

PREVALENCE OF OCCULT DEPRESSION IN ELDERLY WITH CHRONIC CO-MORBIDS

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HOW TO CITE THIS ARTICLE:

Sachin, Anand P. Ambali, Shashikant. "Prevalence of Occult Depression in Elderly with Chronic Co-Morbids". Journal of Evidence based Medicine and Healthcare; Volume 2, Issue 8, February 23, 2015; Page: 1008-1013.

ABSTRACT: BACKGROUND: Growth in elderly population has led to an increase in age related diseases and mainly depression which is affecting the quality of life. Depression is more prevalent amongst elderly individuals with medical illnesses and emerging public health problem leading to increased morbidity and disability worldwide. **AIMS AND OBJECTIVES:** To assess the prevalence of occult depression in elderly patients with chronic co-morbid medical conditions. **MATERIALS AND METHODS:** It was a cross-sectional study conducted in tertiary hospital. Total 100 elderly patients with underlying chronic medical illnesses were included. Depression in study population was assessed by geriatric depression scale and analyzed. **RESULT:** Out of 100 patients 23(23%) had depression. Females 12/39(30.76%) were affected more than males 11/61 (18.03%). Depression was more prevalent among patients with 3 or more co-morbid conditions (45.4%) as compared to <3 (11.9%). **CONCLUSION:** Elderly patients with multiple chronic medical illnesses may have associated occult depression. Screening of these patients for depression coupled with appropriate psychiatric referral should be an integral part of Geriatric service.

KEYWORDS: Depression, Elderly, Prevalence, comorbid.

INTRODUCTION: Depression is an under diagnosed and under treated entity which accounts for more than half of the psychiatric morbidity amongst elderly in India. People harbor a wrong concept that depression occurs with senility. In reality it is not so.

Depression is more prevalent amongst elderly individuals with medical illnesses. Thus, it can also worsen underlying medical disorders.

Various studies worldwide have reported increased disability, poor health care utilization and increased cost of health services among depressed individuals. However, the response to medical treatment is as rewarding in elderly as in younger individuals. Thus it is imperative for the physician to recognize the symptoms of depression in the elderly correlate them with the underlying medical disorders and treat them appropriately.

MATERIALS AND METHODS: This was a cross-sectional observational study of elderly (>60 years of age) patients with underlying medical diseases. One hundred study subjects were randomly selected from the Geriatric clinic of Shri B M Patil Medical College and Hospital, Bijapur.

The nature and the purpose of the study were explained to the patients in their own language. A written consent was taken from all the subjects. The age, sex and co morbidities data of the patients was recorded.

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Patients were beheld for any morbidity in major organ systems keeping in mind the common medical disorder prevalent in the elderly population.

A PROVISIONAL CHECKLIST INCLUDED: coronary artery disease (CAD), hypertension, diabetes mellitus, stroke and chronic obstructive pulmonary disease (COPD) which are of great significance and constitute the major causes of prolonged ill health.

The diagnosis of these disorders was established based on the reported illness, clinical examination and cross-checking of the medical records and elucidating the drug prescriptions. Patients with prior psychiatric diagnosis were excluded.

Depression amongst the study group was assessed by GDS. The cutoff point for depression was 22 or more when rated on a 30 point scale. Patients needing psychiatric reference were identified and sent for the same.

RESULTS:

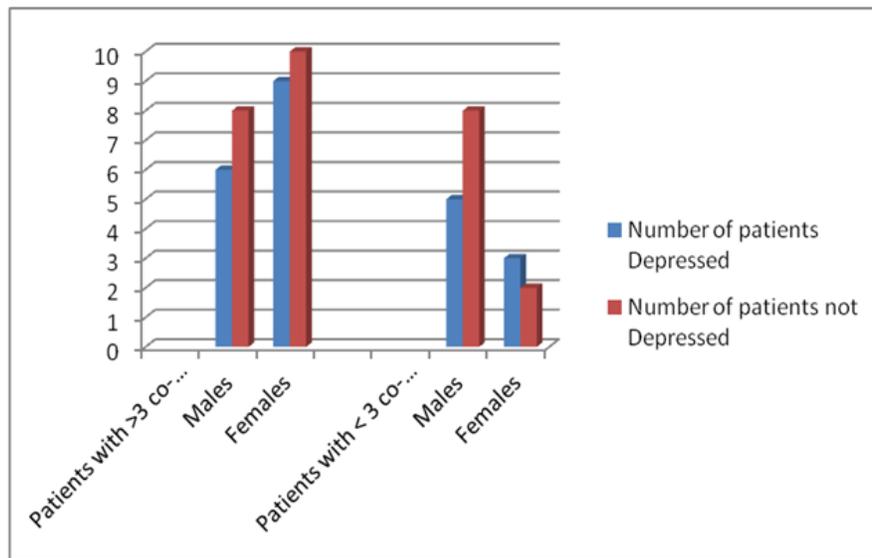
- A total of 100 elderly patients were enrolled in the study, of which 61 were males and 39 were females.
- 33% had three or more co existing chronic medical diseases. Of this, 42.42%(14) were females and 57.58%(19) were males. 18% had less than 3 comorbidities, of which 27.77%(5) were females and 72.23%(13) were males.
- 23 of 100 patients had a score of >22 on GDS. And hence, the overall prevalence of depression was 23%. The prevalence of depression was more in patients suffering from 3 or more chronic medical diseases versus those with <3 diseases [15(45.4%) versus 8(11.9%)].
- More females (30.76%) were found to be depressed as compared to males (18.03%)
- Prevalence was the highest among the stroke patients 13 (56.5%), coronary artery disease 11 (47.8%), chronic obstructive airway disease 9 (39.1%), diabetes mellitus 8(34.7%) and hypertension 6 (26.1%).

