

Research Article



INTERNATIONAL RESEARCH JOURNAL OF PHARMACY

www.irjponline.com

ISSN 2230-8407 [LINKING]

EVALUATION OF SOCIODEMOGRAPHIC DATA AND PHYSICAL AND MENTAL ILLNESS PATTERNS IN OLD INDIAN POPULATION

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How to cite: Maddeshiya R. Evaluation of sociodemographic data and physical and mental illness patterns in old Indian population. International Research Journal of Pharmacy. 2022;13:5:23-27.

DOI: 10.7897/2230-8407.1303184

ABSTRACT

Background: There is an upsurge in the number of geropsychiatric individuals in India. This has resulted in a rise in the number of elderly patients visiting various clinics for therapy. There is less research on measuring the clinical psychiatric profile of Indian elderly patients.

Aim: The current study sought to analyze sociodemographic data as well as physical and mental illness trends in senior Indian respondents.

Methods: The current investigation was conducted retrospectively and comprised participants who were assessed using the ICD-10 criteria. The study comprised 362 participants who provided all of the required medical data. The necessary data were captured in a predetermined structured proforma manner, containing trustworthy and comprehensive information in the records. The data collected were statistically examined.

Results: The study found that mood disorders were the most common psychiatric disorders in Indian geriatric subjects, accounting for 48% of cases, followed by somatoform, stress-related, and neurotic disorders, which accounted for 15% of cases, and organic disorders, which included mental and symptomatic disorders, which accounted for 14% of cases. Medical comorbidity was also discovered to be a significant finding in research individuals, since physical diagnoses were present in the majority of them.

Conclusions: The current study found a significant frequency of somatoform, stress-related, neurotic, and mood disorders among old and geriatric Indian patients. Appropriate methods are required to assess these psychiatric diseases and mental comorbidity in old Indian people receiving specialist geropsychiatric care. Planning for mental health care in geriatric topics is critical in the current Indian setting.

Keywords: anxiety, depression, neurotic disorders, stress-related mental illnesses.

INTRODUCTION

In India, there has been a rise in the number of adult populations who live to a late age, resulting in a larger geriatric population. The number of senior subjects is rising faster than that of young and kid subjects, and this trend has a significant impact on many elements of human existence and the healthcare system. Life expectancy in India has grown from 32 years in 1947 to 64.6 years in 2002, according to National Health Policy statistics. However, the age pyramid among the elderly population is quickly expanding, and less attention is being devoted to this age group.¹

There is a large amount of data available on the prevalence of mental disorders in the elderly from different epidemiological surveys and institution-based research that involve the community. Epidemiological studies in India have showed that the

prevalence rates of mental illness among persons aged 89/1000 are much lower than in Western nations. Geriatric patients attending mental clinics have grown in recent years, raising concerns among planners, social scientists, and health professionals. The majority of depressive illnesses go untreated and undetected because they are considered typical aging occurrences. Research indicates that biological psychotic illnesses and affective psychosis are more common in older patients attending psychiatric clinics.

Other investigations have found a high frequency of both organic and non-organic psychosis. New challenges have evolved in the aged population in India, as Indians are less prepared to deal with a bigger number of geriatric patients than Westerners.³ With a rise in the number of geriatric subjects, it is critical to detect and manage numerous geropsychiatric diseases, somatoform disorders, stress-related disorders, and neurotic disorders, which have not been adequately examined in Indian geriatric subjects. The research focuses on dementia and depression, ignoring other mental diseases. The prevalence of neurotic disorders is low among the elderly when compared to other age groups, with a range of 0.7% to 18.6%. Subjects with specific psychiatric diseases may use medical outpatient clinics as entrance points to address their psychiatric issues.⁴ Furthermore, the prevailing tendency for addressing geriatric Indian topics is inappropriate since elderly patients have many issues. As a result, the current study sought to analyze sociodemographic data as well as patterns of physical and psychological disorders in older Indian respondents.

MATERIALS AND METHODS

The current retrospective clinical investigation aims to analyze sociodemographic data as well as physical and mental illness trends in senior Indian patients. The subjects for the research came from the Institute's Outpatient Department. All individuals provided verbal and written agreement before participating in the study.

