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Psychiatric Morbidity among Geriatric Patients Attending Psychiatric OPD of Tertiary Care Hospital

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Abstract
Background: *The phenomenon in which older individuals form a proportionately larger share of the total population in a community is referred to as population aging. The rise in the proportion of the ageing population represents one of the most significant demographic shifts in history.*
Aims: *To find out various psychiatric morbidities among geriatric patients.*
Materials & Methods: *The present study is a hospital based, observational and cross-sectional study which was conducted in the Out Patient Department (OPD) of the Government Psychiatric Diseases Hospital, Jammu. After meeting inclusion and exclusion criteria a total of 362 patients were selected for the study. The sociodemographic characteristics of the patient were noted in a separate sheet and final psychiatric diagnosis was made according to DSM 5.*
Results: *The mean age of patients in this study was 67.7 years. Maximum no. of patients i.e. 61.6% patients were between 60-69 years, females were 57.2%, 60.5% patients were from urban areas. About 53.9% patients were suffering from depression followed by anxiety disorder 15.5%, alcohol dependence (8%), bipolar affective disorder (9.1%), schizophrenia (4.7%), dementia (5.8%) and other psychiatric disorders (3%).*
Conclusion: *From present study, it has been concluded that depression is the most common morbidity among the geriatric patients. Therefore there is need to give special focus on mental health of the elderly as it is a neglected area in our country.*
Keywords: *Depression, Old age, Stigma.*

Introduction

The phenomenon in which older individuals form a proportionately larger share of the total population in a community is referred to as "population aging.[1] World population is aging [2] as old age is a normal, inevitable, biological phenomenon.[3] Along with globalization population aging too is a concern of 21st century.[2] The rise in the proportion of the ageing population represents one of the most significant demographic shifts in history.[4]

The geriatric population is defined as population aged 60 years and above which are going to constitute 10.2% of the total world population and 18.4% of the total population in India by 2025.[5] As per the WHO guidelines people 60–74 years of age are called elderly and those between 75 and 85+ years of age as old. The oldest old are more likely to be female and they have a higher rate of morbidity than their younger counterparts.[6]

In India a significant proportion of the population is old which will go on increasing due to improved medical facilities and a reduced child mortality rate. Moreover the feeling of loneliness along with the natural age-related decline in physical and physiological functioning make them prone to psychological disturbances. From 42 years in 1947, life expectancy has increased enormously 65 years today. But the sad part is that geriatric care continues to be as neglected as ever. There is no progress in the management of common geriatric illnesses and much less so for geriatric psychiatric illnesses.[7] The focus of present study was to find out various psychiatric morbidity among geriatic patients.

Methodology

The present study is a hospital based, observational and cross-sectional which was conducted in the Out Patient Department (OPD) of the Government Psychiatric Diseases Hospital, Jammu with convenient sampling. Patient who were above 60 years were included in the study whereas all admitted patients and medically sick patients who was not able to cooperate in the interview were excluded from the study. After meeting inclusion and exclusion criteria a total of 362 patients were selected for the study. The sociodemographic characteristics of the patient were noted in a separate sheet and final diagnosis was made according to DSM 5.[8]

Statistical analysis

Analysis of data was done using statistical software MS Excel / SPSS version 17.0 for windows. Data presented as percentage (%) as discussed appropriate for quantitative and qualitative variables.

Observations and Results

Table 1 shows that 61.6% patients were between 60-69 years whereas 34.3% were in the age group of 70-79 years and only 4.1% were above 80 years. The mean age of our studied population is 67.7 years. There were 57.2% females and only 42.8% males. Maximum number i.e.60.5% patients were from urban areas and only 39.5% were from rural areas. There were 71.5% Hindus, 22.4% Muslims and 6.1% peoples belonging to other religion. Table 1 also depicts that 51.7% of the studied patients were widowed whereas 46.4% were married and only 1.7% were divorced and 0.3% were unmarried. Moreover 60.5% patients lives in nuclear family and only 39.5% lives in joint family. Majority of studied patients were illiterates (42.8%) and unemployed (61.6%) and were of low socioeconomic status (53.3%).

Table 2 shows 53.9% patients were suffering from depression followed by anxiety disorder 15.5%, alcohol dependence (8%), bipolar affective disorder (9.1%), schizophrenia(4.7%), dementia (5.8%) and other psychiatric disorders(3%).

