Sociodemographic profile of geriatric patients attending psychiatry department in a tertiary care center

Bastabika Neupane[1] ✉ , Sudarshan Narsingh Pradhan[2] ✉ , Subash Sharma[3] ✉ , Rachana Sharma Basnet[4] ✉

[1]Lecturer, Department of Psychiatry, Patan Academy of Health Sciences, [2]Professor, Department of Psychiatry, Punarjeevan Hospital, [3]Assistant Professor, Clinical Psychology, Department of Psychology, Centre for Mental Health and Counselling, [4]Professor, Department of Psychiatry, Kathmandu wMedical College and Teaching Hospital.

Abstract

Introduction: With rise in life expectancy, the elderly population is increasing globally and in Nepal. With increasing age, medical and psychiatric co-morbidities have become a challenge. This study aimed to study sociodemographic profile and associated life stressors in geriatric population attending psychiatric unit in tertiary care center.

Method: A hospital based cross-sectional study was conducted among 101 elderly patients and diagnosis was made as per ICD-10 DCR (Diagnostic Criteria for Research) criteria. PSLES (Presumptive Stressful Life Events Scale) was used to identify various stressful life events. Analysis of descriptive variable were done using MS Excel.

Result: Study conducted among 101 elderly patients showed that most patients had depression 50(49.50%) and among 51 stressful events as per PSLES, 19 were present in participants. Among 50 patients diagnosed as depression, 7(14.00%) had mild, 39(78.00%) had moderate, 4(8.00%) had mild depression. Stressful life events were significantly associated with geriatric depression.

Conclusion: It was seen that depression was the commonest diagnosis among the elderly people attending psychiatric outpatient clinic and stressful life events were present.

Keywords: Elderly; Geriatric; Stress

Correspondence:
Bastabika Neupane,Department of Psychiatry, Patan Hospital, Patan Academy of Health Sciences, Lalitpur, Nepal, Email: bastabikan@gmail.com

Introduction

Geriatric Psychiatry is a branch of psychiatry concerned with the mental disorders that accompany old age and forms part of the multi-disciplinary delivery of mental health care to older people. The specialty is also referred as psychogeriatrics.[1] The word "geriatric" was coined by Ignatz L. Nascher.[2] This era is witnessing a rise in elderly population and so is Nepal.

The World Health Organization (WHO) conducted a series of household surveys among individuals of age 14-65 years and above in 14 countries between 2001-2003 as part of the World Mental Health Surveys to determine the prevalence, severity, and unmet need for treatment of mental disorders. The disorders with the highest lifetime prevalence were major depression (10.6 %), specific phobia (7.5%), social phobia (6.6 %), and alcohol abuse (6.2 %).[3]

Depressive symptoms are common among older adults and are associated with functional impairment and decline, mortality, increased health service utilization, and decreased quality of life.[4,5] Major depression and dysthymia as well as depressive symptoms are more common in older women in comparison to men.[6,7] Being widowed/unmarried, having limited social support, feeling lonely, feeling unwell, having a low internal locus of control ,uneducated, unemployed and having one or more chronic physical illnesses are all risk factors and correlates of depression in later life.[8,9,10] Older adults with major depression are more likely to have a family or past history of major depression. It is possible that risk is connected to losing a spouse the prior year. [11,12,13,14] These risk factors have been shown to increase mortality in elderly.[15] Similarly, depression raises the risk of suicide in older people.[16]

The aim of our study was to find the sociodemographic profile and associated stressors among geriatric patients attending Psychiatry Department of Kathmandu Medical College.

Method

This study was a hospital based cross-sectional study which was conducted in geriatric patients attending psychiatric department of Kathmandu Medical College from November 2018 to October 2019. The inclusion criteria were patients with age more than 60 years and able to give written consent. The exclusion criteria were clinical conditions and/ or medications which interfered with the assessment of the patients, including life threatening conditions. Purposive sampling was used. Each patient was assessed, and diagnosis was made by consultant psychiatrist as per ICD-10 DCR (Diagnostic Criteria for Research). Presumptive Stressful Life Events (PSLES) was used to identify various stressful life events.

