depression among elderly from selected areas of Pune city.(to screen for depression)

B. To assess factors leading to depression among elderly from selected areasocias of Pune city.

C. To associate the depression level with selected demographic variables.

D. To associate the contributing factors leading to depression with selected demographic variables.

IV. Research methodology

Approch

Quantitative and non-experimental – descriptive design

↓

Settings

Selected community areas of Pune city

↓

Target population

Elderly from community areas

↓

Sample

Selected Community areas – elderly aged more than 60 years and GDS Score of more than 5

↓

Sampling technique – non probability – Purposive sampling

↓

Sample size is 200.

↓

Tools for data collection

Informed Consent form

Tools I– Demographic data – (7 questions)

Tool II - GDS Scale as screening tool (15questions)

Tool III - Semi structured questionnaire on factors contributing to depression

↓

Tally sheet

↓

Analysis

Descriptive statistics

↓

Dissemination of the study

Publish in journal, present in conference by oral or poster means

Schematic representation of the Research methodology

V. DATA COLLECTING PROCESS

A. The data collecting process was as follows

B. Ethical permission from the college

C. Permission from the community areas

D. Explain the procedure to the sample in their level of understanding and language

E. Giving the written consent

F. GDS tool application if the score is more than 5 then only proceed otherwise discontinue

G. Explaining them about confidentiality and anonymity of their details

H. Giving time and proper place to fill in the tools

I. Helping them where ever necessary.

VI. DATA ANALYSIS

"Data analysis is the systematic organization of the research data and testing of research hypothesis using that data"

In this study the data collected was coded and tally sheet was prepared and using descriptive analysis the demographic data and contributing factors were calculated in frequency and percentages.

VII. MAJOR FINDINGS OF THE STUDY

A. Distribution of sample as per the demographic data

The demographic data of sample shows that maximum sample were in the age group of 65 to 70 years with 36%; in gender male were more with 67%. The education level shows maximum sample had primary education with 46.5%. In occupation maximum sample were doing business with 32.5%. Maximum sample had monthly income in the range of 10.000 to 50,000 with 57%. 65% of the elderly were living in the joint family and 3% were living in others places like in day care center, Vrudha-ashram or separately. Married elderly were 85percentage and 2 percentage were divorced.21% of the elderly were financially dependent on the others like their son, daughter and pension.

B. Distribution of sample based on the GDS Score

Fifty six percentages of the samples were having moderate depression and 4% were having severe depression.

C. Distribution of sample based on the contributing factors leading to depression

The major physical or medical condition contributing to depression in elderly was hypertension(67%) followed by arthritis and eye problem with 64% each.The major behavioural and psychological factor contributing factor for depression in elderly was anger with 67% followed by anxiety/restlessness with 65%. The major stressful life event which contributing to depression in elderly was loss of relative or close friend with 69%.

D. Association of research findings with selected demographic variables

Association was found between levels of depression and occupation and financial dependence

With regards to contributing factors leading to depression there was association between the factors with occupation.

REFERENCES

[1] John SnowdowHow high is the prevalence of depression in old age? -200 Jsnowdon@mail. Usyd. Edu.au.

[2] NandiniDendykuri, PHD, MortinG.Cole, M.D June -2003Risk Factors for depression among elderly community: A systematic review And Meta-Analysis.

[3] Lindsay van Lopik 2004 Depression in the elderly Risk Factors & treatment.

[4] Deise AAP oliveira, Lucy ceomes, Rodrigo Foliveira prevalenceamong the elderly population in aho community centers -2006Email –deisepyres@yahoo.com.br

[5] SWARNALA THAM- 2009The prevalence of depression among the Rural elderly in chittoor District Andhra Pradesh(www. Jodr.net)

[6] SefaBulutLate life depression -2009http: ‖ revistas. um. Es/analesps.

[7] J. Allen and M Annells.A literature review of the application of the geriatric depression scale, depression anxiety stress scales and post traumatic stress Disorder checklist to community nursing cohorts. -2009Jacqui. allen@ deakin.edu.au.

[8] Amy Fiske, Julie Loebachwetherall, andMorgoretceatz 2009Depression in older Adults.Copyright 2009 by Annual peviews.Amy. Fiske@ mail. Wvu.edu.

[9] ChaulagaiPs,shormack, (2010) Prevalence & associated Factors of depression among elderly population Living in Geriatric Homes in Kathmandu valley (www. Jiom.Com.np)

[10] R. Gautam PhD, SC. Houde PHD –(2011)Geriatric depression scale for community dwelling older adult in NepalAsian Journal of Gerontology and CeriatricVol 6 No. 2 December 2011

[11] FatmaYucelBeyazta, Gokhankurt,ErtugrulBolayir Life satisfaction level of elderly people ; a field study in Sivs, Turkey, March 2012 (J Pak med Association)

[12] Sherry A. Greenbery, PhD.cc, MSN, GNP-BCThe Geriatric depression scale (GPS)www.hortfordign. Org. or www.consult Geri RM. Org.Email-hortfordign@nyu. edu.

[13] Ony,OMStunley, PC-April 2013Risk Factors for depressive Illness among elderly Gopd attendees at upth.(wwwiosrjournals. Org)

[14] Mia conradsson, Erik Rosendahl, HakanLitlbrand, Yngve Gustafson, Birgittaolofsson and Hugo Lovheim. Aging and mental lealth -23 Jan. 2013 http: ‖ www. Tandfoniline. Com/101/Camh20

[15] PriyankaandMishraSunita -2013Differences in life satisfaction of elderly people in Urban and Semi Urban families of Luknow (UP.)www. Iosrjournals org

[16] Artigo De Pevisao- 2014Depression in the elderly.

[17] AnkitaChoudhory   A study of life satisfaction and health in old age - 9 September 2015www.ijse net.

[18] SoonheeRoh; Yeon-shim Lee2, Jen A. Porter3 &Natalie D. Popet -2015Contributing Factory of depressive symptoms among Rural older Adults in South Pakota(URL : http;lldx.doi.org/10.15640/ Jssw v3ni06)

[19] Elsevier B. V. 2015A comparative cross cultural study of the prevalence of late life depression in low and middle income countries   -2015GegroJounnaral   –(http ||Creativecommons.orglicesesl by k.ol)

[20] AnujNautiyal, SatheeshMadhav NV, AbhijeetOjha, Rajeev Kumar Sharma, SamirBhargava,Prevalence of depression among Geriatric peoples in Dehradun city of Uttarakhand India. -2015   http: || dx doi. Org/10.4200/2167-1044. 1000208.

[21] SoonheeRoh; Yeon-shim Lee2, Jen A. Porter3 &Natalie D. Popet -2015Contributing Factory of depressive symptoms among Rural older Adults in South Pakota(URL : http;lldx.doi.org/10.15640/ Jssw v3ni06)

[22] Ritupornaprusson 2KR Chatvrvedi -2016   Life satisfaction: A literature review.

[23] https: || www. Academia. Ddu/1183520/DETERAMINANTS. OF LIFE SATISFACTION.

[24] RachmashIndawatiScreening performance of the Geriatric depression scale (GDS-15) for elderly in the Community Indonesia -2016International Journal of research in Advent technology www.ijrat org.

[25] MulugetaGirma, Million Haila2 Dr. Asfaw Wakwoya2, zegeya Yohamnis2 and Jemal Ebrahim3 -2016   Geriatric depression in Edhiopia: prevalence and associated factors.http: || www. Omicsonlive org/submission

[26] YaLie Ku and Li-YU Chung -2017   Integrated Literature review of depression in elderly peopleJournal of Gerontology   and   Geriatric   Research..