

A Comparative Study of Depression, Anxiety and Well Being Among Elderly

Dr. Roshan Lal* Dr. Ritu Sekhri**

Abstract

The sole aim of present research is to study the level of depression, anxiety and psychological well being in elderly males and elderly females. Depression refers to a set of phenomenon ranging from simple mood swings to severe affective state. Several external and internal influences have also been reported as major determinants for the occurrence of depression and anxiety, which are severe mental and physical stress, medical condition and genetic influences.

The total sample of 100 people was taken, out of which 50 were elderly males, rest 50 were elderly females..The research tools like, Beck's Depression Inventory, Psychological Well Being Scale (Bhogle's) was used to measure the psychological well being and anxiety levels were checked by Beck's Anxiety Inventory. The obtained results have been elaborated in results and discussion.

Key words: Depression, anxiety, well being, elderly.

* Asst. Professor, Dept. of Psychology, Panjab University, Chandigarh, India

**Corresponding Author: Asst. Prof. Dept. of Psychology, P.G. Govt. College, for Girls, Sector-11, Chandigarh

Introduction

Ageing is always an important challenge. The geriatric population was about 600 million in 2000. It is expected to rise 2 billion in 2050. Many psychologists define Ageing in different way. Edward defined aging as elements of time living -which means Aging is a part of living. Psychologically, aging is characterized by the diminishing of one's bodily functions. Researchers divide oldage into three categories-early old age from 60-69 years, advanced old age from 70-79 years and older old age from 80 years onwards. The disintegrating system of joint family, urbanization and changing social and moral values have caused serious problem for the aged. They are no more treated with respect but as unavoidable burden. According to World Health Organization by 2020, depression is very prevalent in the developing countries, globally it is the second cause of disability is depression.

The utility of the aged population, gender and various socio cultural factors play a major role in much neglected, multifaceted issue of aging. Indian family structures traditionally provided care, comfort and security to the elderly people. But, changing demands of life styles, nuclear family structures, migration

from hometown to cities and other countries, financial issues, extra working hours, less man power at home has put many pressures on caregivers

Aging population is constantly growing all over the world. The elderly population in India is the second largest in the world next to China. The aged population was 77 million according to 2001 census and is projected by the United Nations to increase to 137 million by 2021. The population projections also show that by the year 2050, the elderly population in India will surpass the population of children below 14 years. Research studies show that there is a prevalence of depression and a lower life satisfaction and more adjustment problems among elderly people.

Depression and anxiety disorders are different, but people with depression often experience symptoms similar to those of an anxiety disorder such as nervousness irritability, problem in sleeping and concentrating. But each disorder has its own causes and its own emotional and behavioral symptoms. Many people who develop depression have a history of an anxiety disorder earlier in life.

There are still some myths, such as the idea that successful people are immune from depression and that treatment can rely solely on trying harder. The goal of this project is to understand the brain changes that generate individual experiences of anxiety and depression. It also tries to understand the brain changes contribute to the impact on personal lives-effects on relationship and work. The project was funded by National Institute of Mental Health. People having anxiety have few of these symptoms- tension at times called irritability, where people are overly sensitive.

Psychological Well Being, refers to positive mental health. Psychological Well Being refers to the idea how people evaluate their lives. Accordingly evaluations can be in the form of cognition or in the form of affect.

There are several factors- social and psychological, which have been linked to increased individual life expectancy and quality of life in elderly people. Psychological well being has been examined as an indicator of successful adaptation during old age.

The causes of anxiety disorders in old aged are numerous. Some are those who suffered from such a disorder when young, while many have anxiety for the first time in old age. In few cases, it is a heredity problem. Neurobiological changes occurring with age can also make them more vulnerable to anxiety. Anxiety disorders are characterised by a persistent and intense fear of objects, persons, situations or events that disrupt considerably the person's usual activities.

Anxiety disorders are common and costly in older adults. With shifts in demographics of the population at large, anxiety disorders in late life will become a source of increasing personal and societal cost. An understanding of the prevalence of each anxiety disorder in older adults will clarify the magnitude of these problems in this population. Although epidemiological research has begun to converge with respect to estimating the prevalence of anxiety disorders in late life, discrepancies still exist.

Rationale

This study aims to understand the psychological well being and life events stress in aging population. Aging is the great neglected unknown of an otherwise well documented life span. The purpose of the present study was to examine the relationship of meaning in life and its dimensions to depression and general psychological health, as well as the differences concerning the meaning of life among individuals with low, moderate and high depressive symptomatology.