Direct interview was done to collect data with patient using semi structured proforma for demographic profile and the diagnosis made on the patients. After that PSLES questionnaire was used. PSLES is a scale introduced for determining life stressor on Indian background by Gurmeet Singh, which is based upon Social Readjustment Rating Questionnaire (SRRQ) by Holmes and Raphe. It consists of 51 life events, initially scored from 0-4 on basis of perceived stress but later stress was described on basis of paisa weightage 0-100. Life events were categorized as desirable/undesirable and personal/impersonal and two-time space in past years and last one year. Inter rater reliability of this test is 0.8.[17]

The collected data was systematically compiled. Filled questionnaire was checked, edited, and coded and the data was entered in MS-Excel. The descriptive analysis was done where frequency and percentage of diagnosis and events as per PSLES were calculated.

Result

All available 101 patients were evaluated by consultant psychiatrist and respective diagnosis was noted by the researcher. Most of the respondents 60(59.41%) were of age group 60 to 69 years. Nearly equal distribution for age was noted and 52(51.49%) were male. Regarding religion most of them were Hindu 77(76.24%). Most of the respondents were from Brahmin caste followed by Chettri and then others. Most of the patients were illiterate 75(74.26%). More than half of the patients 78(77.23%) were unemployed. More than four by fifth patients 82(81.19%) belonged from nuclear family. And, nearly around half of the patients belonged from lower middle class socio-economic status as depicted in demographic information of respondents, Table 1.

According to ICD-10 DCR diagnosis, 50(49.50%) were found to be depressed followed by others 51(50.50%) which included Primary Insomnia 10(9.90%), Anxiety Disorder 8(7.92%), Demtia 8(7.92%), Alcohol Dependence Syndrome 5(4.95%), Paranoid Schizophrenia 4(3.96%), Bipolar Affective Disorder-Current Episode Manic without Psychotic Symptoms 5(4.95%), Somatoform Disorder 1(0.99%), Mixed anxiety depressive disorder 4(3.96%) andAdjustment disorder 6(5.94%), Figure 1.

Table 1. Frequency distribution of participants according to socio-demographic variables (N=101)

