

Depressed Elderly in Modernized World

Mukta Agrawal

Associate Professor
Dept. of Home Science
University of Rajasthan
Jaipur

Bhawana Sharma

Research Scholar
Dept. of Home Science
University of Rajasthan
Jaipur

Ruchi Sharma

Research Scholar
Dept. of Home Science
University of Rajasthan
Jaipur

Abstract

The share of older population became proportionally larger due to the population ageing. This is a new phenomenon of 20th century. All over the world population with higher age groups has increased due to increased life expectancies. Increased medical care all over the world resulted in decline in mortality rates. At the same time, modernization undertaking the shift from farm and craft production within families to a dominantly industrial mode of production – consequences of modernization would diminish the status of elderly people. Advanced medical care has positive effects of improving health and increasing longevity, but modernization also has negative effects on mental health for older people. Depression is the most common type of mental illness in elderly. A large part of population worldwide suffering from either temporary or chronic depression. If depression becomes chronic or recurrent it leads to considerable impairments in an individual's ability to take care of his or her everyday responsibilities. If depression is intensified it can lead to suicide also. Depression is a disorder that can reliably diagnose and treated. Depression can also be prevented through early intervention by a health care provider and adding some of the activities in lifestyle of older people.

Key words: Life Expectancies, Chronic Depression, Health Care Provider, Impairments, And Early Intervention.

Objectives: Major objectives of the article are as follows:

1. To depict situation of depressed elderly population, all over the world
2. To highlight significant causes and factors contributing to depression in elderly
3. To provide some management strategies for depression

Introduction

As estimated by world health organization, depression shall become the second largest malady in terms of morbidity by another decade within the world, already every fifth woman, and twelfth man has depression (WHO, 2012). Depression is a common mental disorder that

presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Depression is among the commonest psychiatric disorder among the elderly manifested as major or minor depression characterized by a collection of depressive symptoms .The 5 D's of depression in elderly are –

Disability

Decline

Diminished quality of life

Demand on caregivers and

Dementia

Depression in old age is an important public health problem causing considerable morbidity and disability across the world. Many communities based mental health studies have shown higher prevalence rates of depression among elderly. Though the proportion of elderly individuals affected with depression was significantly lower in Asia (4.2%) than Europe (10.9%) and America (8.4%), but the number of depressed elderly is significantly higher in Asia, which was evident from 14 studies conducted in various Asian countries covering 74.5per cent population of the world (Barua, 2011).

The prevalence of psychiatric disorders is reported to differ between countries across various ethnicities (Ruizz, 2001). Earlier Indian studies have reported prevalence rates of depression that vary from 21 to 83 per cent in primary care practices (Kishore et al., 1996; Amin et al. 2003; Pothan et al. and Nambi et al. 2002).

There is dearth of community studies from India investigating geriatric depression and its associated risk factors. Various studies have shown an increasing trend in the rate of prevalence of depression .Goldberg and Lecruiber (1995) reported 9.1per cent prevalence of depression in Bangalore city, whereas more recently the prevalence was 29 per cent (Asghar et al. 2007). Various researchers have also revealed that the prevalence of depression in community samples of India varies from 6 to 50 per cent, whereas the prevalence of depression in the Caucasian elderly population in the west varies from 1 to 42 per cent (Jariwala et al. 2010). Seby et al. (2011) also reported 26.5per cent depression in a semi urban setting of Ranchi and Jharkhand district. The most common psychiatric disorder was depressive disorder (16.3%) followed by dementia (14.9%), anxiety (6.4%) and alcohol related (4%). Similar prevalence rates were reported by Beekman et al. (1999) from Islington, stated prevalence from 13.3 to 18.3per cent, and about 12.7per cent prevalence of geriatric depression in Kaniambari block of Vellore was reported by Rajkumar et al. (2009). Similarly Chouhan and Mehta (2009) stated that about 70.7per cent of the study subjects fell under different degrees of depressed performances and abnormal category according to MMSE in Vadodara, India. Raval et al.

