Depression Among Elderly Patients /Mosul City

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ABSTRACT

Background: Depression in elderly aged (60 year and above)is a widespread mental health problem . The current primary healthcare systeminadequately recognize and treat elderly patients with depression..

Objectives: To determine the prevalence of depression among elderly patientsin Mosul city, its correlation with some sociodemographic variablesand to assess severity of depression in relation to past history of depression.

Type of the study: This is a cross-sectional study.

Methods: This study assess the prevalence of depression in a randomly selected sample 150 elderly patients aged 60 years and above (89 female & 61 male) who attended the geriatric clinic in Ibn Sina Teaching Hospital /Mosul City between the 1st/March /2014 to the 10th/ June 2014.A short form of Geriatric Depression Scale (GDS) the Arabic version was used to assess depressionand a semi-structured interview were applied after screening the patients for cognitive impairment using the Mini Mental State Examination (MMSE) to exclude those who scored less than 23 on this scale .

Results: The study showed that the Prevalence of depression was 65.3% , statistically significant difference was not found with any variable used. Strong positive relation was found in severely depressed patients with the past history of depression, multiple physical complaint was found in the depressed sample.

Conclousin: As the prevalence of depression among elderly patients was high , National programs should be developed in community & health services focusing on early detection and treatment of depression among the elderly population.

KeyWord: Depression , Elderly ,Mosul

According to the last Iraqi human development report the elderly age group (60 andabove)in 2011 was 3% of the population(1). Internationally the number of elder will be doubled from 11% to 22%(2). This might be attributed to control of infectious diseases,improvement in sanitation, living standards, nutrition and declining death rate (3). The definition of 'older person' by theWorld Health Organization is the chronological age of 60 or 65 years(4). Elderly suffering mental disorders are underrepresented in psychiatric clinics, this was reported by western and local studies (5,6,7,8).Although it is apathological processbut thehealth professionals and community accept lower functioning in elderly as a reaction to ageing (9). Depression is usually associated with physical,psychosocial , and biological problems(10). Family history is less common in late-onset depression (11-12). Elderly people severely affected by depression butthey usually tend not to request help (13-14), most common symptoms is loss of interest, lack of enjoyment, apprehension, poor sleep, thoughts of death, chronic pain and impaired memorywhile atypical symptoms arechronic unexplained pain,physical symptoms , delusions regarding poverty (cotard's syndrome) , behavioral changes or abusing alcohol,talking about death should alert the risk of suicide(15).Aims of the study:to determine the prevalence of depression among elderly patients in mosul city, its correlation with some sociodemographic variables and to assess severity of depression in relation to past history of depression.

Methods: A cross-sectional study was conducted at the Geriatric Out-Patient Department, (GOPD) of Ibn-Sina Teaching Hospital Mosul city/ Iraq. Sample collection started in the1stof march and stopped at the 10th of June / 2014.A total of 150 patients (61 men and 89 women) 60 years and older were recruited into the study by the systematic random sampling technique using a sampling ratio of 1:3, every 3RD elderly patient was involved in the study, until the required number was attained. The (GOPD) in IbnSinaTeaching Hospitalwas a newly established department in Mosul city receiving the patient 60year and above only ,providingphysical and mental health services.

Inclusion criteria:

1-Partcipants aged 60 & above who agree to participate.

2-Patients with Mini Mental State Examination (MMSE) score above 23.

3-The patient physical condition stable enough to participate.

Exclusion criteria :

1-Thosewho were unable to communicate in Arabic language.
2-Those who complain of physical illnesses which affect theirability
of communication(eg. CVA).
3- Those suffering from severe debilitating illnesses.
The patient consent to participate in this study was taken first,mini mental state of the patient were assessed then administration of a structured questionnaire for the demographical data, lastly the Geriatric Depression Scale the Arabic version of 15 questionswas done(16) ,It is a self-rating scale, scores of 0-4 are considered normal, 5-8 indicates mild depression; 9-11 indicates moderate depression; and 12-15 indicates severe depression. Data analysis was done usingSPSS(Statistical Packages for Social Sciences-version), For the presence or absence of significance,p-value as < 0.05 wasconsidered to be significant throughout the study analysis.
RESULTS: The socio-demographic characteristics of the study sample. Age distribution of the sample shows that the mean age was 67.5 years , with standard deviation of 6.6.Genderdistribution showsthatmale patients (40.7%) and female patients (59.3%) with F:M ratio (1.4-1) , (61.3%) of the sample were married.The main source of income in the studied sample were the family (40.7%) , (71.3 %) of the sample belong to urban regions. And(88%) of the sample lives with their families Table(2)Show the distribution of the sample (depressed and non depressed) in relation to the socio-demographic characteristics. The study showed that 46% of the depressed patients were of the (60-69)year age group, but with insignificant difference. (57%) were females, (59%) of the sample were married, (42%)of the sample depends on their families in gaining money , (69%) belong to urban regions   and(88%)lives with their families.All P- values were not significant.
DISCUSSION: It was observed   through studies conducted in many countries that elderly (above 60 year of age)suffering from mental disorders underrepresented in attendees consulting psychiatric outpatient clinics , this was reported by some local studies (5,6,7) , adequate time & effort has to be offered to them. Special mental health services has to be planned for this important community sector .Elderly with psychiatric disorders needs specially designed centers (Geriatric clinic in IbnSina Center was   one of the targets of mental health policy in IRAQ to offer health services for elderly who suffer various types of mental disorder , chronic medical illnesses and physical

