Feeling of Depression and loneliness among Elderly people Attending Geriatric Clubs at Assiut City

Nadia Ebraheem Sayied; Hussnia Shehata Mohamed and Reda Abd El Aal Thabet

Psychiatric Nursing Department, Faculty of Nursing, Assiut University. Assiut, Egypt
nadiaebraheem@ymail.com

Abstract: People over the age of sixty-five are a national problem that requires more attention and research because the suicide rate is more prominent in this age group than in any other .The study **aimed** to assess feeling of depression and loneliness in elderly persons and identify the relation between the old age and feeling of depression and loneliness. Interviews were conducted individually with elderly people Convenience **sample of the study** were 50 elderly persons aged 60years and above from Geriatric club in Legitimate Assembly and Geriatric Club at Assiut cultural center. **Tools** were used in this study UCLA Loneliness Scale (Version 3), It will be used to assess the feeling of loneliness among elderly people, and Beck Depression Inventory Scale .**The results** revealed that there were statistically significant difference between depression and age. There were statistically significant highly correlation between depression and loneliness. **Conclusion,** depression and loneliness significantly increase with age.

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Key Words: Depression, Loneliness, Elderly

1. Introduction:

Many people experience loneliness and depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities. With advancing age, it is inevitable that people lose connection with their friendship networks and that they find it more difficult to initiate new friendships and to belong to new networks**.(Singh, and Misra ,2009).**

Depression is the most common mood disorder in later life. It may be associated with serious consequences, including; disability, functional decline, diminished quality of life, increased mortality and increased service utilization. Moreover it is undiagnosed in about 50% of cases **(Charney et al, 2003).** World health organization (WHO) considered that the age of 65 is the beginning of aging, but in Egypt, the age of 60 is still considered the beginning of aging according to the retirement age for most of people **(Sheriff, 2000).**

World Health Organization is predicting that by the year 2020, depression will become the second leading cause of disability, so it is considered as a major public health problem **(Finley et al, 2002 & Ustun et al, 2004)**. The risk of depression in the elderly increases with other illnesses and when ability to function becomes limited. Estimates of major depression in older people living in the community range from less than 1 percent to about 5 percent, but rises to 13.5 percent in those who require home healthcare and to 11.5 percent in elderly hospital patients **– Hybels and Blazer (2003).**

Depression in the elderly is a widespread problem that is often not diagnosed and frequently under treated. Many older people will not admit to the signs and symptoms of depression, for fear that they will be seen as weak or crazy, **Screening for Depression Recommendations and Rationale (2002).** A study by **Max *et al.* (2005)** revealed that the presence of perceived loneliness contributed strongly to the effect of depression on mortality. Thus, in the oldest old, depression is associated with mortality only when feelings of loneliness are present. Depression is a problem that often accompanies loneliness. In many cases, depressive symptoms such as withdrawal, anxiety, lack of motivation and sadness mimic and mask the symptoms of loneliness.

Significance of the Study:

One of the main features of the Egyptian population over the last few decades is the gradual increase in the absolute and relative numbers of older people. The percent of older people, defined as 60 years of age and more, was 6.1% of the total population in 1996 and reached 7.2% in 2006 according to the last Egyptian census. The expected percentage of older people may reach 8.9% in 2016 and 10.9% in 2026. About ,79 %. These demographic trends are important for the future patterns of health care and disease. This reflects the importance of providing health care for older people in Egypt, **Egypt Demographic & Health Survey (2005, 2008)**

Aim of the study

1- To assess feeling of depression and loneliness in elderly persons.
2- Identify the relation between the old age and feeling of depression and loneliness.

2. Subjects and methods:

Research Design: A descriptive research design was used in carrying out this study.

Research setting:

The study was carried out at two setting which affiliated in the West Assiut City (geriatric club in legitimate assembly) and East Assiut City (geriatric club in Cultural Center).Participation of Geriatric club in Legitimate assembly was yearly and the elderly paid 40 pounds every year, also the participation the same in club of cultural center but the elderly paid 10 pounds every year.

The elderly participate in both clubs, these clubs provide many services for elderly such as, internal and external trips, birth day party, and library for reading books (cultural and religious books), and also there is a religious guider. There is visitant physician in geriatric club of legitimate assembly for follow up of elderly with diabetes and hypertension, the physician come to club every Saturday and Tuesday for measuring blood pressure and sugar level in blood

Sample

Convenient sample of elderly people attending to the previous setting were included in this study, their number were 50 elderly person aged 60years and above. All of them from urban area .

Tools of data collection:

1- Sociodemographic data questionnaire: -Which include, elderly name, age, sex, marital status, level of education, occupation, and living with whom, residence.

