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Original Article

Evaluation of Prevalence of Geriatric Depression among Elderly Patients Admitted to non-Psychiatric Wards of Golestan and Imam Khomeini Hospitals in Ahwaz

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A R T I C L E I N F O	A B S T R A C T

Introduction: The world's population over 60 years more than 600 million estimate. In Iran, according to 2007statistics 26/7% of the total population, were elderly. It is estimated that by the year 2021 will reach more than 10%. Psychological disorders such as depression is a common problem in the elderly. This study aimed to assess factors and the prevalence of depression among non-psychiatric wards of hospitals in Golestan and Imam Khomeini Ahwaz.

Methods: This cross-sectional study on Depression among Elderly Patients Admitted to non-Psychiatric Wards of Golestan and Imam Khomeini Hospitals in Ahwaz. 350 elderly people were selected. Depression status was assessed using the GDS thirty questionnaire. And chi-square regression methods for data analysis and the association between depression and demographic factors were used.

Results: 350 seniors with an average age of 69 years (minimum 60 and maximum 88) were studied, including 178 women (50.85%) and 172 men (49.14%), respectively. A total of 14 patients (6.9%) had depression in the elderly. 15 (9.21%) were from women with depression. In contrast, 9 patients (5.04%) than men were depressed. In between the ages of 60 to 75 years, 14 patients (5.05%) had depression in the category 76 to 90 years 10 cases (12.3%) had depression.

Conclusion: The prevalence of depression in the elderly due to the fact that with increasing age, previous history of psychiatric disorders, lack of family support and single older people, the resort has meaning. Seniors who are on the above factors, we have to think of depression in the elderly.

Keywords: Elderly, Depression, questionnaire GDS; Ahvaz

1. INTRODUCTION

Graying is a term which refers to rapid and increasing growth of elderly population in recent years, compared to the general population [1]. In most texts, elderly people are regarded as those individuals who are over 60 years old [2].

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Currently, the population of elderly people through the world is estimated to be more than 600 million people and this figure will reach one billion by 2020 [1]. In Iran, according to the census of 2006, elderly people constituted 7/26 percent of the total population and it is estimated to exceed 10% by1400.Also due to improvement of health conditions, the average life expectancy has increased and in 2050 and for the first time, under 15 years old population of the world will be equal to those over 60 years old (3, 4).About 20% of elderly diseases are due to brain and neurologic disorders and dementia and depression are the most common types [1, 5].The recurrence and chronicity of depression is very likely and the frequency of typical symptoms of clinical depression among non-hospitalized elderly people is 8-15% and about 30% among hospitalized elderly patients [2, 6].Unfortunately, despite the high rate of depression in elderly people, it is often ignored. As a result, depression is not diagnosed and treated on time. It is an unfortunate fact, because today there are effective treatments for depression and on the other hand, depression should not be seen as the natural consequence of aging [6].

2. MATERIAL AND METHOD

This descriptive-analytical study was conducted on elderly patients in non-psychiatric wards of Golestan and Imam Khomeini Hospitals in Ahvaz.
Inclusion criteria included:
1. Being over 65 years old
2. Hospitalization in non-psychiatric wards of Golestan and Imam Khomeini Hospitals in Ahvaz.
Exclusion criteria included:
1.History of a mental illness
2. Occurrence of a major loss, such as death of a family member which leads to depression
Needed data were collected using data collection form which includes demographic data form (age, gender, length of stay in the nursing home, ethnicity and level of education, etc.) and GDS questionnaire which contains thirty Yes or No questions. By referring to Golestan and Imam Khomeini Hospitals a number of data collection forms were distributed among elderly people who matched with inclusion criteria and in cases of illiterate patients, researcher read and explained all questions and in cases where patients were not fluent in Persian language, a translator explained questions for them. After collecting completed forms, based on the scores obtained from the participants, results were divided into normal group (0-9), mild depression group (10-19) and severe depression group (20-30).In this study, descriptive statistics was used to report the incidence of depression in different categories. Also, chi-square test was used to determine the relationship between depression and demographic data. All analyzes were performed using SPSS 17 software. Also, those elderly people who were unwilling to complete the form were excluded from the study.

Findings

Demographic data related to elderly patients are presented below (Table 1).

Table 1: Frequency distribution of participants by gender, age, marital status, level ofeducation, residence address, history of psychiatric disorders, family support and employment status

Total	Frequency (percentile)	Variable	
(%100) 350	(%50.9) 178	Male	Gender
	(%49.1) 172	Female	
(%100) 350	(%76.9) 269	75 60	Age
	(%23.1) 81	90 75	
(%100) 350	(%97.1) 340	Married	Marital status
	(%2.9) 10	Single	
(%100) 350	(%72.9) 255	illiterate	Level of education
	(%19.4) 68	Under diploma	
	(%7.7) 27	Above diploma	
(%100) 350	(%46.6) 163	City	Residence address
	(%53.4) 187	Village	
(%100) 350	(%97.4) 341	No	History of psychiatric disorders
	(%2.6) 9	Yes	
(%100) 350	(%87.4) 306	Yes	Family support
	(%12.6) 44	No	
(%100) 350	(%90.6) 317	Employed	Employment status
	(%9.4) 33	Unemployed	

In total, 24 elderly patients (6.85%) suffered from depression (Table 2).

