**P-ISSN:** 2664-3685
**E-ISSN:** 2664-3693
www.paediatricjournal.com
IJPG 2022; 5(1): 45-48
Received: 26-11-2021
Accepted: 29-12-2021

**Khairkar Sushma Narayan**
Research Scholar, Department of Paramedical Sciences, Indira Gandhi Technological and Medical Science University, Ziro, Arunachal Pradesh, India

**Dr. Mridula Saikia Khanikor**
Ex. Vice Chancellor, Department of Paramedical Sciences, Indira Gandhi Technological and Medical Science University, Ziro, Arunachal Pradesh, India

**Corresponding Author:**
**Khairkar Sushma Narayan**
Ex. Vice Chancellor, Department of Paramedical Sciences, Indira Gandhi Technological and Medical Science University, Ziro, Arunachal Pradesh, India

# Global geriatric depression situation: A critical evaluation

**Khairkar Sushma Narayan and Dr. Mridula Saikia Khanikor**

**DOI:** https://doi.org/10.33545/26643685.2022.v5.i1a.182

**Abstract**
**Introduction:** Ageing is a natural process. The world is rapidly aging, the number of people aged 60 and over as a proportion of the global population will double from 11% in 2006 to 22% by 2050 and the absolute population increase is expected to be from 605 million to 2000 million. Of this, 80% people will be living in low- and middle-income countries. Late-life depression is a major mental health problem that challenges clinicians and will remain so as the population grows older than 65. Late-life depression contributes to adverse functional, social, and medical outcomes, and can interfere with treatment for medical problems such as stroke.
**Methodology:** Survey of secondary literature is the prime methodology for preparing this research article.
**Research Findings:** Mental and behavioural disorders are estimated to account for 12% of the global burden of disease which affects approximately 450 million people. However, most countries allocate less than 1% of their total health expenditures to mental health budgets. It is estimated that depression affects approximately 350 million people worldwide.
**Conclusion:** An effective approach to this treatable disorder includes recognition of risk factors, detection, and assessment. The Geriatric Depression Scale and the Cornell Scale for Depression in Dementia can assist in diagnosis, while both psychotherapy and pharmacotherapy are options for management. When psychotherapies are compared, the strongest evidence for effectiveness has been found for cognitive behavioural therapy, problem-solving therapy, and interpersonal therapy. When pharmacotherapies are compared, efficacy is similar for different classes of antidepressants and adjuvant medications, but side effect profiles differ and must be considered to avoid adverse events. Patients with severe clinical features of late-life depression, including suicidal ideation and psychosis, should be referred to mental health services.

**Keywords:** Depression, old age persons, geriatric population, geriatric depression scale

## Introduction

### Global Geriatric Profile

Ageing is a natural phenomenon and has its own dynamics, which is beyond human control. The elderly population is growing faster than the total population throughout the world. Populations are undergoing continuous demographic and epidemiological transition across the world. In addition, a population explosion in the developing countries is contributing to the population growth. A transition towards an older society that took over a century in Europe is taking place now in less than 25 years in countries like Brazil, China and Thailand. These factors together lead to an increase in the number of elderly individuals which will ultimately lead to a rise in the absolute number of elderly persons with depression in developing countries. In the past century, there has been a dramatic increase in life expectancy. The world's geriatric population will soon be greater than children. The number of people aged 60 and over as a proportion of the global population will double from 11% in 2006 to 22% by 2050 and the absolute population increase is expected to be from 605 million to 2000 million. Of this, 80% people will be living in low- and middle-income countries.

### Worldwide State of Affair of Depression in Geriatric Persons

As age advances there is increased morbidity and loss of functional efficiency, along with the decline of social support system causing loneliness and isolation with the occurrence of varying life events such as being widowed or divorced, lack of close family ties, being retired/unemployed which have a great bearing on one's psychological status, making them more susceptible to depression.