2- UCLA loneliness scale: - It will be used to assess the feeling of loneliness among elderly people. UCLA Loneliness Scale (Version 3). It Developed by **Russell (1996).** It consists of twenty items which assess feeling of loneliness in elderly people. The subjects responds on a 4-point (1=indicate never, 2=rarely, 3=sometimes, 4=often). The scoring system of this scale as the following from 15 and 20 are considered a normal experience of loneliness. Scores above 30 indicate a person is experiencing severe loneliness. 9 items are revised scoring. This scale was translated into Arabic language. Both the Arabic and English items were submitted to five experts from the English section, Faculty of Art, Assiut University to be reviewed for its translation. A jury of five experts in the psychiatric field examined the content validity, And tested for its validity.

3- Beck Depression Inventory Scale (BDI) (1961): Arabic modified version by Ghareeb, (1990). It consists of 13 items. It will be used to assess the feeling of depression. Each item is containing four statements ranked in order of severity and measured on a likert scale of four points (0-3). The scoring system ranged from 0-9 not depressed, 10-15 mild depressed, 16-24 moderate depression, 25-39 severe depression.

Methods of data collection

1. Preparatory phase and administrative design

An official approval was obtained from the Dean of faculty of nursing, Assiut University to the director of geriatric club in legitimate assembly and director of geriatric club in cultural center to obtain their vital assistance and necessary approval to conduct the study. This letter includes permission to carryout the study and explains the purpose and nature of the study

Ethical consideration

The purpose of this study was explained for every interviewed individual that includes directors of the studied clubs, elderly men and women.

The elderly has ethical right to agree or refuse participation in the study; consent to participate in the study was secured orally and informed that the information obtained will be confidential and used only for the purpose of the study.

2- Implementation phase:-

After getting official approval for performing the study from pertinent authorities, the process of data collection was started. Interviews were conducted individually with elderly people. Data collection was done from 4.00 p M to 6.00 P M, two days / week each interview took about 30 minute. Data collection took about three months from the beginning of May 2011 to July 2011.

Pilot study

A pilot study was conducted at the beginning of the study. It included 10% of the total sample to investigate the feasibility of data collection tools and their clarity. Subjects included in the pilot study were excluded from the total studied sample.

3. Results

Table (1) shows that, sociodemogrphic characteristics of the studied group, as regards elderly age 62 % of the studied group aged less than 70 years, according to elderly sex 80%of them were females and 20%were males. according to level of education about 42% of the studied group were secondary level of education, in relation to occupation 60% of them were retired, according to

living with whom about 68 % of them living with first degree relatives, while 22% of them living alone and 10%of them living with second degree relatives.

Table (2) shows that, there were statistically significant difference between loneliness and age (P value = 0. 030), as well as loneliness and level of education (P value = 0.033).

Table (3) illustrates that, there were statistically significant difference between depression and age (P value = 0. 024), as well as depression and level of education (P value = 0.013) of the studied group.

Figure (1) shows that, about 72% of studied group had severe loneliness, while 26% of them had moderate loneliness.

Figure (2) indicates that, there were 60% of the studied group didn't have depression; on the other hand 26% of them had moderate depression

Figure (3) shows that there were statistically significant highly correlation between depression and loneliness of the studied group (r= 0.709, p = 0.000).

Figure (4) shows that there were statistically significant correlation between age and depression of the studied group (r= 0.334, p = 0.018).

Figure (5) indicates that there were statistically significant correlation between age and loneliness of the studied group (r= 0.319, p = 0.024).

Table (1): Sociodemographic characteristics of studied group (n=50)

	No. (n= 50)	%
Age: (years)		
< 70	31	62.0
≥ 70	19	38.0
Mean ± SD (Range)	68.2 ± 6.8 (60 – 85)	
Sex		
Male	10	20%
Female	40	80%
Level of education:		
Illiterate	12	24.0
Basic education	9	18.0
Secondary	21	42.0
University	8	16.0
Occupation:		
Retired	30	60.0
House wife	20	40.0
Person who living with:		
First degree relatives	34	68.0
Second degree relatives	5	10.0
Alone	11	22.0

Table (2): Relation between loneliness and sociodemographic characteristics of studied group (n=50)

	Mean ± SD	Range	Test	P-value
Age: (years)			T	
< 70	38.0 ± 11.8	19 – 57	5.02	0.030*
	47.1 ± 16.8	23 – 74		
			F	
≥ 70	46.5 ± 16.6	22 – 74	3.74	
Level of education:	48.8 ± 11.4	31 – 66		0.017*•
Secondary	40.0 ± 12.8	21 – 64		
University	29.4 ± 10.9	19 – 53		
Occupation:			T	
Retired	40.0 ± 14.1	19 – 68	0.74	0.393
House wife	43.6 ± 15.0	21 – 74		
Person who living with:			F	
First degree relatives	39.1 ± 13.7	19 – 68	0.52	0.230•
First degree relatives	48.0 ± 19.2	27 – 74		
Alone	45.8 ± 13.8	21 – 63		