| Characteristics	N(%)	Characteristics	N(%)
Total Age in Year		Education	
60-69	60(59.41)	Illiterate	75(74.26)
70-79	30(29.70)	Primary school	22(21.78)
80 and above	11(10.89)	High school	3(2.97)
Gender		Undergraduate	1(0.99)
Male	52(51.49)	Occupation	
Female	49(48.51)	Unemployed	78(77.23)
Religion		Employed	23(22.77)
Hindu	77(76.24)	Marital Status	
Buddhist	20(19.80)	Married	73(72.28)
Christian	1(0.99)	Unmarried	1(0.99)
Others	3(2.97)	Separated	1(0.99)
Caste		Widow/widower	25(24.75)
Brahmin	46(45.54)	Divorced	1(0.99)
Chhetri	15(14.85)	Socio-Economic Status	
Newar	23(22.77)	Upper	2(1.98)
Tamang	6(5.94)	Upper lower	36(35.64)
Others	9(8.91)	Upper middle	17(16.83)
Family Type		Lower middle	46(45.54)
Nuclear	82(81.19)		
Joint	19(18.81)		
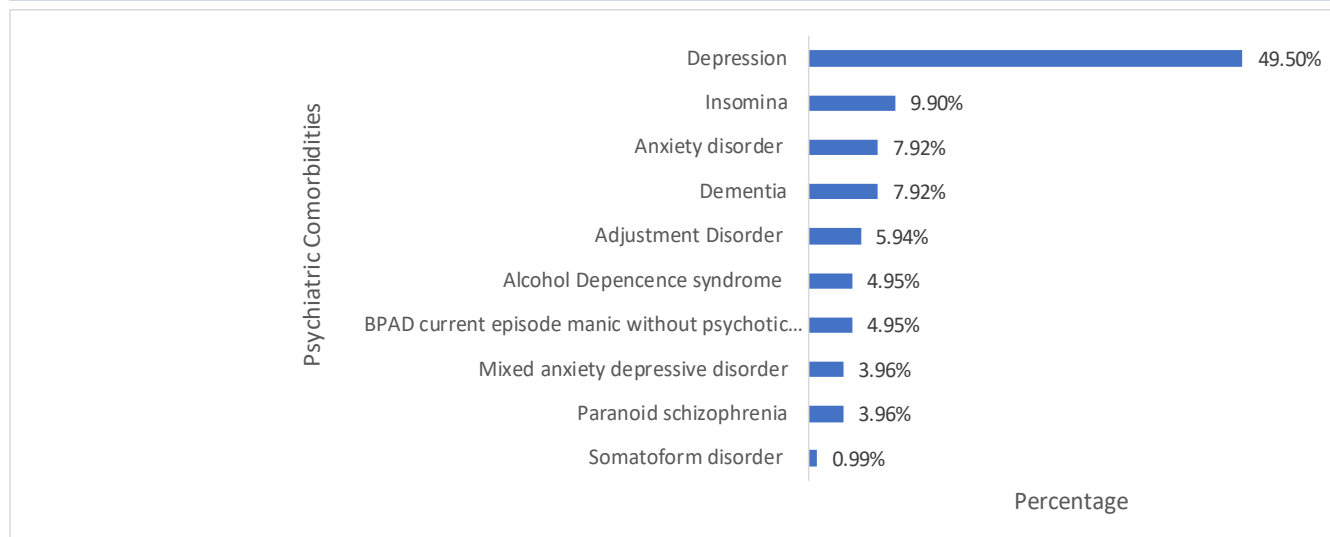
Figure 1. Distribution of patients according to ICD-10 diagnosis (N=101)

Among 51 of total life stressors, 19 stressful life events were present in 101 participants. Change in sleeping habits and having family conflicts in 32(31.68%) and 29(28.71%) respectively were the most common life stressors among the participants while 25(24.75%) had financial problems, 17(16.83%) had excessive alcohol or drug use by a family member, 15(14.85%) had a death of spouse, 14(13.86%) had a change in eating pattern, 7(6.93%) had an illness of family members, 5(4.95%) had a marital conflict, 4(3.96%) had a large loan, 4(3.96%) had a change in residence, 2(1.98%) had trouble with a neighbor, 1(0.99%) had sexual problems, 1(0.99%) had unfulfilled commitments, 1(0.99%) had a marriage of daughter/dependent sister, 1(0.99%) had loss of family members, 1(0.99%) had suspense/dismissal from job, 1(0.99%) had detention in jail of self or close family members and 1(0.99%) had change in social activities, Table 2.

Table 2. Absence/ Presence of stressful life events among participants sorted according to frequency (N=101)	
Stressors	N(%)
Change in sleeping habit	32(31.68)
Family conflict	29(28.71)
Financial loss	25(24.75)
Excessive alcohol/drug abuse by family members	17(16.83)
Death of spouse	15(14.85)
Change in eating habit	14(13.86)
Illness of family members	7(6.93)
Marital conflict	5(4.95)
Large loan	4(3.96)
Change in residence	4(3.96)
Major construction of house	2(1.98)
Trouble with neighbor	2(1.98)
Unfulfilled commitment	1(0.99)
Detention in jail of self or close family members	1(0.99)
Death of close family members	1(0.99)
Sexual problems	1(0.99)
Marriage of daughter/dependent sister	1(0.99)
Change in social activity	1(0.99)
Suspense/dismissal from job	1(0.99)

Discussion

The present study aimed at finding common psychiatric illnesses seen in elderly patients. One of the commonest mental health issues affecting the elderly population is depression. In our study, it was discovered that elderly people 50(49.50%) had a significant prevalence of depression. Similar research on depression in the geriatric population in Nepal, which found that 53.2% of the samples suffer from depressed disorder according to GDS (Geriatric Depression Scale), complements the conclusion of our study.[9]