disabilities.)Depression is the commonest mental health problem among elderly and its extent varies considerably across studies .It was found that the prevalence rate of depression in old age in this study was65.3%. It is quite alarming indicator of the problem of depressive disorders in old people in Mosul City . When comparing the with different studies it was higher than that recorded in researches took place in Mosul city in 2009 it was   36.1% (17),In Baghdad city 2003 was 38.9%(18), in AL-Dewanyia Teaching hospital in 2013was 43.6% (19) ,Iran 23.5%(20) , Malaysia 13.9% (21) and in England & Wales 8.7%(22). This difference could be explainedsimply by the unstable politicalsituation, Deficiencies in all types of services which the people were suffering during last few months in Mosul city and in Iraq ingeneral In addition to the difference in the tools & populations.
Socio-demographic correlations of depression:
Depression   in the patient with (60-69) age group constitute the majority of the sample (46%)(Table 1) , but with no significant value, the same as in Al-Diwaniya General Hospital(19) and previous study in Mosul City(17) This might be attributed to the fact that younger people are more able to visit the health centers seeking for treatment. Depressive symptoms in late life is usually more prevalent among women. In this study the depressed females consist(57%) of the patients (Table 2) similar to all compared studies except in Iran(20). This is mainly because women were more likely to detect and report depressive symptoms than men(3). The majority of the depressed sample were married 59% (Table 2),similar to studies in Mosul City 2010,in Al-Diwaniya Teaching Hospital (19), to the contrary of the study in Malaysia (21) .This is controversial,but loneliness is one of the depressive manifestations commonly seen in elderly people regardless of their marital status.
In this study those with stable source of income show low percentage of depressive symptom while those depend on unstable financial support from their families had ahigher riskof depression (42%) (Table 2),This was similar to results in Iran(20) Malaysia(21)& Mosul (17).It might be related to sense of autonomy and being more independent person in those have stable private income. In this study the highest level of depression was shown in the urban community 69% (Table 2), similar to that in Iran(20),daily life needs and difficulties may be the cause .
The higher percentage of the depressed sample found to be living with their families (88%) (Table 2),similar to that in Iran(21) to the contrary of that found in Malaysia(21). The elderly are looked after by family members, predominantly the sons .Taking care of the elderly has become a burden for poor families, who are generally of a low income and experiencing a lot of problems(like displacement, financial and medical) While the social welfare for the elderly in our country is still inadequate.
More than half of the depressed group found to be of mild degree of depression (Fig 1) similar to studies in Mosul(17) , in Al-Diwaniya General Hospital(19).The past psychiatric history obviously founded in those complaining of severe depression (83.3%) (Table3).

Hypertension ,Diabetes , joint problems and corneal opacity was the main physical complaints (Fig 2)(Illnesses that limits their activity and mobility) taking in consideration the side effects of poly pharmacy.This

study shows us thatmultiple physical complaints was a shared presenting feature of depression in elderly people similar to that in Malaysia (21)and in England and Wales(22)

Conclusion : This study showthat the prevalence ofdepression was 65.3% much higher than what have been documented by all the compared studies. The study shows that56% of the depressed elderly population has mild depression.Among all variables used no significant differences was found. A positive relationship between the severity of the depression & the past psychiatric history of depression was noticed. Co morbidity of the physical complaints was significant.

Recommendations:
- Further studies are needed to be conducted in different settings like the community or nursing homes.
- The medical staff in the Out Patients Clinics should be informed ,well trained to discover & treat the depression in old age.
- Encouragement of the integration of mental health services for elderly in primary health care system with the outpatient.
- Governmental abilities must be forwarded towards the improvement of socioeconomic status of this age group of the Iraqi people specially in time of crises.

Table(1)showing the demographic characteristic of the studied population

Characteristics	Level	NO.	%
Age	60 -69	72	48%
	70-79	56	37.3%
	>80	22	14.7%
Gender	Male	61	40.7%
	female	89	59.3%
Marital status	single	4	2.7%
	widow	49	32.7%
	married	92	61.3%
	divorced	5	3.3%
Source of income	retirement	37	24.7%
	family support	61	40.7%
	private work	25	16.6%
	Social assistance	27	18%
Residency	rural	43	28.7%
	urban	107	71.3%
Type of living	family	132	88%
	alone	14	9.3%
	Nursing care	4	2.7%

Table (2) Demographical characteristics in depressed &non depressed sample.

