Original Research Article

Level of Depression among the Geriatrics Attending Medical out Patients at Krishna Hospital, Karad

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ABSTRACT

The majority of older adults with depression improve when they receive treatment with an antidepressant, psychotherapy, or a combination of both. The nurses can play an important role in recognizing such patients at an early stage and enable them to receive medications which would go a long way in helping geriatric people from not being dysfunctional and also not entertain suicidal thoughts.

Statement: A descriptive study to assess the level of depression among the geriatric medical outpatients attending Krishna Hospital Karad.

Methodology: Descriptive survey approach was used for the study. Independent Variables included Age, sex, background, religion, education, type of Family, monthly income, spouse (Alive/Dead), health problem and Dependent Variables were Level of depression. 100 geriatric patients were selected by simple random method. Geriatric depression scale was used for assessing level of depression.

Objective: 1. To assess the level of depression among geriatric out patients. 2. To associate the level of depression with selected demographic variables

Results: Distribution of samples in relation to the gender revealed that 58% of samples were males, 37% were in the age of 60-65 years, 53% were Hindus, 37% of the samples were illiterates. 65% demonstrates mild depression, 14% has severe depression and 26% of geriatric patients do not show the symptoms of depression. Age was found to have a highly significant association with the level of depression and gender, health problems, area of residence, monthly income, religion, type of family and spouse (alive/dead) were associated with the level of depression. But educational status is not associated with the level of depression.

Key Words: depression, geriatric, assess, medical outpatients.

INTRODUCTION

Older people are often the victims of mental disorders on account of their fear about death and feeling of dependency, anxiety, boredom, loneliness and helplessness. Depression is a common disorder that affects 12% of the older adults' population at any one point in time (Copeland et al., 1999). [1] Geriatric depression is the most common diagnosis with a prevalence rate of 60/100 in the general population (Venkoba Rao and Madavan,1983). [2] As we age, many people believe that it is normal or expected that a

person should become more depressed. The majority of older adults with depression improve when they receive treatment with an antidepressant, psychotherapy, or a combination of both. The nurses can play an important role in recognizing such patients at an early stage and enable them to receive medications which would go a long way in helping geriatric people from not being dysfunctional and also not entertain suicidal thoughts. Therefore it becomes essential to train the nurses in recognizing the disorder and teach the development of health protecting behavior.

Statement of the problem:

A descriptive study to assess the level of depression among the geriatric medical outpatients attending Krishna Hospital Karad.

Objectives of the study:

1. To assess the level of depression among geriatric out patients.
2. To associate the level of depression with selected demographic variables.

MATERIALS AND METHODS

Descriptive survey approach was used for the study. Independent Variables included Age, sex, background, religion, education, type of Family, monthly income, spouse (Alive/Dead), health problem and Dependent Variables were Level of depression among geriatric out patients. With Simple random sampling, 100 geriatric patients were selected at Medical outpatient department of Krishna Hospital Karad. Inclusive criteria are Geriatric patients aging 60 years and above and, who can understand Marathi, Hindi or English, & who are willing to participate in the study. Patients who are critically ill were excluded from the study. The data collection procedure was carried out for a period of 3 months. The study was conducted after obtaining ethical permission from the concerned authorities and consent from the clients.

Instruments used for the study:

1. Socio demographic profile: Information about the independent variables like age, sex, background, religion, education, type of Family, monthly income, spouse (Alive/Dead), health problem were included in the socio demographic profile.
2. Geriatric depression scale: The Modified Geriatric Depression Scale (Yesavage et al, in 1982). [3]

RESULTS

Table 1: description of demographic sample characteristics

Demographic variables	Frequency	%
Age		
60-65	37	37
65-70	26	26
70-75	21	21
75-80	9	9
80&above	7	7
Gender		
Male	58	58
Female	42	42
Religion		
Hindus	53	53
Muslims	22	22
Christians	22	22
Others	3	3
Education		
Illiterate	37	37
Primary	28	28
Secondary	19	19
PUC	11	11
Graduate	5	5
Health problems		
Cardiovascular problems	21	21
GI disorders	23	23
Immunological disorders	17	17
Respiratory disorders	14	14
Renal disorders	10	10
Metabolic disorders	15	15
Type of family		
Nuclear	65	65
Joint	35	35
Extended	0	0
Back Ground		
Rural	73	73
Urban	27	27
Spouse category		
Alive	57	57
Dead	43	43
Monthly income		
Below2000	19	19
2001-3000	28	28
3001-4000	25	25
4001-5000	16	16
Above5000	12	12

Section I: Demographic characteristics of the sample:

Distribution of samples in relation to the gender, revealed that out of 58% the samples were males, 42% samples were females, according age revealed that 37% were in the age bracket of 60-65 years, 26% of the samples were under the age group of 65-70, 21% of the samples were under the age group of 70-75, 9% under the age bracket of 75-80 and 7% of the samples were above 80 years. Distribution of samples according to religion revealed that 53% of the samples were Hindus, 22% Muslims, 22% Christians and 3% of the samples belongs to other religions. In relation to the education it is revealed that 37% of the samples were illiterates, 28% of samples attended primary education, 19% of the samples attended secondary education, 11% of them attended Pre University Course and 5% were graduates. Distribution in relation to their health problems revealed that 21% had cardio vascular problems, 23% suffered with gastro intestinal disorders, 17% of the samples came with immunologic disorders, 14% suffered with respiratory problems, 10% suffered with renal problems and 15% of the samples suffered with metabolic disorders. Samples with the type of the family revealed that 65% of the samples were from nuclear family, 35% of the samples are from joint family. According to the area of residence, 73% of the samples were from rural background and 27% of the samples are from urban background. As far as monthly income concerned, 19% had their income below 2000, 28% in between 2001-3000, 25% in between 3001-4000, 16% in between 4001-5000 and 12% with their income above 5000 per month. 57% of the samples had their spouses alive and 43% do not have their spouses alive.

