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Depression Situation of Older People Living in Residencial Care Facilities

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Abstract

Mental disorder is one of the most common psychological problems in older people, and those staying in residential care facilities are more vulnerable. This study aims to explore depression and associated factors of older people staying in care facilities in Nepal. This is a descriptive cross-sectional study. A total of 216 older people were recruited from geriatric centers of Kathmandu Valley, Nepal. Depression was assessed using GDS-15 Scale. Statistical software SPSS23.0 was used for data entry and analysis. The mean depression score was 7.55±3.56, with a score range of 2-13. The prevalence of depressive disorder in the study population was 74.5 %, where 30.1 % of respondents had mild, 31.0% had moderate, and 13.4% had severe depression. Results show being male, having chronic diseases, comorbidities, feelings of stress, and type of living facilities were statistically significantly associated with anxiety. The difference was statistically significant ($p<0.05$). Depression and anxiety were also significantly positively correlated ($r=0.232$, $p< 0.01$). At last, elderly people living in care facilities had slightly high levels of depression. Government and residential care facilities should be aware to provide appropriate support, care, and early psychological care during the intervention for the elderly to help not increase depression and other problems.

Keywords: Aging in Nepal; Elderly People; Anxiety; Depression; Geriatric Centers

Background

Population aging is occurring around the globe at different rates. Biologically, aging refers to the increasing inability of the body to maintain itself and perform the functions it once did [1]. The aging population is shifting towards an increased proportion of elderly people in the global phenomenon due to falling fertility rates and longer life expectancy [2]. Education and technological advancements, as well as improvements in medical, food distribution, and public health, all played a role in people living longer [3]. On the other hand, as people age, their physical and cognitive abilities deteriorate, and the prevalence of chronic diseases and disabilities rises [4].

Individuals 60 years and older are considered older people in Nepal [5]. In the last couple of decades, the life expectancy of the Nepalese is increasing rapidly [2,6] and the elderly population growth rate is higher than the total population growth rate [7]. A report shows it is projected to increase rapidly in the coming days further [8]. In Nepal, the family serves as the primary caregiver for its elderly members, assisting them with daily tasks and providing them with various forms of support [2,9-11]. The latest situation shows traditional norms and values eroding [9] due to shrinking family size and increasing migration of youths for looking prosperous future.

Old age has been viewed as a problematic period of one's life and this is correct to some extent. The aged become increasingly dependent on others. As people grow, their reduced activities, income, and consequent decline in the position of the family and society make their life more vulnerable. Old person begins to feel that even his children do not look upon him with that degree of respect, which he used to get some years earlier. The old person feels neglected and humiliated. This may lead to the development of the psychology of shunning the company of others. The elderly citizens need urgent attention. They do not need our pity but the understanding love and care of their fellow human beings.

It is our duty to see that they do not spend the twilight years of their life in isolation, penury, and misery. Older people are, therefore, in need of vital support that will keep important aspects of their lifestyles intact while improving their overall quality of life. Old age homes are increasing these days [12,13], as a need of

today as lifestyles are changing fast and diminishing acceptance of family responsibilities towards one's elders. Older people are, therefore, in need of vital support that will keep important aspects of their lifestyles intact while improving their overall quality of life [14].

Depression is a state of unpleasant emotion. Depression is a chronic feeling of emptiness, sadness, or inability to feel pleasure that may appear to happen for no clear reason. Late-life depression often is co morbid with major anxiety disorder and other psychological stressors as older adults recognize declining cognitive and physical functioning. Depression and anxiety are associated with high rates of medically unexplained symptoms, increased use of health care resources, chronic medical illness, low levels of physical health-related quality of life, and physical disability [15].

Suicide risk is higher among older adults when they are depressed. Suicide is the most common complication of depression, killing an estimated one million individuals each year [16]. The usage of health services by older adults increases as a result of depression, putting additional strain on the already overburdened healthcare system. The purpose of this article is to explore the depression situation of older people living in care facilities in Nepal.