Table 1 shows various sociodemographic parameters of the studied patients

	Number of patients	Percentage (%)
Age (in years)		
60-69	223	61.6
70-79	124	34.3
>80	15	4.1
Sex		
Males	155	42.8
Females	207	57.2
Residence		
Rural	143	39.5
Urban	219	60.5
Religion		
Hindu	259	71.5
Muslims	81	22.4
Others	22	6.1
Marital status		
Married	168	46.4
Unmarried	1	0.3
Divorced	6	1.7
Widowed	187	51.7
Type of family		
Joint	143	39.5
Nuclear	219	60.5
Education		
Illiterate	155	42.8
Primary	97	26.8
Secondary	64	17.7
Higher secondary	46	12.7
Occupation		
Employed	139	38.4
Unemployed	223	61.6
Socio economic class		
Upper	8	2.2
Middle	161	44.5
Lower	193	53.3

Table 2 shows various psychiatric disorders among studied patients

Psychiatric disorders	Number of patients	Percentage
Depression	195	53.9
Anxiety disorders	56	15.5
Alcohol dependence	29	8
Bipolar affective disorder	33	9.1
Schizophrenia	17	4.7
Dementia	21	5.8
Others	11	3

Discussion

Ageing is a universal phenomenon which has economical, social, political and health-related implications.[9] In both developed and developing world the number of elderly people is growing very fast due to rising life expectancy and falling birth rate. The mental health problems in elderly are rising due to the rapid change in social structure and in traditional value system which are affecting the well being of these senior citizens as well as the equilibrium of the society.[10] Elderly people may have many health problems and they receive inadequate attention which was even less in case of mental illness. Moreover psychiatrically ill elderly people hesitate to seek help from mental health professionals preferring other health professionals because of various reasons. Their psychiatric morbidity profile may indicate different pattern and needs, information about which will help to uplift awareness among medical professionals and public about the problems and facilitate appropriate management at all levels.[11]

During present times, average life expectancy in Indians is around 65 years.[7] Hence majority (61.6%) of our patients were in the age between 60 to 69 years whereas 34.3% were between 70 to 79 years and 4.1% above 80 years. Our finding is in accordance with Sumana M et al who also observed that 66% of studied population belongs to age group of 60-70 years.[12] Our finding can further supported by Jacob SR et al who found that 57.2% of patient were between 60-69 years.[2] Similarly Radhakrishnan S and Nayeem A had observed that majority of the patients were in the age group of 60-79 years.[4] Similar observations were also made in other studies.[9,13,14,15,16] The mean age of patients in our study was 67.7 years which is consistent with other studies.[2,4,9,12,13,14,15,16]

There were 57.2% females and 42.8% males seeking psychiatric consultation in our study. In Asian countries like India females are exposed to high family burden and responsibility associated with stress and the presence of stress is associated with increased psychiatric illness.[16] Our finding is in agreement with Sumana M et al who in their study found that 65% were females and 35% were males.[12] Similarly Radhakrishnan S and Nayeem A had also observed that 58% of the geriatric patients having psychiatric problems were females.[4] Similar observation were also made in other studies[1,2,14,16,17,18] whereas some studies had found more male as compared to female.[9,15]

60.5% patients in this study were from urban areas and only 39.5% were from rural areas. Lower number of patients from rural areas in our study can be explained by the fact that in rural areas of India the most common family system is joint family system[19] with better emotional and social support which acts as protective factor again psychiatric disorders among old age peoples.[16] Our finding is in agreement with Shah SN et al who found that 64.8% subjects were from urban areas and only 35.2% were from rural areas.[15]

In the present study 71.5% patients were hindus whereas 22.4% were muslims and 6.1% belong to other religion. The demographic distribution of India is such that majority of its population is Hindus followed by Muslims and other religion[20] glimpses of which were reflected in our study. Our finding is consistent with other studies which had found that the percentage of the studied subjects who were hindus ranges from 58% to 100%.[1,2,17]

In the present study 51.7% patients were widowed followed married (46.4%), divorced (1.7%) and unmarried (0.3%). Stressful factors like low socioeconomic status and isolation are closely associated with widowhood.[10] Moreover the lonely elderly people often get no one to share his/her feelings except the spouse as the person who takes care of him/ her most is the spouse in most of the cases. The widowed elderly people are lonelier most of the times no one to hear his/her feelings or to take care of him/her as a result of which the psychological health is badly affected leading to psychiatric problems.[14] Reddy NB et al and Datta PP et al had observed that 50.2% and 52.2% of geriatric patients were widowed respectively.[13,14] Our finding can further be supported by Jacob SR et al who found that 55.4% of the studied geriatric population had no spouses.[2] Kumar KL et al had found that no spouses[16] whereas Mullick TH et al and Shah SN et al in their respective studies had found that majority of the geriatric patients were married.[1,15]

