



Original Research Article

Study of depressive illness in retired persons in Maharashtra population

Sadeq Mazhar Qureshi^{1,*}¹Dept. of Psychiatry, Indian Institute of Medical Science and Research Warudi, Jalna, Maharashtra, India

ARTICLE INFO

Article history:

Received 26-02-2022

Accepted 22-03-2022

Available online 07-04-2023

Keywords:

Depression

Manic

paranoid reaction

Suicide

Anxiety

ABSTRACT

Background: As the age advances the myelination of nerve cells degenerate and motor and sensory functions of the brain will start retardation and brain is referred as Fed brain or fatigue brain. After retirement person loses social contact, status or adequate monetary income this will lead to depression.

Materials and Method: 60 (sixty) retired (elderly) patients with multiple psychiatric illness associated with depression were studied with psychiatric counselling. Their past history and associated medical problems were also recorded and treated accordingly.

Results: Different depressive illness include – 23(38.3%) dementia, 14(23.3%) major depression, 11(18.3%) manic, 8(13.3%) anxiety, 4(6.6%) paranoid reaction. Associated medical problems were – 14(23.3%) DM, 21(35%) OA, 8(13.3%) vertigo, 7(11.6%) visual problems, 10(16.6%) constipation. The social or family problems were – 17(28.3%) family conflicts, 13(21.6%) death of life partner or close relative, 9(15%) sudden loss of job or business, 21(35%) loneliness, 38(61.2%) had suicidal ideation, 22(36.6%) attempted for suicide.

Conclusion: The depressive illness of retired or elderly people is quite common psychiatric illness. Apart from the medical treatment, they must be treated with love and affection because patient develops insecurity and loneliness because of retired life.

This is an Open Access (OA) journal, and articles are distributed under the terms of the [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/), which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprint@ipinnovative.com

1. Introduction

Growth of elderly population is growing continuously and it is projected that by the year 2025 majority of the elderly people worldwide will be residing in developing countries. India is amidst a demographic transition with a trend towards an ageing population. In India ageing population above 60 years has been estimated to almost double-up from 7.7% in 2001 to 12.3% in 2025 and number of elderly people will be nearly 150 million worldwide.¹

The elderly are more vulnerable to disease because of impaired physiological functions and defence mechanism. It is reported that, 45% of elderly suffer from chronic illness. Hence the aim of the study is to evaluate their psychiatric

and associated diseases so that they can be highlighted and treated efficiently.

2. Materials and Methods

60 retired (aged) people regularly visiting psychiatric outpatient department (OPD) of IIMS & R warudi, Badnapur (tq) Jalna (dist) – Maharashtra – 431202 were studied.

2.1. Inclusion criteria

Patients having major depression suicidal ideation or attempt, paranoid reaction, anxiety were selected.

* Corresponding author.

E-mail address: q.sadiq1822@gmail.com (S. M. Qureshi).

2.2. Exclusion criteria

The patients having severe malnutrition, pre and post-surgical depression, malignancy, cardio-vascular diseases, immuno – compromised patients were excluded from study.

2.3. Ethical approval

This research paper was approved by Ethical committee of IIMS and R warudi, Badnapur (Tq), Jalna (Dist.), - 431202 Maharashtra.

2.4. Method

Majority of the patients referred by physician (Medicine department) medico social worker or general practitioner.

Every patient was undergone, psychiatric counselling and diagnosed type of illness. Their past history was also noted and treated accordingly. If previous medication of anti-psychiatry was also noted.

Duration of study was July-2021 to May-2021.

2.5. Statistical analysis

Various clinical manifestations, associated diseases aetiology of depressive illness was classified with percentage. The statistical analysis was performed in SPSS software. The ratio of the male and female was 3:1.

