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Research Article

**PREVALENCE OF DEPRESSION AMONG THE ELDERLY
PEOPLE VISITING OPD OF DHQ HOSPITAL MIRPUR, AJK**

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Abstract:

Background: It is a serious public health issue in developing countries. It will be the single leading cause of Disability Adjusted Life Years by 2020 in developing countries. Elderly individuals affected much more than any other group.

Objective: To know the prevalence of depression among elderly and to know various predictors of depression among elderly.

Methodology: It is cross sectional study. Total sample size is 200 with age 60 or above 60 and they selected through consecutive sampling, patients visiting OPD of DHQ Hospital Mirpur AJK and GDS-15 was used to assess the depression.

Results: Among 200 patients 95(47.5%) have depression and 105(52.5%) are without depression. Among 48 females 33(68.7%) have depression and 15(31.25%) are without depression. Among nuclear family system 47(48%) have depression.

Conclusion : Depression symptoms among female is more than male along with that older persons living in nuclear family system owned more depression than joint family system. Measures must be taken to minimize the impact of depression.

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INTRODUCTION:

Depression is the serious public health issue in developing countries like Pakistan. It will be the single leading cause of disability adjusted life years by 2020 in developing countries(1).Physical symptoms include difficulty in sleep and poor diet also there are behavioral changes like withdrawal from others stop doing enjoyable activities having feelings of overwhelmed ,unhappy and irritable.

Elderly group affected much more than any other group. Diagnosis is rare and inappropriate treatment. Long term prognosis of geriatric depression is bleak with incomplete recovery and higher relapse rates (2).Those with depression symptoms with or without depression disorder, having poorer functioning, comparable to or worse than that of chronic medical condition heart, lung disease, arthritis, hypertension and diabetes (3).Many previous studies show link between hypertension and depression, these two associated due to increased adrenergic activity(4).

Warning signs of depression includes low self-esteem, fatigue, insomnia, anger and irritability, reckless behavior and recurring thoughts of suicide and death. (5). Depression in elderly is yet to receive its due recognition in AJK. Aim of our study is to find out prevalence and factors which initiate symptoms of depression among patients visiting OPDs of DHQ Hospital Mirpur.

OBJECTIVE :

1. To know the Prevalence of depression among elderly.
2. To access the various predictors of depression among elderly

MATERIAL AND METHODS :

Study Type: Cross –sectional.

Sampling Technique : Consecutive sampling.

Inclusion Criteria: All patients and their attendants either male or female visiting DHQ hospital Mirpur AJK with age 60 or above 60.

Exclusion Criteria: All patients with age below 60 years.

Sample Size : Large population Size i.e. 200.

Time Scale: Study was finalized with 120 days,4 months from July 2015 October 2015.

Data Collection: Data was collected from Out Patients Departments (OPD) of DHQ Hospital Mirpur AJK and GDS-15 was used to access the depression among elderly.

Data Analysis: Data was analyzed using SPSS 16. Results were described in percentages and frequencies and displayed in charts and graphs.

Questionnaire: Total questions = 35.

General Questions = 20.

Geriatric Depression Scale Questions = 15.

INDICATORS: Sex, Education, Marital status, Income, Size of family, Joint Family system, Nuclear Family system and Childhood Parental Loss.