Depression is a common mental disorder characterized by sadness, loss of interest or pleasure, feeling of guilt or self-esteem, disturbed sleep or appetite and poor concentration. It can affect anyone, of any culture, age or background but older people are affected than any other age group.

Depression in the elderly community can have severe consequences, which is why it is an important public health problem and research area. Older adults facing this debilitating condition are less likely to endorse affective symptoms and are more likely to instead display cognitive changes, somatic symptoms, and loss of interest than are younger adults. It is comorbid with “morbidity, increased risk of suicide, decreased physical, cognitive and social functioning, and greater self-neglect”, all of which are associated with an increase in mortality. A common pathway to depression in older adults may consist of predisposing risks as well as the life changes experienced in old age. The development of late-life depression has several risk factors that likely compose of "cognitive diathesis, age-associated neurobiological changes, genetic vulnerabilities, and stressful life events". Insomnia is often an overlooked factor in late-life depression. Impacts of sleep deprivation are reduced glucose tolerance, elevated evening cortisol levels, and increased sympathetic nervous system activity. Sleep quality at an old age is just as important as sleep duration to avoid lack of sleep. Research shows that feelings of loneliness and depression can result in poor sleep quality and daytime dysfunctions. These daytime impairments include physical and intellectual fatigue, irritability, and low cognitive abilities [1].

Today, depression is an important public health challenge in developing countries. This problem is not new, in 1990, the World Health Organization (WHO) described depression as a major, worldwide cause of disability. Mental and behavioural disorders are estimated to account for 12% of the global burden of disease which affects approximately 450 million people. However, most countries allocate less than 1% of their total health expenditures to mental health budgets. It is estimated that depression affects approximately 350 million people worldwide: constituting a major portion of mental health disorders. According to the World Mental Health Survey, approximately 6% people aged 18 years and above have had an episode of depression in the previous year. Lifetime prevalence rates of depression range from 8 to 12% in most countries.

Major depressive disorder affected approximately 216 million people (3% of the world's population) in 2015. The percentage of people who are affected at one point in their life varies from 7% in Japan to 21% in France. Lifetime rates are higher in the developed world (15%) compared to the developing world (11%).

## Major Problems of Geriatric Depression Globally

The World Health Organization estimated that the overall prevalence rate of depression in geriatric population generally varies between 10% and 20% depending on cultural situations. According to the observations made by the World Health Organization, the factors of depression in old age are reported as genetic susceptibility, chronic disease and disability, pain, frustration with limitations in activities of daily living (ADL), personality trait (dependent, anxious or avoidant), adverse life events (widowhood, separation, divorce, bereavement, poverty, social isolation) and lack of adequate social support [2].

The World Health Organization (WHO) has projected that by 2020, depression is going to be the second biggest health problem and leading cause of disability and death world-wide, second to cardiovascular disease. Depressive disorders among elderly people go undetected even more often than the younger adults because they are often mistakenly considered as a part of the ageing process. The depression in the elderly should never be considered as a natural consequence of ageing. It usually has an atypical presentation. It can manifest as a symptom e.g. as a reaction to stress: as a syndrome ex: secondary to hypertension or Parkinson’s disease; and as an illness e.g. endogenous depression. Higher suicidal rates are also associated with depression. The physical and social environment plays an important role on the mental health of the elderly. Hence the present study was undertaken to assess and compare the depression among elderly residing in old age homes (OAHs) and community.

According to the WHO Global Burden of Disease report 2004, depression was the leading cause of burden of disease during 2000-2002, ranked as third worldwide. It is projected to reach second place of the DALYs (disability adjusted life years) ranking worldwide by the year 2020 and first place by 2030. According to a WHO report, patients over 55 years with depression have a four times higher death rate than those without depression, mostly due to heart disease or stroke. The contribution of depressive disorders to suicide are widely recognized.