In the present study 60.5% patients were from nuclear family and 39.5% were from joint family. In nuclear families elderly people, particularly those who were retired from service or other occupations were mentally isolated from the family. The feeling of loneliness along with the natural age-related decline in physical and physiological functioning make them prone to psychological disturbances resulting in psychiatric morbidity.[7] Shah SN et al and Kumar KL et al in their studies had observed that 56.7% and 53.2% of geriatric patients were from nuclear family[15,16] whereas Mullick TH et al had shown even higher percentage (85%) of patients from nuclear family.[1] Majority i.e. 42.8% patients in our study were illiterate. An important factor in relation to psychological problem is literacy. Being educated helps a person to earn a good livelihood, gives an opportunity to get respect by the other members of the family and community and helps to have a good

social position compared to illiterate.[14] Moreover peoples who are literate prefer to go private psychiatric practitioners rather that government psychiatric settings[21] due to stigma related to psychiatric diseases and mental hospitals.[22] Sumana M et al had also observed that majority (46%) of the studied population was illiterate.[12] Similarly Datta PP et al had found that 49.3% of geriatric patients attending psychiatric OPD were illiterate.[14] Similar results were also observed in other studies.[1,13] whereas Jacob SR et al had observed more literates than illiterates.[2]

About 61.6% patients in our study were unemployed. Unemployed old peoples are financially weak and are dependent on the other members of the family as they often feel difficulty in working due to lack of physical efficiency. This dependency often leads to psychological problems.[14] Our finding is in agreement with Reddy NB et al who found that 77.5% of geriatric were not in any occupation.[13]

In the present study majority of the patients i.e. 53.3% were from lower socioeconomic status followed by 44.5% which were from middle socioeconomic status and only 2.2% belongs to upper socioeconomic status. The reason for this could be that majority of the patients of higher socio-economic status, preferred to take treatment from private practitioners or general hospital psychiatric setups [21] due to stigma related to mental diseases and psychiatric hospitals.[22] Sumana M et al in his study also found that 53% of the subjects were from lower socioeconomic status. Our finding is in agreement with Jacob SR et al and Sumana M et al who found that about 50% population of geriatric group of psychiatric patients were from lower socioeconomic status.[2,12] Similar observations were also made by others.[13,15,18]

Among the psychiatric disorders in old age the most prevalent was depression which was found in 53.9%. Geriatric mood disorders cause suffering, increase medical burden and contribute to disability.[1] In geriatric age group depression can occur at any age and there can be many precipitating factors which includes loneliness, physical disability, financial dependence, chronic diseases or pure mental deterioration due to aging. Depression in old age is associated with risk factors like illiteracy, being single, low socioeconomic status having a chronic morbidity, cognitive impairment, poor perception of one's own health, new medical illness, poor health status, physical disability and bereavement. Older patients and patients with late onset depression are at increased risk of medical co morbidity which itself a risk factor for inferior treatment response and poor antidepressant tolerability One of the major problems for the elderly is financial insecurity which even affects the treatment of chronic diseases and managing physical disability.[2] Our finding in accordance with Mullick TH et al who found depression in 54% of old age persons.[1] Similarly Grover et al had also found that depression in 62% of the geriatric patients.[23] Similarly results were also found by Swarnalatha N and Mohamad et al.[24,25] However Shah SN et al and Kumar KL et al had shown that the prevalence of depression among old age is around 20%.[15,16] The higher prevalence of depression in our study compared to study done by Kumar KL et al and Shah SN et al can be explained by the fact that we had conducted our study in psychiatry hospital setting and patients coming to hospital were more disturbed than those in the community.[26]

Moreover in this study, there were 15.5% patients of anxiety disorders, 9.1% of bipolar affective disorders, 8% were of alcohol dependence, 5.8% of dementia, 4.7% of schizophrenia and 3% were having other psychiatric disorders. Other studies had also found similar results.[3,9,15,16]

Conclusion

From present study, it has been concluded that depression is the most common morbidity among the geriatric patients. Therefore there is need to give special focus on mental health of the elderly as it is a neglected area in our country. The social security system should be strengthened to reduce the fear of elderly people for financial dependency on their children. Awareness about the psychiatric disorders at the community level can potentially

reduce the course and out-comes of the illness. Recreational activities should be promoted among the elderly population and awareness about regular physical activity should be generated by the health workers to lead an active life.

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