



IMPACT OF DEPRESSION AMONG AGEING ADULTS

Shubha Dube¹ and Pragy Sharma^{2*}

¹Associate Professor, Department of Home Science, University of Rajasthan, Jaipur,

²Research Scholar, Department of Home Science, University of Rajasthan, Jaipur,

*Corresponding Author: Research Scholar, Department of Home Science, University of Rajasthan, Jaipur, simplypragyasharma@gmail.com

ABSTRACT

The Indian ageing population is currently the second largest in the world. Projections are being made that India will house 300 million elderly by 2050 and ageing adults will form 19% of the total population. Ageing adult is a period of transition when one has to deal not only with the physical health, but also with the challenges affecting the mental and social wellbeing. Among the various mental disorders, depression accounts for the greatest burden among ageing adults. Depression is the most common psychiatric disorder among ageing adults. Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest also called major depressive disorder, it affects how you feel, think and behave and lead to a variety of emotional problems. The World Health Organization (WHO) has predicted that by 2020 depression will become the third leading cause of disability worldwide. Depression has many symptoms which occurs in ageing adults, these are sad and downcast mood, recurrent thoughts of death or suicide, loss of interest in activities, feelings of hopelessness, worthlessness, guilt, or helplessness; feelings of being keyed up or slowed down, avoidance of social interactions, poor concentration and memory and difficulty in starting anything new or making decisions. Studies have reported depression to be more common among females. Other demographic factors that have been associated with depression among ageing adults include being unmarried, divorced or widowed elderly, residing in rural locality, being illiterate, increasing age, lower socioeconomic status and unemployment. Depression has also been shown to be associated with various psychosocial factors, lifestyle and dietary factors, and presence of chronic physical illness.

Key words: Ageing Adults, Depression, Mental Health, and Mood Disorder.

INTRODUCTION

Global population ageing is an important challenge and action has to be taken by virtually all countries. The ageing population was about 600 million in 2000. It is expected to raise up to 1.2 billion in 2025 and 2 billion in 2050. About two thirds of all ageing peoples are living in the developed countries this figure, by 2025 will be about 75% (Reddysubramaniam, 2005). Ageing is a universal phenomenon and has its own dynamics, which is beyond individual control. The ageing population is spreading faster than the total population throughout the universe. The proportion of the ageing population in India rose from 5.6% in 1961 to 7.5% in 2001 and it will rise to 9% by 2016 (Kandpal, et al., 2012). The Indian ageing population is currently the second largest in the world (WHO, 2013).

Depression is a disorder of major public health importance, in terms of its prevalence and the suffering, dysfunction, morbidity and economic burden. Depression is a mood disorder that

causes a persistent feeling of sadness and loss of interest also called major depressive disorder, it affects how you feel, think and behave and lead to a variety of emotional problems. Depression is more common in ageing women than men. The report on Global Burden of Disease estimates the point prevalence of depressive episodes to be 1.9% for ageing men and 3.2% for women, and the one-year prevalence has been estimated to be 5.8% for ageing men and 9.5% for women. It is estimated that by the year 2020 if current trends for demographic and epidemiological transition continue, the burden of depression will increase to 5.7% of the total burden of disease and it would be the second leading cause of disability-adjusted life years (DALYs), second only to ischemic heart disease (Lopez , et al., 2006).

Depressive disorder is the most common affective infirmity found in ageing adult. Depression is a mood disturbance depicted by imposing feelings to sadness despair, lowered self esteem, loss of interest in activities and pessimistic thoughts. The incidence of increased depression among the ageing is influenced by the variables of physical infirmity, functional deformity and cognitive decline. Depression among the ageing population further complicates the existing morbidity conditions such as diabetes, hypertension and cardiovascular accidents. It depreciates the quality-of-life, functional ability, increases the mortality and health care utilization (C.Kockrow, 2006)