Independent samples t-test • ANOVA test * Statistical significant difference (P< 0.05)

Table (3): Relation between depression and sociodemographic Characteristics of studied group (n=50)

	Mean ± SD	Range	Test	P-value
Age: (years)			T	
< 70	8.1 ± 5.5	0 – 21	5.41	0.024*
≥ 70	12.5 ± 7.9	1 – 21		
Level of education:			F	
Illiterate	12.8 ± 7.4	3 – 22	3.73	
Basic education	12.8 ± 5.9	7 – 22		0.018*•
Secondary	8.7 ± 6.7	1 – 21		
University	4.5 ± 2.3	0 – 7		
Occupation:			T	
Retired	9.3 ± 6.9	0 – 22	0.36	0.552
House wife	10.5 ± 6.7	1 – 22		
Person who living with:			F	
First degree relatives	9.5 ± 6.9	0 – 22	0.43	0.655•
First degree relatives	12.4 ± 7.8	4 – 21		
Alone	9.2 ± 6.3	1 – 21		

Independent samples t-test • ANOVA test Statistical significant difference (P< 0.05)

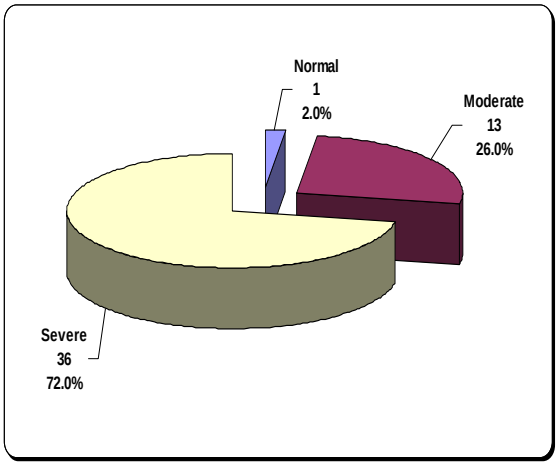


Figure (1) Distribution of the studied group according to loneliness (n = 50)

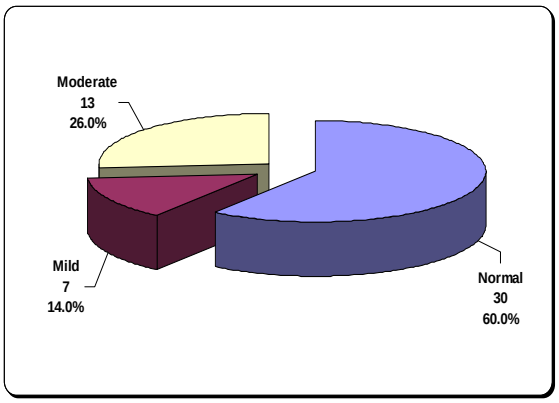


Figure (2) Distribution of the studied group according to depression (n = 50)

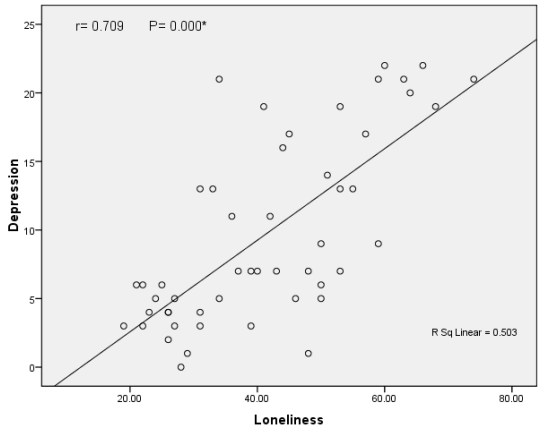


Figure (3) Correlation between depression and loneliness of the studied group (n =50)

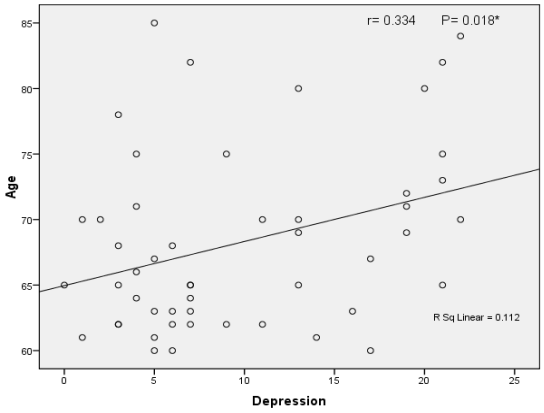
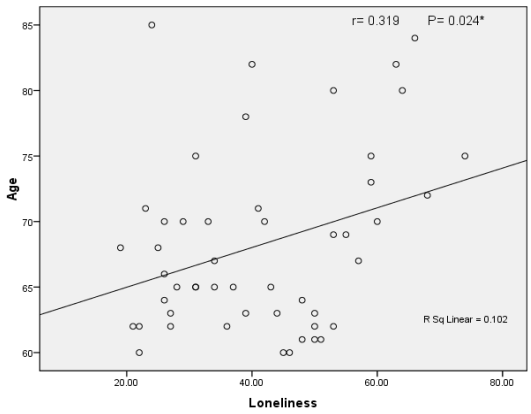


