

A study to Assess the Proportion of Age-related problems and Psychosocial distress among Elderly in Urban field practice area of BMCRI, Bengaluru

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ABSTRACT

BACKGROUND: Human resource is considered as an asset for a country. It plays an important role in economic development and growth. Population ageing has profound social, economic and political implications for a country. The increasing number of older persons put a strain on health care and social care systems in the country. Ageing is mainly associated with social isolation, poverty, apparent reduction in family support, inadequate housing, impairment of cognitive functioning, mental illness, widowhood, limited options for living arrangement and dependency towards end of life. **OBJECTIVE:** 1. To assess the proportion of problems in elderly. 2. To determine the psychosocial distress among elderly using GHQ-30 Score. **METHODS:** A Community based cross sectional study conducted in Urban Health Training Centre (UHTC) under Bangalore Medical College and Research Institute (BMCRI) between August 2016 to October 2016. The study was conducted among 200 elderly people aged >60yrs as per inclusion criteria by convenient sampling. A semi structured questionnaire was used to calculate socio demographic details and psychosocial distress was assessed by using General Health Questionnaire-30(GHQ-30). Descriptive statistics and chi square tests were used to analyze the data. **RESULTS:** Mean age group of the study subjects was 67±1.24years (N=200) and 61% of them were Hindu by religion. Most common age related disease was Cataract (46%) and 28% of them had Diabetes Mellitus as their long term illness. Depression (28%) was the most common psychological problems. There was a statistically significant association (p=<0.005) between female gender and psychosocial problems, Loss of spouse and psychosocial problems, Age and aging problems.

Key Words: aging, GHQ-30, psychosocial distress, Depression.

INTRODUCTION

Human resource is considered as an asset for a country. It plays an important role in economic development and growth. Greater the proportion of young persons in the population of a country, larger is the workforce, and thus more is the economic potential. India has got an advantage at present and is considered as a leading nation in the world in terms of human power. The huge young population is considered as its strength and it enhances its potential for faster growth.¹

Ageing is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and the social conditions.² Ageing is defined as the regular changes that occur in mature genetically representative organism living under comprehensive environmental conditions as they advance in chronological age.³ Old age has been viewed, as problematic period of one's life and this is correct to some extent.

The proportion of older persons in the population of a country has increased. Due to economic well-being, better health care system, good medicines etc. there is substantial reduction in mortality in the society. Reduced mortality has led to reduction in fertility too. These

factors together have resulted in increasing number of elderly persons in the population. This phenomenon, called population ageing, is a dynamic demographic trend all over the world.⁴

Depression is one of the most common psychological conditions during the normal course of life with so much of losses and disappointments. Depression itself refers to a heterogeneous set of phenomenon ranging from simple mood swings to severe affective state.⁵ Depression in old age creates many problems in carrying out activities of daily living. In other words, there is an increased dependency on others and health care systems. Psychological well-being studied extensively as there is a need to improve the state of mental conditions of people.⁴ Researchers find a large number of people are getting affected by mental health problems. Wellness is generally used to mean a healthy balance of mind, body and spirit and it results in an overall feeling of well-being.⁵ In other words; wellness is a view of health that emphasizes the state of the entire being and its ongoing development.

Very old people, due to their reduced mobility and debilitating disabilities, need other people to do things for them. With the increasing trend of nuclear families in the

society and with fewer children in the family, the care of older persons in the families gets increasingly difficult. To fulfill caring needs of aged persons more and more nursing people with appropriate skills are required.

Social security spending of Government also increases with the increase of old age population. On the other hand, lesser people of working age means lower number of working people leading to lower tax base and lower tax collection.⁶ Economy grows slowly as less money is available for spending on things that help economy grow. A sizeable portion of money is spent on meeting requirement of old age population. Government, thus, has to face the double whammy. On one side the resources are shrunk, on the other, expenditure is increased.⁷

To face the challenges of ageing population, the country needs to be well prepared. Appropriate social and economic policies need to be made to mitigate its ill effects. Social policy development for the elderly needs to be critically examined for society to adapt to ageing as well as for older population to adapt to a changing society.⁸ New priorities must be added to the scarce resources for social programs for elderly, while still having to deal with the problems of the younger populations. Women issues also are of paramount importance in considering social policies for elderly population. Due to better life expectancy women live longer than men. Exacerbated risks for women across the life course make them more vulnerable in old age.⁹ Appropriate care and support for them is a priority.

