LIFE STYLE OF ELDERLY LIVING IN OLD AGE HOMES AND ITS ASSOCIATION WITH PHYSICAL EXERCISES

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ABSTRACT

With a progressively ageing population worldwide, treatment and identification of depression in older adults becomes increasingly important, particularly as older people have distinct presentations and needs than younger ones Depression with the elderly constitutes a serious public health problem that attracts worldwide interest. The goal of this particular study is actually estimating the prevalence of depression and its associated aspects among community dwelling aged. It's a cross sectional analysis in which 203 aging adult individuals residing in old age homes of Delhi, India were selected arbitrarily.Job interview was completed using socio demographic tool, Geriatric Depression Scale (GDS), ICD 10 DCR, Duke interpersonal assistance scale, UCLA loneliness scale, as well as Barthel index was used. This particular study offers an astonishing signal for overall health professionals as well as wellness policy developer in India for the demand of a much better recognition of depressive symptomsin elderly.

Keywords: Depression, Old, Elder, Symptoms.

I.   INTRODUCTION

Depression is actually a significant contributorto healthcare costs and it is projected to be the leading cause of illness burden in higher- income and middle- nations by the season 2030.w1 Depression in life that is later, usuallydefined as age older than sixty-five, is actuallyrelated with disability, increased mortality, andpoorer results from actual physical illness. Despite the fact that India is actually the secondmost populous state on the planet in phrases ofaged population, there's been meager exploration on depression in elderly, and not one of the review articles has attempted tocompile the accessible literature

Age is a crucial determinant of psychological health. Aging is actually a period of transition when one has to deal not simply with the physical aging, but additionally with thedifficulties impacting the social and mental well-being. Because of regular aging of the brain, deteriorating actual physical wellness aswell as cerebral pathology, the general prevalence of behavioral and mental disorders is likely to rise with age. Disability arising dueto different illnesses, loneliness, lack of family assistance, limited private autonomy, and monetary dependency are also important contributing factors for greater prevalence of behavioral and mental disorders.

Among the different psychological disorders, depression accounts for probably the greatest burden among aged. Depression decreases an individual's quality of living and increases dependence on others. If depression is actually left unattended, it is able to have considerable clinical as well as social implications in the lives of the aged. Initiation, diagnosis, or early recognition of therapy for depression in older individuals present possibilities for improving the quality of theirs of life, stopping early death or suffering, and maintaining great ph levels of freedom and performance. Effective treatment and early diagnosis of depression in aging could additionally result in considerable decrease in mortality as a result of health illnesses and suicide, and health care costs.

●   **Indicators of depression**

Patients in primary care will frequently provide actual physical signs of depression rather compared to mental ones. When a persistent actual physical illness is actually recognized to be present, as signs can be quite similar, interest typically moves to the depression as well as the disease might likewise be overlooked.

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Physical	Psychological
Change in appetite	Feelings of sadness, feeling low or flat
Bowel changes	Feeling fed up, indecisive, preoccupied with physical symptoms, indifferent
General appearance; looking sad and miserable or unkempt	Loss of interest and reduction of participation in daily life
Sexual dysfunction	Speech slow and monotonous
Sleep disturbance	Negative talk
Other: dry mouth, indigestion, palpitations, headaches, giddiness, tight band round chest and head, skin-picking, hand-wringing, general aches and pains	Poor concentration, preoccupation with morbid thoughts (death or suicide)

Figure 1: Symptoms of Depression

It's been argued that older individuals with depression get very little help from the NHS. Volkers et al (2004) commented that depression in older adults usually goes undiagnosed because overall health professionals lack understanding of it or perhaps don't make an effort to look for this, owing to time constraints. Actually, when identified, it's often addressed inadequately.

