

Abuse and its association with depression among elderly people

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Article info

Received : 15 Aug 2020
Accepted : 14 Dec 2020
Number of tabs : 04
Number of figs : 00
Number of refs : 19

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Summary

Abuse is an unacceptable incident that has harmful effects on the physical and mental health of the elderly. Depression is one of the most neglected psychological conditions though very common among elderly people, the rate of which is high among the abused ones. In an attempt to evaluate the status of depression among the elderly people who experience abuse, this cross-sectional study interviewed 175 elderly people living in an urban setting from 1 January 2019 to 31 December 2019. The results showed that, respondents who experienced abuse were 33.7% and respondents with depression were 53.1%. It has been observed that, among the respondents who experienced abuse, 81.3% of them were suffering from depression, where 33.9% had mild levels of depression, 16.9% had a moderate level of depression and 30.5% had a severe level of depression. The mean score of depression was significantly higher among the abused group of respondents (8.6±3.9) than the not abused group of respondents (4.4±3.6) ($p<0.001$). The status of depression was significantly positively correlated with physical abuse, emotional abuse, and neglect ($p<0.05$). Multinomial regression analysis showed that gender and stroke have been the independent significant determinant of severe depression, whereas, abuse was an independent significant determinant of mild, moderate, and also severe depression ($p<0.01$). This study finding concludes that the occurrence of abuse on elderly people may cause depression among them.

Bang J Psychiatry 2021;35(1): 1-4

Introduction

Elder abuse, its varieties, and frequency are recognized as stressful experiences which have been found to have harmful effects on psychological wellbeing.¹ Elder abuse frequently results in depression, anxiety, and post-traumatic disorder.²⁻⁴ Chronic persistence of stressful events such as abuse, can lead to distress, anxiety, depression, anger, and/or other ailments. Moreover, the effect of stressful events on psychological health causes alteration in the immune system, endocrine system, and cardiovascular system.⁵ Studies have shown that older adults suffering from maltreatment have higher levels of psychological distress than those without such experience.^{6,7} Old age comes with deterioration of overall well-being, decreased functional capacity, and increased dependency on others. In Bangladesh, adult offspring, particularly sons, is considered to be the main source of support to their parents during the time of their old age.⁸ Obligated by the cultural and religious tradition of looking after their parents and elderly relatives, it is expected that families and communities will care for their elderly members.⁸ But, rapid socio-economic and demographic transitions, mass poverty,

changing social and religious values, the influence of western culture are disfiguring the whole idea of family and community care system towards an aged person.⁹ Increased migrations from the villages and towns to the capital and leaving the country to work abroad, resulting in breaking up of families into nuclear families. Thus, elders are left as an extension and burden to the family and thus become subject of discontentment.⁹ Psychological distress after elder abuse is a major geriatric manifestation and is related to premature morbidity and mortality.⁶ Whereas, a satisfactory life condition in old age can lead to utilizing the lifelong experience of the elderly person, in the extent of future social and functional work areas through their consultancy and assistance, a dissatisfactory, stressful life condition and exposure to abuse, can cause moderate to severe depression among them and make their condition even more vulnerable and affect their wellbeing in the reverse direction.^{10,11} Understanding elder abuse and depression are challenging because of the multi-faceted needs of elderly people and the complex intra- and interpersonal dynamics involved. Thus, the present study aimed to evaluate the association of abuse and depression among

elderly who are residing with their family to illuminate the present situation.