Depression was found to be most common psychiatric illness 50(49.50%), followed by Non-Organic Insomnia 10(9.90%), Dementia 8(7.92%), Anxiety Disorder 8(7.92%), Adjustment Disorder 6(5.94%), Alcohol Dependence Syndrome 5(4.95%), BPAD (Bipolar Affective Disorder) current episode manic without psychotic symptoms 5(4.95%), Paranoid Schizophrenia 4(3.96%), Mixed Anxiety Depressive Disorder 4(3.96%) and Somatoform disorder 1(0.99%).This finding was consistent with those of a study by Seitz et al, which found that dementia, depression, and anxiety disorders are the most prevalent psychiatric disorders among older adults in long-term care facilities. Substance use disorders and schizophrenia were also found to be prevalent.[18] Additionally, it was compatible with Ritchie et al research's findings and a study conducted in Nepal, which found that mood disorders predominated among other illnesses and were followed by psychosis, dementia, anxiety disorders, and alcohol dependence syndrome.[19, 20]

In this study, 10(9.90%) had Insomnia. More than half of the elderly patients investigated in our study reported habitual daytime napping which could be one of the reasons for Insomnia. Similarly, physically inactive, psychological stress such as family conflict, financial issues could also be the reason for Insomnia in our study.

In this study, 8(7.92%) had dementia whereas the findings of a community study from USA had stated that among people over the age of 65 years, an estimated 10.3% had probable Alzheimer's disease and 11.4% in a study conducted by Nepal et al.[21, 22] One of the reasons for the finding in this study could be because patients with dementia often suffer from behavioral abnormalities which are often confused with Psychotic illness. This has led to stigma surrounding the disease. Rather than approaching medical services, most families often resort to isolating a patient in a locked room.

In this (study, 5(4.95%) had Alcohol Dependence Syndrome which was similar to the findings of the study conducted by Khattri et al in Western Region of Nepal.[23] Our study is in contrast with the study done by Shakya DR which showed substance use disorders in 19% patients out of which 14% had alcohol dependence syndrome.[24] The study was conducted in Dharan where maximum number of Mongolian people reside and alcohol is largely culturally acceptable. A study done by Aich TK et al revealed that 18.1% of patients had a diagnosis of Alcohol Dependence Syndrome which was conducted in in-patient setting in a medical college of western Nepal.[25] The difference may be because of the difference in study site.

Similarly, in this study, anxiety disorder was present in 8(7.92%), adjustment disorder in 6(5.94%), Mixed anxiety depressive disorder in 4(3.96)% and somatoform disorder in 1(0.99%). This is similar to the study done by Aich et al which found anxiety disorder in 6.5%.[25] Overall prevalence of neurotic disorders is found to be lower among the elderly than among all age groups combined and the range varies from 0.7 to 18.6%.[26,27] Also, 7-16% of the

geriatric outpatient population in India has been reported to have anxiety spectrum disorders.[28,29]

The PSLES was used in this study to assess 51 stressors from everyday life that are linked to depression. The study's subjects experienced a total of 19 stressors. This indicated that the quantity of stresses was substantially related to depression. Additionally, the results were comparable to those of a study by Shaikh et al., which revealed that participants experienced 20 stressful life events. Most of the stressful situations were comparable. This might be because of Nepal and India having comparable sociocultural traits.[23]

Geriatric depression has been highly linked to changes in sleeping and eating patterns, marital conflict, financial loss, family conflict, and spouse death, which is also consistent with research by El-Gilany, Li D, and Girgus JS.[10, 30,31] It was also in match with the findings of a study by Simkhada, which showed that depression in older adults was significantly associated with illiteracy, physical immobility, the presence of physical health problems, not spending any time with family members, and not being taken into account in family decision-making.[32]

However, there are few limitations in this study. As it is an institutional based study, this study did not represent the whole population. It is a cross-sectional study representing the scenario only during the duration of study. Similarly, change in biorhythm such as sleeping and eating habits are also one of the criteria for depression, so findings in PSLES event could have been biased. In depression, due to underlying psychopathology, there could be retrospective falsification of an event due to which patient might have described all past experiences in negative terms due to the impact of their current mood which might alter findings in PSLES.

