



A Clinical Study of Psychiatric Morbidities Among Elderly Patients and Their Caregiver Burden

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Abstract

Background: In the elderly, mental health problems are rising due to changes in our social structure and traditional value system. Psychiatric disease in elderly is frequent, severe and diverse. Among them, depression, anxiety, cognitive and psychotic disorders have a high prevalence. Relatives of patients with major psychiatric disorders feel much burdened, as these diseases are unpredictable and long-lasting. **Material & Methods:** 100 patients aged 60 years and above of both sexes attending psychiatric OPD and admitted in psychiatric IPD, during period of one year were taken. Diagnosis of the morbidities was made according to ICD- 10 criteria. Care giving burden among primary care givers was assessed by using Zarit Burden Interview scale. Informed consent was taken from patients and caregivers. **Results:** Prevalence of depression was found to be 26% followed by anxiety disorder 22%. Most common age group is 65-69 years. Women had higher morbidity 57% than male. ZBI score mild to moderate burden was present in 41% and 26% respectively. **Conclusions:** High prevalence of mental disorders was present in elderly so there is need to raise awareness and to deliver high quality mental health services to them.

Keywords:- Elderly, caregivers, morbidities, burden.

INTRODUCTION

The phenomenon of ageing is universal and inevitable. It has economical, political, social as well as health related impacts.^[1,2] The prevalence of behaviour and mental disorders is increasing with increasing age.^[3,4] It occurs due to normal ageing of brain thus deteriorating physical health and is related to

cerebral pathology (Singh, A.P., et. al., 2012). In India, the average life expectancy is around 65 years. Geriatric morbidity has risk factors that include age, health status, socioeconomic status, and living status (Ghosh, A.B., 2006). In the elderly, mental health problems are rising due to changes in our social structure and traditional value system.^[5,6] Psychiatric disease in elderly people is frequent, severe and



diverse. Among them, depression, anxiety, cognitive and psychotic disorders have a high prevalence (Nagaraj, A.K.M., et. al., 2011). The ageing of the population is a worldwide phenomenon with substantial social and economic consequences (Beck, P. 1990). India, the world's second most densely populated country, has experienced a dramatic demographic shift in the past 50 years.^[7,8] There is almost a tripling of the population above the age of 60 years (i.e., the elderly) (Government of India, 2011). Major depression is common throughout adulthood but incidence rates decrease after the age of 60 and then uprise again after age 80.^[9,10] The prevalence of depression for adults over age 85 is twice the rate seen at age 70-74 (Federal Interagency Forum on Aging-related Statistics, 2016). Most caregivers also suffer from poor psychological health which leads to the development of mental illness and higher rates of depression as compared to the general population (Agrawal, G.J., 2013; Sales, E., 2003). Caregivers had a 63% more risk of mortality than non-caregivers (Schulz, R. and Beach, S.R., 1999).^[11,12] Relatives of patients with major psychiatric disorders feel much burdened, as these diseases are unpredictable and long-lasting. Previous studies have concluded that burden is being experienced in the form of disturbance of family life, family interactions, sense of wellbeing, health condition, and financial burden affecting their quality of life (QOL) (Schene, A.H., et. al., 1998; Talwar, P. and Matheiken, S.T., 2010).^[13,14,15]

Aims and Objectives

1. To assess psychiatric disorders in patients >60 years of age attending OPD and IPD of

the Department of Psychiatry, Government Medical college, Amritsar.

2. To study the level of caregiving burden in caregivers of these patients.

MATERIAL AND METHODS

The present study was conducted in patients aged 60 years and above of both sexes attending the Psychiatric OPD as well as admitted to the Psychiatric IPD of Government Medical college, Amritsar, during a period of one year from May 2021 to May 2022. A minimum of 100 patients were studied. The study was conducted after approval was obtained from Institutional Ethics Committee and Informed consent was taken from each patient and their caregiver enrolled in the study. All the selected patients were administered the proforma containing sociodemographic history, present history and past history of patients with psychiatric illness. The diagnosis was made as per ICD-10 criteria and was confirmed by a senior consultant psychiatrist to avoid any error in the choice of study subjects. Further all the selected key caregivers were administered the Proforma containing sociodemographic profile. The key caregivers were interviewed using Zarit Burden Interview to measure subjective burden among the key caregivers. Patients and their key caregivers were reassured of the confidentiality of information provided by them. At the end of the study, data was compiled, presented and illustrated on suitable graphs or tables and were analysed using appropriate statistical tests.