Subjects and Methods

This is a cross-sectional study carried out in residential care facilities of Kathmandu valley, Nepal. The Sample consisted of 216 older people both male and female 60 years and from different old age homes. Inclusion Criteria included individuals 60 years and older living at an old age home and those who had willingness to participate in this study and were able to listen and give response. Individuals who had severe psychiatric disorder as reported by the care home authority were excluded. Data collection tools included general information and Anxiety. General Information included age, sex, name and type of Organization, education, marital Status, Religion, ethnicity, previous source of income, Previous family type, Family history of Depression and Anxiety, worries regarding living at residential care facilities.

Depression was assessed using a short form of GDS-15 scales [17]. The scale consists of 15 items. GDS (SF = 15) was the short version of widely used Geriatric Depression Scale (GDS) [18]. It is already used in Nepal [19]. The score of GDS ranges from 0-15, with yes/no response of 15 questions. Scores of 0-4 are considered normal, depending on age, education, and complaints; 5-8 indicate mild depression; 9-11 indicate moderate depression; and 12-15 indicate severe depression. The Short Form is more easily used by physically ill and mildly to moderately demented patients who have short attention spans and or feel easily fatigued. It had good internal consistency in the study assess by Cronbach's alpha (0.76) Formal Approval for this study was obtained from the ethics committees of institutional Review Board of Xiang-Ya School of medicine, Central South University, and Nepal Health Research Council. Permission from the concerned authorities of different care facilities in Kathmandu Valley, Nepal was taken.

A verbal informed consent was taken from each respondent after explaining the purpose of the study. Respondents' participants in the study were voluntarily and were informed that they can withdraw from the study at any time without giving reason and without fear if they wish. Participants, who did not want to participate in the study, were not being forced for participate. Then data was collected by face-to-face interview. Data was analyzed through Statistic Package of Social Science (SPSS) version 23. The collected data were analyzed by using both descriptive statistics such as frequency, percentage, mean, Standard deviation, chi-Square, cross tabulation between the selected variables and the Score of GDS.

Results

Socio-Demographic Characteristics of the Participants

The total 216 respondents mean age was 74.13years. Majority of respondents 70.4 % (152) were female and 29.6 % (64) of respondents were male. Most of the respondents 79.2 % (171) were illiterate and minority 20.8 % (45) were literate. Regarding marital Status, 44.9 % (97) of the respondents are widow/widower, 31.5 % (68) were unmarried and 23.6 % (51) were married. 63.9 % (138) respondents had been staying in old aged homes since one to five years and minority of the respondents 20(9.3%) are less than 1 year. Major respondents 51.4 percentage is of Brahmin/Chhetri ethnic group, 44.4percent (96) of the respondents were from Janajati and others 4.2% which belongs to Madhesi, Dalit, and Muslim. Majority of the respondents 87 % (188) were of Hindu Religion where as 13% (28 number) of respondents were Christian. Most of the respondents 125(57.9%) have no child and minority 37(17.1%) have one child. Majority of the respondent previous family type is joint family140 (64.8%) and 76(35.2%) respondents had a nuclear family. Agriculture 63(29.2%) is the major occupation of respondents whereas 12(5.6%) respondents were service holders previously. The majority of respondents, 70.4 percent responded as there are no worries living in an elderly home. 84.3% (182) of respondents have no family history of Anxiety. The specific general information is in (Table 1) and (Table 2).

Status of Depression

The mean and standard deviation of depression in the present study was 7.55±3.56. Below table shows 74.5% older people are suffering from some form of depression. Among the total population 13.4% have severe depression, 31.0% have moderate depression and 30.1% have mild level of depression (Table 3). Factors associated with depression (Table 4) and (Table 5) show the association between demographic social and health related variables with depression in older people. It shows age, marital status, living duration, educational attainment, previous family type, religion, number of children, duration of stay are not

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significantly associated with depression. On the other hand mean score of depression was statistically significant with sex, presence of chronic disease, presence of comorbid illness, feeling of stress and type of organization. Further, a Positive correlation was found between Geriatric Depression Scale and Beck Anxiety by Pearson Correlations R=0.232(p=0.001) and had significance relationship among the factors with P < 0.01. It is not shown on the table.