SYMPTOMS OF DEPRESSION AMONG AGEING ADULTS

Many studies have reported the symptom profile of subjects with depressive disease. The findings of symptoms in general can be understood with respect to tangible symptoms, guilt and other depressive ideations, suicidal behavior, phenomenology of neurosis and sleep problem. Studies have also reported to distinguish the phenomenology in depression from contrary symptoms of schizophrenia and the phenomenology in dysthymia (Poongothai, et al., 2009; Krishnakumar and Geeta, 2006; Bhargava and Sethi, 2005; Sreejith, et al., 2013 Studies have evaluated the symptoms of depression in elderly depressed subjects too and have reported that the common symptoms in order of frequency were sadness, depressed mood, somatic symptoms and signs, suicidal ideas, lack of energy, anxiety or tension, inability to fall asleep, early awakening, hopelessness, irritability and inability to enjoy. Another study from community sample reported that disturbed sleep pattern is the most common symptom in depressed elderly (Jain and Aras, 2007).

Depression is the most common disturbance of mood experienced by ageing adults. It is a pathological mood disturbance characterized by feelings, attitudes and beliefs the person has about self and his environment, such as pessimism, Hopelessness Helplessness, low self esteem and a guilt feeling (Bimla, 2005).

Nguyen and Zimmerman, (2006) conducted a study reveals the relationship between the age aspects and depression. Results indicate a reasonable degree of stability among adults under 70 years of age .However there were significant age- related increases in somatic symptoms and lack of well-being after approximately 70 years of age Where as symptoms related to depressed affect the interpersonal problems and remained stable.). One common theme with regard to symptoms of depression, which has been revealed by most of the researchers, is high prevalence of tangible symptoms and some studies report that tangible symptoms are the most common phenomenon of distress in India (Sharma and Shah, 2006).

Symptomatically depression is a disorder which is characterized by sadness, changes in appetite, altered sleep pattern, feeling dejected or hopeless and sometimes suicidal

tendencies. But it is not a normal or necessary part of aging process. Depression in elderly is so often overlooked (Am, 2008).

Surprisingly there is lack of research on suicidal behavior in elderly patients with depression. A study reported that suicidality in elderly patients with depression was strongly associated with impulsivity and hopelessness (Trivedi, et al., 2014).

A depressive symptom in the form of feeling of sadness was the most common symptoms, reported by 70.5% of the subjects. An inverse relationship was found between the number of physical morbidities and psychological well-being and the disability increased with a decrease in psychological well-being. Depression in patients with Parkinson's disease has been associated with higher level of disability, poor quality of life and higher motor disability (Rai, et al., 2015). In patients with diabetes mellitus, depression has been shown to be associated with high postprandial sugar levels (Kaulgud, et al., 2013).

RISK FACTORS OF DEPRESSION AMONG AGEING ADULTS

Studies which have evaluated the subjects with late onset or old age depression (first episode of depression at or after the age of 50) have also shown that depression is more common in low social class, widowed state and unemployed condition, low educational level, in subjects living in nuclear family or in those living alone. With regard to gender most of the studies have reported that it is more common in elderly females, however, some clinic-based studies suggest that it is more common in elderly males. It is also seen that prevalence of depression increases with increasing age in elderly (Baura, et al., 2007; Tiwari, 2000; Jain and Aras, 2007).

This study revealed that 32.4% of individuals were suffering from depression. Depression in elderly is associated with poor socio economic status, unemployment, disrupted marital status, illiteracy and substance abuse (Sreejith, et al., 2013).

Gerard, 2008 conducted study on link of depression to increased level of neurons in the brain, findings reveals that level of neurons in the brain with major depression had about 30% more nerve cells in regions of the thalamus involved with emotional regulation and the regions appeared larger in patients with major depression. Among a study population of 395, a total of 230(58.2%) had some depression. Females and those with a poor perception of health had higher prevalence of depression. Presence of a chronic morbidity OR=1.3 95%CI (1.02-1.68), cognitive impairment OR=1.2,95%CI(1.02-1.42), physical disability, unmarried status OR=1.01,95%CI(.85-1.38), illiteracy OR=1.29 95 % CI (1.09-1.52) and staying alone OR=1.3 95% CI (0.96-1.75) were the risk factors found to be significantly associated with depression (Sabita, et al., 2015).