Conclusion

From present study, it has been concluded that depression is one of the commonest psychiatric disorders in elderly patients. This could serve as an early warning advising medical practitioners, health authorities, and other relevant parties to implement efficient preventative measures and routine care for the elderly. The associated stressors can act as a ground to work on so that the future risk can be reduced.

References

1. Ruiz P, Sadock BJ, Sadock VA. Comprehensive textbook of psychiatry. 9th ed. Philadelphia: Lippincott Williams & Wilkins; 2009. Chapter 17,Dissociative Disorders; p.1965-2026. Full Text
2. Clarfield AM. Dr. Ignatz Nascher and the birth of geriatrics. CMAJ. 1990 Nov 1;143(9):944-8. PubMed
3. Kessler RC, Angermeyer M, Anthony JC, Graaf RD, Demyttenaere K, Gasquet I, et al. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. World Psychiatry. 2007 Oct;6(3):168-76. PubMed
4. Fiske A, Wetherell JL, Gatz M. Depression in older adults. Annu Rev of Clin Psychol. 2009;5:363-89. DOI
5. Steffens DC, Otey E, Alexopoulos GS, Butters MA, Cuthbert B, Ganguli M, et al. Perspectives on depression, mild cognitive impairment, and cognitive decline. Arch Gen Psychiatry. 2006 Feb;63(2):130-8. DOI
6. Rajkumar AP, Thangadurai P, Senthilkumar P, Gayathri K, Prince M, Jacob KS. Nature, prevalence and factors associated with depression among the elderly in a rural south Indian community. International Psychogeriatrics. 2009 Apr;21(2):372-8. DOI
7. Sherina MS, Rampal L, Mustaqim A. The prevalence of depression among the elderly in Sepang, Selangor. Med J Malaysia. 2004 Mar;59(1):45-9. PubMed
8. Choulagai PS, Sharma CK., Choulagai BP. Prevalence and Associated Factors of Depression among Elderly Population Living in Geriatric Homes in Kathmandu Valley. Journal of Institute of Medicine Nepal. 2013 Apr;35(1):39–44. DOI
9. Khattri JB, Nepal MK. Study of depression among geriatric population in Nepal. Nepal Med Coll J. 2006 Dec;8(4):220-3. PubMed
10. El-Gilany AH, Elkhawaga GO, Sarraf BB. Depression and its associated factors among elderly: A community-based study in Egypt. Archives of Gerontology and Geriatrics. 2018 Jul-Aug;77:103-7. DOI
11. Jacobs SC, Nelson JC, Zisook S. Treating depressions of bereavement with antidepressants. A pilot study.

The Psychiatric Clinics of North America. 1987 Sep;10(3):501-10. PubMed

12. Zisook S, Shuchter SR. Depression through the first year after the death of a spouse. American Journal of Psychiatry. 1991 Oct;148(10):1346-52. DOI

13. Singh GP, Chavan BS, Arun P, Lobraj, Sidana A. Geriatric Out-Patients with Psychiatric Illnesses in A Teaching hospital setting-A Retrospective Study. Indian Journal of Psychiatry. 2004 Apr;46(2):140-3. PubMed

14. Kamble SV, Dhumale GB, Goyal RC, Phalke DB, Ghodke YD. Depression among elderly persons in a primary health centre area in Ahmednagar, Maharastra. Indian Journal of Public Health. 2009 Oct-Dec;53(4):253-5. PubMed

15. Schulz R, Drayer RA, Rollman BL. Depression as a risk factor for non-suicide mortality in the elderly. Biological Psychiatry. 2002 Aug 1;52(3):205-25. DOI

16. United Nations. Department of Economic and Social Affairs, Population Division. World Population Ageing 2019: Highlights. Full Text

