Depression in Institutionalised and Non-Institionalized Elderly

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This cross sectional study seeks to map the ground trends of depression in institutionalized and non-institutionalized elderly in association with connected socio-demographic variables. A demographic data sheet and 28-item General Health Questionnaire was used to carry out individual interviews among the elderly. The results indicate satisfactory psychometric qualities for the GHQ-28 in this tested sample for reliability and inter-correlations of its sub-scales. The findings paint a rather grim picture of the most typical hypothetically affected senior citizen of this sample as one who is a widowed institutionalized female hailing from low socio economic status group with complaints of felt anxiety and sleeplessness along with severe depression. This contrasts the much better counterpart of the non-institutionalized aged familial male, preferably with the spouse, from a high socio economic status, who scores consistently better scores on all health dimensions as measured in this study. The results are discussed in the light of the need and their implications for improving the quality of life of the institutionalized elderly in the contemporary Indian society.

Keywords: Geriatric Depression, Institutionalized Elderly, Quality of Life

India is gradually turning into a graying nation. With increased life expectancy, there is more number of citizens above 60-65 age range now than at any other time before in the history of the country. Depressive symptoms are reported as prevalent over the age of sixty five (Ganatra, Zafar, Qidwai, & Rozi, 2008). Although depression in elderly is common, the ageing process itself is unlikely to be the cause of their depression. Studies have shown that people who have lived over ninety were no more likely to be depressed than young adults (Lepine & Bouchey, 1998). Bolla-Wilson and Bleecker (1989) examined the effects of age (young less than or equal to 60 years, old greater than 60 years) and sex on Beck Depression Inventory (BDI), Minnesota Multiphasic Inventory (MMPI)-Scale 2 (Depression), and Geriatric Depression Scale (GDS). No age effects were

found on any of the depression scales. On BDI, the older group reported more somatic complaints than the younger group. Psychological complaints were reported equally by young and old groups. Women reported more depressed items on MMPI-2 and a greater number of symptoms of physical malfunctioning than men for both age groups. No age by sex interaction reached levels of significance.

According to available literature, the concept of 'quality of life' comprises several dimensions (Spilker 1990, Bowling, 1992). The most commonly evaluated are its physical, psychological and social dimensions. The physical dimension refers to the individual's physical condition as a consequence of disease or treatment. The social aspect reflects the person's satisfaction