Prevalence of depression was 44.8% (51.0% ageing women, 39.6% ageing men) and with relation to age, gender, literacy and financial status, there were significant differences found in a South Indian study Nuclear family system, female gender, being single, unemployment and having a low level of literacy were the common risk factors found in ageing population (Naveen and Sudhakar, 2013).

A cross sectional study was conducted among 230 ageing adults. This study shows that the mean age of the study participants was 66.33 years .Almost 59.6% were depressed, 79.5% had mild depression and 20.4% had severe depression. Depression was more among the

females, unemployed and those belonging to class V socio – economic status (Poonam, et al.,2015).

A high proportion (52.89%) of those ageing adults not living with their spouse was found to be depressed. Moreover, distress was higher among those belonging to a nuclear family (56.81%). It is a known fact that depression is more common among those individuals who lack close interpersonal relationships and among those who are divorced or separated. Furthermore, the joint family system facilitates support, especially to those who are vulnerable. Thus, depression is lowest among those who live with their married partners, children and those living in joint or three-generation families (Bulloch, et al., 2009).Unemployment is another factor that was found to be significantly associated with depression, with 32.63% of the retired ageing adults being distressed. This could be attributed to the fact that the economically, unproductive elderly individuals are neglected and, thus, end up being depressed. Furthermore, being employed keeps one spirited and safeguards against depression (Kamble, et al., 2009).

CONCLUSION

We can conclude that depression in ageing adults is associated with poor socio economic status, unemployment, disrupted marital status, illiteracy and substance abuse. It's mainly associated with substance abuse, unemployment, disrupted mental status, illiteracy and poor economic status. Accordingly, there is an urgent need to focus on depression among ageing adults. There is a need for multicentre, longitudinal studies evaluating various aspects of depression among ageing adults.

REFERENCE

- Agrawal N, Jhingan H.P., 2002. Life Events and Depression in Elderly. *Indian J Psychiatry*.44:34–40. [PMC Free Article]
- Am J Geriatric Psychiatry. 2008. 16(11):914-21. Doi: 10.1097/JGP.0b013e318186bd67. Ly Barua, A., Acharya, D., Nagaraj, K., Vinod Bhat, H., Nair, N.S., 2007. Depression in Elderly: A Cross-Sectional Study In Rural Southindia. *J Int Med Sci Acad*. 20:259–61.
- Bhargava, S.C., Sethi S., 2005. Depressive Disorder in Children. *J Indian Assoc Child Adol Mental Health*. 1:4.
- Bimla Kapoor .Text Book of Psychiatric Nursing., 2005. 1st Edition. New Delhi: Kumar Publishing House.P272-275.
- Bulloch, A.G., Williams, J.V., Lavorato, D.H., Patten, S.B., 2009. The Relationship Between Major Depression And Marital Disruption Is Bidirectional. *Depress Anxiety* .26(12):1172–7.
- Chakrabarti, S., Nehra, R., Sharma, P., Mankotia, A., Jhirwal, O.P., 2005. Clinical and Psychosocial Profile Elderly Depressives Andits Comparison with Young Depressives. *Indian J Psychiatry*. 47:S13.
- Christensen Kockrow., 2006. Foundations and Adult Health Nursing .1st Edition. Philadelphia: Mosby Company .P1082, 1088.
- Gerard Sana Cora., 2008. Link of Major Depression To Increase Level Of Neurons In The Brain, *Medicine. The Journal of Gerontology Washington*. 56 B, 5, 285
- Hamalanien, J ET A.I., 2005. Major Depression Relationship with Long Term Unemployment and Frequent Alcohol Intoxication, *Archives of General Psychiatry*. Jun; 62 (6), 617-27.
- Jain, R.K., Aras, R.Y., 2007. Depression in Geriatric Population in Urban Slums of Mumbai. *Indian J Pub Health*.51, 112–3.
- Kandpal, S.D., Kakkar, R., Aggarwal, P., 2012. Mental and Social Dimensions in Geriatric Population: Need of the Hour. *Indian J Community Health*. 24, 71-2.

