

Depression in the elderly: a survey of urban community of Hayatabad, Peshawar

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ABSTRACT

Introduction: Depression in the elderly is often a neglected issue, being ignored as a normal phenomenon of old age. Thus, it deprives a society of the immense contributions that elders can make in providing guidance and counseling to younger members of the society, besides adversely affecting the health of the elderly.

Objective: To determine the magnitude of depression among elderly citizens of Hayatabad, Peshawar using the Geriatric Depression Scale Short Form.

Materials & Methods: This cross sectional descriptive study was conducted in the well-to-do rural community of Hayatabad, Peshawar from May 2017 to April 2019 with approval from the department of Community Medicine, Rehman Medical College, Peshawar. Only those subjects who were 65 years of age or above were included after informed consent. Data were collected using Geriatric Depression Scale (GSD) short form, which comprises of 15 structured questions. Data were analyzed by SPSS 20 for descriptive statistics.

Results: A total of 253 subjects from both genders were included, mean age of subjects was 70 ± 5.73 years; 144 (56.92%) were male and 109 (43.08%) were female. Depression category according to Geriatric depression Scale was normal in 112 (44.27%), mild depression in 102 (40.32%) and severe depression in 39 (15.41%).

Conclusion: A high prevalence of depression was noted in the rural community of Hayatabad, Peshawar, highlighting the need for implementing necessary steps needed to address this serious issue.

Keywords: Depression; Prevalence; Depressive Disorder; Public Health.

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INTRODUCTION

Depression is a common mental disorder, characterized by persistent sadness and a loss of interest in activities that one normally enjoys, accompanied by an inability to carry out daily activities for at least two weeks, whereas geriatric depression is the appearance of the same symptoms in the elderly. In developing countries depression is a disease of immense public health importance.¹

According to World Health Organization (WHO), it has been revealed that about 60% of the total world elderly population resides in under-developed countries and the percentage is estimated to increase up to 70% till 2020.² Pakistan is a developing state in South Asia and is regarded to be the 6th populous state in the world. The life expectancy on average in Pakistan is 62 years;³ total 6.1% elderly population was estimated in the year 2009 and it is expected to further increase to 15% by 2050.⁴

By the year 2020, depression will be the significant cause of Disability Adjusted Life Years (DALYs) in developing world according to WHO.⁵ In Pakistan the percentage of older people (defined as >65 years) was 4.48% of total population according to the last Pakistan national census in 2017.⁶ Older adults are more likely to suffer from sub-syndromal depression. It may be associated with serious sequelae including a decrease in all dimensions of the quality of life, increased mortality, and decreased service utilization. Moreover, it is undiagnosed in 50% of cases. On the basis of previous studies on geriatric depression in many countries, the prevalence of depressive disorders is 12.9-21.2% in the community setting. According to a study done in Karachi, the prevalence of depression was found to be 22.9%.⁷

Factors contributing to geriatric depression include a fragile health system with no dedicated geriatric clinics, deteriorating social conditions of the elderly with no proper old-age benefits and pensions, as well as fast way of life in urban areas. It is coupled with intolerance, lack of harmony with nature, financial problems, joint and nuclear family issues, and social injustice, all likely to drag a person into the gallows of depression, sometimes never to come back.⁸

The essential feature of a major depressive episode is a period of at least two weeks when the person experiences either depressed mood (most of the day, nearly every day) or loss of interest or pleasure in nearly all activities.⁹ Symptoms of depression are the same in any age group. They can include sadness, feelings of worthlessness, irritability, fatigue, crying spells, apathy, restlessness, lack of concentration, withdrawal, sleep problems, changes in appetite, and thoughts of suicide, physical aches and pains.^{10,11} Depression is often the cause of physical pain in elderly people that is not explained by other medical conditions. There has been no documented study regarding the occurrence of depression in the elderly residing in the urban community of Hayatabad, Peshawar, Khyber Pakhtunkhwa. This study was done to identify the cases of depression in the elderly, and help in further referring the patients for proper medical care.

MATERIALS & METHODS

This community-based cross sectional descriptive study was conducted in Hayatabad, Peshawar from May 2017 to April 2019, with the approval of the department of Community Medicine at Rehman Medical College, Hayatabad, Peshawar. Only those subjects who were 65 years of age or above were included. Participants who had pre-diagnosed mental health problems like dementia, schizophrenia and anxiety were excluded. WHO sample size calculator was used for sample size estimation which estimated the sample size to 253.