Characteristic	Levels	not depressed		depressed		p_ value
		No.	%	No.	%	
Age(years)	60 _ 69	27	52%	45	46%	0.690
	70 _ 79	17	33%	39	40%	
	> 80	8	15%	14	14%	
Gender	Male	19	37%	42	43%	0.453
	Female	33	63%	56	57%	
Marital status	Single	2	4%	2	2%	0.692
	Widow	15	29%	34	35%	
	Married	34	65%	58	59%	
	Divorced	1	2%	4	4%	
Source of income	Retirement	15	29%	22	22%	0.325
	Family support	20	38%	41	42%	
	Private work	11	21%	14	14%	
	Social assistance	6	12%	21	21%	
Residency	Rural	13	25%	30	31%	0.469
	Urban	39	75%	68	69%	
Type of living	Family	46	88%	86	88%	0.917
	Alone	5	10%	9	9%	
	Nursing	1	2%	3	3%	

Using Pearson Chi-square test at 0.05 level .All p _values werenot significant .

Table(3)The severity of depression in relation to past history of depression:

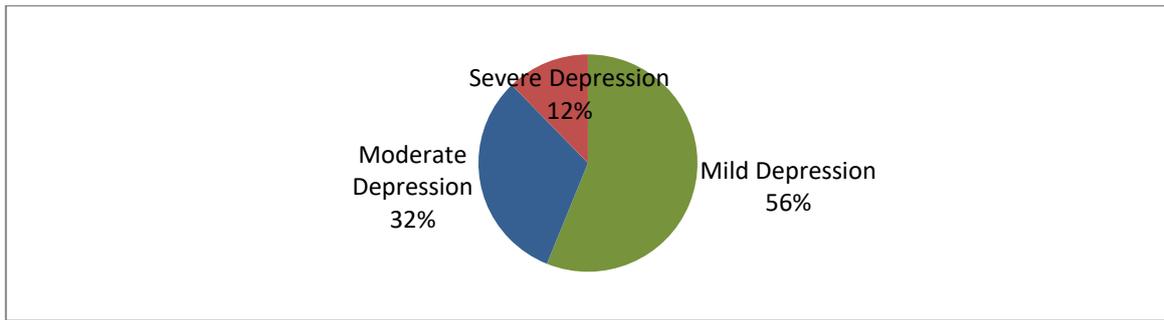|	Depressed patients	With past history	
Severity of depression	No.	No.	%
mild	55	4	7.3%
moderate	31	6	19.3%
severe	12	10	83.3%

Figure (1) Distribution of the Depressed sample according to the severity of depression.
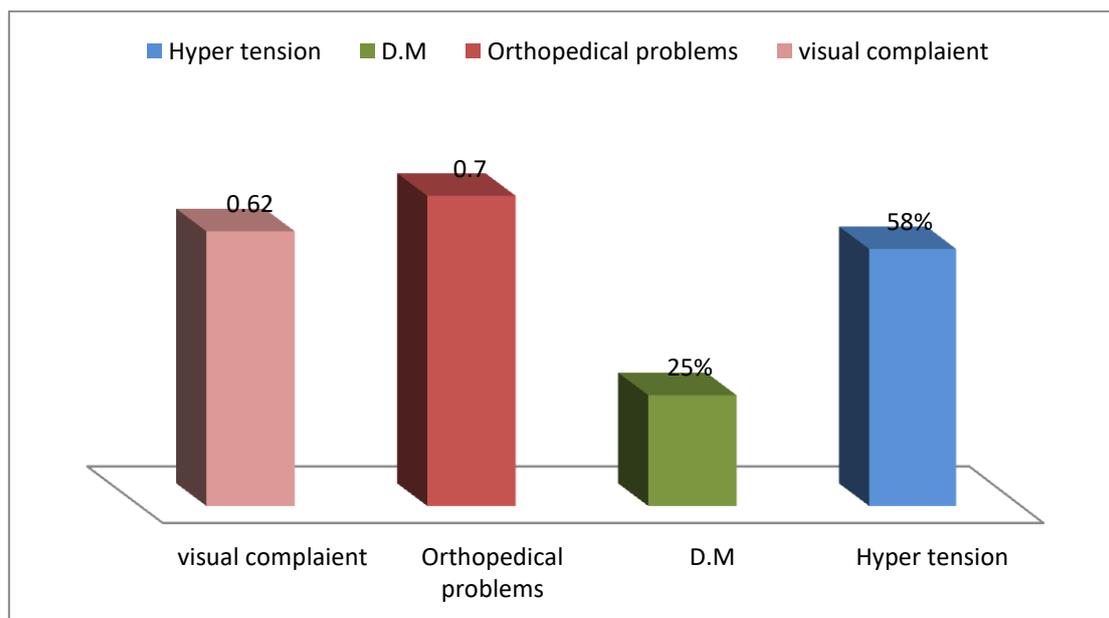

Figure (2) The main physical problems of the depressed patients were
(Orthopedical , Visual complaints , Hypertension , Diabetes)

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