II. MATERIAL AND METHOD

The cross-sectional descriptive analysis design was used. The analysis areas had been Social welfare facility aging home, old age management / social welfare trust, Divine service home, Mathatrithha aging home, Sahara treatment facility, Senior citizen homes, Social Welfare Centre Aging home. Out of 411 seniors existing in the above-mentioned business 200 aged were selected. fifty % of the aged were taken out of every one of the businesses. The aged was selected arbitrarily using easy arbitrary sampling programs. Individuals who refused to give consent or even refused to take part in the study and individuals who having speech disorder, psychosis, mental retardation, dementia had been excluded. A self-created semi structured proforma was devised to get the socio market attributes of the study population along with other variable associated tool, International Classification of Disease - ten Diagnostic Criteria for Research (ICD 10 DCR, WHO 1992), Geriatric Depression Scale (GDS) (Yesavage et al,1983), Revised UCLA loneliness scale:, Duke UNC Functional Social Support Questionnaire - DUFSS: Modified Barthel Index..

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Descriptive analysis was performed, as well as mean, median, range had been estimated. The data had been defined as mean± standard deviation (SD) anywhere appropriate. Chi- square assessments were for categorical details.Impartial sample t test, ANOVA assessments had been applied anywhere relevant. P-value of <0.05 was regarded as substantial.

III.   RESULT

The study showed out of all the 200 elderly individuals living in various old age homes of Delhi majority had been discovered to be through the seventy five to eighty four years age group throughout the time of interview. seventy(34.5 %) cases were male, 133 (65.5 %) cases were female. Majority (53.2 %) cases were widow/widower. Vast majority of respondents (77.8 %) were illiterate. Many of them followedHindu religion (92.6 %), 38.9 % were farmers, and 27.6 % had been working as housewives prior to age sixty. A lot of the instances (52.2 %) came from joint family as well as majority (50.2 %) perceived the medical status of theirs as great. Majority (71.4 %) of them had several chronic illness and the majority of them had been suffering from high blood pressure. The majority of them (61.1 %) had been staying in the aging home for 1 5 years. 88.7 % cases havebeen pleased with the facilities of the old age home. Basically 53.2 % cases have been receiving aging allowance. Majority had perceived very low degree loneliness (56.2 %) and high public assistance (67.5 %). Vast majority of the instances (90.1 %) had small degree of dependency. Based on ICD ten DCR 47.3 % of the cases had been discovered to be suffering from depression (table one) among which based on GDS thirty-four % acute and 13.0 % gentle depression.

Table 1: Distribution of respondents on the basis of international classification of Disease- 10Diagnostic Criteria for Research (ICD- 10DCR)

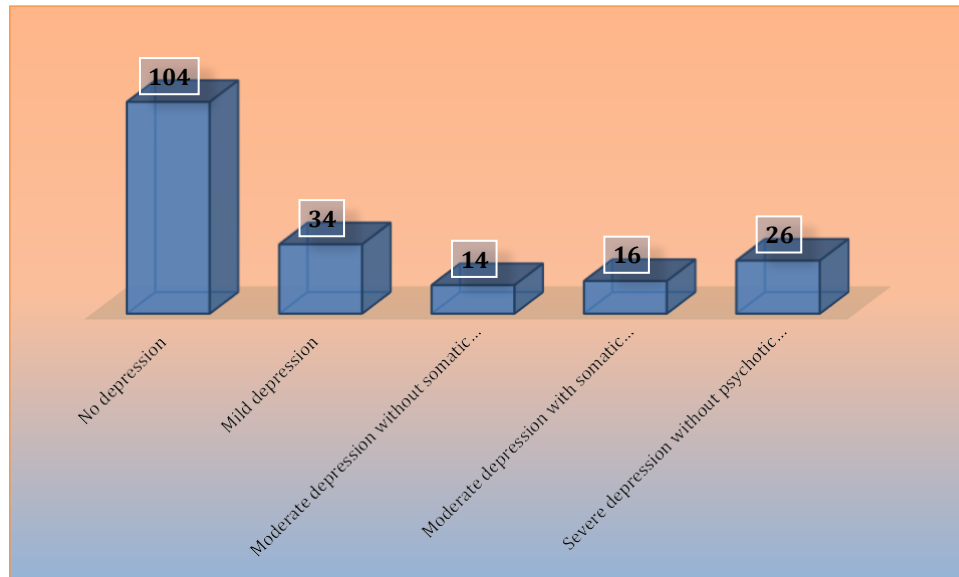| ICD -10 DCR Classification	Frequency n	Percentage %
No depression	104	52.0
Mild depression	34	17.0
Moderate depression without somatic syndrome	14	7.0
Moderate depression withsomatic syndrome	16	8.0
Severe depression withoutpsychotic symptom	26	13.0
Total	**200**	**100.0**

Figure 2: Classification of Elders according to ICD -10 DCR Classification

Depression was found to be more among those who perceived high degree loneliness, low social support, with severe level of dependency. All of these findings were found to be statistically significant too (Table 2).

