



Depression among Elderly in India: An Iceberg Phenomenon

Dhasarathi Kumar*

Department of Public Health, SRM University, Chennai, Tamilnadu, India

***Corresponding Author:** Dhasarathi Kumar, Department of Public Health, SRM University, Chennai, Tamilnadu, India.

Received: July 16, 2018 ; **Published:** July 25, 2018

Based on World Health Organization (WHO) age of 60 years and above sixty year are considered elderly, during 2001 census in India overall constitution of elderly is 7% and elderly population is increased by 2016 and it is 8% [1], overall proportion of the elderly population in world was 5.8% during 2000 and it is expected to increase to 8.7% by the year 2025 and 15.0% by the year of 2050 [2]. Almost all the system of the body is affected by ageing and ageing involved with several physicals, metabolic and psychosomatic changes. There are many physiological changes which include the decline in physical activity, metabolism, digestion, bone mass and muscle mass. Common physiological problem includes failing eyesight and hearing problem, anorexia due to loss of taste, perception of smell, dental problems, gastro intestinal track changes, constipation and decreased physical activity could lead to overall decrease of food intake and poor absorption of nutrients [3], because the physical health consequences disease is predicted immediately but always mental health problem will be an iceberg phenomenon. Nowadays mental health gaining major attention. There are many studies which reveal that depression/Psychological symptoms are more common among female than male; the feeling of depression among females was 2.31 times higher than males [4,5]. Depression is a sickness considered by persistent sadness and a lack of interest in previous interesting activities that you normally enjoyed before, escorted by failure to carry out the day-today activities, for at least two weeks [6]. Many people experience depression in old age [7], it's an emerging problem which is leading to morbidity and disability in worldwide [8,9]. There are list of risk factor for depression which includes Ageing, Gender (Female has higher risk) [4] Illiteracy, disability, recent bereavement, low-income family, poverty, poor health Status, cognitive impairment, sleep pattern/disturbance, living alone, previous experience of depression, medical illness are found by systematic review and meta-analysis [9-11]. Some of the study in India proved that Monthly family income below Rs. 1100, experienced hunger within past 30 days, poverty, higher age, living alone, nuclear family, illiterates, having four or more confidants, history of diabetes mellitus, history of transient ischemic attack, history of cardiac illness, history of head injury with LOC are the major fac-

tor, associated with elderly depression and depression is the very common psychiatric disorder but depression among elderly is not yet perceived as an imperative public health problem [8,12,13]. Still mental health problems, especially depressive disorders are remains like an iceberg phenomena because very often the depression goes undiagnosed and elderly people are not seeking and utilizing the health care, ignorance of the symptoms all so will take place [13]. Depression among elderly lower the productivity and it increases the money which spends on health care among the family members [14] and to commit suicide depression is most reason among elderly [11], by giving health education to the community at primary level will help, giving more love, care for the elderly, improvise the health status of an elderly [13,15]. The community members and health professional need greater awareness to detect the depression [16].

Acknowledgements

Author would sincerely thank her guide and mentor Dr. Alex Joseph, Assistant Professor of SRM School of Public Health, Department of Public health, a man of very high esteem, who has been a great source of inspiration and who has guided me by extending his knowledge and experience right from the inception to the completion of the work. Author sincerely like to thank all respected faculties of department of Public health for their guidance and support for making this article successful.

Funding

No funding sources.

Conflict of Interest

None declared.

Bibliography

1. India Go. "Population Composition" (2011): 19-20.
2. Report W. "Technical paper: Health care of the elderly in the Eastern Mediterranean Region: Challenges and Perspectives 4. WHO/EMR (2003).

3. Kamala Krishnaswamy N. "Dietary Guidelines for Indians" (2011).
4. Abolfotouh MA., *et al.* "Psychosocial assessment of geriatric subjects in Abha City, Saudi Arabia". *Eastern Mediterranean Health Journal* 7.3 (2001): 481-491.
5. Ibrahim NK., *et al.* Morbidity profile of elderly attended/admitted in Jeddah health facilities, Saudi Arabia". WHO.
6. WHO. "Depression-Let's talk" (2017).
7. Sanghamitra Maulik and Aparajita Dasgupta. "Depression and its determinants in the rural elderly of West Bengal -a cross sectional study". *International Journal of Biological and Medical Research* 3.1 (2012): 1299-1302.
8. AP Rajkumar. "Nature, prevalence and factors associated with depression among the elderly in a rural south Indian community". *International Psychogeriatrics* 21.2 (2009): 372-378.
9. Martin G Cole and Dendukuri N. "Risk Factors for Depression Among Elderly Community Subjects: A Systematic Review and Meta-Analysis". *American Journal of Psychiatry* 160.6 (2003): 1147-1156.
10. S Suganathan. "A study on depression among elderly in a rural population of Tamil Nadu, India". *International Journal of Community Medicine and Public Health* 3.9 (2016): 2571-2573.
11. Swarnalatha N. "The Prevalence among the rural elderly in Chittoor District, Andhra Pradesh". *Journal of Clinical and Diagnostic Research* 7.7 (2013): 1356-1359.
12. Paramita Sengupta and Benjamin AI. "Prevalence of Depression and Associated Risk Factors among the Elderly in Urban and Rural Field Practice Areas of a Tertiary Care Institution in Ludhiana". *Indian Journal of Public Health* 59.1 (2017): 3-8.
13. Lilian D'souza., *et al.* "Prevalence of depression among elderly in an urban slum of Bangalore, a cross sectional study". *International Journal of Interdisciplinary and Multidisciplinary Studies* 2.3 (2015): 1-4.
14. Anantlaxmi Ananthram Goud and Nitin Suhas Nikhade. "Prevalence of depression in older adults living in old age home". *International Archives of Integrated Medicine* 2.11 (2015): 1-5.
15. Nandi PS., *et al.* "A study of psychiatric morbidity of the elderly population of a rural community of West Bengal". *Indian Journal of Psychiatry* 39.2 (1997): 122-129.
16. Sekhon Harinder., *et al.* "A Study of Depression in Geriatric Population in a Rural Area of North India". *Scholars Academic Journal of Biosciences* 3.1A (2015): 26-28.

Volume 2 Issue 5 August 2018

© All rights are reserved by Dhasarathi Kumar.