Table 1: Characteristics of Socio-Demographic Data, N = 216.

Variables	Frequency	Percentage
Age Mean= 74.13		
60-69	66	30.6
70-79	85	39.4
>80	65	30.1
Sex of Respondents		
Male	64	29.6
Female	152	70.4
Level of Education		
Literate	45	20.8
Illiterate	171	79.2
Marital Status		
Married	51	23.6
Unmarried	68	31.5
Widow/Widower	97	44.9
Ethnic Group		
Brahmin/Chhetri	111	51.4
Janajati	96	44.4
Others	9	4.2
Religion		
Hindu	188	87
Christian	28	13
Number of Children		
No Child	125	57.9
Only one Child	37	17.1
Two or More Child	54	25
Previous Type of Family		
Nuclear	76	35.2
Joint	140	64.8
Duration of Stay		
Less than one Year	20	9.3
One to five years	138	63.9
>five year	58	26.9

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Table 2: Health Related information of respondents, N=216.

Variables	Frequency	Percentage
Chronic Illness		
Yes	153	70.8
No	63	29.2
Presence of co morbid		
Presence of one Chronic Disease	119	55.1
Presence of more than one disease	34	15.7
Presence of Worries		
Yes	64	29.6
No	152	70.4
Feeling of Stress		
Yes	106	49.1
No	110	50.9
Family History of Anxiety		
Yes	34	15.7
No	182	84.3
Family History of Depression		
Yes	34	15.7
No	182	84.3
Types of Organization		
Government	107	49.5
Non-Government	109	50.5

Table 3: Descriptive statistics of Depression and Depression Category, n=216.

Depression	Frequency	Percentage	Mean	Std. Deviation	Minimum	Maximum
Depression	216	74.5	7.55	3.56	2	13
Normal	55	25.5	2.84	1.316	2	4
Mild Depression	65	30.1	6.72	1.125	5	8
Moderate Depression	67	31	9.88	0.729	9	11
Severe Depression	29	13.4	12.97	1.149	12	13

Table 4: Association between socio-demographic characteristics and Depression.

Variables	Frequencies	Mean ± SD	t-Test	F-Test	P
Gender					
Male	64	8.77±3.274	3.32		.001*
Female	152	7.04±3.564			
Educational level					
Literate	45	7.82±3.576	0.573		0.567
Illiterate	171	7.48±3.565			
Marital status					

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Married	51	7.59±3.68		0.244	0.783
unmarried	68	7.31±3.826			
Window/widower	97	7.70±3.323			
Ethnicity					
Brahmin/Chhetri	111	7.22±3.47		2.238	0.109
Janajati	96	7.74±3.66			
Others	9	9.67±2.95			
Religion					
Hindu	188	7.62±3.659		0.582	0.446
Christian	28	7.07±2.827			
Number of Children					
No Child	125	7.18±3.632		1.818	0.165
Only One Child	37	7.81±3.620			
Two or More Child	54	8.25±3.291			
Previous Family Type					
Nuclear	76	7.37±3.762	-0.55		0.58
Joint	140	7.65±3.458			

Note: SD: Standard Deviation, *represents p<0.05

Table 5: Association between socio-health characteristics and Depression.

