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## RESEARCH ARTICLE

### A CROSS-SECTIONAL STUDY TO ASSESS PSYCHOSOCIAL STRESSORS IN ELDERLY WITH DEPRESSION AT DEPARTMENT OF GERIATRIC MENTAL HEALTH, KGMU, LUCKNOW

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#### ABSTRACT

**Background:** Depression in elderly is a condition where an elderly is going through a lot of changes and stress, both physically and mentally. Psychosocial stressors are the most commonly affect the elderly and interfere the daily activities. This study assesses the psychosocial stressors among the elderly with depression. **Objective:** The main objective of the study was to find out the association between the psychosocial stressors and level of depression in elderly with depression. **Methods:** A cross sectional study was conducted on 60 elderly diagnosed with depression who were attending the OPD and IPD of Department of Geriatric Mental Health, KGMU, Lucknow. Severity of depression, level of stress and psychosocial stressors were assessed with Hamilton Depression Rating Scale, Perceived Stress Scale and Holmes and Rahe Stress Scale respectively. Socio-demographic and clinical details were also obtained from the patient by using a semi-structured socio-demographic pro forma. **Results:** Most of the patients reported very severe depression (53.33%) while 93.33% reported moderate level of perceived stress. A significant association was found between psychosocial stressors and depression with type of family, educational status and history of mental illness. Psychosocial stressors were significantly correlated with depression. Regarding type of family, educational status and history of mental illness, psychosocial stressors were significantly correlated. **Conclusion:** The study concluded that, psychosocial stressors were associated with depression in elderly which suggests that psychosocial stressors may be a very important factor influencing depression in elderly patients.

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## INTRODUCTION

According to WHO, there are 416 million elderly aged above 60 years around the world and 7.5% of Indian population are elderly. Elderly are vulnerable to physical as well as mental illness. Depression is one of the most common mental disorders in elderly, in terms of its prevalence, morbidity, dysfunction and economic burden. According to the Centres for Disease Control and Prevention (CDC), depression affects about 1%-5% of the general elderly population, 13.5% in elderly who require home health care, and 11.5% in older hospital patients (Centers for Disease Control and Prevention, 2017). Depression can cause great suffering and leads to impaired functioning in daily life. 7% of the general

elderly population is affected by unipolar depression which accounts for 5.7% of years of life disabled (YLDs) among those over 60 years old. Depression is usually under diagnosed and undertreated in primary health care settings. Symptoms are often overlooked and untreated because they co-occur with other problems encountered by older adults (Mental health of older adults, 2017). Elderly individuals usually face a higher risk of developing psychosocial problems as they are more likely to suffer from mental, psychological and social distress. Aging involves several bio-psychosocial changes, so elderly are more prone to have psychosocial stressors in their life and are often associated with high risk for mental disorders (Toor, 2014). There are several psychosocial stressors, which are more common in elderly. The most recurring stressful life situations that influence elderly account of physical and mental health, interpersonal, financial or work-related events. Separation or loss of a spouse, lack of social integration and death in

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family are common stressors, which may themselves cause physical and mental illness. Retirement, marital reconciliation, loneliness, loss or separation from family members, death of a close friend and son/daughter leaving friend are also major psychosocial stressors in elderly.<sup>4,9</sup> Chronic and prolonged stress in turn are potentially pathogenic (Yang, 2012). Elderly people experiences many losses potentially leading to bereavement over-load. They are vulnerable to depression and feeling of low self-worth. This is related to wide range of psychological and social factors. WHO report of 2018 states that out of 10,000 population 236 elderly suffer from mental illness due to various psychosocial problems. The objectives of the study were to assess the psychosocial stressors of elderly with depression and to associate the psychosocial stressors and level of depression in elderly with depression.