(2011) and Devi et al. (2011) found in their study that various studies have placed the incidence of depression among elderly Indian population to be between 12.7 per cent and 58 per cent. They also found a huge prevalence of depression (41%) in elderly with type 2 diabetes.

Loss of familial support and staying with nuclear family is a significant cause of depression among elderly. Munshi et al. (2009) reported that 60 per cent of elderly were suffering from depression as compared to 20 per cent among those living with family in Kashmir Valley. Similarly Sharma et al. (2002) revealed that non-institutionalized elderly are more depressed. The studies conducted by NIMHANS found that one in every 15 likely to cross the line of clinical depression (Mathur, 2009). Prevalence of depression in those elderly living in institutions was also higher (27.1%) as compared to (9.3%) elderly living in home in England (Dougall et al., 2007). The key to development of clinical depression in some people seems to be how they respond to the various environmental factors in their everyday life (Song *et al.*, 2006). Traumatic events can destroy the sense of control and stability in an individual's life, often leading to depression (Regier *et al.*, 2005). A report released by WHO (2002) also states that depression threatens to be the world's most common illness by the end of the century especially in women.

Depression is twice more prevalent in females than males. Also men score higher than females in mental wellness (Shyam and Yadav, 2004) also as reported by Taqui et al. (2007) from Pakistan stating that 33 per cent females are depressed as compared to 15.7 per cent males and WHO (2002). A study conducted in Udaipur Rajasthan had also stated that 42 per cent of elderly had psychosocial problems out of which 21.05 per cent were males whereas 27.3 per cent were females (Jariwala et al., 2010).

Many studies have indicated severely depressed elderly were under treatment (Lebowitz et al. 1997; Maletta et al. 2000; and Nierenberg, 2001). Studies have also reported that the prevalence of depression in community samples of elderly in India varies from 6 to 50 per cent (Nandi et al., 1997). The prevalence of depression in Caucasian elderly population in the west varies from 1 to 42 per cent (Djernes, 2006). Studies also show that the prevalence of cases of mental disorders needing institutional treatment is around 67 per 1000 population (Sethi et al., 1974).

The major factors associated with depressive disorders were female sex (Mirza and Jenkins, 2004). Similarly middle age, poor education, financial hardship (Kessler et al., 1994; Isometsa et al., 1997), and relationship problems were also significant causes of depression (Poongothai et al., 2009). Decline in serotonergic functions might also make elderly more vulnerable to depression (Stordal et al., 2003; Lerer et al., 1996; Prince et al., 2007; Djernes et al., 2006). It has also been shown that illiterate people have higher prevalence of depression

compared to their more educated counterparts (Pallson et al., 2001) and another significant reasons are local cultural influences, geographical location and social adversities (Gadit et al., 2007).

Management of Depression

An experienced health care provider should be called upon if the person feels persistently sad, worthless having troubles in coping stresses in life. To better manage depression at home elderly people should follow the tips given below:

1. Regular intake of anti-depressant medications if prescribed by a health care provider .
2. Nutritional therapy may be the best way to treat depression.
3. Emotional support by family members and friends should be provided.
4. Obese elderly should concentrate on body weight management.
5. Exercise regularly .
6. Seek out pleasurable activities and maintain good food habits.
7. Surround themselves with people who are caring and positive.
8. Talk about feelings to someone they trust.
9. Avoid alcohol and illegal drugs.
10. Celebrate birthdays.
11. Plan a tea party.
12. Participate in religious concerts.
13. Engage in gardening, photography, painting, drawing, and scrapbooking.
14. Engage in flower arrangement etc.

Conclusion

Depression is a mental disorder that is pervasive in the world especially elderly population. Unlike many large scale international problems, a solution for depression is at hand. Efficacious and cost-effective treatments are available to improve the health and the lives of the millions of elderly around the world suffering from depression. On an individual, community, and national level, it is time to educate people about depression and support those who are suffering from this mental disorder.

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