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## A STUDY ON THE DEPRESSION AMONG ELDERLY PERSONS

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### ABSTRACT:

*Depression is a common disorder in the elderly. Use of certain medications may be a potentially preventable cause of new-onset depression or worsening of established depression. Depression tends to be denied by the current generation of elderly people, many of whom were raised in an atmosphere where showing feelings was discouraged, and this adds to diagnostic difficulties. Comorbid medical conditions, the tendency of patients to somatise, cognitive deterioration, and multiple life events, often of loss all further complicate the diagnostic process.*

**KEYWORDS:** Old Age, Depression, Elderly Persons.

### INTRODUCTION

Old Age was associated with virtue, knowledge and wisdom. But now old age is associated with isolation, insecurity and stress and depression. Old age which is inevitable in one's life, each one should accept and realize the reality of ageing. It is terminal stage in one's life, which is accomplished with decreasing energy. The functionality of both physiologically and psychologically is affected by biological changes, which cannot be stopped by any one. The simply survive than that of they live. The problems faced by then are several in the society, family, health etc., which makes them isolated from all means of life. India is passing through technological, social, cultural

and demographic transitions which have a great impact on the old age. The system of the joint family, which has kept away problems of old age for centuries, but in the present society there have been change in economic, cultural and social system. The young generations move away for their parents for employment, business etc. which has resulted in breakage of joint family system leaving their parents alone. This family breakage, which has led old people to be felt neglected and facing lot of problems both physically psychologically. In urban areas family ties are loosening to a greater level. In comparative elderly population in India which ranks fourth highest among the countries, Depression is a state of low mood which in some individuals can be moderate and in others severe and prolonged. There

appears to be a complex interaction between external events, inner stresses, genetic predisposition and biochemical changes in the brain, which is not fully understood. People of all ages can experience depression.

Risk factors include:

- social isolation
- bereavement
- pain and physical illness
- multiple adverse events or change in circumstances
- family history or past episodes of depression
- alcohol abuse.

Depression is the most common mental health problem of later life, affecting 10%-20% of older people (National Institute for Mental Health in England 2005) and up to 40% of care home residents, yet in older people depression is often under-diagnosed and under-treated. Older people in residential and

nursing homes are two to three times more likely to experience depression than older people in the community. Older people tend not to complain of being depressed, they are more likely to refer to physical symptoms, and some symptoms of physical illness are similar to those of depression. Physical illness is also a common trigger for depression in older people.

The most common symptoms of depression are:

- a pervading feeling of sadness
- a loss of interest in life and inability to take pleasure in things
- tiredness and sleep problems
- loss of appetite
- poor concentration and memory
- anxiety and agitation
- hopelessness
- feelings of guilt and worthlessness
- Thoughts of suicide.

Depression causes great mental distress and affects a person's ability to function day to day. When untreated, depression shortens life, exacerbates disability from medical illnesses, increases health care costs and is the leading cause of suicide among older people. When treated, quality of life improves (National Institute for Mental Health in England 2005).

### STATEMENT OF THE PROBLEM

Old age homes meant for the care and protection of old people are common in India. There are various kinds of old age homes for people of different status. Also the number aged people in such homes are increased. The quality of life in such homes is also an important aspect which includes the well being in physical, social, psychological, environmental and religious aspects. Since it depends on a person's attitude also external facilities it cannot provide a good quality of life.

### OBJECTIVES OF THE STUDY

- To study the socio demographic profile of the respondents.
- To know the social status of the respondents.
- To find out the psychological aspects of the respondents.

### LIMITATIONS

- The researcher find difficult to spot out the place and it took months to collect the data.
- The researcher faced with the difficulty to extracting much information from the old people.

### RESEARCH METHODOLOGY

A research design is the logical and systematic planning in directing the research. It is a tentative strategy of research process, which is most likely to be modified by new aspects of new conditions and new inter relations between variables as it progress.

This study is to describe about the quality of life of the aged in the physical, psychological, social, environmental and religious dimensions. Hence the researcher used descriptive research design for this study.

### UNIVERSE

The study was conducted in Tiruchirappalli District. In Tiruchirappalli, there were many old age homes, which were run by NGO's. The researcher selected Mercy old age home, where 150 old age people were admitted in that home.

## SAMPLING PROCEDURE

The researcher used simple random sampling method for this study. In addition to this informal discussions and observations were made during the interview which helped in collection of data. Hence the researcher selected 100 respondents by using lottery method for collecting the data.

## TOOLS FOR DATA COLLECTION

The researcher used a self prepared questionnaire containing 50 questions for this study. The first part of the questionnaire contains questions for collecting the socio-economic demographic data of the respondents. The rest of the questionnaire is divided into 5 parts for checking the well being of the respondents, the dimensions are Physical well being, Psychological well being, Social well being, and Environmental well being.

## Pre-Test

The pre-test were conducted among 5 respondents in Athur area, Salem District. This was done with a view of ascertaining the relevance and applicability of the questions. This helped the researcher to eliminate and incorporated some other questions after the pre-test.

## DATA ANALYSIS

The data collected were organized and transcribed before the commencement of the tabulation keeping the view of the objectives of the study.

**Table 1: Karl Pearson's Coefficient of Correlation between the Respondent's Age and Life**

Variables	Correlation Value	Statistical Inference
Age and Life satisfaction	-0.008	P> 0.05 Not Significant

There is no significant relationship between age and life satisfaction, even then, there is a negative correlation between them. Accepted the research hypothesis.