The need of the study is to just bring forward the fact that how the factors like loneliness ,retirement lead to start of other mental disorders , which need to be timely looked upon or else they may take a weird turn. Timely diagnosis followed by timely treatment of counseling and medication may lead to start of healthy life again.

METHODOLOGY

Objectives

- 1) To study depression, anxiety and well being among elderly
- 2) To study gender difference on depression, anxiety and well being among elderly

Hypotheses

- It is expected that there is significant difference depression, anxiety and well being among elderly
- There is significant gender difference on depression, anxiety and well being among elderly

Sample

- According to the sole aim of the present study, total 100 (50 male and 50 female) from the age range of 65-75 would be randomly selected from Chandigarh. The selected population is to live in their home.
- Demographic data of the sample

Variables	Male	Females
Eduacation	Higher Secondary to diploma holder	From 8 th – 10 th
Marital status	Single and Married	Married and Widow
Diseases	BP, diabetes	Diabetes, BP, thyroid
Housing	Own	Own
Physical activity	Walk and Exercise	Only a few go for walk

Tools:

Beck's Depression Inventory (Beck et al. 1996) was developed consisting of 21 items. these items assess the pressure and intensity of depressive symptomatology and the items were scored from 1 to 3. This inventory has test-retest reliability coefficient ranging from 0.74 to 0.83 on different time intervals.

Psychological well-being questionnaire (Bhogle and Prakash (1994), was used to assess the psychological well being level of the subjects (Appendix-A). This questionnaire contains 28 items, for which the subjects have to put a tick mark for either of the two options YES or NO. Some of the items were designed to elicit YES responses and some of the items were designed into 13 factors, which will contribute to the psychological well-being of the individuals.

Beck Anxiety Inventory (Beck et.al., 1988) is a 21- question multiple choice self report inventory that is used for measuring the severity of anxiety in children and adults. The questions used ask about common symptoms of anxiety that the subject has had during the past week as numbness and tingling, sweating due to heat and fear of worth happening. It is designed for 17 years and above and takes 10-15 minutes to complete. Given by Beck , this inventory discriminates between anxious and non anxious groups. The inventory contains 21 items rated from 0-3 , with a maximum possible total score of 63.

Results and Discussion

Fig-1, The following figure shows the mean scores of anxiety and gender difference among elderly:

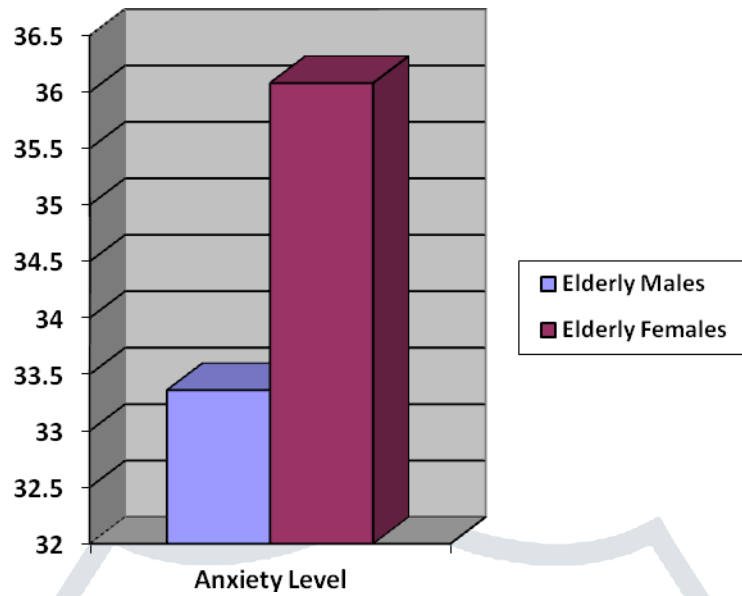


Fig-2, the following figure shows the mean scores of anxiety among elderly:

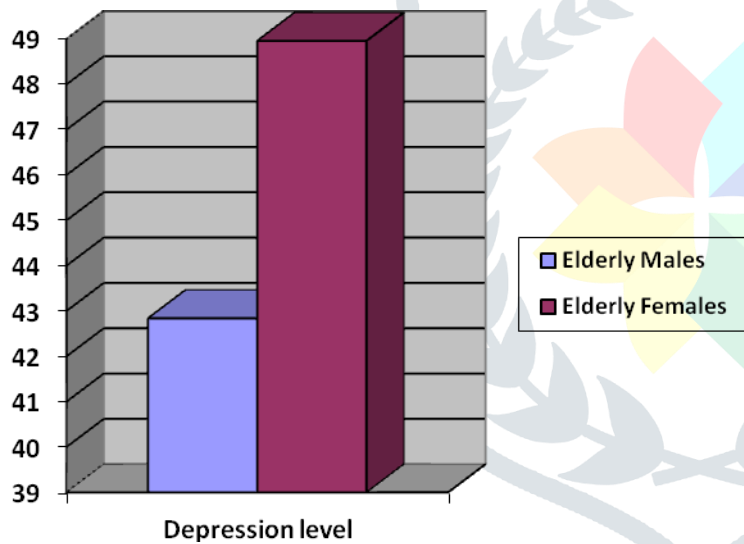


Figure-3: shows the mean score of psychological well being among elderly

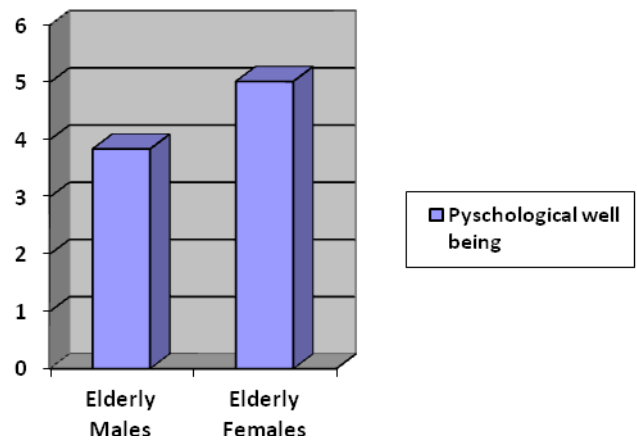


Table-1: Mean SD and ‘t’ value of the obtained scores on depression and gender difference among elderly

Sample	N	Mean	SD	t-test
Elderly Males	50	42.84	9.22	3.208
Elderly Females	50	48.96	9.93	

According to table (1), the t score is 3.208, which is statistically significant at 0.01 level. This indicates that there is significant difference in the means of depression levels in elderly men and elderly women. So, the hypothesis that there is significant difference in the depression levels in elderly men and elderly women is *accepted*.

Table-2: Table-1: Mean SD and ‘t’ value of the obtained scores on anxiety and gender difference among elderly

Sample	N	Mean	SD	t-test
Elderly Males	50	33.36	12.52	1.2963
Elderly Females	50	36.08	7.97	

According to table (2), the t score is 1.2963 which is moderately significant at 0.01 level and shows a moderate difference between the means of anxiety levels in elderly men and elderly women. Hence, the hypothesis of difference in the anxiety levels in elderly men and elderly women is *accepted*.

Table-3: Table-1: Mean SD and 't' value of the obtained scores on well being and gender difference among elderly

Sample	N	Mean	SD	t-test
Elderly Males	50	4.54	1.13	3.123
Elderly Females	50	3.84	1.11	

According to table (3), the t score is 3.1223, which is again significant at 0.01 level and shows the difference between the means of psychological well being in elderly men and elderly women. Therefore, the hypothesis of significant difference in the psychological well being in elderly men and elderly women is *accepted*.

The women tend to report higher levels of happiness but also experience more feelings of depression and anxiety than men. According to the study, we can analyse that the elderly people have high anxiety and low psychological well being. The elderly people face with varied problems like frail health condition, lack of adequate care and concern by the family members, negligence by the care givers, busy life schedule due to urbanization which makes the elderly people feel neglected.

On the basis of the assessment done on the elderly men and elderly women by various questionnaires, mean was calculated each for depression level, anxiety level and psychological well being. After calculating the mean, the standard deviation was found. Tables and bar diagrams have been made accordingly in the results. T test was also calculated and so also was p value. The p value was set at ninety nine percentile at 0.01. The pvalue in case of depression was 0.0019, which shows a significant difference between the depression levels of elderly men and elderly women. Similarly the pvalues for anxiety level and psychological well being was 0.0017 and 0.0024, which again shows the significant difference in these levels between elderly men and elderly women. So, the hypothesis mentioned:

REFERENCES:

American Psychological Association. (2004). Guidelines for psychological practice with older adults. *American Psychologist*, 59(4), 236–260.