Table 2: Level of depression among geriatric medical out patients:

Level of depression	Percentage
No depression	21
Mild depression	65
Severe depression	14

Table 3: Mean, Standard deviation of level of depression.

Mean	S.D	Range		
		No depression	Mild depression	Severe depression
14.85	4.30028	0-11	12-22	23-32

Section II: The figure shows the level of depression among 100 samples selected for the study. Out of 100 geriatric medical patients studied, 65% demonstrates mild depression, 14% has severe depression and 26% of geriatric patients do not show the symptoms of depression. The mean depression score for the samples was found 14.85, with standard deviation of 4.300282.

Section III: Association between levels of depression and socio-demographic variables In this study it is found that age was found to have a highly significant association with the level of depression and gender, health problems, area of residence, monthly income, religion, type of family and spouse (alive/dead) were associated with the level of depression. But educational status is not associated with the level of depression.

DISCUSSION

The findings of the study are similar to the findings of the study conducted by Radhakrishnan. G, (2006). [4] This study was conducted to assess the level of depression among geriatric outpatients attending selected general hospitals of Belgaum, Karnataka. The study found that 17% of geriatric outpatients have severe depression and 63% have mild to moderate depression. Loss of spouse was and age was highly associated with depression.

The results of association are similar to the study conducted by Sun F et al.,(2008) [5] on the relationship between somatic health and incidence of depression in the

elderly. The objective of the study was to explore the risk factors of geriatric depression. The study concluded that lower socio economic status, age, dwelling situation, poor self-rated health condition as well as ADL damage might increase the incidence of depression, suggesting more attention needs to be paid to improve somatic function of elderly in order to decrease the incidence of geriatric depression and to improve the prognosis of the disease and the quality of life. Shubhangi S et al [6] also showed in their study that, the majority i.e. 70% of the geriatrics were having poor depression score (0-5), 29% of the geriatrics were having average depression score (6-10) and only 1% geriatrics had good depression score (11-15).

Recommendations:
The study can be replicated in various other settings with larger samples in order to generalize the result.
Interventional studies can be conducted to find out the effectiveness of therapies to reduce the level of depression among geriatric patients.
Comparative studies can be conducted to assess depression among male and female patients.
Studies can be conducted to assess depression in different medical diseases.
Studies can be aimed at how nurses can empower their role as mental health care provider in general practice.
Limitations:
The study is limited to100 geriatric out patients only at tertiary care hospital, Krishna Hospital Karad and those who understand Marathi or English.

CONCLUSION
In the late life in order to maintain a high level of quality of life it is important to suggest that the nurses should regularly screen older patients to increase likelihood of diagnosis and improved treatment of late life depression. Hence nursing care in both IPD and OPD must incorporate those components in order to achieve comprehensive health care. Necessary administrative support should be provided to conduct and evaluate health education program in the community to prevent and to identify depression as early as possible. Comprehensive nursing care can be given only if the nurses are abreast with the current trends in the field of nursing. Importantly, nursing interventions can be planned to minimize depression in the elderly and the effectiveness of these interventions can be recommended for better implementation in practice. More interventional studies can be useful rather than descriptive in order to alleviate depression among geriatric medical patients and promote their quality of life.

REFERENCES
1. John RM Copeland, Aartjan TF Beekman, Arjan W Braam, Michael E Dewey, Philippe Delespaul,Rebecca Fuhrer, Christopher Hooijer, Brian A Lawlor, Sirkka-Liisa Kivela, Anthony Lobo, Halgrimur Magnusson, Anthony H Mann, Ingeborg Meller, Martin J Prince, Friedel Reischies, Marc Roelands, Ingmar Skoog, Cesare Turrina, Marten W deVries, and Kenneth CM Wilson, Depression among older people in Europe: the EURODEP studies World Psychiatry. 2004 Feb; 3(1): 45–49.
2. Venkoba Rao A. Mental health and aging. Indian Journal of Psychiatry. 1981;23:11–20.
3. Yesavage JA, Brink TL, Rose TL, Lum O, Huang V, Adey M, Leirer VO, Development and validation of a geriatric depression screening scale: a preliminary report, Journal of Psychiatric Research, 1982-1983;17(1): 37-49.

4. G. Radhakrishnan. A descriptive study to assess the level of depression among geriatric outpatients attending the selected hospitals at Belgaum. Nightingale Nursing Times. May 2006; 2(2):29-32.
5. Sun F, Tang Z, Liu FR, Diao LJ, Liu HJ, Wu XG, Guan SC, Study on the relationship between somatic health and incidence of depression in the elderly, Zhonghua Liu Xing Bing Xue Za Zhi.2008 Feb;29(2):121-4,
6. Shubhangi S. Dumbray, Shubhada Kale, Arpana Jadhav and Neetu P. V. A descriptive study to assess prevalence of depression among geriatric group Asian Journal of Multidisciplinary Studies Volume 2, Issue 10, October 2014.

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