ORIGINAL ARTICLE

DEPRESSION IN ELDERLY AND THE IMPACT OF FAMILY SYSTEMS

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ABSTRACT

Objectives: To find out the frequency of depression in the elderly its association with the type of family system they are living in.

Material & Methods: A Cross- sectional descriptive study has been conducted in the Psychiatry outpatient department of Lady Reading hospital in Peshawar, Pakistan, from August 2014 to Feb 2015. Geriatric Depression Scale has been administered on elderly people (60 plus) consulting the hospital. Depression intensity was assessed using Geriatric Depression Scale. Age, demographics and gender has been recorded.

Results: Out of 345 patients, mostly patients have the age range of 60-69 years. Fifty percent of the subjects were male and forty-nine percent were female. 56.8% subjects were living in joint family and 43.2% were living in nuclear family. The frequency of depression was found to be 34.2%. The elderly living in atomic family framework were found to be more suffering from depression as compare to those living in joint family system.

Conclusion: Living in a nuclear family system is a strong risk factor of depression in the elderly. The prevalence of depression in the elderly population in our study was high and needs attention

Key Words: Geriatric, depression, Scale, Nuclear family, Joint family.

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INTRODUCITON

Despondency has been perceived as a general wellbeing worry in developing nations. The Global Burden of Disease ponder delineates that depression will be the single driving reason for Disability Adjusted Life Years by 2020 in the developing world[1]. Gloom in elderly lessens personal satisfaction with practical decay and stamped disability[2].Because of its staggering effect on elderly psychological well-being, late life despondency is a vital general medical issue. It is related with expanded danger of suicide and bleakness. It is additionally connected with diminished physical, subjective and social working, and more noteworthy self-disregard. Every one of these complexities are thus connected with expanded mortality of the elderly population[3].

The pervasiveness of significant depressive issue in community samples of grown-ups matured 65 and more seasoned extents from 1-5% in most substantial scale epidemiological examinations in the United States and globally. Clinically huge depressive indications are available in roughly 15% of community abiding elderly populace. Depression have all the earmarks of being higher in senior ladies than in more seasoned men[4]. Pakistan is a developing nation with poor and unsteady wellbeing markers. It is the 6th most crowded nation on the planet with an expected populace of 166 million. It has 62 years on average life expectancy. The elderly (65+ years) shape 4% (6.6 million) of the aggregate population1. Elderly in Pakistan confront a heaps of mental, social and physical medical issues and there is and there is scarce of health resources and facilities in the existent health care system[5].

Joint family framework has been the common family framework in Pakistan. Urbanization in Pakistan as in some other developing nation is prompting atomic family system[1]. In Pakistan, most of the elderly rely upon

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their youngster's grandkids for help: physical, social and in addition money related. Studies demonstrated that urbanization is probably going to disintegrate the family's capacity to look after elderly individuals and additionally diminish co-living arrangement of kids with the elderly[6]. The rationale of this study is that, the elderly dwelling in an atomic family would be at a higher danger of affliction from discouragement than those living in a joint family. We trust this hazard factor holds substantially more significance in our general public than western social orders and its effect must be examined. This investigation has been intended to see the recurrence of depression in elders in an urban region of Peshawar and to recognize how far a family framework plays for the mental prosperity of the elderly.

MATERIAL AND METHODS

This Cross Sectional was conducted at psychiatric OPD of Lady Reading Hospital, a teaching hospital in Peshawar. The study was completed within six months from August, 2014 to Feb, 2015. Sample size was 345 patients. Consecutive sampling technique was used. All subjects regardless of gender, aged 60 years or more and the individuals who are perpetual occupants of Peshawar (living over 6 years in the city) were incorporated into the examination. Those suffering from schizophrenia, manic depressive psychosis, schizoaffective disorder, dementia or other organic brain disease has been excluded from the study. Those with chronic medical diseases like Rheumatoid Arthritis, Diabetes Mellitus, Cardiovascular diseases etc were also excluded from study. Written informed consent was taken from subjects after they were clarified the examination. Affirmation concerning confidentiality was given. The instrument was isolated into parts. The initial segment contained demography and incorporate inquiries with respect to age, sex, conjugal status, training, family framework, living conditions, and parental figures. The second part contained a scale for estimating wretchedness in the elderly, the 15-item GDS which was read out to the patients amid the interview. We pick the GDS on the grounds that the introduction of depression in the elderly is unique, with less accentuation on physical pointers and more on mood symptoms. Consequently, the GDS is more qualified in distinguishing depression in the elderly.

RESULTS

In our sample of 345, there were 174 (50.4%) males and 171 (49.6%) females. In males 17.8% subjects reported depressive illness and similarly 50.8% females presented with depressive features showing that depression was more prevalent in females. Out of 345 subjects, 34.2% of the subjects were screened positive for depression on the Geriatric Depression Scale.