- Kamble, S.V., Dhumale, G.B., Goyal, R.C., Phalke, D.B., Ghodke, YD., 2009. Depression Among Elderly Persons In A Primary Health Centre Area In Ahmednagar, Maharashtra. *Indian J Public Health*. 53(4), 253–5.
- Krishnakumar, P., Geeta, M.G., 2006. Clinical Profile of Depressive Disorder in Children. *Indian Pediatrics*. 43, 521–6 [Pubmed]
- Kaulgud, R.S., Nekar, M.S., Sumanth, K.J., Josh,i R.R., Vijayalakshmi, P.B., Desai, S., Et Al.,2013. Study Of Depression In Patients With Diabetes Compared To Non Diabetics Among Elderly Population And Its Association With Blood Sugar, Hba1c Values. *IJBAR*. 4:55-61.
- Lopez, A.D., Mathers, CD., Ezzati, M., Jamison, D.T., Murray, C.J., 2006. Global Burden of Disease and Risk Factors. Washington: Theworld Bank. [Pubmed]
- Naveen, Kumar D., Sudhakar, T.P., 2013. Prevalence Of Cognitive Impairment And Depression Among Elderly Patients Attending The Medicine Outpatient Of A Tertiary Care Hospital In South. India.*Int J Res Medsci*.1 (14):P.359-364
- Nguyen, H.T and Zonderman .A.B., 2006.Relationship Between Age and Aspects of Depression: Consistency Reliability across Two Longitudinal Studies. *Psychol Ageing*. 21 (1): 119-26
- Poonam Ramesh Naik., Abhay.,Subhashrao Nirgude.,2015. Depression among the Elderly: A Cross Sectional Study in a Rural Community of South India *National Journal of Community Medicine*. 6 (2).
- Poongotha,i S., Pradeepa, R., Ganesan, A., Mohan, V., 2009.Prevalence Of Depression In A Large Urban South Indian Population -The Chennai Urban Rural Epidemiology Study (CURES-70) *Plos One*. 4:E7185.
- Pracheth, R., Mayur, SS, Chowti, J.V., 2013. Geriatric Depression Scale: A Tool to Assess Depression in Elderly. *International journal Of Medical Science and Public Health*. 2(1):31-35.
- Rai, N.K., Goyal, V., Kumar, N., Shukla, G., Srivastava, A.K., Singh, S., et al., 2015. Neuropsychiatric Co-Morbidities in Non-Demented Parkinson’s disease. *Ann Indian Acad Neurol*. 18:33-8.
- Reddy, .S .G., 2005. Geriatric society of India. *G.S.I News*. july vol.1 Ix no.2
- Sabitha Rose Jacob., Lucy Raphea., Thomas Bina., 2015. Prevalence Of Depression And Its Risk Factors Among A Rural Geriatric Population Of North Kerala *Public Health Review: International Journal Of Public Health Research* October- December ,2(4).
- Sharma, H., Shah, S., 2006. Psychiatric Comorbidity of Headache in a Medical Relief Camp In A Rural Area. *Indian J Psychiatry*. 48,185–8.
- Sreejith, S. Nair., Hiremath S.G., Ramesh, Pooja., Sreekanth, S. Nair.,2013. Depression among Geriatrics: Prevalence Andassociated Factors *Ijcr*, 5(8).
- Tiwari, S.C., 2000. Geriatric Psychiatric Morbidity in Rural Northern India: Implications For The Future. *Int Psychogeriatrics*.12:35–48. [Pubmed]
- Trivedi, S., Shetty, N.K., Raut, N.B., Subramanyam, A.A., Shah, H.R., Pinto C., 2014. Study of Suicidal Ideations, Hopelessness and Impulsivity in Elderly. *J Geriatr Ment Health*. 1:38-42.
- The World Health Organization.Mental Health. 2013. Available From: [Http://Www.Who.Org](http://Www.Who.Org). [Last Cited On 2013 Aug 12].