3. Discussion

In the present study of depressive illness in retired persons in Maharashtra they had 23 (38.3%) dementia, 14(28.3%) major depression, 11(18.3%) manic, 8(13.3%) anxiety, 4(6.6%) paranoid (Table 1). The disease associated depressive illness were – 14(23.3%), 21(35%) osteoarthritis, 8(13.3%) had visual problems, 10(16.6%) had constipation (Table 2). The social or family problem included were – 17(21.6%) family conflicts, 13(21.6%) death of life partner or close relative, 9(15%) sudden loss of job or business, 21(35%) loneliness (Table 3). 38(61.2%) had suicidal ideation, 22(36.6%) had attempt for suicide (Table 4). These findings are more or less in agreement with previous studies.²

Emotional and mental illness escalate over the course of life. Depression and hypochondriasis commonly accompany many physical ailment of old age. Organic brain disorders also show increased incidence in old age. Depression significantly affects the functional status in ill elderly patients. Depressive symptoms occur in 50% of persons aged 65 and above in the community. Patients with medical illness are known to have high prevalence of co-morbid depression as the concurrent physical illness increase the vulnerability to mental health illness.³ The rates of depressive disorders amongst hospitalised elderly have been reported to be ten times greater. Also the depressive disorders are inadequately diagnosed more so

in the elderly with medical problems. In a study among all the geriatric clinic attendees 23% of patients had depressive symptoms and 18% had a definitive depressive disorders but surprisingly none of the geriatric physician could diagnose depression among them.⁴ In addition, advancing age is often accompanied by loss of key social support system due to the death of spouse or siblings, retirement and/or relocation of residence, there may be delaying in the effective treatment. Epidemiological and clinical studies consistently indicate that depression adversely affects the lives of older adults. The confounding relationship between atypical phenomenology of depression in elderly and the co-occurrence of physical illness influences both diagnosis and treatments presenting unique clinical and therapeutic challenge.⁵ Hence while treating elderly patient's depressive illness must be taken into consideration.

Table 1: Study of different diseases of depressive psychiatric illness in Retired people.

S.No.	Depressive illness	No of patients (60)	Percentage (%)
1	Dementia	23	38.3
2	Major Depression	14	23.3
3	Manic	11	18.3
4	Anxiety	08	13.3
5	Paranoid	04	6.6

Table 2: Diseases associated depressive illness.

S.No.	Associated Diseases	No of patients (60)	Percentage (%)
1	Diabetic Mellitus	14	23.3
2	Osteoarthritis	21	35
3	Vertigo	8	13.3
4	Visual Problems	7	11.6
5	Constipation	10	16.6

Table 3: Social or family problems associated with depressive illness in retired patients.

S.No.	Problems	No of patients (60)	Percentage (%)
1	Family conflicts	17	28.3
2	Death of life partner or close relative	13	21.6
3	Sudden loss of job or Business	09	15
4	Loneliness	21	35

4. Conclusion

The present study of depressive illness in retired (elderly) patients is quite useful to physician and psychiatrist, general practitioner, medico-social workers. Majority of the

Table 4: Study of suicidal ideation or attempt in depressive illness patients.

S.No.	Particulars	No of patients (60)	Percentage (%)
1	Suicidal ideation	38	61.2
2	Suicidal attempt	22	36.6

geriatric disease are deeply related to depression. Mental disorders are integral part of geriatric diseases. Hence, while treating; depressive illness must not be ignored. Apart from the medical treatment they must be treated with love and affection. This will lead to speedy recovery of depressive illness in elderly (retired) patients.

5. Limitation of Study

Owing to lack of geriatric facilities we were unable to hospitalise the elder patients to study their psychiatric and social behaviours.

6. Conflict of Interest

None.

7. Source of Funding

None.

References

1. Bose A, Shankardass K. Growing old in India; voices reveal statistics speak. Delhi: B. R. Publishing Corporation; 2000. p. 244–6.
2. Grauer H, Frank D. Psychiatric aspects of geriatric crisis intervention. *Can Psychiatr Assoc J.* 1978;23(4):201–7. doi:10.1177/070674377802300402.
3. Katon WJ. Clinical and health services relationships between major depression, depressive symptoms, and general medical illness. *Biol Psychiatry.* 2003;54(3):216–26. doi:10.1016/s0006-3223(03)00273-7.
4. Cullum S, Tucker S. Screening of depression in older medical in patients. *Int J Geriatr Psychiatry.* 2006;21(5):469–76. doi:10.1002/gps.1497.
5. Prakash O, Gupta LN, Singh VB, Nagarajarao G. Applicability of 15-item Geriatric Depression Scale to detect depression in elderly medical outpatients. *Asian J Psychiatr.* 2009;2:63–5. doi:10.1016/j.ajp.2009.04.00.

Author biography

Sadeq Mazhar Qureshi, Assistant Professor

Cite this article: Qureshi SM. Study of depressive illness in retired persons in Maharashtra population. *Panacea J Med Sci* 2023;13(1):64-66.