## Major Findings

Studies across countries have found a relationship between poor mental/emotional health of the victim and elder abuse, including overall mistreatment in Mexico and Ireland. Depression or depressive symptoms have been associated specifically with emotional and physical abuse in the United Kingdom, China, and Canada. Poor psychological health including depression and anxiety are common among elder abuse perpetrators. In the United States, studies show that caregiver depression is predictive of physical and verbal abuse and, further, that abusers are more likely to experience psychiatric hospitalization than non-abusers [3].

The median prevalence rates of depression in elderly are similar in Asia, Europe and America, but it was significantly lower in Australia. Though the proportion of elderly individuals affected with depression was significantly low in Asia (4.2%) than Europe (10.9%) and America (8.4%), but the number of depressed elderly individuals is significantly higher in Asia which was evident from 14 studies conducted in various Asian countries covering 74.5% population of the world. Care and bonding from family support systems, lesser competitive lifestyles and improved mental health facilities with their integration with primary health care could account for lesser prevalence rates in some of the developed Asian countries. However, studies from India had reported an extremely high prevalence rate of 21.9% with IQR ranging from 11.6-31.1 [4].

Depression is sometimes viewed as a normal part of aging. It should not be. Rates of depression vary widely, depending on elderly individuals' overall health and whether people still live independently. Although estimates differ depending on how depression is defined, about 1% to 5% of elderly people living in the community suffer from depression, compared with about 12% of the elderly who are hospitalized, and about 14% of those who require health

assistance at home. Various studies have found that 29% to 52% of elderly people living in nursing homes are depressed, as are 39% to 47% of those being treated for cancer, heart attack, or stroke. An inborn genetic susceptibility to depression may be triggered by the challenges of old age, such as the loss of a spouse and close friends, co-existing medical problems, and increasing disability, cognitive impairment, and social isolation. Unfortunately, the problem often goes undiagnosed. Left untreated, depression increases the likelihood of disability, placement in a nursing home, or death from any cause. Suicide risk also increases with age, and white men over age 85 have the highest suicide rate in the United States [5].

**International Initiatives to Improve Mental Health of Geriatric Persons**

WHO set "depression" as the theme for the World Mental Health Day held on 10 October 2012 in order to address the rising magnitude and preparedness for the problem? It was intended to create awareness in the public that depression can affect anyone and that it is a treatable condition. People should be alert to the early signs of depressive disorders as it impacts not only the individuals but also their families and peers.

"Good health adds life to years" was the theme for the World Health Day, 7 April 2012. The theme also addresses the health problems of geriatric populations. The Director General, WHO stressed the need to respect older people as a rich source of wisdom and experience, as an asset to society, not a burden, and as models for the 'new normal'. There is a need to reorient the health systems and medical education to meet the challenges of elderly health problems.

WHO supports governments in the goal of strengthening and promoting mental health in older adults and to integrate effective strategies into policies and plans? The Global strategy and action plan on ageing and health was adopted by the World Health Assembly in 2016. One of the objectives of this global strategy is to align the health systems to the needs of older populations, for mental as well as physical health. Key actions include: orienting health systems around intrinsic capacity and functional ability, developing and ensuring affordable access to quality older person-centred and integrated clinical care, and ensuring a sustainable and appropriately trained, deployed, and managed health workforce.

The Comprehensive Mental Health Action Plan for 2013-2020 is a commitment by all WHO Member States to take specific actions to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders including in older adults. It focuses on 4 key objectives to:

- Strengthen effective leadership and governance for mental health;
- Provide comprehensive, integrated and responsive mental health and social care services in community-based settings;
- Implement strategies for promotion and prevention in mental health; and
- Strengthen information systems, evidence and research for mental health.

Depression, psychoses, suicide, epilepsy, dementia and substance use disorders are included in the WHO Mental Health Gap Action Programme (mhGAP) that aims to improve care for mental, neurological and substance use disorders through providing guidance and tools to develop health services in resource-poor areas. The mhGAP package consists of interventions for prevention and management for each of these priority conditions in non-specialized health settings including in those for older people.