**Table 2: Karl Pearson's Coefficient of Correlation between the Respondent's Age and Various Dimensions of Adjustment Problem Inventory**

Variables	Correlation Value	Statistical Inference
Age and Health Adjustment Problem	-0.175	P > 0.05 Not significant
Age and Emotional Dimension Problem	-0.089	P > 0.05 Not significant
Age and Self Adjustment Problem	-0.0014	P > 0.05 Not significant
Age and Home Adjustment problem	-0.047	P > 0.05 Not significant
Age and Social Adjustment Problem	-0.104	P > 0.05 Not significant
Age and Overall Adjustment Problem	0.127	P > 0.05 Not significant

Table-2 shows that the correlation between age and various dimensions of the adjustment problem inventory, there is no significant relationship between them. There is a negative correlation between age and all dimensions of the adjustment problem inventory.

## FINDINGS

The present study was to assess the quality of life of the aged living in old age homes in the physical, psychological, social, environmental and religious dimensions.

- Majority of the respondents were belongs to the age group of 70-79 years. About 28% of the respondents were belongs to the age group of 80-89 years of age. Only a small proportion (6%) of the respondents were belongs to the age group of 55-59 years of age.
- Majority (60%) of the respondents were male. And remaining 40% of the respondents were female.

- 74% of the respondents residing from rural area. 17% of the respondents were residing in semi urban area and remaining 9% of the respondents were residing in urban area.
- Majority (43%) of the respondents were comes under widower. And 27% of the respondents were married. Then 16% of the respondents were separated and 14% of the respondents were unmarried.
- 46% of the respondent's occupations were employed. 33% of the respondent's occupations were unemployed and remaining 21% of the respondents were retired.
- Majority (43%) of the respondents were comes under widower. And 27% of the respondents were married. Then 16% of the respondents were separated and 14% of the respondents were unmarried.
- Majority (69%) of the respondents were not do physical exercise regularly. And remaining 31% of the respondents were do physical exercise regularly.
- Majority (67%) of the respondents were feel pain and sometimes discomfort. And remaining 33% of the respondents were do not have the feeling of pain and discomfort.
- Majority (70%) of the respondents have memory problems were not do physical exercise regularly. And remaining 30% of the respondents were do physical exercise regularly.
- Majority (52%) of the respondents were join in old age home for economic dependency. And 24% of the respondents were join in old age for ill health and physical problems. And remaining 34% of the respondent's reasons were no patronage by the family members.
- Majority (52%) of the respondents were feel eventual death because of depression. And 31% of the respondents were feel eventual death because of natural process of death. And 15% of the respondents feel because of angry and remaining 12% feel their eventual death as fear.
- Majority (51%) of the respondents were prefer to die as sudden but not a violent death. And 27% of the respondents were preferred to die as sudden violent death. And remaining 15% of the respondents were quiet and dignified death. Finally 7% of the respondents prefer to die by suicide.
- Majority (47%) of the respondents' wants their spouse to be with them at the time of death. And 43% of the respondents want their children to be with them at the time of death. And remaining 26% of the respondents want their friends and relatives to be with them at the time of death. Finally 4% of the respondents wants their loved one to be with them at the time of death
- Majority (64%) of the respondents' shows their interest in social participation, 12% of the respondents were not interested in social participation. And remaining 24% of the respondents not involve in any activities.
- Majority (64%) of the respondents family members does not give any respect. And remaining 36% of the respondents family members give respect.
- Majority (73%) of the respondents have the feeling of sadness and loss mood often. And remaining 27% of the respondents does not have the loss mood and feelings of sadness.
- Majority (82%) of the respondents have poor memory and lack of concentration. And remaining very few of the respondents not has the problem of poor memory and concentration problem.
- Majority (48%) of the respondents feels very tired and fatigue. Only 7 per cent of the respondents have not face the tiredness and fatigue. Remaining one third of the respondents feel better and normal about their health.
- Majority (57%) of the respondents were have don't have suicidal thoughts. And remaining 43% of the respondents have the suicidal thoughts.

## SUGGESTIONS

- Government should provide more health care facilities for the citizens.
- Voluntary organization should pay more attention and take care of folders especially who are destitute.
- Medical care and medical insurance programme should be provided to the institutionalized old people, so that their quality of life could be improved.

- Social security measured like old age pension should be arranged more liberally for the age people.
- Promote socialization by encouraging interpersonal interactions and exchange interpersonal ideas among institutionalized aged. Social work curriculum should pay more attention to the problem and needs of geriatric. It may help them to provide effective professional care to the elderly.
- Institutions providing care for elderly should be encouraged to appoint a professional social worker so that the quality of life can be improved.

## CONCLUSION

Institutionalization of the aged is a growing phenomenon in the present world social workers can do a lot in this area which help the elderly to enhance their quality of life in old age homes. Social workers can arrange for some kind of training for family members about the necessities for the care of aged. Even they can also arrange for some more contacts through friends, family members, religious centers and other formal and informal associations. Geriatric care is one of the areas where social work intervention can be practiced. Good family ties and interpersonal relationship can reduce institutionalized of aged people. However when it happens the old age home authorities must be encouraged to recognize the needs of aged and help the aged to have a good quality of life in all areas.

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