



A STUDY OF UNDERSTANDING OF COMPLEXITY OF ELDERLY DEPRESSION, ITS IMPACTS AND WAY TO TACKLE IT

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Abstract

Depression in the elderly generally accepted as a normal part of ageing in our society. Hence it is ignored and untreated resultant at a higher rate of the suicidal case in old age than the younger generation. Its causes and symptoms treatment vary from young generational depression to elderly depression, so here identified causes, signs, symptoms, treatment mechanism, and how it differs from dementia in old age are dealt with elderly perspective. For this purpose, I had gone through various published reports and article from different organisation and leading publishing house. The study found that depression in old age is a chronic disease like diabetes or arthritis. Our society is not looking for elderly depression as severe as it requires. Society thinks it as a normal part of ageing life, so this way of ignoring by mental health experts and society has put our elderly at high risk of mortality at early

Keywords: Elderly, Depression, Dementia, Treatment, Suicide.

1. Introduction

Depression is an emotional and mental state of mind of an individual and is not a normal part of ageing. Those who face depression feel themselves down or sadness. Depression without sadness is a paradox and obstructs its recognition. However, grief is not the main symptom of depression. Our society accepts the feeling of low is just part of getting old. But in most patients, it is reported that they didn't feel sadness and victims with other symptoms of depression. So this way of overlooking depression among the elderly by

physician and society is an alarming fact of elder suicide looms. Psychologists and Mental health professional recognised that the person has a mood disorder/ depression when they have not noticed increased significant mood changes that bring behavioural and severe endanger a person's welfare. With fast urbanised and industrialised and youth-oriented culture at present led many older people feeling useless, worthless, and even depressed at a time.

2. Literature Review

Ahmad A. et al. (2016) conducted a study on “*Loneliness, Self Esteem, and Depression among Elderly people of Kashmir*”. The main objective of their research was to comparing loneliness, self-esteem, and depression across gender and domicile and their inter correlation. The study was based in different districts of J&K among the old age of 50 -70 years of people across gender, and the sample size was 100 people (43 female and 57 male). In this study, the methodology accepted, Geriatric Depression Scale (GDS), UCLA Scale, and Rosenberg's Self-Esteem Scale. Finding that's self-esteem among aged people is not affected by gender and have different views on Self-esteem. And depression was positively and significantly correlated to loneliness but negatively related to self-esteem and income.

Grover S. et al. (2015) had worked on “*Depression in elderly: A review of Indian research.*” They tried to analyse the prevalence of depression among elderly people through existing literature. Their finding suggested that depression is more common in an elderly female. They found the leading cause of depression among aged people is unmarried, divorced or widowed elderly, habitants of rural locality, illiterate, increasing age, lower socioeconomic status as well as unemployment. Other factors are psychological factors, lifestyle and dietary factors, and prevalence of chronic physical illness. This study lacks data limitations on various therapeutic interventions. A study suggests there is the utmost need to conduct extensive multidimensional studies to minimise this gap in research.

Sinha S. P. et al. (2013) analysed in their work on “*Depression in an older adult rural population in India*” that they estimate the prevalence of depression and assess the association between socio-demographic parameters and depression among older adults in a rural Indian community. Their study is a rural village of Semabakkam, Kancheepuram District, in Tamil Nadu, India. They applied Universal Sampling Technique, and Geriatric Depression scale used too. The sample size was 103. Data entry and statistical analysis using SPSS version 17. The result shows that mild depression is common in rural adults, particularly among women and widow elderly.

Pilania M. et al. (2013), in their work entitled “*Elderly depression in India: An emerging public health challenge,*” tried to find out factors causing depression in the elderly population and analysed burden of disease and explored the social impact of depression. This paper also highlighted the issue of the social divide between young and old people. Another finding of this paper is that the “National Mental Health Program (NMHP), “failed to achieve any of its targets. The author suggested that the need of the time is to

change the negative perception the community holds towards mental disorder and must to be destigmatisation of mental health disorder of the elderly population.

Archana and Nishi,(2009), in their work entitled “*Loneliness, depression, and sociability in old age.*” In the study area of the Delhi, the region tried to find out whether any relation exists among loneliness, depression, and sociability in elderly persons and gender differences concerning sociability, loneliness, and depression among elderly persons. For this above objective, they covered an age group of 60-80 years with a sample size of 55 elderly populations. And the tools used were the Beck Depression Inventory, UCLA Loneliness Scale, and Sociability Scale by Eysenck. Thus they found that positive correlation exists between loneliness and depression, depression, and sociability. A new finding revealed that men are friendlier than women. The main shortcoming of this article is that the sample size was too small.

Kumar B. M.et.al. (2018) had worked on “A study on the prevalence of depression and associated risk factors among elderly in a rural block of Tamil Nadu.” They tried to find out the prevalence of depression among elderly and factors associated with it. For this study, they adopted cross-sectional study among elderly in Kattankulathur block with a sample size of 690 by cluster sampling method. The result suggested that socio-demographic factors such as female sex, nuclear family, being widow low socioeconomic status, financially dependent, medical factors such as cardiac disease, arthritis, anaemia, life events such as conflicts in the family, death of the family member or close relative, were significantly associated with depression. More strength of association for depression was seen with low socioeconomic status, nuclear family. Hence These findings show the need for proper care by the family members and needed more counselling for the elderly, which are more important in preventing depression.