## MATERIALS AND METHODS

A quantitative non-experimental, descriptive, cross-sectional study design was followed. The study was conducted between Nov 2018 to Jan 2019 in a tertiary care centre located in Lucknow, India. The Institutional Ethics Committee approval was obtained before the study. Population of the study was elderly patients of age more than 60 years, who were diagnosed with depression as per ICD 10 and attending OPD or IPD in Department of Geriatric Mental Health, KGMU, and who are willing to participate in the study were enrolled. Nonprobability purposive sampling was carried out, and out of 80 calculated sample size 60 participants were studied as per inclusion criteria and 20 were excluded for the reason of severe medical illness, comorbid psychotic or bipolar affective disorders, who cannot respond to questions and those who refuses to give consent. Informed consent of the participants was obtained. Socio-demographic details age group, gender, domicile, type of family, educational status, marital status, occupation and monthly family income and clinical profile of patients history of mental illness, duration of illness and duration of treatment taken were recorded in predesigned form. Hamilton Depression Rating Scale (HDRS) and Perceived Stress Scale (PSS) were used to measure the severity of depression and stress level. Holmes & Rahe Stress Scale was used to assess psychosocial stressors.

Nominal data were described and expressed in frequency and percentage. Both descriptive and inferential statistics was used to analyze data. Correlation coefficient (Pearson correlation) was used to find out association between depression, perceived stress and psychosocial stressors. Inferential Statistics t test, ANOVA was used to find relationship of depression, perceived stress and psychosocial stressors with selected demographic variable and clinical variable. Descriptive statistics (frequency distribution and percentage, mean and SD) was used to analyze the socio-demographic, clinical variable.

**Strength and limitations:** The specified population assessed in this research study and standardized tools used were the strength of the study. The limitations of the study were small sample size, the exhaustive set of variables that might have been associated with depression and stress had not been examined and the study was conducted in one setting but finding may vary in different setting.

## RESULTS

During the study period, 60 depressive patients were enrolled in the study based inclusion criteria. Table 1a depicts that majority of subjects were in age group of 60-69 years (60%). A total of 60 elderly with depression 35 male and 25 females were interviewed in this study. However, not much difference was observed in the percentage of elderly with depression in males (58.33%) and females (41.66%). Majority of patients were belonging to urban area (60%). Majority of patients (51.66%) have Joint family and rest (48.33%) have Nuclear family. The percentage of illiterate elderly with depression was higher in total (28.33%). As per marital status most of elderly with depression were married (56.66%) then widow/widower (40%). Distribution of study sample according to employment found maximum of elderly were retired from their job (43.33%) and housewife (36.66%). Regarding monthly family income majority (41.66%) had family income Rs up to -10,000-15,000/-. Table 1b Shows Clinical details of elderly with depression. Among all the patients under study, majority 73.3% subject have the family History of Psychiatric Illness, rest 26.66% do not have any History of Psychiatric Illness. More than half of the elderly (55%) had <6 months duration of illness and majority of subject (40%) had not taken any treatment. Table 2 depicts the severity of symptoms of depression. Majority of elderly patients (53.33%) had very severe depression. Table 3 depicts the level of perceived stress. Majority of elderly (93.33%) with depression have moderate level of stress and rest (6.66%) had high perceived stress. Table 4a depicts the presence or absence of stressors. Majority (43.33%) of elderly with depression have 50% chance of a major stress induced health problems, 31.66% have 80% chance of a major stress induced health problems and rest (25%) low susceptibility to stress induce health problems.

Table 4b depicts the Individual item of psychosocial stressors in elderly with depression. Majority of elderly with depression (86.66%) reported major change in social activities. 81.66% have major change in recreation and 71.66% have major change in eating habits. 70% elderly with depression have major change in number of family get-togethers while 61.66% reported major change in spiritual activities. 31.6% reported revision of personal habits while 28.33% reported death of close friend and major change in financial state. Death of a close family member is 26.6% and 25% reported major change in work hours or conditions. 21.66% reported son/daughter leaving home and major change in health of family members. Table 5 shows that the coefficient of correlation of depression and psychosocial stressors in elderly with depression was calculated by using Karl Pearsons method which was found significant correlated at  $p < 0.01^{**}$ . This table indicates Perceived stress and depression and Psychosocial stressors and perceived stress are significantly correlated in elderly with depression as correlation value was significant at 0.01 level and psychosocial stressors and depression are significantly moderately correlated. It indicates if the perceived stress or psychosocial stressors increases then the depression level also increase.