For Patient

Inclusion Criteria

- Age 60 and above of both sexes attending psychiatric OPD and IPD.
- Patients and their caregivers who were willing to participate in the study after giving informed consent.

Exclusion Criteria

- Patient not giving consent.
- Mentally retarded patient.
- Uncooperative patient.
- Unconscious patient.

For key Caregivers

Inclusion Criteria

- Identified as current key caregivers of patients diagnosed with psychiatric illness.
- Aged more than 18 years.
- Caring and living with the patient for more than 1 year.
- Had no chronic illness for the last 1 year.
- Providing written informed consent.

Exclusion Criteria

- Caregivers who had a cognitive impairment or an intellectual disability.
- Children and young people <18 years.
- Caregivers not giving consent.
- Uncooperative caregiver.

RESULTS

The above [Table 1] shows the prevalence of psychiatric morbidities present in elderly psychiatric patients. Among these, depression was present in 47 % of the patients. Anxiety

disorder and substance dependence was present in 22 % and 9 % of the patients respectively. Bipolar disorder and schizophrenia were present in 6 % and 5% of the patients respectively. Dementia was present in 7 % of the patients. Other disorders include delirium, somatoform disorder, seizure disorder and obsessive-compulsive disorder, each comprising 1% each.

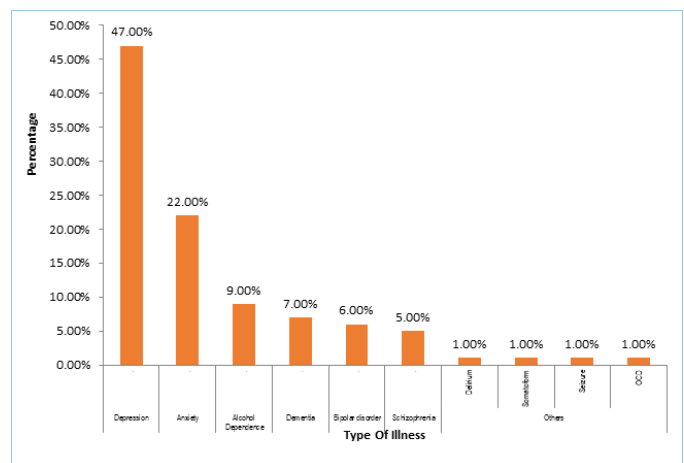


Figure 1: The same results are depicted.

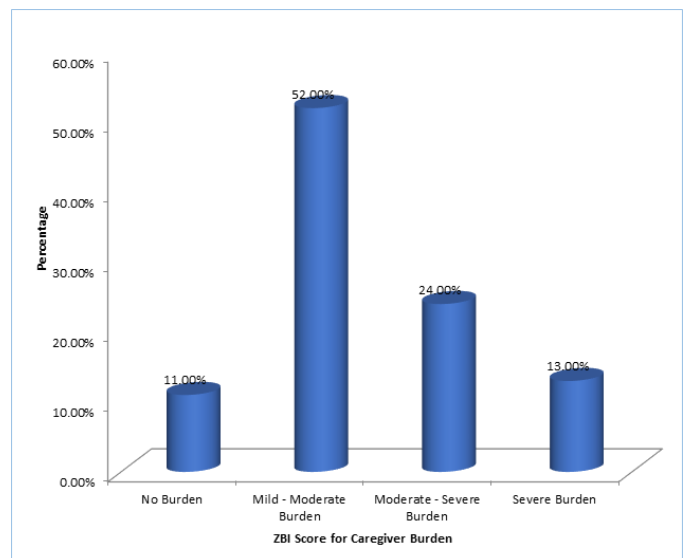


Figure 2: The similar results are depicted.



The above [Table 2], shows that according to the ZBI score, the mild-moderate burden was present in 52 % of the caregivers and moderate to severe burden was present in 24% of the caregivers. A severe burden was seen in

13 % of the caregivers. This shows that most of the caregivers of patients with psychiatric illnesses experienced mild to moderate burden on the ZBI scale. The average score on ZBI scale was 40.13 ± 17.73 .