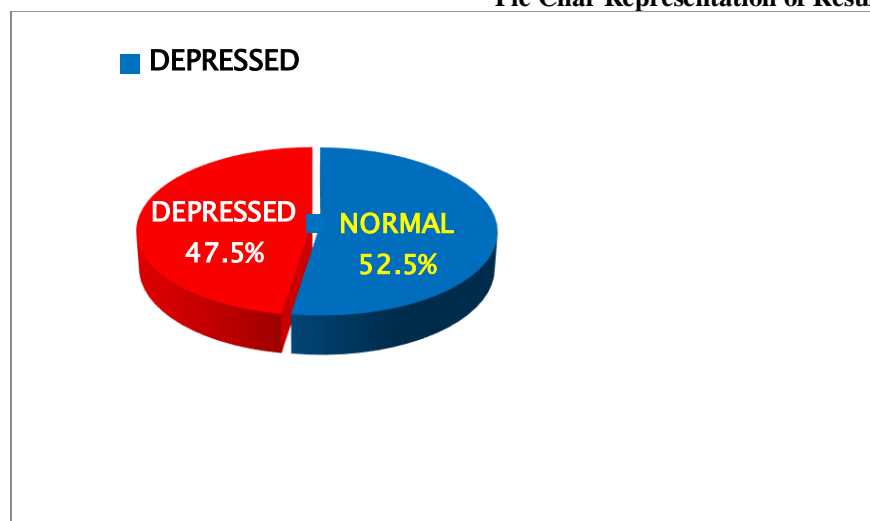
RESULTS:**Prevalence of Depression**

Total number of People = 200.

Total number of persons having Depression = 95(47.5%)

Without Depression or Normal = 105(52.5%)

Overall Prevalence of Depression = 47.5%

Pie Char Representation of Results

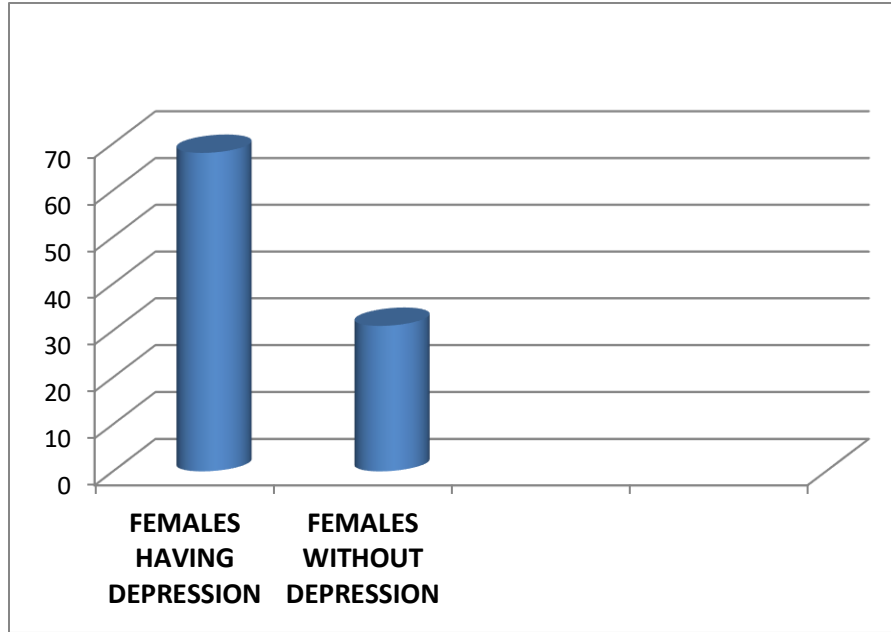
Depression Among Females

Total number of Females =48

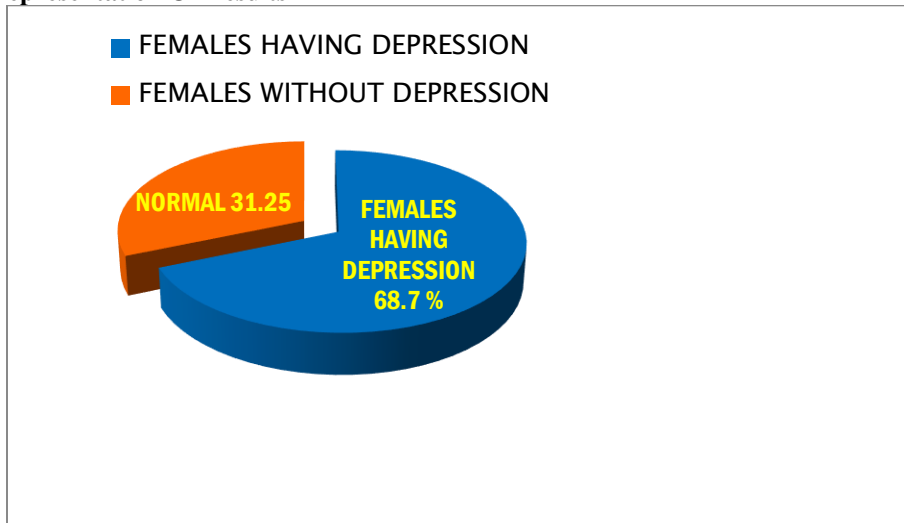
Number of Females Having Depression = 33(68.7%)