3. Objective

The aim of the research paper is;

- I. To find out the causes of elderly depression and its impact on old age
- II. To differentiate between depression and dementia in the Elderly
- III. To Find out the effective mechanism to treat depression in Old age

4. Research Questions:

To reach the objectives of the study, the following questions are formulated:

- I. What does elderly depression mean?
- II. What are the factors causing an increase in depression among the aged population?
- III. What are the mechanisms to deal with elderly depression and eliminate/ minimise their suffering?

5. Importance

This paper gives us a comprehensive understanding of elderly depression and very clearly differentiated from dementia vs depression and how young age depression differ from the old age difference, is spelt out that will be more benefitted for the researcher to research this domain.

6. Database and Methodology

The requisite information has been taken from various sources such as published reports, books and research papers by different organisations and authors working in this particular area. For the better understanding of the study of elderly depression during this research, I have taken the help of reports published by different organisations such as World Health Organization (WHO), United Nations Population Division (UNDP) and U.S. Department of Health and Human Services, National Institute of Mental Health, National Depressive and Manic Depressive Association, American Association for Geriatric Psychiatry, National Alliance for the Mentally Ill (NAMI), National Foundation for Depressive Illness, Inc. Besides these, I have also tried to incorporate the latest available research papers in this particular topic to get the insight of the kind of work going on and to identify the nature of problems and its prospects.

7. Symptoms of Depression in Elderly

Depression doesn't affect the only physical health; It also affects the elderly; from their feeling to behaviour. However, it can be recognised from the feeling of sadness, hopelessness, thoughts, attempt to harm you, change in appetite, a sleeping disorder etc.

8. Causes of Elderly Depression

It is not easy to define the single factors of elderly depression. Though it can be understood in the following way:

- I. Physical health or functioning
- II. Mental health
- III. Circumstances or Social support

I Physical health or functioning

A variety of physical disorders like a hip fracture, heart attack, diabetes, arthritis, make elderly them more susceptible to developing depression. If this physical disorder left untreated, then it causes slow recovery, that ultimately increase the risk of developing depression very fast. Physical functioning restricted to limited mobility and isolation, which worsen the minor depression into major depression.

II. Mental Health

Many research suggested that elderly depression had generic influence. It is reported that at least half of elderly depressed had the previous history in his/her young age. The first episode of late-life depression is because of changes in the brain, and restricted blood flow, which resulted in 'vascular depression' with no family history of any depression.

III. Circumstances or Social Support

Social support and personal circumstances make an individual more susceptible to depression. This case is more observed in late life, especially after retirement and loss of a job that generally worsens the financial condition, with no family support or loss of family members put an individual at greater risk of depression and suicidal chance in elderly life.

9. Impact of Depression

Depression in the elderly has a broad impact ranging from the decreased level of functioning, worse health, and reduced quality of life. WHO (2001) mentioned that it is the top cause of worldwide disability. Older adults with depression are likely more disabled because of unable self-care and daily community living skills. It may also cause lower recovery physical disorder, e.g., stroke, hip fractures, and sadness all day, feeling of loneliness among public and in the family too etc.

10. Differences between Dementia and Depression in Elderly

The decline in mental sharpness is a sign of either depression or dementia. Thus it makes it difficult for someone to differentiate it accurately. Some of the symptoms/sign is here below described to distinguish it;

Symptoms of Depression & Dementia

- i. Mental sharpness is a relatively fast decline in depression, and in dementia it is slow
- ii. A depression elderly knows the correct time, date, and where he is, but in case of dementia, he/she is mostly confused and disoriented lost in familiar locations.

11. Way to Tackling Depression in Elderly

It is a universal truth that the human brain never stops changing, so he/she may learn new skills to overcome depression in several ways;

I. Stay engaged

- i. It is difficult for someone to overcome depression by own, hence it is the foremost thing which is to connect face-to-face by inviting your loved one to visit you or connect over phone or mail, joining the senior centre and book club.
- ii. Suppose you are a retired person with no young member at home or friend move away. In that case, you need to go to the park, lunch with club member, visit the museum and try to help other as a volunteer, so it expands your social network which makes you feel happy, and then there will be no more space of depression.

II Adopt a healthy lifestyle to relieves elderly depression

- i. Research suggests that like antidepressants, exercise is also a powerful depression treatment. So elderly depressed or disabled elderly at least try to short walk or safe practices with a chair or wheelchair, to strength and boost your mood, it may help to rid of depressive symptoms.
- ii. If a person suffers from depression, then he/she needs very quality sleep at least 7 to 9 hours each night. Otherwise, the lack of sleep makes depression worse.

III. Counselling and therapy

- i. Religious and peer counselling can ease loneliness and hopelessness of depression, and make new meaning and purpose of life.
- ii. **Electroconvulsive therapy (ECT)** is used to treat for major depression, although it had side effects of confusion and memory loss, but in short- a term only.

IV. Empathy

- i. Care-giver should have patience and compassion at utmost in his personality, so whatever depressed elderly expressed feeling, need not be criticised, but need to find out realities and offer hope and support.
- ii. Watch his/her harmful activities and suicide warning signs, so in this case, seek immediate professional help.

12. Conclusion

From the above discussion, it is clear that depression in old age is a chronic disease like diabetes or arthritis. Our society is not looking for elderly depression as severe as it requires. Society thinks it as a normal part of ageing life, so this way of ignoring by mental health experts and society has put our elderly at high risk of mortality at early. Because of reporting to an expert at the late stage put at increased risk of low recovery chance resulting in suicidal death.

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