Table 1: Showing distribution of type of psychiatric morbidity among the elderly patients enrolled in the study

Type Of Illness	No. of cases	Percentage (%)
Depression	47	47.00%
Anxiety disorder	22	22.00%
Alcohol Dependence	9	9.00%
Dementia	7	7.00%
Bipolar disorder	6	6.00%
Schizophrenia	5	5.00%
Other		
• Delirium	1	1.00%
• Somatoform	1	1.00%
• Seizure	1	1.00%
• OCD	1	1.00%
Total	100	100.00%

Table 2: Showing zarit burden interview score for caregiver burden in the respective caregivers of the patients.

ZBI Score for Caregiver Burden	Number of cases	Percentage
No Burden	11	11.00%
Mild - Moderate Burden	52	52.00%
Moderate - Severe Burden	24	24.00%
Severe Burden	13	13.00%
Total	100	100.00%
Mean \pm SD	40.13 ± 17.73	

DISCUSSION

Ageing is a universal phenomenon. It has not only social but also economic, political and health-related implications. This ever-increasing age group needs special healthcare. Psychological assessment should be an integral aspect of the comprehensive functional health

assessment of geriatric patients. In recent years, problems related to old age are gotten recognition. The United Nations General Assembly observed the year 1999 as the International Year of Older People. The theme for World Health Day on 7 April 1999 was 'Active ageing makes the difference'.



In our study, depression was present in 47% of patients, anxiety disorder was present in 22% and alcohol dependence in 9% of patients. This was followed by Dementia in 7%, and bipolar disorder in 6% of the patients. Schizophrenia was present in 5 % of the patients and other disorders comprising Delirium, Somatoform disorder, Seizure and OCD were present in 1% each.

In a study conducted by Manhas, R.S., et. al. (2019) among psychiatric disorders in old age most prevalent was depression (53.9%). There can be many factors such as loneliness, physical disability, financial dependence and chronic diseases. There were 15.5% of patients with anxiety disorder, 9.1% with bipolar affective disorder, 8% were of alcohol dependence, 5.8 % with dementia. 4.7 % of schizophrenia and 3% have other disorders. Shakya, D.R. (2011) in his study observed a predominance of depression in 39%, anxiety disorder in 22%, substance disorder in 19%, bipolar disorder in 7% and dementia in 6%. Thapa, P., et. al. (2014) in their study found depressive disorder to be the most common at 26.7 %, an anxiety disorder at 23.3%, alcohol dependence at 11.7 % bipolar at 5.8 % and dementia at 12.5 %.

In our study, according to ZBI score, no burden was present in 11% of the caregivers while mild to moderate and moderate to severe burdens were present in 52% and 24% of the caregivers respectively. A severe burden was seen in 13% of the caregivers. Walker, S.C. and McGlone, F.P. (2013),^[16] also reported similar findings. They reported severe burden in 40.9% of the patients and moderate burden in 59.1%

of the patients¹⁵. Caregivers, who take the major responsibility of caregiving for a mentally ill individual, have to undergo undesirable levels of severe burden. Bhandari, A.R., et. al. (2015) did a descriptive cross-sectional study in a sample of 56 family caregivers of people with mental illness. Among these 56 caregivers, 48.2% had a moderate level of burden and 32.1% had a severe level of burden. As a moderate to severe level of caregiving burden was reported by the family caregivers, it is recommended that family intervention should focus on strengthening coping behaviour and social support systems to manage caregiving stress.

CONCLUSIONS

Modern geriatric medicine is a busy, fast-throughput speciality, and psychiatric disorders in elderly patients are likely to be missed. The early recognition of psychiatric disorders by family members and primary health providers, will eventually bring a positive change in the geriatric population and improve their quality of life.

Caregivers form an integral part of the psychosocial management of mentally ill geriatric patients. Studies measuring burden among caregivers can help initiate early intervention among vulnerable caregivers. This would also help mental health professionals to identify those caregivers, who are at high risk for physical and emotional problems.

Thus, by increasing awareness among professional healthcare workers, they can be more sensitive to the stress and burden experienced by the families.



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