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Elderly: Depression and quality of life

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Abstract
Objectives: to assess the level of depression and quality of life among elderly, to determine the correlation between depression and quality of life and to find out the association of depression and quality of life with demographic variables among elderly. The hypotheses of the study were there will be significant correlation between depression and quality of life among elderly (H_1) and there will be significant association of depression and quality of life with selected demographic variables among elderly. (H_2).
Methods: Non experimental approach, descriptive correlation study was conducted on depression and quality of life with 50 elderly inmates in home for aged, Utkhana at Nagpur. Total enumerative sampling was used and the data was collected by Geriatric Depression Scale and WHO QOL old BREF scale with interview technique.
Results: Most of the elderly (20) had mild depression with the mean score of 6.10 and 8 of them had moderate depression with the mean score of 9.63. Most of the elderly (30) had fair quality of life with the mean score of 83.06 and 14 had poor quality of life with mean score of 60.78. There was moderate high negative correlation between depression and quality of life among elderly at 0.05 (r= -0.578). There was a significant association of depression with education and nature of family at 0.05 level. Further there was a significant association of quality of life with education and it was statistically significant at 0.05 level.
Conclusion: Thus, study finding concludes that the elderly had mild to moderate depression, poor to fair quality of life and both have moderate high negative correlation.

Keywords: Depression, quality of life, elderly, old-age home

Introduction
"I have learned…that the best classroom in the world is at the feet of an elderly person".
(Andy Rooney)
The Ageing is not a disease, nor it causes disease, but the old people are susceptible to certain diseases, disorders and accidents. This does not mean that all elderly persons are mentally and physically disabled. Many continue to live healthy and happy lives in their own homes. (Sr Nancy. 2011) [1].
Everyone, particularly health-care workers, should see aging people as individuals, each with specific needs and abilities, rather than as a stereotypical group. Some individuals may seem "old" at 40, whereas others may not seem "old" at 70. Variables such as attitude, mental health, physical health, and degree of independence strongly influence how an individual perceives himself or herself. Surely, in the final analysis, whether one is considered "old" must be self-determined. (Mary Townsend, C. 2011) [2].
Depression is the common type of complaint in psychiatric patients. In depression the patient will quit, restrained, unhappy and pessimistic, he will have a feeling of lassitude, inadequacy, discouragement and hopelessness, attention, concentration are also impaired due to depressive rumination. (Bimlakapoor. 2008) [3].
Doshi Dhara and Yogesh A Jogsann (2012) [4] had conducted study on depression and psychological wellbeing in old age with 60 samples. The study purpose was to find out the mean difference between depression and psychological wellbeing. Researchers used Beck depression inventory to collect data. Final study Results revealed that there was a significant difference in depression and psychological wellbeing with respect to both adult and aged while correlation between depression and psychological wellbeing reveals 0.70 positive correlation. (Dhara, R.D & Jogsan, Y.A. 2012) [4].

Abhishek Gupta, Uday Mohan, Sarvada C Tiwari, Shibendra K Singh, Vijya K Singh (2014) [5] conducted study to assess a quality of life of elderly people. In public type old age home 85.7% inmates have poor quality of life whereas, 63.6% inmates have average quality of life in paid old age home. (Abhishekgupta *et al*. 2014) [5].

Vesile Senol, Ferhan Soyuer and Mahmut Argun had (2013) [6] done a cross sectional study to assess the QOL among elderly residing in nursing home located in city Centre of Kayseri. Total 136 elderly aged 65 years and above included as a subjects. Researcher collected data by using geriatric depression scale, Pitts burgh sleep QOL, and WHO QOL old module. The mean total score of quality of life was 43.45 ± 10.30; from the residents 47.0% had a poor quality of life. Autonomy had the lowest (35.70 ± 19.96) and intimacy had the highest (48.75 ± 17.96) subdomain scores. There were negative correlations between depression with social participation, intimacy, death and dying. About half of the subjects had a poor quality of life. Depression, sleep disorder adversely affected the autonomy, social participation, intimacy, death and dying subdomain scores but not in all. (Vesilesenol, Ferhansoyuer & Mahmutargun. 2013) [6].

Methodology

A Quantitative approach, Non experimental descriptive correlational research design was used. The study was conducted in home for aged, Utkhana, Nagpur, Maharashtra. A formal approval was obtained from the authorities of the home and ethical consent was obtained from all subjects. Total enumerative sampling technique was adopted to select the sample of 50 elderly inmates. Terminally ill and severe mentally confused elderly persons were excluded from the study. Standardized tools i.e Geriatric Depression Scale (GDS) and WHO Quality of life OLD BREF scale (WHO QOL) were used respectively to assess the level of Depression and Quality of life. The reliability of the Geriatric depression scale and WHO QOL was calculated by Cronbach's alpha and calculated values were 0.68 and 0.84 respectively. For each sample, the researcher spent 20 to 30 minutes to complete the data collection process by interview technique. The data was analyzed by SPSS 16 version by descriptive and inferential statistics.

Results

The demographic variables of the study were age, gender, religion, education, marital status, nature of previous family, nature of previous occupation, source of income and duration of stay in the old-age home. Frequency distribution, mean score, range, standard deviation and percentage of depression and quality of life were calculated as per standard scales criteria (Table 1 to 3).