Hence this study is taken up to determine the psychosocial problems and psychosocial distress among the elderly in a urban slum.

METHODOLOGY

This community-based cross-sectional study was carried out at the field practice area of Urban Health Center, located at H.Siddaih road of Bengaluru city which comes under the Department of community medicine of Bangalore Medical College and Research Institute during August 2016-October 2016. The Urban field practice area was covering a population of 38,000. Among them 3600 belonged to geriatric age group. It comprised of 9.4% of population of UHTC. The study population comprises of all geriatric population aged 60 years and above in the study area, who were residing in the study area for atleast one year. The survey was done by house to house visit. After excluding the non-respondents and locked houses after atleast 3 visits and also those who were bed ridden and chronically ill, 200 respondents were recruited for the study by Convenient Sampling technique. Informed consent was taken from the study subjects.

Approval from the Human Ethical Committee, BMCRI was obtained to conduct the study. The study subjects were subjected for personal interview using a pre-tested and semi-structured proforma and clinical examinations and checking of individual records were also used as study tools in order to collect data on demographic, socio-economic, environmental and morbidity conditions.

Psychosocial distress was assessed using GHQ-30 Score which is validated and pre-tested and the scoring was done using modified likert scale.(0-0-1-1)Those who have got ≥ 8 Points, they had psychosocial distress.¹⁰

Data was entered in MS-Excel and later transferred to SPSS V.23. Analyzed using descriptive statistics. Results are expressed in terms of proportions, represented using tables, charts and graphs. Inferential statistics is used wherever required.

RESULTS

Age-group distribution of study subjects: There were 200 study subjects in the current study. Mean age of the study subjects was 67 ± 1.24 years and 76(38%) of them were in the age-group of 65-69years as depicted in table 1.

Table 1: Age group distribution of study subjects

Age group	Frequency(N=200)	PERCENTAGE (%)
60-64 Years	39	19.50%
65-69 Years	76	38%
70-74 Years	45	22.50%
75-79 Years	19	9.50%
80-84 Years	19	9.50%
85-89 Years	2	1%

Mean age-group: 67 ± 1.24 Years

Table 2: Distribution of other socio-demographic factors

SOCIO-DEMOGRAPHIC FACTORS	FREQUENCY(N=200)	PERCENTAGE (%)	
Sex	Male	78	39%
	Female	122	61%
Religion	Hindu	120	60%
	Muslim	47	23.50%
	Christian	30	16.50%
Education	Others	3	1.50%
	Literate	139	69.50%
Loss of spouse	Illiterate	61	30.50%
	Alive	112	56%
	Dead	88	44%

Other socio-demographic factors: Among 200 of geriatric people in our study, 122(61%) of them were females and 78(39%) were males and 120(60%) of them were hindu. Among 200, 139(69.5%) were literates. Loosing spouse has a significant impact on the later part of life. 88(44%) of them lost their spouse in the present study as depicted in table 2.

Table 03: Psychological problems among elderly

PROBLEMS	FREQUENCY(N=200)	PERCENTAGE (%)
Dementia	29	14.50%
Sexual adjustment disorders	27	13.50%
Depression	56	28%
Bipolar disorders	13	6.50%
None	75	37.50%