**Table 1a: Frequency & Percentage distribution of Socio Demographic details of elderly with depression :**

(n=60)			
Variable	Categories	f	%
Age (in years)	60-69	36	60
	70-79	16	26.66
	80-89	07	11.66
	90 and above	01	01.66
Gender	Male		
	Female	35	58.33
Domicile	Rural	25	41.66
	Urban	24	40
Type of family	Nuclear	36	60
	Joint	29	48.33
Education	Illiterate	31	51.66
	Able to read and write only	17	28.33
	Up to 5 <sup>th</sup>	05	08.33
	6 <sup>th</sup> -10 <sup>th</sup>	10	16.66
Marital status	Up to 12 <sup>th</sup>	12	20
	Graduate	10	16.66
	Post-graduate & others	04	06.66
	Married	02	03.33
	Unmarried	34	56.66
	Divorced/Separated	02	03.33
	Widow/Widower	00	00
Occupation	Unemployed	00	00
	Employed	24	40
	Retired	04	06.66
	House wife	08	13.33
Monthly family income (in rupees)	Up to 5000	26	43.33
	5000-10000	22	36.66
	10000-15000	11	18.33
	>15000	12	20
Depend on others		25	41.66
		09	15
		03	05

**Table 2. Frequency & percentage distribution of Severity of symptoms of depression in elderly with depression (n=60)**

Variable	Categories	f	%
Severity of symptoms	Normal	0	00
	Mild	7	11.66
	Moderate	6	10
	Severe	15	25
	Very Severe	32	53.33

**Table 3. Frequency & percentage distribution of Perceived Stress in elderly with depression (n=60)**

Variable	Categories	f	%
Level of stress	Low	00	0
	Moderate	56	93.33
	High perceived stress	04	06.66

**Table 4a. Frequency & percentage distribution of Psychosocial stressors in elderly patients with depression (n= 60)**

Variable	Categories	f	%
Presence or Absence of stressors	Low susceptibility to stress induce health problems	15	25
	50% chance of a major stress induced health problems	26	43.33
	80% chance of a major stress induced health problems	19	31.66

## DISCUSSION

In the present study, the majority of subject (60%) was from age group of 60-70 years and this corresponds with the findings reported by Chauhan et al. (2017). Regarding gender most of study subjects were male; (58.33%) and rest were female (41.67%). Similar findings were noted in a study by Kaur (2016). She reported most of the study subjects were male (59%) and rest (41%) were female. Majority of patients were illiterate (28.33%).

The finding reported by Saroj et al (2007) was almost similar (31.67%) and support the recent findings (Saroj, 2007). Majority of patients were married (56.66%) and Nageswaran et al. (2016) also reported the similar findings (52.5%) (Nageswaran, 2016). This study showed majority of patients (60%) were from urban area and rest (40%) from rural area. Similar finding were noted in a study by Sengupta P et al (2015). Majority of patients were from joint family (51.66%) which is contradictory of finding reported by Sengupta P et al (2015).

**Table 4b. Frequency & percentage distribution of Individual item of Psychosocial stressors in elderly with depression**

Variable	(n= 60)	
	f	%
Death of spouse	10	16.66
Divorce	00	00
Marital separation	01	1.66
Jail Term	05	8.33
Death of close family member	16	26.66
Major personal injury or illness	12	20
Marriage	00	00
Fired from work	00	00
Marital reconciliation	00	00
Retirement	04	6.66
Major change in health of family members	13	21.66
Pregnancy	00	00
Sex difficulties	03	05
Gain of new family members	11	18.3
Major business readjustment	04	6.66
Major change in financial state	17	28.33
Death of close friend	17	28.33
Change to different line of work	06	10
Major change in number of arguments with spouse	12	20
Mortgage over Rs 1 Lakh	00	00
Foreclosure of mortgage or loan	01	1.66
Major change in responsibilities at work	06	10
Son/daughter leaving home	13	21.66
Trouble with in laws	12	20
Outstanding personal achievement	00	00
Spouse begins/stop work	00	00
Begin/end school	00	00
Major change in living conditions	12	20
Revision of personal habits	19	31.66
Trouble with boss	00	00
Major change in work hours or conditions	15	25
Change in residence or schools	06	10
Major change in recreation	49	81.66
Major change in spiritual activities	37	61.66
Major change in social activities	52	86.66
Mortgage or loan less than Rs 10,000	12	20
Major change in sleeping habits	51	85
Major change in number of family get-togethers	42	70
Major change in eating habits	43	71.66
Vacations	01	1.6
Minor violations of the law	00	00