17. Singh G, Kaur D, Kaur H. Presumptive stressful life events scale (psles)-a new stressful life events scale for use in India. Indian Journal of Psychiatry. 1984 Apr;26(2):107-14. PubMed

18. Seitz D, Purandare N, Conn D. Prevalence of psychiatric disorders among older adults in long-term care homes: a systematic review. International Psychogeriatrics. 2010 Nov;22(7):1025-39.DOI

19. Ritchie K, Artero S, Beluche I, Ancelin ML, Mann A, Dupuy AM, et al.. Prevalence of DSM-IV psychiatric disorder in the French elderly population. The British Journal of Psychiatry. 2004 Feb;184(2):147-52. DOI

20. Aich TK, Dhungana M, Muthuswamy R. Pattern of neuropsychiatric illnesses in older age group population: an inpatient study report from Nepal. Indian J Psychiatry. 2012 Jan;54(1):23-31. DOI

21. Evans DA, Funkenstein HH, Albert MS, Scherr PA, Cook NR, Chown MJ, et al. Prevalence of Alzheimer's Disease in a Community Population of Older Persons: Higher Than Previously Reported. JAMA. 1989 Nov 10;262(18):2551–6. DOI

22. Nepal S, Sapkota N. Prevalence of Dementia among Elderly Patients attending Psychiatry OPD of Tertiary Care Hospital and its Association with Socio Demographic Variables. Journal of Psychiatrists Association of Nepal. 2017;6(1):12–7. DOI

23. Khattri JB, Poudel BM, Godar ST, Ramesh K, Chakrabortty PK, Thapa BB. Alcohol Dependence Syndrome among Older Adults Attending Psychiatry OPD of a Private Hospital in Western Region of Nepal. Nepal Journal of Medical Sciences. 2012;1(1):39–41. DOI

24. Shakya DR. Psychiatric morbidities of elderly psychiatry out-patients in a tertiary-care hospital. Journal of College of Medical Sciences-Nepal. 2011; 7(4):1–8. DOI

25. Aich TK, Dhungana M, Muthuswamy R. Pattern of neuropsychiatric illnesses in older age group population: An inpatient study report from Nepal. Indian Journal of Psychiatry. 2012 Jan;54(1):23–31. DOI

26. Copeland JR, Gurland BJ, Dewey ME, Kelleher MJ, Smith AM, Davidson IA. Is there more dementia, depression and neurosis in New York? A comparative study of the elderly in New York and London using the computer diagnosis AGECAT. The British Journal of Psychiatry. 1987 Oct;151(4):466-73. DOI

27. Copeland JR, Dewey ME, Wood N, Searle R, Davidson IA, McWilliam C. Range of Mental Illness Among the Elderly in the Community: Prevalence in Liverpool Using the GMS-AGECAT Package. British Journal of Psychiatry. 1987 Jun;150(6):815–23. DOI

28. Silva Pereira Yd, Estibeiro A, Dhume R, Fernandes J. Geriatric Patients Attending Tertiary Care Psychiatric Hospital. Indian Journal of Psychiatry. 2002 Oct; 44(4):326–31. PubMed

29. Tiple P, Sharma SN, Srivastava AS. Psychiatric morbidity in geriatric people. Indian Journal of Psychiatry. 2006;48(2):88–94. DOI

30. Li D, Zhang DJ, Shao JJ, Qi XD, Tian L. A meta-analysis of the prevalence of depressive symptoms in Chinese older adults. Archives of Gerontology and Geriatrics. 2014 Jan-Feb;58(1):1-9. DOI

31. Girgus JS, Yang K, Ferri CV. The Gender Difference in Depression: Are Elderly Women at Greater Risk for Depression Than Elderly Men? Geriatrics (Basel). 2017 Nov 15;2(4):35. DOI

32. Simkhada R, Wasti SP, Gc VS, Lee ACK. Prevalence of depressive symptoms and its associated factors in older adults: a cross-sectional study in Kathmandu, Nepal. Aging and Mental Health. 2018 Jun;22(6):802-7. DOI