Table 04: Psychosocial distress using ghq-30 questionnaire

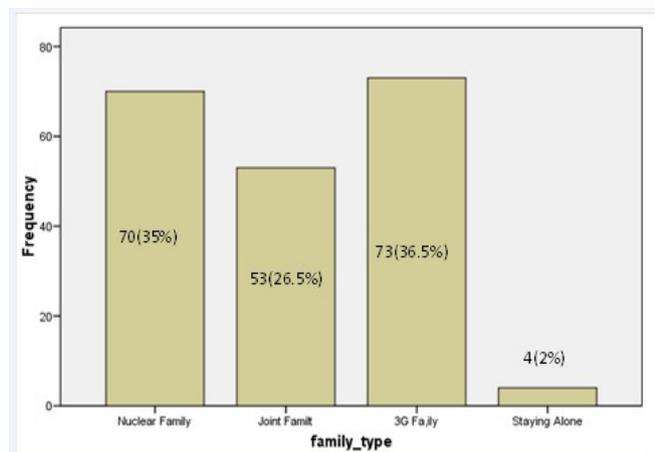
GHQ SCORING	FREQUENCY(N=200)	PERCENTAGE (%)
>8 POINTS	58	29%
< 8 P OINTS	142	71%
Total	200	100%

Table 5: Association Between Variables

Sl. no	Association	p-value
1	Female gender and psychological problems	S <0.05
2	Loss of spouse and psychological problems	S <0.05
3	Age and aging problems	S <0.05

S-Significant

Figure 1: Type of Family among Study Subjects



Psychological problems among elderly: Depression (28%) was the most common problem. Study participants had depression symptoms but not evaluated further and confirmed by any scale as shown in table 3.

Psychosocial distress assessment using GHQ-30: Among 200 study subjects, 58 (29%) of them had psychosocial distress as they scored ≥ 8 points in General Health Questionnaire-30(GHQ-30) which is shown in table 4.

Association of Variables: There was a statistically significant association ($p < 0.005$) between female gender and psychosocial problems, Loss of spouse and psychosocial problems, Age and aging problems which means females have more psychosocial problems than males, Geriatric people who has lost their spouse and leaving alone had more psychosocial problems than the one who is leaving with their spouse, Aging problems were more as the age advances respectively as mentioned in table 5.

Figure 2: Aging problems among study subjects

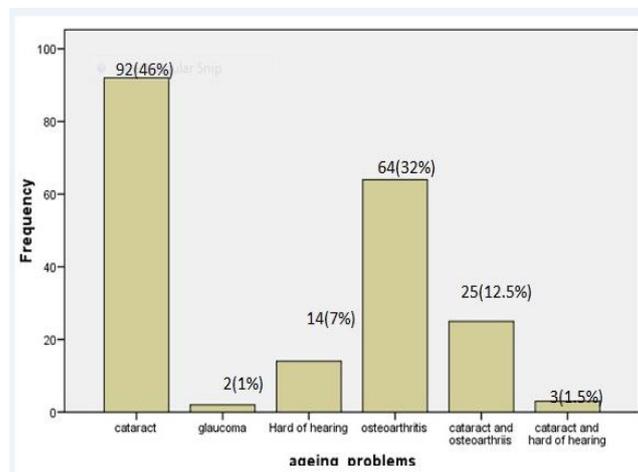
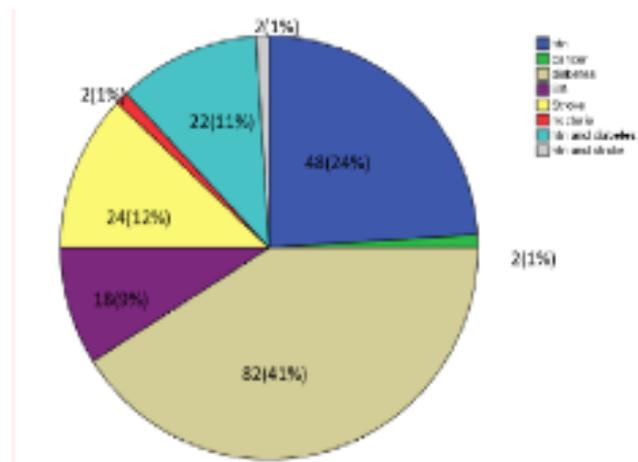


Figure 3: Long-term illness among Study subjects



Type of family among study subjects: Among 200 study subjects, 73(36.5%) of them had a three-generation family followed by 70(35%) had a nuclear family. The mode of joint family is decreasing in these days which is represented in figure 1.