Females without Depression = 15 (31.25%)

Representation Of Results in Column



Pie Diagram Representation Of Results



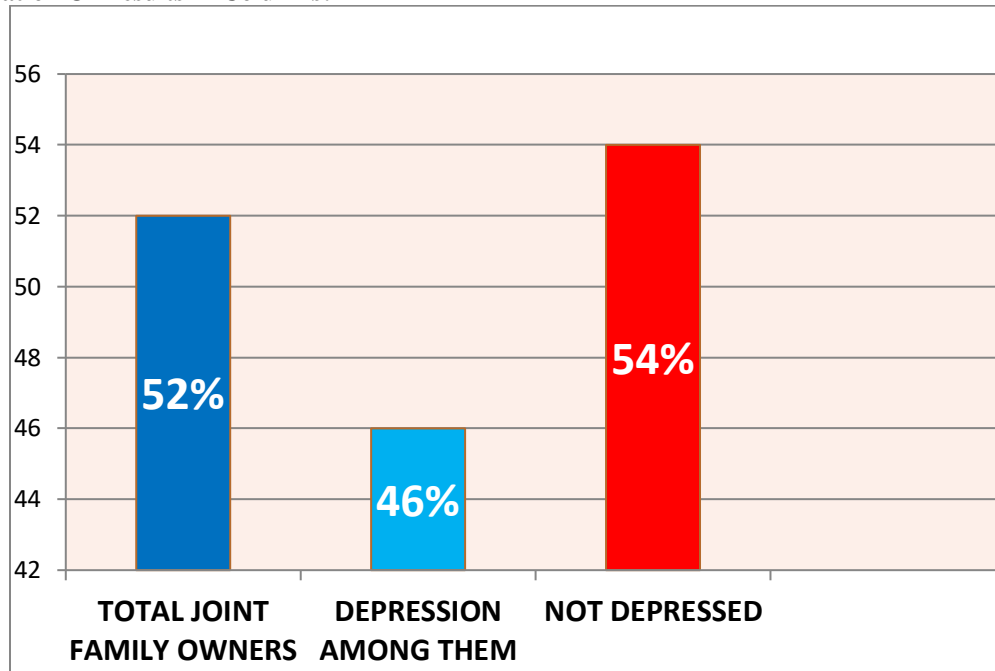
Joint Family System :

Total number of Persons living in Joint Family = 104(52%)

Having Depression among them = 48(46%)

Normal = 56(54%)

Representation Of Results in Columns:



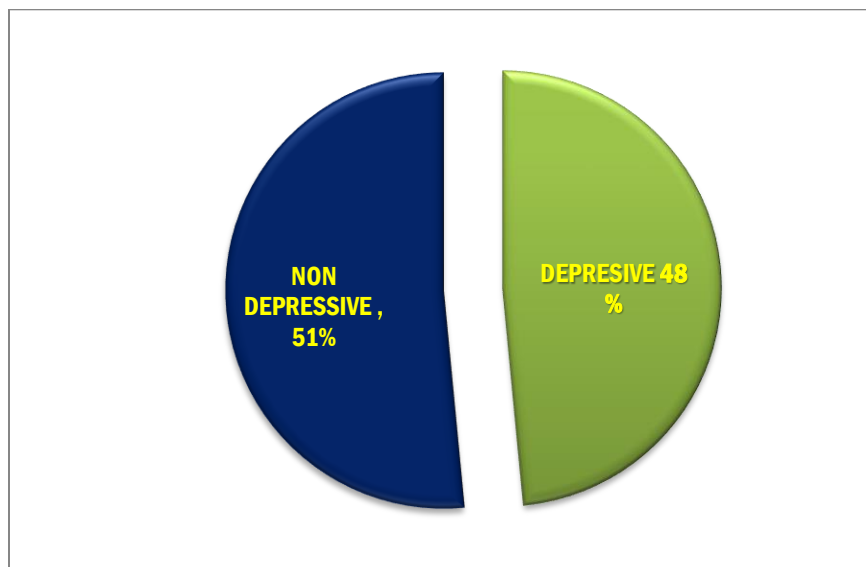
Nuclear Families;