Demographic Variables	Number of Subjects	Number of subjects with depression
Sex		
• Males	61	11
• Females	39	12
Number of Co-morbidities		
• > 3		
1. Males	14	6
2. Females	19	9
• < 3		
1. Males	13	5
2. Females	5	3

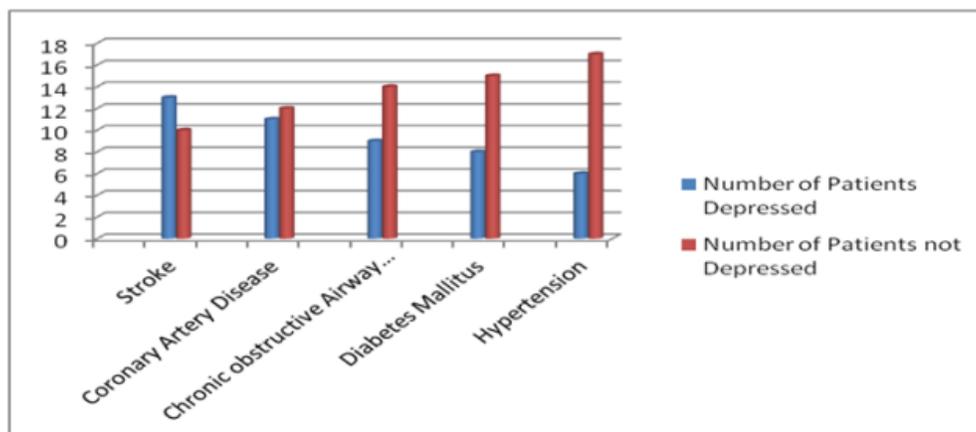
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Co-morbidities		
• Stroke	23	13
• Coronary artery disease	23	11
• Chronic obstructive airway disease	23	9
• Diabetes Mellitus	23	8
• Hypertension	23	6

Table 1



Co-relation between number of chronic illnesses and depression



Co-relation between different co-morbidities and depression

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DISCUSSION:

- The physiological process of ageing is not only inclusive of physical alterations but also of several changes and deviations in mental status which are related to specific stresses and circumstances of senility. Depression being the commonest.¹ Moreover, elderly has an increased inclination towards development of chronic medical illnesses, which adds to their deviated mental health.
- Depression in elderly is a cause of concern both medically and socially. It has been shown in a study by Lyness JM et al that a minimum of 10% of the elderly who are seen in primary care settings have clinically significant depression.²
- Depression is ten times more common in medically ill geriatric patients than in overall elderly.^{3,4} The prevalence rate is found to be 0.5% - 43.5% as per data collected in various studies.^{5,6} In fact in one of the studies from urban slums in Mumbai, 45.9% of the chronically ill elderly patients were found depressed. These wide variations can be attributed to difference in study techniques and evaluation methods. In our study, however, prevalence of depression was 23%, which is comparable to other data.
- One of the consistent findings in our study was that more number of females as compared to males was found depressed. This reinforces, that depressive disorders are more common in chronically ill elderly females as has been highlighted by many studies.
- The elderly suffer from multiple chronic illnesses.⁷ Many Medical Illnesses are associated with depression and vice versa. Common diseases include cardiovascular diseases,^{8,9} diabetes, chronic obstructive airway disease. In our study, the prevalence of depression varied from 26.1-56.5% in various medical illnesses, highest being in stroke patients (56.5%).
- In the current study, 45.4% of the patients with more than 3 chronic illnesses were depressed in contrast to only 11.9% of the patients with less than 3 co-morbidities. This re-emphasizes that there is a direct linkage between depression and the number of chronic illnesses harboured by the patients which has been scrutinised in previous studies.^{10,11} Thus implicating the need to screen such patients for depression.
- Depression can be identified amongst chronically ill elderly individuals with ease. Their symptoms are aggravated by their hesitant attitude and feeling of loneliness. Most frequent indicators were sadness, anxiety, lack of energy, loss of interest, irritability, and loss of concentration and appetite.¹² For the uneducated population GDS was translated into the local language and results recorded.
- In this era of urbanization and nuclear families, there are several limitations in the care of the aged. Depression hence is aggravated beyond normal lowering of mental status. Fear of future and dependency anxiety worsens the condition.¹³ Thus, the supportive role of young population towards their parents is essential. It has been observed that compassionate relations within a family lower the disease rates and the ill effects especially depression^{14,15}.
- Depression if left untreated is associated with poor quality of life. It is a must to diagnose it and manage it adequately. Patients shouldn't be refused treatment because of a concept that depression is a part of normal ageing. As others elderly too respond to antidepressant

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therapies. A holistic approach to treatment including practice of yoga and meditation may benefit depressed elderly.¹⁶

LIMITATIONS OF THE STUDY: Since our study was a hospital based study, it is not a true reflection of the elderly in the Indian community. A bias for urban and literate population was present which may reflect the health seeking behavior in our city.

CONCLUSIONS: Geriatric psychiatry has now become one of the specialties in the medical field. Hence, more awareness about mental disorders later in life is necessary.

Elderly patients suffering from multiple chronic medical illnesses also suffer from unrecognized depression. Screening these elderly patients for depression coupled with appropriate psychiatric referral should be an integral part of any Geriatric service.

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Date of Submission: 28/01/2015.
Date of Peer Review: 29/01/2015.
Date of Acceptance: 11/02/2015.
Date of Publishing: 18/02/2015.