

Anxiety and depression among elderly people living in Hyderabad

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Abstract

Background: Aging is the process of getting older and is characterized by changes in the biological, psychological and social functioning of an individual. A significant feature of these changes is marked by decline and deterioration. It is certain in of human destiny and comes to everyone of us. The lives of most elderly people today adversely affected by changing life style, such as retirement, widowhood, loneliness and multiple losses making them prone to anxiety and depression. It's a major health concern. The aim of this study is to examine the prevalence of anxiety and depression among elderly living in Hyderabad.

Material and method: For the purpose of the study a total sample of 360 were taken aged 60 to 75 years Living in Hyderabad. Anxiety was measured by using Beck's anxiety Inventory (BAI) and depression was measured by using Geriatric Depression Scale developed by Yesavage and standardized by Jamuna. D (2013) as a part of ICSSR study. For the analysis of the obtained scores t-ratio and co-efficient of correlation were computed.

Results: The result shows that there is significant difference between anxiety and depression in relation to gender among elderly. Found that there is Positive correlation between anxiety and depression levels.

Conclusions: Anxiety plays an important role in determining depression among aged.

Keywords: characterized, decline, deterioration, migration, urbanization anxiety, depression

Introduction

Ageing is called to as a progressive deterioration of physical and psychological functions in the post reproductive period. Parallel to this, the adaptability of the organism to various stressors decline and make the individual vulnerable to the disease and dependency. The quest for unraveling the mysteries of aging phenomenon at cellular, molecular and genetic basis is still continuing with an objective to postpone or minimize the effects of aging, towards a livelier longevity ^[1].

Old age is also associated with a number of psychological issues. These problems are due to old age or as a result of interactive effect of social and economic problems. Affective disorders such as changes in ordinary temper states, depressive reactions, elation and physical preoccupation are the most common psychogenic problems found in old age. Certain psychosomatic signs, such as loss of appetite, sleeping disturbance and fatigue usually accompany affective disorders. Many people fear that senility is an inevitable curse of old age. Such persons have a limited ability to grasp abstractions, lack of ideas, think more slowly, unable to pay attention around them. Because of such mental deterioration, the aged may be unable to cope with such routine tasks as keeping clean and well groomed ^[2].

The lives of most aged people nowadays adversely laid low with converting existence fashion migration and urbanization, making them prone to anxiety and requiring lot of adjustments. Aged women had significantly higher anxiety levels as well as higher adjustment problems in home, health and emotional subscales, compared to their male elderly counterparts. More researches on psychological health of elderly especially in their socio-cultural context

are needed so as to evolve practical and effective preventive and remedial techniques ^[3].

Depression in elderly adults is a major health problem. It is a more common problem than people might think. However, it must be emphasized that depression is not a part of normal aging. Death anxiety refers to the fear and apprehension of one's own death. Elderly with higher scores in depression also have higher levels of death anxiety. The study revealed that as depression increases death anxiety also increases among elderly ^{[4][5]} found that 13.5% of newly admitted elderly in senior homes, suffered from major depression.

Many research studies have been conducted in India to examine the prevalence of psychological problems in elderly were found to be 2 to 43% ^{[6][7]}. Several factors viz., female sex, low education, marital status, medical co morbidities are known to affect mental health in later years. Economic dependence, nuclear families are known to play a significant role in psychiatric illness among elderly ^[8]. Risk factors leading to development of late life depressions are multiplex interactions among genetic vulnerabilities, cognitive diathesis, and age associated neurobiological changes and stressful life events. Studies have noted that older adults frequently tend to cope with stressful events in various ways than do younger adults; older adults depend on emotion focused forms of coping as opposed to active problem solving approaches. Nonetheless the other research has pointed out that as one gets older, difference in coping styles are reduced ^[10].

^[11] studied the relationship between anxiety, depression and physical disability in older adults, after controlling factors such as age, gender, income, self-rated health, number of medical conditions and number of physician visits in the past year. Furthermore, anxiety, depression and co morbid

anxiety and depression have a differential effect on disability according to age. Elderly people with any of these symptoms reporting higher levels of disability than younger adults reported depression and anxiety.

Anxiety and depression are common psychological problems among elderly. Studies have shown a relatively low prevalence of anxiety disorders in elderly individuals. While, other studies have shown that anxiety disorders occur 2 to 7 times more often among aged, than depression. The rate of anxiety disorders at institutional settings may be even higher among aged. Living at geriatric homes and age group 60 to 70 are independent risk factors for anxiety, depression or mixed anxiety and depression. An independent risk factor for depression and anxiety were male gender and living alone at institutional settings such as geriatric homes. In many countries mixed anxiety and depression is more prevalent than anxiety. Therefore, the consequences of ageing in general, elderly adults and their caregivers and its implications for society need to be considered [12]. Examine the problems confronted by elderly persons. In view of the increasing proportion of aged persons in our society and consequent psychosocial challenges, the adjustment status and spirituality in aged persons residing in old age homes and own homes, and the impact of relevant socio-demographic variables on old age adjustment and spirituality were examined. The results revealed poor adjustment status for the elderly persons residing in old age men and less spirituality oriented than the women [13].