Total = 96(48%)

Having Depression among them = 47(48%)

Not Depressed = 49(51%)

Representation Of Results in Pie Chart



Parental Loss In Childhood:

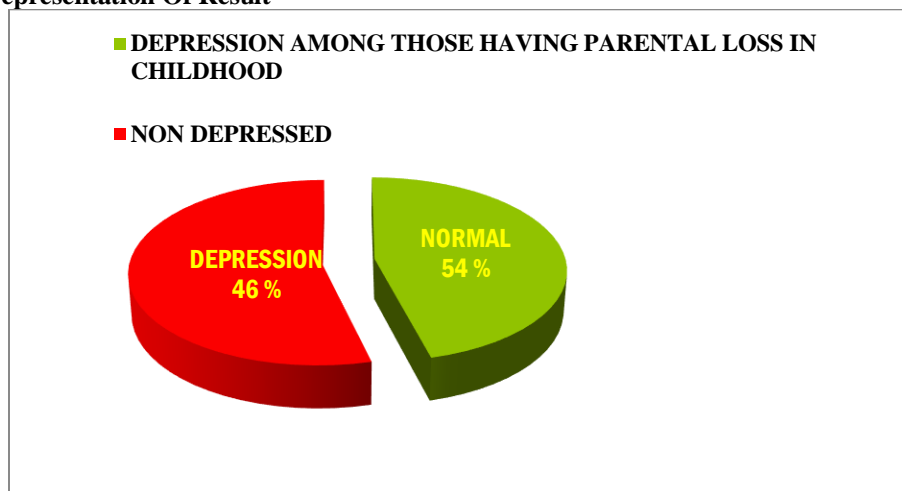
Total persons having parental loss in childhood = 69(34.5%)

Depression among them = 32(46%)

Non-Depressed = 37(54%)

Representation of data in tabulated form

CATEGORY	NUMBERS	PERCENTAGES
TOTAL	69	34
DEPRESSED	32	46
NORMAL	37	54

A Pie Graph representation Of Result**INCOME:**

Three groups were made = 1. Less than 10,000
 2. 10,000-20,000
 3. More than 20,000

Results shows less than 10,000 group have more depression = 77%

10,000-20,000 group = 46%

More than 20,000 = 64%

All results in figures

INDICATORS	TOTAL SAMPLE	HAVING DEPRESSION	NORMAL
WHOLE POPULATION	200	105	95
MEN	152	62	90
WOMEN	48	33	15
JOINT FAMILY SYSTEM OWNERS	104	48	56
NUCLEAR FAMILY SYSTEM	96	47	49
HAVING CHILDHOOD PARENTAL LOSS	69	32	37

DISCUSSION:

Our study shows there is significant association between increasing age and Depression. Many researchers like Sengupta and Benjamin have reported that there is strong relationship between depression in increasing age and low income (6).

A 2004 study shows sociocultural role in depression among elderly of twin cities (Rawalpindi and Islamabad) (7). Similarly a Pilot study among residents of Rawalpindi also shows depression among elderly (8).

A study conducted in Karachi in 2007 shows Prevalence of depression is 20%-23 % (9). Study among Americans and Indians shows spiritual needs has been linked to decreased depression. Studies conducted in India shows that prevalence of depression ranging from 21% in South India to 45% in Western India and 52% in Eastern India (10). In our study we also tried to ensure the privacy of interviewees' especially people who have low income.

CONCLUSION:

Depression is an important unwilling and rapidly progressing problem and health degenerating disorder rapidly affecting our elders more specifically female population and it requires programmed care and attention.

Old persons living in nuclear families owned more depression than joint family system. Recommended measures must be taken to minimize the impact of depression.

Suggestions:

1. Diagnose the depression
2. Counsel the patient
3. Follow up
4. Identify the factors
5. Cognitive Behavior Therapy (CBT)
6. Support for families
7. Compensation of losses
8. Encouraging and emotional support

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