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Geriatric depression in contemporary India: An overview

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Abstract

Introduction: The Indian elderly population is currently the second largest in the world. Depression is quite common among elderly living in the community in India. Depression in elderly is not yet perceived as a public health problem and is grossly underdiagnosed and undertreated.

Methodology: Survey of secondary literature is the prime methodology for preparing this research article.

Research Findings: There is a significant gap in research evaluating various aspects of depression in elderly in India. There is a need for multicentric, longitudinal studies evaluating various aspects of depression in India's geriatric population.

Conclusion: Majority of depressive disorders remains undiagnosed and untreated because of a wrong belief that it is a part of ageing and a social stigma. There is a need to sensitize the primary care physicians and specialists from different specialties to identify and manage depression in India's geriatric population.

Keywords: Depression, old age persons, geriatric population

Introduction

Geriatric Profile of India

India has acquired the label of an aging nation with 8.6% of its population being more than 60 years old. Since recent past, due to marked increase in life expectancy, rise in number and proportion of older adults the population of older adults is increasing at a fast pace. The changing demographic scenario and population projections of India indicate that the growth rate of Indian old age persons, aged 60 years and above, is comparatively faster than other regions of the world. In India at present, older adults constitute 7.6% of total population. Within three decades, the number of older adults has more than doubled i.e. from 43 million in 1981 to 92 million in 2011 and is expected to triple in the next four decades i.e., 316 million^[1]. The proportion of the elderly population in India rose from 5.6% in 1961 to 7.5% in 2001 and it will rise to 9% by 2016. The Indian elderly population is currently the second largest in the world. This clearly reveals that the growth rate of Indian older adults is comparatively faster than in other regions of the World. The life expectancy at birth has also increased from 62.5 years in 2000 to 66.8 years in 2011. In India, life expectancy has increased from 45 years in 1970 to 65 years in 2010. On account of better education, health facilities and increase in life expectancy, the percentage of the geriatric population has gone up from 5.3% in 1971 to 7.5% in 2010. Although the proportion of people 60 years and above is smaller than that in the developed world, by 2020, the absolute number of older adults is likely to be higher in India. Rapid growth in percentage and proportion of older adults in the country is associated with major consequences and implications in all areas of day-to-day human life, and it will continue to be so. As a result, the aged are likely to suffer with problems related to health and health care, family composition, living arrangements, housing, and migration.

State of Affair of Depression in Geriatric Persons in India

Depression is quite common among elderly living in the community in India. Prevalence of depression is also quite common among elderly patients attending different medical set-ups. These high prevalence rates suggest that there is a need to sensitize the primary care physicians and specialists from different specialties to identify and manage depression. There is a significant gap in research evaluating various aspects of depression in elderly in India.

There is a need for multicentric, longitudinal studies evaluating various aspects of depression. Mental disorders have got high prevalence and low priority in most of the countries around the world, of which depression among the elderly population being the most common treatable medical condition and is the most frequent cause of emotional distress. In India, community-based studies on mental disorder have revealed that the prevalence of depression varies between 13% and 46% among the elderly population and assuming epidemic form. Depression among the elderly population further complicates the existing morbidity conditions such as diabetes, hypertension, and cerebrovascular accidents. It decreases the quality-of-life, functional ability, increases the mortality, and health care utilization. Majority of depressive disorders remains undiagnosed and untreated because of a wrong belief that it is a part of ageing and a social stigma.

Select Positive Aspects in India

Traditionally, the family has been the primary source of care and material support for the older adults throughout Asia. And the Indian family system is often held at high position for its qualities like support, strength, duty, love, and care of the elderly. The responsibility of the children for their parents' wellbeing is not only recognized morally and socially in the country, but it is a part of the legal code in many states in India.

Select Negative Aspects in India

Mental disorders have got high prevalence and low priority among elderly in most of the countries around the world, including India, of which depression being the most common treatable condition. However, In India, there is scarcity of research on prevalence and factors influencing depression among elderly from urban poor locality by adopting a geriatric depression scale-15 (GDS-15) scale. An increasing geriatric population is associated with rising prevalence of chronic non-communicable diseases; therefore, the magnitude of depression is also expected to grow. There is an increasing number of older people with limited mobility and need of long-term care. These factors increase the elderly person's dependency and make them vulnerable to maltreatment in various forms like deprivation of dignity and insufficient care etc. Elderly patients often need long-term institutional care, but such services are scant in India. Therefore, the demand of mental health care services including that for institutional care is increasing in India along with the health services required for care of the elderly population.

Case Study of Visakhapatnam [2]

On analyzing the association between sociodemographic factors and depression among the elderly residing in the community in Visakhapatnam, India, it was found that marital status and presence of chronic disease were significantly associated with depression ($p < 0.05$). There is high magnitude of depression among the total geriatric population (66%). Depression rates were higher in the old age home group (80%) than in the community (52%) and this is found to be statistically significant with a $p < 0.05$. Whereas among the elderly residing in old age homes, no significant association was found between depression and the sociodemographic factors. High prevalence of depression observed among the studied population indicates

the need of screening for depression among elderly.