Table 2: Relationship of depression according to ICD-10 DCR with different Socio-demographic variables.

Socio demographic variables		ICD-10 DCR				P value
		F32.0	F32.10	F32.11	F32.2	
Age	60-64	5	1	1	4	.221
	65-69	4	0	5	4	
	70-74	6	2	5	3	
	75-79	9	6	5	2	

	80-84	5	4	1	6	
	>85	6	3	1	8	
Gender	Male	10	8	9	4	0.62
	Female	25	8	9	23	
Maritalstatus	Single	8	5	5	1	.528
	Married	5	1	4	7	
	Separated	4	2	2	2	
	Widow	18	8	7	17	

Table 3: Association of depression according to ICD-10 DCR with different other variables.

Socio demographic variables		ICD-10 DCR				P value
		F32.0	**F32.10**	**F32.11**	**F32.2**	
Health problem	Yes	29	14	14	23	0.01*
	No	6	2	4	4	
Types ofHealth problem	Diabetes	5	1	4	4	.617
	High blood pressure	6	3	3	3	
	Heart disease	3	0	1	0	

	Respiratory problem	7	7	3	6	
	others	9	3	4	10	
Length of stay in OAH	1-5years	23	7	13	8	.441
	5-10years	6	7	2	6	
	>10years	6	2	3	3	
Satisfaction with the facilities of OAH	Yes	29	12	15	20	.001*
	No	6	4	3	7	
Perceived loneliness	low degree	12	2	0	0	.000*
	high degree	23	14	18	27	
Social support	Low	15	12	14	22	.000*
	high	20	4	4	5	
Dependency level	severe	0	0	0	1	.000*
	moderate	9	8	3	19	
	high	26	8	15	7	

The sign (*) indicates significant value.

IV. DISCUSSION AND CONCLUSION

From the review of ours, depression was discovered to get extremely prevalent among elderly (47.3 %). This particular finding of the study of ours is actually supported by the same scientific studies conducted on the analysis of depression with geriatric population of India, which showed that 53.2 % of the samples encounter depressing illness based on GDS. Similarly, another study from an old age home of Chitwan showed prevalence rate of depression to be 52.73 % in old age home as well as 25.45 % in community. A report conducted on prevalence of depression with seniors existing in old age home in the capital city Delhi found it to be 47.33 %.

The results in the above-mentioned studies might be diverse because of different factors beginning with the various scales used to evaluate depression to time of doing the study. There was significant association between the prevalence of depression and people who found they'd health complications. This particular outcome is supported by the study completed in India, which found out that there is higher risk of depressive disorders with those with actual physical illness. Some other scientific studies as well showed significant association between chronic illness as well as depression in elderly.

There was substantial connection between loneliness as well as depression. This particular analysis finding was in line with last research from India. Another study even discovered a tremendous connection between depression as well as loneliness. An additional study conducted in Lucknow India also found good correlation between loneliness as well as depression.

There was substantial connection between lack as well as depression of social support. This particular outcome is supported by the study completed in Japan which showed increase that is considerable rise in the threat of depression status connected with the absence of social support in Japanese elderly individuals in a metropolitan society.

There was substantial connection between amount as well as depression of dependency, which included activity of regular living (ADL) assessed by Barthel index. Outcomes that are Identical was observed in a study conducted in Asian countries great association was discovered between degree as well as depression of dependency. Subjects with depression had drastically lower scores for ADL. In another study ADL and perceived community assistance greatly expected

depression among aging adults individuals. Larger ADL functioning and greater perceived community assistance predicted lower depression.

From the study of ours no great association was discovered along with other socio demographic variables as age, gender, educational level, religion, family type, free time activity, socioeconomic status as well as length of stay in aging home. Another study additionally shows depression to possess drastically low correlation with education as well as sex. In a report depression wasn't discovered to be substantially associated with marital status plus gender.

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