The study comprised all elderly people who attended the Institute throughout the specified study period. All participants were rigorously evaluated retrospectively using current medical data and records. The study comprised people aged 60 and up of both genders. Two subject matter experts evaluated these topics thoroughly. The study excluded participants who did not meet the diagnostic, lacked appropriate information, or had inadequate data.

Following the final inclusion of research individuals based on the inclusion criteria, mental diseases were diagnosed using WHO's ICD-10 criteria⁵ from 1992. The indicated case records were chosen for final examination because they were dependable, comprehensive, semi-structured, and printed with appropriate information. Detailed and extensive information on the diagnosis was obtained and reconfirmed using ICD-10 criteria. For each participant, information on their clinical profile and sociodemographic data was acquired.

The collected data were statistically analyzed using SPSS (Statistical Package for the Social Sciences) software version 24.0 (IBM Corp., Armonk, NY, USA) for descriptive measures, Student t-test, ANOVA (analysis of variance), and Chi-square test. The data were presented in the form of mean and standard deviation, as well as frequency and percentage. A p-value < 0.05 was considered statistically significant.

RESULTS

The current retrospective clinical investigation aims to analyze sociodemographic data as well as physical and mental illness trends in senior Indian patients. The study comprised 362 participants who provided all of the required medical data. There were 56.91% (n=206) participants aged 60-65, 19.34% (n=700) from 66-70, 19.89% (n=72) from 71-80, and 3.87% (n=14) above the age of 80. The current study included 55.25% men (n=200) and 44.75% females (n=162).

In terms of occupation, 5.52% (n=20) were businesspeople, 5.52% (n=20) were farmers, and 15.47% (n=56) were others. Table 1 shows that 76.24% (n=276) of the subjects were married, 17.13% (n=62) were widowed/separated, and 6.63% (n=24) were other status subjects. According to sociodemographic statistics, 66.85% (n=120) of research individuals lived in rural areas, whereas 66.85% (n=242) lived in cities. Joint, nuclear, extended, and other family types were reported by 59.12% (n=214), 36.46% (n=132), 2.76% (n=10), and 1.66% (n=6) of the research participants, respectively. Educational status was illiterate, primary, middle, 10th, 12th, graduate, and postgraduate/higher in 34.25% (n=122), 14.92% (n=54), 10.50% (n=38), 16.02% (n=58), 3.31% (n=12), 18.78% (n=68), and 2.21% (n=8) study individuals (Table 2).

The study results showed that concerning psychiatric diagnosis in study subjects, the most common diagnosis was mood affective disorders seen in 48.07% (n=174) subjects, followed by Somatoform, stress-related, and neurotic disorders in 15.47% (n=56) subjects, Organic including symptomatic mental disorders in 14.36% (n=52) subjects, unspecified nonorganic psychosis and schizophrenia in 6.08% (n=22) subjects each, persistent delusional disorders in 4.97% (n=18) subjects, behavior

Physical diagnoses in study subjects included hypothyroidism, glaucoma/cataract, CVA, diabetes mellitus, hypertension, and other disorders (Table 4).

DISCUSSION

The study comprised 362 participants who provided all of the required medical data. There were 56.91% (n=206) participants aged 60-65, 19.34% (n=700) from 66-70, 19.89% (n=72) from 71-80, and 3.87% (n=14) above the age of 80. The current study included 55.25% men (n=200) and 44.75% females (n=162). In terms of occupation, 5.52% (n=20) were businesspeople, 5.52% (n=20) were farmers, and 15.47% (n=56) were others. In terms of marital status, 76.24% (n=276) of the subjects were married, 17.13% (n=62) were widowed or separated, and 6.63% (n=24) were other status subjects. These findings were similar to those of Joshi K et al⁶ in 2003 and Medhi GK et al⁷ in 2006, who evaluated patients with demographic data similar to the current research in their separate investigations.

According to the research's findings, 66.85% (n=120) of the study volunteers lived in rural areas, whereas 66.85% (n=242) lived in cities. Joint, nuclear, extended, and other family types were reported by 59.12% (n=214), 36.46% (n=132), 2.76% (n=10), and 1.66% (n=6) of the research participants, respectively. Educational status was illiterate, primary, middle, tenth, twelfth, graduate, and postgraduate/higher in 34.25% (n=122), 14.92% (n=54), 10.50% (n=38), 16.02% (n=58), 3.31% (n=12), 18.78% (n=68), and 2.21% (n=8) study individuals. These findings were consistent with the findings of Prakash R et al⁸ in 2002 and Swami HM et al⁹ in 2004, whose research subjects were distributed similarly to the current study based on sociodemographic data supplied by the authors.