Age-related illness: Aging has an impact on all the organs of the human body. Cataract (41%) was the most common age-related illness followed by osteoarthritis, hard of hearing and glaucoma as stated in figure 2.

Long term illness: Out of 200, 82(41%) were diagnosed with Diabetes Mellitus followed by other illnesses like Cancer, stroke, hypertension, Benign Prostatic Hypertrophy which is represented numerically in figure 3.

DISCUSSION

Population ageing is a global phenomenon. The elderly persons in the society face a number of problems due to

absence of assured and sufficient income to support themselves for their health care and other social securities. Loss of social role and recognition and non-availability of opportunities for creative and effective use of free time are also becoming a matter of great concern for elderly persons. The trend will clearly reveal that ageing will emerge as a major social challenge in the future.⁶

In our study, mean age of the study participants was 67.2±1.2years and 38% of them belonged to 65-69yrs age group. B.Santosh et al¹¹ in a study on health profile of geriatric population in urban slum of Bijapur showed that mean age was 68±1.8years.K.Shraddha et al¹² concluded that 34.6% of the study subjects belonged to 60-64yrs.In a study done by Banerjee et al¹³ resulted that mean age of study subjects was 68.68years and most of them were in 60-69yrs age group.

Sex-ratio of elderly in India is more for females than males. In our study 61% of study subjects were females. K.Shraddha et al¹² concluded that 59% of the study sample were females in their study area.Banerjee et al¹³ also determined that 62% of the study subjects were females.

India is a hindu nation by origin so hindus are residing here more compared to other religions.In the current study,60% of the study subjects were hindus. K.Shraddha et al¹² and Banerjee et al¹³ also concluded that 94.6% and 79.6% were hindus in their study respectively.

Family is the fundamental unit of a person in community. The trend of type of family is changing in the present days which is having its own implications socially. We noticed 36% of our study subjects were belonging to three generation family where as K.Shraddha et al¹² concluded that 48.9% of them belonged to nuclear family.

Loss of spouse has a significant impact on psychosocial well-being of elderly.In our study,44% of study subjects lost their spouse and 56% of them were living with their spouse.K.Shraddha et al¹² resulted that 45% of them had lost their spouse in their old age. Banerjee et al¹³ determined that 92% of the study subjects lived with their spouse/children.

Cataract (46%) was commonly found ageing problem followed by osteoarthritis (32%) and hard of hearing in the present study. Banerjee et al¹³ concluded that 29.2% of them had cataract followed by 44.7% of them having arthritis. Long term illness like Diabetes (41%),Hypertension (24%),stroke(12%) and cancer(2%) were prevalent in the current study. Banerjee et al¹³ concluded that 12% of the study subjects had Diabetes and 30.7% of them had Hypertension.

Psychological problems are becoming more among elderly due to various reasons. Depression (28%) was the most common among our study subjects followed by dementia (14.5%) and 37.5% of them led a normal life.

Banerjee et al¹³ found that 52.3% of their study subjects reported with depression which is relatively higher than the national prevalence that needs to be addressed.

Psychosocial distress was assessed using GHQ-30 Questionnaire on study subjects. Among 200 geriatric people, 29% of them had psychosocial distress by scoring >8 points on a modified likert scale that needs to be addressed effectively.

CONCLUSION:

Awareness among the elderly population should be created for regular medical check-ups to ensure prevention and early detection of the chronic diseases. Awareness about nutrition and health-related issues of the elderly are of great importance. Health problems of elderly should be tackled with psycho-social intervention.

LIMITATIONS:

Major psychosocial distress can be seen in bedridden elderly people which I have excluded from the study and the age-related problems and chronic illness were elicited only by asking symptoms but confirmatory tests were not done. Hence this study is open for further research.

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