Figure (4) Correlation between age and depression of the Studied group (n =50)



Figure(5): Correlation between age and loneliness of the Studied group (n =50)

4. Discussion

Depression is a common and disabling psychiatric disorder in later life. It is well known that depression increases mortality and has a negative impact on the well-being and daily functioning of the elderly **Beekman et al.,(2002), Rovner et al., (1993); Wells et al., (1989).** In particular, institutionalized elderly people seem to be at increased risk of developing depressive symptoms due to frequently occurring chronic physical illness, a factor that is closely related to depression in old age **(Godlove et al., 2000; Gurland et al., 1979; Henderson et al., 1993; Parmelee et al., 1992; Stek et al., 2003).**

In the present study about two thirds of the studied group aged less than 70 years. This finding is supported with **Singh, et al., (2009),** who stated that prevalence of depressive symptoms increase with age 67years. Also **Segal, et al (2007)** reported that, according to the National Institutes of Health, of the 35million American aged 65or older, about2 million of them suffer from full blown depression. Another 5 million suffer from sever form of the illness.

As regard level of education and occupation about 42% and two thirds of the studied sample were secondary level of education and retired. This study agree with, **Asnani, etal, (2010)** who stated that, Depression was significantly associated with unemployment, (p: < 0.001), whereas unemployment (p-: 0.002), and lower educational attainment were significantly associated with loneliness. Also this may be attributed to the fact that all the elderly belonged to the working group were employed in government jobs before retirement.

As regard living with whom about two thirds of them living with first degree relative and one quarter of them living alone these finding agree with, **Singh and Misra (2009**), most of the elderly were staying with their children and grandchildren, which did not allow them to stay lonely for long time.

Jongenelis, (2003), illustrated that, factors associated with depression, the following risk indicators were found: age below 80 years, lack of social support, and loneliness. This result consistent with the present study that indicates there was significant difference between loneliness and depression and elderly age, education and social support. On the other hand, this disagrees with **Kaasa, (1998)** who stated that there is no significant difference in the percentage of lonely people in the various age groups over 80 years. Also **Park, (2009)** ,reported that People can experience loneliness for many reasons and many life events are associated with it, like the lack of friendship relations during childhood and adolescence, or the physical absence of meaningful people around a person are a few causes for loneliness .

The present study revealed that about 72% of the studied group had severe loneliness. This is consistent with **Singh, and Misra,. (2009)** who stated that, despite the elderly being sociable, they experienced increased feelings of loneliness. Possible explanation for this may be that feeling lonely not only depends on the number of connections one has with others but also whether or not one is satisfied with his life style. An expressed dissatisfaction with available relationships is a more powerful indicator of loneliness. This may be due to the loss of a significant person in one's life or as a result of dysfunction of communication .

In the current study about 60% didn't have depression and 26% of the studied group moderate, while 14% of them had severe depression. This finding is similar to that reported by**, Abdo, et al,(2011),** Mild to moderate depression was observed in 75.6% of the depressed group, while 24.4% of them had severe depression. Also (Shin etal., 2008) who reported that the percentage of mild to moderate depression among their study subjects was 76.3% and about 23.7% of them had severe depression .

Blazer, (2000) stated that, depression in old age was found to be strongly associated with feelings of loneliness .This results agree with the present study that revealed that, highly correlation between loneliness and depression .Also **Max et al (2005),** reported that depression with feelings of loneliness differs from depression without feelings of loneliness. Depression with feelings of loneliness leads to more pronounced motivational depletion and serious consequences, including social isolation, reduced self-care, decreased mobility and poor diet. In this respect**, Chou & Chi (2004)** stated that loneliness has been identified as a risk factor for depressive symptoms in cross-sectional and longitudinal studies of older adults.

Conclusion It can be concluded from this study by there was statistically significant highly correlation between depression and loneliness as well as

depression and loneliness significantly increase with age.

Recommendations, Based on the results of this study, the following can be recommended that providing psychiatric nurse in these clubs to encourage elderly people to ventilate or express feeling. Training to geriatric clubs personal about how to deal with the elderly and help them to express their feeling.

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