Materials and methods

This 12 month long cross-sectional study was conducted in the Mohammadpur thana in Dhaka district, among 175 elderly people aged ≥ 60 years from 1st January 2019 to 31st December 2019. This study obtained ethical approval from the Institutional Review Board (IRB) of the National Institute of Preventive and Social Medicine (NIPSOM). Obtaining the informed written consent from the participants, data were collected through face-to-face interviews with a semi-structured questionnaire to collect information about the sociodemographic characteristics of the participants, the status of depression, and the occurrence of abuse on them. The status of depression among the elderly respondents was evaluated with the Geriatric Depression Scale 15 (GDS 15), which was a short form of the original Geriatric Depression Scale of 30 items developed by Brink et al in 1982.¹² This 15 items scale constitutes 10 items with positive answers thus positive scoring and 5 items with negative answers thus scoring negative, all of them are answered with either yes or no. The scores can be ranged from 0 to 15. According to this scale, a score of 0-4 represents no depression, 5-8 represents mild depression, 9-11 represents moderate depression and 12-15 represents severe depression. Elderly abuse has been assessed by using the Questions to Elicit Elder Abuse tool which had four domains, namely, physical abuse, emotional abuse, neglect and financial abuse.¹³ All of them were answered with either yes or no. All data were analyzed with the use of statistical package for social science (SPSS) version 22.

Results

The means the total score of depression among the respondents was 5.8 ± 4.221 . According to the abuse experiences, the calculated mean of the score of depression was significantly higher among the abused group of respondents (8.61 ± 3.944)

than the not abused group of respondents (4.42 ± 3.626) ($p < 0.001$) (Table 1).

Table 1: Comparison of mean score of geriatric depression with abuse experiences (n=175)

Abuse experiences	Mean \pm SD	p value
Yes	8.61 \pm 3.944	<0.001
No	4.42 \pm 3.626	

When compared the levels of depression in regards to experiencing abuse, it has been observed that, among the elderly who undergone abusive conduct, 18.6% of them had no depression, 33.9% had mild level of depression, 16.9% had a moderate level of depression and 30.5% had a severe level of depression, which sums that among the respondents who experienced abuse, 81.35% of them were suffering from depression. The depression levels were significantly higher among the abused elderly than non-abused ones ($p < 0.001$) (Table 2).

Pearson's Correlation analysis had been carried out between the total score of elderly depression and the scores of different domains of abuse. The mean of the depression score was 1.08 ± 1.134 in the domain of physical abuse, 2.95 ± 1.443 in the domain of emotional abuse, 2.95 ± 1.353 in the domain of neglect, and 0.92 ± 0.816 in the domain of financial abuse. The linear association revealed that there was a positive correlation of depression with all 4 domains of abuse among whom, physical abuse, emotional abuse, and neglect were significantly correlated with having depression ($p < 0.05$) (Table 3).

The multinomial regression analysis showed that gender and stroke have been the independent significant determinant of severe depression, whereas, abuse was an independent significant determinant of mild, moderate, and also severe depression ($p < 0.01$) (Table 4).

Table 2: Association between abuse experiences and levels of depression (n=175)

Abuse experiences	No depression	Mild depression	Moderate depression	Severe depression	p value
Yes	11 (18.6%)	20 (33.9%)	10 (16.9%)	18 (30.5%)	0.000
No	71 (61.2%)	27 (23.3%)	12 (10.3%)	6 (5.2%)	

Table 3: Correlation between types of abuse and experiencing depression (n=175)

Types of abuse	Depression		
	Mean \pm SD	r	p
Physical abuse	1.08 \pm 1.134	0.456	0.001
Emotional abuse	2.95 \pm 1.443	0.508	0.001
Neglect	2.95 \pm 1.353	0.396	0.001
Financial abuse	0.92 \pm 0.816	0.139	0.066

Table 4: Factors associated with depression by univariate and multivariate analysis (n=175)