Variables	Frequencies	Mean ± SD	T-Test	F-Test	P value
Duration of Stay					
Less than one Year	20	7.80±3.518		0.383	0.682
1 to 5 years	138	7.39±3.650			
>5 years	58	7.84±3.397			
Presence of Chronic Illness					
Yes	153	8.58±3.428	1.56		.045*
No	63	7.30±3.608			
Presence of Co-morbid Illness					
yes	119	8.53±3.740	3.43		.047*
No	34	7.22±3.135			
Worries living					
Yes	64	8.61±3.40	2.88		.004*
No	152	7.11±3.54			
Feeling of Stress among Respondents					
Yes	106	8.87±3.412	-1.28		.002*
No	110	7.21±3.690			
Types of Organization					
Government	107	7.01±3.672	1.885		.030*
Non-Government	109	8.10±3.40			

Note: SD: Standard Deviation, *represents p<0.05

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Discussion

Older people's depression is a major public health challenge in many developing countries. Depression can worsen an older people's physical health, decrease their ability to perform daily activities, and decrease feelings of well-being. It is well said that prevention is better than cure. It applies in every circumstance. The study of old people is one of the important parts of it. It is the essential aspect of the present time, present generation, to be aware of and to understand the challenges facing older people. In Nepal, older populations are increasing rapidly [2,7,20,21]. As the fertility is decreasing rapidly [7], it shows a tendency that will further increase in the coming days as well [7,8]. Studies show older people are vulnerable to different types of diseases with increasing age [22]. With the rapid increase of older people Nepal may face challenges in social, demographic, economic, health, and care of older people in the coming days [7].

During the 1950s, life expectancy in Nepal was quite low (about 28 years) due to a high infant mortality rate and high crude death rate [7,9]. However, a continuous decrease in the infant mortality rate has led to an increase in the life expectancy of Nepalese newborn babies [4,18]. Consequently, during the second half of the 20th century, life expectancy in Nepal increased from 27 to 60 years and now it is around 71 years [6]. In other words, a Nepalese baby born in 2021 has a life expectancy of more than 40 years greater than one born 65 years earlier. Advances in health care, access to antibiotics, and improved nutrition during the twentieth century all may have contributed to this improvement [7,9].

Several studies in Nepal show that the long-established culture and traditions of respecting elders are eroding day by day [9]. Younger generations move away from their birthplace for employment opportunities elsewhere. Consequently, traditional living arrangements are changing [23,24]. Many older people are living either with spouse, alone or in the institution [12,13], and are vulnerable to mental problems like loneliness, depressions, and many other physical diseases [25-32]. This study has focused on the situation of older people's depression living in old age home. This study found; prevalence of depression was 74.5%. Previous studies from Nepal found the prevalence of depression is generally quite high among the institutionalized older people and it is higher than 50% in institution settings in Nepal [10,19,33].

This study further found, being male, having chronic diseases, comorbidities, feeling of stress are related with depression. Many studies show woman have higher depression [19,34], why Nepalese male living in residential care facilities have high depression is not clear. Further older people living in government care facilities have lower depression compared to private care facilities. It may be due to older people worry to manage the cost of living in private care facilities and service is free in government care facilities. High depression among residential care facilities may be due to change of traditional living arrangement in Nepal [22]. Traditionally older people used to live with family members and family members were responsible for care and support during old age.

Due to the migration of the young generation, many older people are forced to live in care facilities [12,13]. It has increased anxiety among older people about their social security. The social security system of Nepal is not well developed and is fully dependent on family members [2,9,10,35,36]. At last, Nepal's aging is taking place more rapidly than the projection carried out by the expert in the past [7]. On the other hand, the social security system of Nepal is not well developed, and Nepal may face further problems to maintain healthy aging [37,38] and the quality of life of Nepalese older people [39,40].

Conclusion

Depression disorders are often unrecognized and undertreated in older people. This study found 74.5% of older people have depression disorder. Further, this study found being male, having chronic diseases, comorbidities, feelings of stress, and type of living facilities were positively correlated with depression. With the increasing the older people and the poor social security system, depression disorder may increase in the coming days. Government and local policymakers should formulate appropriate policies to make older people active and healthy so that they can enjoy the quality of life.

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