- American Psychiatric Association (1994) *Diagnostic and statistical manual of mental disorders (4th edn)* (DSM-IV). Washington, DC: APA.
- Andreescu, C., Lenze, E. J., Mulsant, B. H., Wetherellet, J. L., Begley, A. E., Mazumdar, S., & Reynolds, C. F. (2009). High worry severity is associated with poorer acute and maintenance efficacy of antidepressants in late life depression. *Depression and Anxiety*, 26(3), 266–272. doi:10.1002/da.20544
- Antonucci, T. C., Birdett, K. S., & Ajrouch, K. (2011). Convoys of social relations: Past, present and future. In K. L. Fingerman, C. A. Berg, J. Smith., & T. C. Antonucci (Eds.), *Handbook of life-span development* (pp. 161–182). New York, NY: Springer
- Arber s, Ginn J. *Gender and later life*. Sage, London: 1991
- Areán, P. A. (2003). Advances in psychotherapy for mental illness in late life. *American Journal of Geriatric Psychiatry*, 11, 4–6. doi:10.1176/appi.ajgp.11.1.4
- Areán, P. A., Ayalon, L., Hunkeler, E., Lin, E. H., Tang, L., Harpole, L., . . . Unützer, J. (2005). Improving depression care for older, minority patients in primary care. *Medical Care*, 43(4), 381–390.
- Balsis, S., & Carpenter, B. D. (2006). Evaluations of elderspeak in a caregiving context. *Clinical Gerontologist*, 29, 79–96. doi:10.1300/J018v29n01_07
- Baltes, M. M. (1996). *The many faces of dependency in old age*. Cambridge, England: Cambridge University Press.
- Baltes, P. B. (1993). The aging mind: Potential and limits. *The Gerontologist*, 33(5), 580–594. doi:10.1093/geront/33.5.580
- Bebbington, P.E (1996) *The origins of sex differences in depressive disorder: bridging the gap. International review of psychiatry*, 8, 295-332.
- Beck AT, Steer RA, Brown G (1996) *The beck depression inventory-Second Edition. Manual for the Beck Depression Inventory-II*. San Antonio, TX: Psychological Corporation.
- Beck ,A.T, Epstein ,N.,Brown ,G.,Steer, R.A.(1998) An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology* , 56, 893-897.
- Berman, J., & Furst, L. M. (2011). *Depressed older adults: Education and screening*. New York, NY: Springer.
- Bertram, L., & Tanzi, R. E. (2012). The genetics of Alzheimer's disease. *Progress in Molecular Biology and Translational Science*, 107, 79–100. doi:10.1016/B978-0-12-385883-2.00008-4
- Breslau, N., Schultz, L. & Peterson, E. (1995) *Sex differences in depression: a role for pre existing anxiety. Psychiatry Research*, 58, 1-12.
- Brickman, A. M., & Stern, Y. (2009). Aging and memory in humans. In L. R. Squire (Ed.), *Encyclopedia of neuroscience* (Vol. 1, pp. 175–180). Oxford, England: Academic Press

Carol d Ryff, Corey Lee M (1995). “ The structure of psychological well being revisited”. Journal of personality and social psychology, vol-69, No,4, 719-727

Chandrika P, Anantharaman RN (1982) Life changes and adjustment in old age. Journal of Psychological Research 26: 137-141

Charles, S. T. (2011). Emotional experience and regulation in later life. In K. W. Schaie & S. Willis (Eds.), Handbook of the psychology of aging

Diener E, Suh E.M, Lucas R.E, Smith H.L, Subjective well being: Three decades of progress. Psychological Bulletin, 1999 ; 125: 276-3024.

Diener E, Emmons RA. The independence of Positive and Negative Affect. journal of personality & Social Psychology, 1984; 47:1105-1117

Diener E. Subjective Well-Being. Psychological Bulletin. 1984; 95:542-75.

Farmer, A.E. (1996) *The genetics of depressive disorders. International review of psychiatry*, 8, 369-372.

Scogin, F., & Avani, S. (2006). Screening older adults for depression in primary care settings. *Health Psychology*, 25, 675–677. doi:10.1037/0278-6133.25.6.675

Scogin, F., & Shah, A. (2012). Making evidence-based psychological treatment work with older adults. Washington, DC: American Psychological Association.

Scogin, F., Welsh, D., Hanson, A., Stump, J., & Coates, A. (2005). Evidence-based psychotherapies for depression in older adults. *Clinical Psychology: Science and Practice*, 12(3), 222–237. doi:10.1093/clipsy.bpi033

Steer RA, Ranieri WF, Beck AT, Clark DA: Further evidence for the validity of the Beck Anxiety Inventory with Psychiatric outpatients. *J Anxiety Disorders* 1993, 195-205

Sternberg, R. J., & Lubart, T. I. (2001). Wisdom and creativity. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (5th ed., pp. 500–522). San Diego, CA: Academic Press.

Whitfield, K. E., Thorpe, R., & Szanton, K. S. (2011). Health disparities, social class and aging. In K. W. Schaie & S. Willis (Eds.), *Handbook of the psychology of aging* (7th ed., pp. 207–218). Burlington, MA