WHO recognizes dementia as a public health challenge and published the report, Dementia: a public health priority, to advocate for action at international and national levels. WHO organized the First Ministerial Conference on Global Action Against Dementia in March 2015, which fostered awareness of the public health and economic challenges posed by dementia, a better understanding of the roles and responsibilities of Member States and stakeholders, and led to a "Call for Action" supported by the conference participants.

In May 2017, the World Health Assembly endorsed the Global action plan on the public health response to dementia 2017-2025. The Plan provides a comprehensive blueprint for action – for policy-makers, international, regional and national partners, and WHO – in areas such as, increasing awareness of dementia and establishing dementia-friendly initiatives; reducing the risk of dementia; diagnosis, treatment and care; research and innovation; and support for dementia carers. It aims to improve the lives of people with dementia, their careers and families, while decreasing the impact of dementia on individuals, communities and countries. As part of the efforts to operationalize the Plan, an international surveillance platform, the Global Dementia Observatory, has been established for policy-makers and researchers to facilitate monitoring and sharing of information on dementia policies, service delivery, epidemiology and research [6].

**Conclusion**

The World Health Organization (WHO) has predicted that by 2020 depression will become the third leading cause of disability worldwide. Depression in older persons (≥60 years) is prevalent in community living settings and even more prevalent among older individuals who have been hospitalized due to serious physical diseases or institutionalized due to reduced physical and/or cognitive functioning. Known risk factors for depression are female gender, older age, poorer coping abilities, physical morbidity, and impaired level of functioning, reduced cognition, and bereavement. Depression has been associated with an increased risk of mortality, and poorer outcome of treatment of physical disorders. In addition, depression may influence quality of life (QOL) negatively.

The impact of clinical depression in older adults can be significant. Predisposing risk factors include previous clinical depression and disabling illness. Precipitating risk factors include recent bereavement and change of residence. A complete assessment for late-life depression involves performing a physical examination and using a validated screening tool such the Geriatric Depression Scale. Both psychotherapy and pharmacotherapy may be considered. Studies have found cognitive behavioural therapy, problem-solving therapy, and interpersonal therapy to be effective. While Selective Serotonin Reuptake Inhibitors (SSRIs) may be a superior first choice for treatment, other classes of antidepressant and other adjuvant medications may be options. When choosing a medication, additional

considerations include possible side effects, patient preference, and cost. Patients with severe depression should always be referred to mental health services [7].

**Conflict of Interest**
Not available

**Financial Support**
Not available

**References**


1. https://en.wikipedia.org/wiki/Geriatric_psychology#Depression
2. Ankur Barua, Ghosh MK, Kar N, Basilio MA. Socio-demographic Factors of Geriatric Depression, Indian J Psychol Med. 2010 Jul-Dec;32(2):87-92. DOI: 10.4103/0253-7176.78503 PMCID: PMC3122541 PMID: 21716860.
3. Karl Pillemer, David Burnes, Catherine Riffin, Mark S Lachs. Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies, The Gerontologist. 2016 Apr 56(2)1:S194-S205. https://doi.org/10.1093/geront/gnw004.
4. Ankur Barua, Ghosh MK, Kar N, Basilio MA. Worldwide Prevalence of Depression in Elderly, Indian Journal of Gerontology. 2011;25(1):66-75.
5. Recognizing and treating depression in the elderly, Harvard Mental Health Letter; c2008 Feb.
6. https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults
7. Paul Blackburn, Michael Wilkins-Ho, Bonnie Wiese, Depression in older adults: diagnosis and management, Bc Medical Journal. 2017 Apr;59(3):171-177.



**How to Cite This Article**
Khairkar Sushma Narayan. Global geriatric depression situation: A critical evaluation. International Journal of Paediatrics and Geriatrics. 2022;5(1):45-48.
DOI: https://doi.org/10.33545/26643685.2022.v5.i1a.182



**Creative Commons (CC) License**
This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, 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.