Table 2: Prevalence of depression in elderly patients, based on the severity of depression

Total	Severe	Moderate	Mild	Variable	
(%100) 350	4	5	169	Male	Gender
	6	9	157	Female	
(%100) 350	4	10	255	75 60	Age
	6	4	71	90 75	
(%100) 350	7	10	323	Married	Marital status
	3	4	3	Single	
(%100) 350	7	7	241	illiterate	Level of education
	3	6	59	Under diploma	
	0	1	26	Above diploma	
(%100) 350	6	9	148	City	Residence address
	4	5	178	Village	
(%100) 350	6	11	324	No	History of psychiatric disorders
	4	3	2	Yes	
(%100) 350	7	9	290	Yes	Family support
	3	5	36	No	
(%100) 350	2	2	29	Employed	Employment status
	8	12	297	Unemployed	

In this study, variables of age, marital status, history of psychiatric disorders and family support had significant relationships with the variable of geriatric depression (P <0.05). However, there was no significant relationship between variables of gender, residence address, level of education and employment status and the variable of depression (p> 0.05).

3. RESULTS AND DISCUSSION

In this study, 93.1% of the elderly patients suffered from depression, 4.0% had mild depression and 2.9% had severe depression. In a study conducted by Gharanjik, the prevalence of depression in the elderly Turkmens was 33%; among which 20% had mild depression, 10% had moderate depression and 3% had severe depression. In a study conducted by Ghaderi, the prevalence of depression in the elderly Kurds was 62%; among which 38.7% had mild depression, 16.3%had moderate depression and 7% had severe depression. In a study conducted by Manzouri on elderly people inIsfahan,63.7% suffered from depression; amongthem 40.7% had moderate depression and 23% had severe depression. Taheri in a study conducted on elderly people referred to Taleghani hospital in Tehran reported the prevalence of depression as 6.58%; among them 3.33% had moderate depression and 3.25% had severe depression. Different prevalence rates are due to differences in health indicators in different parts of the country, differences in applied research methods, heterogeneity of age groups, differences in study groups and cultural differences [3, 7-10].

In our study, depression was more prevalent in women; so that 8.72% of them were depressed and only 5.05% of men were depressed; however, there was no significant relationship between depression and gender in elderly people. In studies by Gharanjik, RajabiZadeh. Ghaderi, Taheri, Manzouri and Nair, the prevalence of depression in women was higher than men. It seems that gender differences, greater sensitivity to stressful events and higher prevalence of psychological stresses are causes of increased risk of depression in women;in a way that studies have considered gender as a risk factor in the incidence of depression [3, 7-11].

In this study, 5.20% of elderly people who aged between 60 and 75 years were depressed; on the other hand, 12.34% of those between 76 and 90 years were depressed. In this study, the prevalence of depression was significantly correlated with age and it increased along with aging. In the study of Ghaderi and Rajabi Zadeh, the prevalence of depression increased with increasing the age; however, in the study of Gharanjik the mean score of depression among elderly people who aged above 76 years was higher than those who aged between 60 to 75 years [3, 9, 11].

In this study, 20.9% of urban elderly people were depressed; while, 4.8% of rural elderly people suffered from depression. In the study of Ghaderithe rate of depression in urban elderly people was higher than rural elderly people; while in the study of Gharanjik the prevalence of depression among rural elderly people was higher than urban elderly people. These differences reflect cultural differences and different lifestyles of elderly people living in different parts of our country [3, 7].

In a study, it was found that 5.49% of uneducated elderly people and 10.52% of educated elderly people were depressed. The prevalence ratewas 13.23% in those with under diploma education and 3.70% in those with higher levels of education. In this study, there was no significant relationship between level of education and geriatric depression. In studies conducted on elderly Turkmens, Kurds and Isfahanis also with the increase of level of education, prevalence of geriatric depression has decreased [3, 7, 8].

In this study, the prevalence of depression among single elderly people- in all cases spouses had passed away- was 70%;while in those who were married and their spouses were alive, the prevalence of depression was much less and it was 5%. In this study, there was a significant relationship between depression and marital status of elderly patients. Results of studies on elderly Turkmens, Kurds and Isfahanis were all consistent with the results of the present study and this indicates the impact of married life in reducing the prevalence of depression [3, 7, 8].

12.12% of unemployed elderly participants and 6.30% of employed participants were depressed; however, in this study there was no significant relationship between depression and employment status. In the study of Gharanjik the mean score of depression in employed elderly people was slightly higher than retired people; yet it was dramatically lower than disabled and unemployed individuals [3].

In this study, 77.77% of those with a history of psychiatric disorder were depressed; while only 4.98% of those without a history of psychiatric disorder were depressed. In this study, there was a significant relationship between depression and a history of psychiatric disorder. In the study of Taheri, there was no significant relationship between history of depression and prevalence of geriatric depression. This discrepancy is because of considering depression as the only previous psychiatric disorder and also due to differences in study populations [9].

In this study, 18.18% of the elderly who lacked family support were depressed; while only 5.22% of those who enjoyed family support were depressed. There is a significant relationship between depression and family support. In studies by Gharanjik,Manzouriand Ghaderi lonely life has been correlated with increased prevalence of depression, too [3, 7, 8].

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