The age of the patients ranged from 60 to 102 years. In this study the overall mean age was 66.44 ± standard deviation was 6.48 years. Majority of patients i.e. 274 (79.4%) were in the age range of 60-69 years followed by 53 (15.3%) in age group of 70-79. Table 1. Regarding marital status of the patients, majority of them i.e. 231 (66.9%) were married. A significant proportion 85 (24.6%) were widowed/widower. Eleven each (3.2%) of the participants were either divorced or separated from their spouses and the remaining seven subjects (2%) were single with the care provided by other family members. Depression was more common among the divorced and the separated group followed by those who were single. Living conditions of the participants showed that 223 (64.6%) participants were living with their spouses and 113 (32.8%) subjects were living with their children. Five (1.4%) subjects were living alone while four (1.2%) subjects were living with other family members. In this study, subject's dependent on other family members for their care reported the highest rate of depression followed by those living with their children and those living alone. Rate of depression were less in subjects living with their spouses. Education level of the subjects revealed that the majority of subjects 143 (41.4%) were illiterate, Table 2. Depression was equally prevalent among the illiterate and educated elderly subjects. The subjects living in the Joint Family System (56.8%) outnumbered those in the nuclear family system (43.2%) by a small margin. In NFS, 103 (69.1%) subjects were found to be suffering from depressive illness compared to 15 (7.6%) living in the JFS. This showed that the subjects living in a nuclear family system were more likely to suffer from depression than those loving in a joint family system. In the present study, 224 (64.9%) subjects had their spouse as their primary care giver, followed by 114 (33%) subjects having their children as their primary care giver and only 7 (2%) subjects were looked after by other family members. Rates of depression were high among those subjects who had other family members and children as their primary caregivers whereas rate of depression was less in those subjects having spouses as primary caregivers.

DISCUSSION

The present investigation demonstrated that the elderly living in an atomic family framework will probably be the casualty of depression when contrasted with those in a joint family framework. The frequency of depression was reasonably high i.e. 34.2% among the elderly in our investigation and is a reason for concern. Several important socio-demographic variables

Table 1: Sociodemographic Features

Gender	Number of cases with %ages
Female	171 (49.6%)
Male	174 (50.4%)
Age Ranges (in Years)	
60-69	274 (79.4%)
70-79	53 (15.3%)
80-89	10 (2.8%)
90-99	7 (2%)
100 and above	1 (0.28%)
Marital status of Patients	
Single	7 (2%)
Married	231 (66.9%)
Divorced	11 (3.2%)
Widow/Widower	85 (24.6%)
Separated	11 (3.2%)

Table 2: Demographic features of patients

EDUCATION	Number of cases with %ages
Illiterate	143 (41.4%)
Can read and write	29 (8.4%)
Primary	45 (13%)
Secondary	29 (8.4%)
Intermediate	24 (7%)
Graduate	40 (11.6%)
Post- graduate	28 (8.1%)
Diploma	7 (2%)
Living condition	
Alone	5 (1.4%)
Living with spouse	223 (64.6%)
Living with Children	113 (32.8%)
Living with other	4 (1.2%)
Family System	
Nuclear Family	149 (43.2%)
Joint Family	196 (56.8%)
Primary care giver	
Spouse	224 (64.9%)
Children	114 (33%)
Others	7 (2%)

Table 3: Frequency of depresson according to gda score

Depression	Number of cases with %ages
Absent	227 (65.8%)
Present	118 (34.2%)

Table 4: Association of family system with depression

Family Status	Depression According to GDS-15 Score		Total
	No	Yes	
Nuclear Family	46	103	149
Joint Family	181	15	196

have been found to have a noteworthy relationship with depression in the elderly. No published information was discovered which revealed the statistics of depression in the elderly in Pakistan. Mirza I et al, 2004 published a systematic review which shows that the predominance of nervousness and depression in Pakistan was 34%[2, 26]. Another scientific investigation conducted in a community based facility of Karachi demonstrated that 47% of patients were experiencing depression. Mumford in his investigation led in Pakistan, found that 66% of ladies and 25% of men in two rural zones are experiencing despondency. Ahmad et al in other investigation led in countryside zone of Pakistan found that 72% of ladies and 44% of men were experiencing uneasiness and discouragement. Husain et al gauge prevalence for depressive issue to be 44.4% in his investigation. The rate in our investigation is reliable with the general figure for developing nations where 10-44% of individuals experience the ill effects of depression. This stands out sharply from the 6% prevalence rate figure for dejection overall. This differentiation might be an extrapolation from figures accessible from different sources from national database[7,27,29]. Local published data shows extraordinary variety in the predominance of depression:10% to 66%[17]. It is under critique that this variety may reflect methodological contrasts in study designs and instruments[11, 25] The predominance among the elderly in our examination is high and a reason for concern. It can't be said whether the predominance is higher or bring down in the elderly when contrasted with adults (15-60 years), on the grounds that there are no vast scale epidemiological investigations present[28].

The prevalence of depression in Caucasian elderly populaces in the West ranges from 1% to 42%[8,10,11]. With respect to developing nations, there is shortage of published data on elderly populaces. India is a neighboring nation of Pakistan with a comparable socio-statistic structure. The prevalence rates for depression in community studies of elderly in India have fluctuated from 6% to 50%[29]. In setting of an inadequately data flow system framework in Pakistan, solid accentuation can't be set on general figure. There is a desperate need for gathering across the country information keeping in mind the end goal to comprehend the magnitude of this

issue in evident sense.

CONCLUSION

Atomic family framework is a solid indicator of depression in senior citizens. The frequency of depression in the elderly individuals in our investigation was modestly high which is of general wellbeing concern.

RECOMMENDATION

In spite of the fact that depression in senior citizens is a genuine and regular mental issue causing critical horribleness and mortality if untreated, it is amenable to treatment by a scope of pharmacological and non-pharmacological means.The process of urbanization in a city like Peshawar is bringing about dynamic nucleation of family frameworks. This progress in family frameworks may have a noteworthy destructive impact on the physical and emotional well-being of elderly populace. Studies have shown a noteworthy connection between a decline in social help and the advancement of despondency.

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AUTHOR'S CONTRIBUTION

Following authors have made substantial contributions to the manuscript as under:

Rabbani F: Study design and conduction of study
Gul I: Administration of scales and statistics
Haq MMU: Analysis and discussion
Afridi A: Data Labelling and literature review

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.