Objectives

In the context of fore going observation a need was felt to analyze. The level of anxiety and depression among elderly living in community with the following objectives.

1. To assess the anxiety among male and female elderly living in Hyderabad
2. To assess the levels of depression among male and female elderly living in Hyderabad
3. To test correlation between anxiety and depression among elderly living in Hyderabad.

Hypothesis

Keeping the fore said objectives, the following hypotheses were framed.

1. There would be significant difference in anxiety among male and female elderly living in Hyderabad.
2. There would be significant difference in levels depression among male and female elderly living in Hyderabad.
3. There would be correlation between anxiety and levels of depression among elderly living in Hyderabad

Materials and Method

Sample

For the purpose of the present study a total sample of 360 were taken aged 60 to 75 years out of which 179 were male (60- 75 years) and 181 were female (60-75years) elderly living in Hyderabad, Telangana State. India.

Tools

1. Beck’s anxiety Inventory (BAI) [14] was used in the present study to measure manifested symptoms of anxiety among elderly. This tool was standardized as part of ICSSR funded project on Fears, worry and

anxiety in older residents (Jamuna, 2012). Thus the tool to measure anxiety was found to be reliable and valid to measure levels of anxiety

2. Geriatric Depression Scale developed by Yessavage [15] which was standardized by Jamuna. D (2013) as a part of ICSSR study used for assessing depression. The 15 item GDS-15 has been translated to Telugu, the regional language and was administered to 30 Indian older adults (N = 30) with an interval of 10 days. The test-retest reliability of GDS-15 was 0.87. Higher score on this GDS-15 is an indication of presence of severe depressive mood disturbances.

Procedure

The study was conducted on elderly male and female people who are living in Hyderabad area of Telangana State. India. The assessment of the subjects was done in two sessions; the session was used to develop rapport with the subjects. They were informed about the broad purpose of the study and were requested to cooperate. In the second session each subject was meting person and was given the “Beck’s anxiety Inventory” and “Geriatric Depression Scale” The entire process of filling the inventories was explained to them clearly. The instruction given on the inventory was explained to them. It was also made clear to them that their responses and identity would be kept confidential. It was checked that all the questions are answered by the respondents.

Results

After collecting data from elderly people living Hyderabad the scoring of the obtained data was done according to the manuals. Relevant statistical tests like mean, standard deviation “t” test and the Karl-person ‘r’ method used to check the correlation. The interpretations of the results obtained are as follows.

Table 1: The Mean, SD and “t” value of anxiety among the male and female elderly people living in Hyderabad.

Gender	N	Mean	Std. Deviation	t-Value
Male	179	1.29	.455	2.988*
Female	181	1.16	.368	

Anxiety scores for male and female elderly living in Hyderabad shows in table 1. According to table 1; anxiety mean score of male elderly is 1.29, female elderly is 1.16 among these male elderly have high anxiety compare to female respectively. The t-values is 2.98 is significant at 0.05 level, thus there is a significant differ among themselves in experiencing of anxiety Male elderly people have high anxiety compare to female elderly people, so we can say that the first hypotheses “There would be significant difference in anxiety among male and female elderly living in Hyderabad” is accepted.

Table 2: The Mean, SD and “t” value of depression among the male and female elderly people living in Hyderabad.

Gender	N	Mean	Std. Deviation	t-Value
Male	179	1.72	.450	3.340**
Female	181	1.86	.360	

Depression scores of male and female elderly living in Hyderabad shows in table 2. Obtained depression score of male is 1.72 and female is 1.86. Male elderly living in

Hyderabad have low level of depression compare to female elders. To know significant difference among two groups “t” was carried out, obtained “t” values is 3.34 is significant at 0.01 level. Thus there is a significant difference among them. Female elders have high level of depression compare

to male elderly people, so we can say that the second hypotheses “There would be significant difference in levels of depression among male and female elderly living in Hyderabad” is accepted.

Table 3: The correlation between anxiety and depression

	Mean	Std. Deviation	N	Correlation	P-value
Depression	1.79	.407	360	0.895	P<0.01
Anxiety	1.23	.418	360		

Obtained correlation values of anxiety and levels of depression among elderly living in Hyderabad shows in table 3: results shows that there is 0.89 positive correlation between anxiety and depression among elderly people. It means if the anxiety increases depression also increase, if anxiety decrease depression also decrease among elderly people, thus third hypotheses “there would be correlation between anxiety and depression among elderly living in Hyderabad” is accepted.

Discussion

Obtained results showing that male elderly people living in Hyderabad had experiencing high anxiety compare to female elders, elderly living in Hyderabad have significant difference among themselves in experiencing anxiety. Male elderly living in Hyderabad have low level of depression compare to female elders. Anxiety and levels of depression have positive correlation among elderly living in Hyderabad.

Conclusion

There was a significant deference in anxiety and depression among male and female elderly people living in Hyderabad, it shows that the if anxiety increase depression also increase, if anxiety decrease depression also decrease among elderly people living in Hyderabad. there were 0.895 positive correlation are been seen between anxiety and depression.

Acknowledgement

The author appreciates all those who participated in the study and helped to facilitate the research processes.

Conflict of interests

The author declared no conflict of interest

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