Data Collection & Analysis

Data were collected using Geriatric Depression Scale (GSD) Short Form, which included 15 structured questions. Each question carried a score of 1. Demographic data were collected in the first section of the questionnaire while the second part included the GSD Short Form. Data were entered into Statistical Package for the Social Sciences (SPSS) version 20, and analyzed for descriptive statistics.

RESULTS

Of 253 subjects, males were 144 (56.92%) and females 109 (43.08%). The mean age of participants was 70.0 ± 5.73 years. The most common age presentation was 65 to 74 years (194, 76.68%) while only 09 (3.56%) were above 85 years old as can be seen in Table 1.

Table 1: Demographics of subjects (n = 253).

Variables	Frequency (f)	Percentage (%)
Age Groups (years)		
65-74	194	76.68
75-84	50	19.76
>85	09	3.56
Gender		
Male	144	56.92
Female	109	43.08

As shown in Table 2, 112 (44.27%) were normal, 102 (40.32%) were having mild depression, while 39 (15.41%) subjects were in severe depression category according to Geriatric Depression Scale Short Form.

Table 2: Geriatric Depression Scale Score (n = 253).

Score	Depression Level	Frequency (f)	Percentage (%)
1-10	Normal	112	44.27
11-13	Mild	102	40.32
14-15	Severe	39	15.41

DISCUSSION

Our study helped in finding the magnitude of depression in elderly citizens residing in urban Hayatabad, Peshawar. An appropriate number of studies have already been conducted to find magnitude of depression among elderly in different region of Pakistan but according to our best knowledge not a single study been reported on the magnitude of depression in Peshawar.

Our study showed that 56.92% of the subjects affected by depression were male and 43.08% were female. Similarly, a study conducted among elderly population of Karachi in tertiary care setting was found to be affecting males. There is a possibility that women seek treatment for depression while men are reluctant to accept their depressive state as they are bread earners and are more prone to face the harsh realities of the world.¹¹

The present study reported 16.5% of the elderly population to be depressed whereas two hospital-based studies in Karachi (2012) showed depression in 23% and 20% among the elderly population.^{8,12} A systemic review revealed that a prevalence of 34% for anxiety and depressive disorders in Pakistani population.¹³ Moreover, there is a wide range (10% to 60%) of prevalence of depression in other locally published studies in Pakistan.¹⁴ These figures can be compared with neighboring country India having similar socio-demographic structure, the prevalence rates for depression showed a variation between 13% to 31%.^{15,16} A recent study done in Iran reported 23.5% of the subjects suffered from depression.¹⁷ Our study showed 40.32% were having mild depression whereas 15.41% subjects were in severe depression category according to Geriatric depression scale.

A study conducted in Karachi by Mehreen et al in 2013¹² using the 15-item Geriatric Depression Scale had prevalence of depression in 40.6%, with a higher preponderance in women than men (50% vs. 32%). In our study, prevalence is 55.73% with higher proportion in men than women (56.92% vs 43.08%). Mean age in our study is 70 ± 5.73 years but in the study of Mehreen et al, mean age was 67 years.

Depression among elderly population residing in Hayatabad was documented at 55.7% in the current study; this percentage is higher than the prevalence of depression reported in another study that was conducted in Karachi.¹⁸ The variation in findings could be due the difference in study settings as we conducted our study in an open community setting while the aforementioned study was conducted in a nursing home.

Our study percentage is also higher than the prevalence of depression reported in another study that was conducted in Rawalpindi, Punjab, Pakistan using GDS.¹⁹ A study conducted

on senior citizens in Lahore revealed that 10.1% had mild depression and 36.4% had severe depression and suicidal thoughts were common among highly depressed elderly people. In comparison, our study showed 40.32% were having mild depression whereas 15.41% subjects were in severe depression but the suicidal thoughts among highly depressed in our study were less.²⁰

CONCLUSION

Depression among the elderly population studied in an urban community of Peshawar, Khyber Pakhtunkhwa, was at high levels, predominantly affecting the ages of 65-74 years, and more common among males than females.

RECOMMENDATION

Mental wellbeing of the elderly in Pakistan needs to be given consideration in the health policy of the country. In collectivistic societies like Pakistan, family support plays an important part in mental health of the elderly that needs to be recognized and supported through various governmental and non-governmental initiatives.

LIMITATION

The limitation of this study was a small sample size (n=253), due to which generalization cannot be made on the population of Hayatabad or Peshawar as a whole. More extensive studies need to be conducted.

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