Table 1: Frequency Distribution, Mean and Percentage of Depression N=50

Criteria	Frequency(n)	Mean	Percentage (%)
No Depression(0-4)	21	3.23	42
Mild Depression(5-8)	20	6.10	40
Moderate Depression(9-11)	08	9.63	16
Severe Depression(12-15)	01	14	2

Table 2: Frequency Distribution, Mean and Percentage of Quality of life N=50

Criteria	Frequency(n)	Mean	Percentage (%)
Poor QOL (24-71)	14	60.78	28
Fair QOL (72-95)	30	83.06	60
Good QOL (96-120)	06	103.00	12

Table 3: Overall mean std. deviation of depression and quality of life scores N=50

Criteria	Range	Mean	Std. error	Std. deviation
Total score of depression	2-12	5.62	0.382	2.702
Total score of QOL	45-113	79.22	2.147	15.182

There was a moderate high negative correlation between depression and quality of life i.e calculated Karl Pearson's correlation coefficient value r= -0.578 at 0.05 level of significance. Hence it was concluded that if depression increase, quality of life decrease and vice versa and the research Hypothesis (H_1) is accepted (Table 4).

Table 4: Correlation between depression and Quality of life N=50

Depression mean score	Quality of life mean score	Karl pearson's correlation coefficient (r)
5.62	79.22	-0.578*(Moderate High Negative correlation)

* Correlation is significant at the 0.05 level (2-tailed).

There was significant association of depression with selected demographic variables like education i.e calculated t value is 2.087 and nature of previous family i.e calculated F value is 3.354 and both were statistically significant at 0.05 level. Further the study results found that there was significant association between education and level of quality of life i.e calculated t value is 4.076 and it was statistically significant at 0.05 level. Hence the research Hypothesis (H_2) is accepted. (Table 5)

Table 5: ANOVA and t value showing the Association of depression and QOL with Selected demographic variables N=50

Variable	Demographic variables	f	Mean	F/'t' value	df1/df2	P value
Depression	**Educational status**					
	a) No formal education	14	6.86	2.087	48	.042*
	b)Literate	36	5.14			
	Nature of previous family type					
	a)Joint family	13	4.54	3.354	2/47	.043*
	b)Nuclear family	31	6.54			
	c)Single	6	3.16			
Quality of life	**Educational status**					
	a) No formal education	14	67	4.076	48	.000*
	b)Literate	36	103.7			

* = statistically significant at 0.05 level.

Discussion

In the present study, level of depression among elderly revealed that 21(42%) had no depression with mean score 3.23, 20(40%) had mild depression with mean score 6.10, 8(16%) had moderate depression with mean score 9.63 and 1(2%) had severe depression with mean score 14. Similarly, a study was conducted on depression among geriatric population with 100 samples. Findings showed that majority (53.2%) were found to be experiencing depressive illness, among them 34.2% were mild (mean score 6.80) and 19% were severe (mean score 13.10). 83.3%. of the patients diagnosed with probable depression. (Khattri J.B and Nepal M.K. 2006) [7].

In the present study, level of quality of life of overall facet score among elderly revealed that 14 (28%) have poor QOL with mean score 60.78, 30(60%) have fair QOL with mean score 83.06 and rest 6(12%) have good QOL with mean score 103. Similarly, a study was conducted with pre-experimental design on quality of life of elderly population in Upalayam, a rural area of Tamilnadu. Quality of life was studied by using WHO-QOPL BREF questionnaire. The mean QOL score for all the elderly persons put together was 47.59 ± 14.56, indicating that on an average, the population as a whole had moderate quality of life. The highest score was for the social relationship domains with mean 56.6 and standard deviation of 19.56 and the lowest was for physical domain with mean score of 45 and standard deviation 11.84. (Sowmiya, K.R & Nagarani. 2012) [8].

In the present study there was moderate high negative correlation between Quality of life and depression. Similarly, a study was conducted with correlation design at Mangalore and Findings showed that there was negative correlation between QOL and level of depression, a co-relation between depression and QOL is significant at 0.01 level (r= -.613). Hence depression and psychological QOL are negatively correlated indicating that as depression increases psychological QOL decreases and vice versa. (Deepa, Rasquinha, M & Balakrishnaacharya, Y.T. 2013) [9].

In the present study there was significant association of depression with education and nature of family. Similarly, A cross sectional study was carried out on depression among elderly in Karachi, Pakistan. Findings revealed that the prevalence of depression was found to be 40.6% with a higher preponderance in the women than men. Elderly currently not living with the spouses were 60% more depressed than those with the spouse and it is found to be strong association between depression and family support such as living with spouse at 0.05 level of significance. Further illiteracy was also found to be associated with depression at 0.05. (Mehreen Anwar Bhamani. 2013) [10].

In the present study there was significant association of quality of life with education. Similarly, A cross sectional study was conducted in Bangladesh toassess the quality of life of elderly and found that advanced age, being a woman, belonging to poor households and having a poor self-reported health status were significantly associated with poor quality of life. Illiteracy was additionally found to be a significant determinant of poor quality of life at 0.05 of significance. (Jan Nilsson, 2005) [11].

Conclusion

Thus, study finding concludes that the elderly had mild to moderate depression, poor to fair quality of life and both have moderate high negative correlation.

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