Category of depression	Attributes		Univariate logistic regression	Multivariate logistic regression	Univariate logistic regression	Multivariate logistic regression
Mild depression	Gender	Male	0.656	0.256	1.102	0.847
		Female*				
Moderate depression		Male	0.216	0.004	0.261	0.054
		Female*				
Severe depression		Male	0.288	0.011	0.162	0.041
		Female*				
Mild depression	HTN	Yes	1.563	0.226	1.132	0.765
		No*				
Moderate depression		Yes	2.026	0.154	1.122	0.839
		No*				
Severe depression		Yes	12.737	0.001	4.112	0.124
		No*				
Mild depression	Stroke	Yes	0.424	0.449	0.303	0.315
		No*				
Moderate depression		Yes	4.333	0.052	4.881	0.078
		No*				
Severe depression		Yes	23.045	0.000	20.956	0.001
		No*				
Mild depression	Arthritis	Yes	3.055	0.016	2.359	0.095
		No*				
Moderate depression		Yes	4.114	0.011	2.424	0.143
		No*				
Severe depression		Yes	4.320	0.007	2.838	0.131
		No*				
Mild depression	Hearing problem	Yes	1.835	0.136	1.216	0.677
		No*				
Moderate depression		Yes	1.333	0.600	0.822	0.776
		No*				
Severe depression		Yes	3.556	0.009	1.112	0.889
		No*				
Mild depression	Abuse experiences	Yes	4.781	0.000	3.831	0.005
		No*				
Moderate depression		Yes	5.379	0.002	4.278	0.022
		No*				
Severe depression		Yes	19.364	0.000	9.218	0.003
		No*				

Discussion

Aging is not experienced uniformly among older adults. Some people in their old age achieve a sense of fulfillment and satisfaction, while others become vicious and weakened by the decline of their physical abilities and social meaning.¹⁴ A satisfactory life condition can lead to successful aging through the attainment of need appropriate care provision, which might will delay the process of age-related health deterioration. With globalization, decreased familial and social support is tending to increase the abusive and neglected attitudes towards the elderlies which often remain disregarded. The psychosocial

perspective of aging comes from satisfactory life situations during the old age of.¹⁵ Psychological wellbeing is often studied as the best indicator of an individual's apparent life quality.¹⁶ Elder abuse is a complex and persistent public health problem that embraces all forms of abuse, namely, physical, sexual, psychological, financial abuse, and neglect.¹⁷

In the present study, the mean total score of depression among the respondents was 5.83 ± 4.221 and this score was significantly higher among the abused group of respondents (8.61 ± 3.944) than the not abused group of respondents (4.42 ± 3.626) ($p < 0.001$). The fraction of respondents who experienced abuse was 33.7%.

The fraction of respondents who were found to be depressed was 53.14%. It has been observed that, among the respondents who experienced abuse, 81.35% of them were suffering from depression, where 33.9% had mild levels of depression, 16.9% had a moderate level of depression and 30.5% had a severe level of depression. Pearson's Correlation analysis showed that the mean of the depression score was, 1.08 ± 1.134 in the domain of physical abuse, 2.95 ± 1.443 in the domain of emotional abuse, 2.95 ± 1.353 in the domain of neglect, and 0.92 ± 0.816 in the domain of financial abuse. The linear association revealed that there was a positive correlation of depression with all 4 domains of abuse among whom, physical abuse, emotional abuse, and neglect were significantly correlated with having depression ($p < 0.05$). Multinomial regression analysis showed that gender and stroke have been the independent significant determinant of severe depression, whereas, abuse was an independent significant determinant of mild, moderate, and also severe depression ($p < 0.01$).

Other studies that assessed the depression among abused elderlies showed that depression was common in the abused group of population than those who were not abused. In a rural community-based cross-sectional study in India, it has been found that vulnerability to abuse has a significant positive correlation with geriatric depression.¹⁸ In another research work, the study results found that the proportion of older adults diagnosed with depression was significantly higher who were abused (5.6%) than who were not abused (4.0%).² In a Korean study, it has been seen that 44.0% of the respondents who undergone emotional abuse suffered from depression.¹⁹

Conclusion

Weak and elderly people, dependent on others, or lonely remains easy victim to get abused and among the abused elderlies, depression is a common psychological issue. Elder abuse is a persistent public health problem that violates human rights. However, there is lacking study and acknowledgment about this issue. The appropriate investigation, implementation of strategic action, monitoring, and legislative processes are required to prevent abusive conduct towards them and to improve their psychological wellbeing.

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