Case Study of Chennai [3]

A research conducted by the Chennai Urban Rural Epidemiology Study (CURES) showed the prevalence of depression among population over 20 years as 15.1%. Studies in primary care settings point to a higher prevalence of depressive disorders amongst the elderly (with chronic co-morbid diseases), ranging from 10 to 25%. A meta-analysis of 74 studies, including 487, 275 elderly individuals found the worldwide prevalence rate of depressive disorders to be between 4.7 to 16%. This study indicates a comparatively higher prevalence of geriatric depression in India (21.9%).

Case Study of Rural Tamil Nadu [4]

The overall prevalence of depression was 35.5%, with 28.5% in males and 41.8% in females. The prevalence of depression was found to be positively associated with sociodemographic factors, behavioural factors, and life events. The MLR analysis showed marital status (widowed/separated/unmarried), nuclear family, low SES, night-time sleep < 8 h, low intensity/sedentary work; cardiac disease; conflicts in the family, unemployment of self/children, illness of self, family member death, debt/loss. These findings show the need for proper care by the family members and counselling for the elderly which are of much importance in preventing depression. The key factors for meeting the mental health needs of the elderly subjects are by collaborating with governmental or nongovernmental organization to the community through the health workers and creating awareness, knowledge about the common problems of the elderly, screen and diagnose, and start treatment at the earliest.

National Mental Health Programme (NMHP) of India & Reasons for Failure

The Government of India launched the "National Mental Health Programme (NMHP)" in 1982, emphasizing the needs of the elderly, affected by Alzheimer's and other dementias, Parkinson's disease, depression and psychogeriatric disorders. The NMHP failed to achieve any of its targets over the subsequent decades because it was started using the Bellary Model. The Bellary Model was validated in a backward district of Karnataka but seemed to work under resource-intensive experimental conditions over a limited time-frame. However, it failed to deliver in real-life field conditions because policy makers' priority was to cope with issues, such as high maternal and child mortality, under-nutrition, unsafe drinking water and a primordial healthcare system. Thus, mental health took a back seat and did not even merit mention in the national five-year plans till 1996-97, when a token provision of 270 million (US\$ 5.1million) was made in the Ninth Five-Year Plan (1997-2002) for piloting the District Mental Health Programme (DMHP) in 25 of 593 districts. Even this meagre amount remained unspent due to bureaucratic apathy and tardy implementation.

The district mental health programme (DMHP) was designed to decentralize mental health care in the community by using the public health infrastructure and other resources. But, the approach did not take into account the poor functioning of the primary health centres in general, shortage of professional manpower, poor morale of

the health workers, lack of enthusiasm in the professionals, and lack of an administrative structure to monitor the progress of the programme in a decentralized manner. Till the end of the 11th 5 Five Year Plan (2007-12) the programme has been implemented in only 20% of districts (123) of the country. After the years, Government of India decided to increase the budget on mental health threefold in 12th Five Year Plan (2012-17). It is anticipated to cover all 640 districts by the end of the plan period [5].

Other National Policies and Laws Dealing with Maintenance and Welfare of Senior Citizens

The importance of health care of the elderly was officially emphasized in the policies of Government of India in 1999 by adopting the national commitments under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), National Policy on Older Persons (NPOP). The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 also deals with provisions for medical care of senior citizens along with other facilities. The National Programme for the Health Care for the Elderly (NPHCE) launched in 2011, which is an articulated version of earlier act of 2007, UNCRPD and NPOP (vide supra). Through this programme the government aims to provide basic health care to the elderly and improve their quality of life by collaborating with health care services, social welfare schemes and rural health development-oriented schemes. Thus, this programme makes easy access to preventive, curative and rehabilitative services through a community-based primary health care approach. Recognizing the importance of mental health, India announced it as an important NCD at the First Global Ministerial Conference on Healthy Lifestyles and Non- Communicable Disease Control held in Moscow in April 2012.

Major Findings

The Indian elderly population is currently the second largest in the world. In India, depression in old age is an emerging public health problem leading to morbidity and disabling effect on the quality of life. Depression in elderly is not yet perceived as a public health problem and is grossly underdiagnosed and undertreated. The physical and social environment plays an important role on the mental health of the elderly. The community-based mental health studies in India have revealed that the point prevalence of depression in geriatric population Indian population varies between 13% and 25% [6]. Over the past decades India's health programmes and policies have been concentrating on issues like population stabilization, maternal and child health and disease control, However the current statistics for the elderly in India gives an overture to a new set of medical, social and economic problems that could arise if a timely initiative in this direction is not taken by the program managers and policy makers. With the rapid spread of modernization, growing urbanization and consequent change in family structure, there has been a surge in the concept of old age homes even in countries like India.

Conclusion

Thus, there is an urgent need to focus on depression among elderly persons in India. Governments in developing countries, such as India, should attempt to change the negative perception the community holds towards mental disorders by giving priority to public education as many

aspects of mental health care require active collaboration with the community. It is time to start the process of destigmatization of mental health disorders.

Conflict of Interest

Not available

Financial Support

Not available

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