**Table 5. Correlation between depression, perceived stress and psychosocial stressors**

Variable	Depression	Perceived stress	Psychosocial stressors
Depression	1	0.408**	0.211
Perceived stress	0.408**	1	0.415**
Psychosocial stressors	0.211	0.415**	1

\*\* Correlation is significant at the 0.01 level (2 tailed).

Majority of patients were retired from their job (43.33%) and their monthly family income (41.66%) was 10-15,000/month. This finding is contradictory of finding reported by Mohan U et al (2015) (Mohan, 2015). Maximum patients had history of psychiatric illness (73.33%). Similar finding was also reported by Gupta et al. (2012). In present study majority of (53.33%) patients were found with very severe depression but contradictory finding is found in a study conducted by Nageswaran et al. (2016) i.e. 58.5% elderly with mild depression. It was found that (24%) elderly had severe level of depression. Findings were similar to study conducted by Rajkumar et al. (2009). Out of 60 subjects (43.33%) of the subjects had 50% chance of a major stress induced health problems and presence of psychosocial stressors.

Similar findings were found in the study conducted by Wang (2009). The coefficient of correlation of psychosocial stressors and depression was found moderately correlated in present study. Findings were similar to study conducted by Kamble (2009). Contradictory finding is reported in study conducted by Nageswaran et al. (2016) which indicates Perceived stress and depression had low degree positive correlation among elderly people residing at old age homes as correlation value was 0.7, but it is not very significant. It indicates if the perceived stress increases then the depression level also increases. The present study finding is also similar to study finding reported by Kraaij et al. (2002)<sup>4</sup> that, the total number of negative life events and the total number of daily hassles appeared to have the strongest relationship with depression. In present study there is significantly moderate correlation was found between psychosocial stressors and depression. Contradictory finding was reported in the study conducted by Kaur (2012) with moderately positively correlation.

### Conclusion

Hence, it may be concluded that a strong relationship was found between psychosocial stressors and depression with type of family, educational status and history of mental illness. Impact of psychosocial stressors on depression is found in the study mainly in aspect of change in social, spiritual, recreational activities, family functioning and eating habits. This study helps to focus on the importance of life events especially of psychosocial aspect in order to achieve maximum level of coping with psychosocial stressors and prevention of depression in elderly. Similar study can be replicated with a large sample size, in a multi-centered setting by using qualitative approach. Study can be undertaken to prepare family atmosphere (Supportive caregiver) and coping skill training for maladaptive coping (dysfunctional coping). Study can be replicated with two groups of samples (Depressive and non-depressive group) to relate level of stress.

### Implications

Nursing personnel caring for an elderly with depression should be made aware of the psychosocial stressors and its complications. Nurses working in the outpatient and in patients department need to identify the various coping strategies used by elderly with depression. Nurses should encourage the patients to use of the adaptive coping (problem focused and emotional focus) coping strategies that were found to be helpful (e.g. Planning, active coping etc.).

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### Glossary of Abbreviations

1.	CDC	Centers for disease control
2.	HDRS	Hamilton depression rating scale
3.	ICD	International classification of diseases
4.	IPD	In patient department
5.	KGMU	King George's Medical University
6.	OPD	Out patient department
7.	PSS	Perceived stress scale
8.	SD	Standard deviation
9.	WHO	World health organization
10.	YLD	Years of life disabled

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