The most common psychiatric diagnosis in study subjects was mood affective disorders, which were seen in 48.07% (n=174) subjects, followed by somatoform, stress-related, and neurotic disorders in 15.47% (n=56) subjects, organic including symptomatic mental disorders in 14.36% (n=52) subjects, unspecified nonorganic psychosis and schizophrenia in 6.08% (n=22) subjects each, persistent delusional disorders in 4.97% (n=18) subjects, behavioral and These findings were consistent with the findings of Munshi YI et al¹⁰ in 2008 and Sharma MK et al¹¹ in 2005, who found a psychiatric diagnosis comparable to the current research in their investigations on geriatric adults.

Physical diagnoses in research patients included hypothyroidism, glaucoma/cataract, CVA, diabetes mellitus, hypertension, and other illnesses in 0.55% (n=2), 3.31% (n=12), 3.87% (n=14), 12.15% (n=44), 22.65% (n=82), and 13.81% (n=50). These findings were consistent with earlier studies by Kar SK et al¹² in 2018 and Rajkumar AP et al¹³ in 2009, in which the authors observed physical diagnoses in senior participants that were comparable to the findings of the current investigation.

CONCLUSIONS

Considering its limitations, the present study concludes that there is a high prevalence of somatoform, stress-related, neurotic, and mood disorders in elderly and geriatric Indian subjects. Appropriate measures are needed to assess these psychiatric disorders and mental comorbidity in elderly Indian subjects utilizing specialized geropsychiatric services. Planning for mental health services in geriatric subjects is a need of the present scenario in the Indian context.

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TABLES

Characteristics	Year 1	Year 2	Year 3	Total n (%)
Age range (years)				
60-65	64	54	88	206 (56.91)
66-70	20	14	36	70 (19.34)
71-80	16	16	40	72 (19.89)
>80	6	0	8	14 (3.87)
Gender				
Males	50	58	92	200 (55.25)
Females	56	26	80	162 (44.75)
Occupation				
Business	4	6	10	20 (5.52)
Agriculture	2	4	14	20 (5.52)
Others	24	6	26	56 (15.47)
Marital status				
Married	92	66	118	276 (76.24)
Widow/separated	12	12	38	62 (17.13)
Others	2	6	16	24 (6.63)

Table 1: Demographic data on study participants

Characteristics	Year 1	Year 2	Year 3	Total n (%)
Residence				
Rural	24	24	73	120 (66.85)
Urban	82	60	100	242 (66.85)
Family type				
Joint	54	54	106	214 (59.12)
Nuclear	50	28	54	132 (36.46)
Extended	2	2	6	10 (2.76)
Others	0	0	6	6 (1.66)
Education				
Illiterate	48	20	56	122 (34.25)
Primary	12	12	30	54 (14.92)
Middle	12	2	24	38 (10.50)
10 th	10	24	24	58 (16.02)
12 th	4	4	4	12 (3.31)
Graduate	18	22	28	68 (18.78)
Postgraduate/higher	2	0	6	8 (2.21)

Table 2: Distribution of study subjects based on socio-demographic data

Diagnosis	Year 1	Year 2	Year 3	Total n (%)
Behavioral and mental disorders due to alcohol	0	8	0	8 (2.21)
Persistent delusional disorders	0	6	12	18 (4.97)
Unspecified nonorganic psychosis	8	6	8	22 (6.08)
Schizophrenia	8	8	6	22 (6.08)
Organic including symptomatic mental disorders	20	4	28	52 (14.36)
Somatoform, stress-related, and neurotic disorders	14	16	26	56 (15.47)
Mood affective disorders	54	34	86	174 (48.07)
Others	2	2	6	10 (2.76)

Table 3: Psychiatric diagnosis in study subjects

Physical Diagnosis	Year 1	Year 2	Year 3	Total n (%)
Hypothyroidism	2	0	0	2 (0.55)
Glaucoma/cataract	2	6	4	12 (3.31)
CVA	2	6	6	14 (3.87)
Diabetes mellitus	6	12	26	44 (12.15)
Hypertension	26	22	34	82 (22.65)
Others	2	14	34	50 (13.81)

Table 4: Physical diagnosis in the study subjects