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Elderly Depression in Pakistan: An Emerging Public Health Challenge

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Abstract:
Depression in elderly is a growing and a major public health problem in both the developing countries and developed world. It is anticipated to touch second place of DALYs (Disability Adjusted Life Years) by 2020 and single leading cause by 2030 (World Federation for Mental Health, 2012). It is also interesting to note that elderly populations above 55 years with depression have four times higher death rate than those without depression (WHO Report, 2001). Elderly living in Pakistan experience significant level of physical, social and psychological health problems, leading to increased burden of chronic diseases, disabilities, and psychiatric illnesses. In Pakistan, depression is the most common psychiatric disorder among elderly population that cannot be neglected (Bhamani, Karim& Khan, 2013). The magnitude of the problem is much greater than what is being reported. In United States, the rate of prevalence of depression is high as 40% where as in Pakistan it is as high as 66% among elderly (Javed& Mustafa, 2013).
This paper will provide an in depth analysis on the major determinants of depression among elderly in Pakistani context. These determinants are the root cause of the issue among elderly and it includes genetic/biological factors, physical factors, and economic factors, sociocultural and political/organizational factors. Timely identification of these determinants and prospective workup and recommendations will be a rationale attempt towards improvement of physical and psychological wellbeing of geriatric population.

1. Introduction

Pakistan is a South Asian developing country with poor health indicators. Elderly living in Pakistan experience significant level of physical, social and psychological health problems, leading to increased burden of chronic diseases, disabilities, and psychiatric illnesses. Cardiovascular and respiratory diseases; hearing and visual impairment, osteoporosis, and cognitive impairment are the most common problems to list affecting this age group. Depression in elderly is a growing and a major public health problem in both the developing countries and developed world. Statistics from WHO Global Burden of Disease report 2004 ranks, depression as the third leading cause of burden of disease globally. It is anticipated to touch second place of DALYs (Disability Adjusted Life Years) by 2020 and single leading cause by 2030 (World Federation for Mental Health, 2012). It is also interesting to note that elderly populations above 55 years with depression have four times higher death rate than those without depression (WHO Report, 2001).

2. What Inspired Me to Work on this Subject?

In last couple of years, lots of work and researches have been carried out in developing countries in the field of geriatrics. In Pakistan, depression in geriatric population is still under treated and under diagnosed, and perhaps it is not yet perceived as a priority public health problem, despite of intense emphasis by both print and electronic media.

3. Magnitude of Problem in Pakistani Context

In Pakistan, depression is the most common psychiatric disorder among elderly population that cannot be neglected (Bhamani, Karim& Khan, 2013). The magnitude of the problem is much greater than what is being reported. Empirical studies have been conducted in developed and developing countries to investigate the prevalence of depression among elderly. In United States, the rate of prevalence of depression is high as 40% where as in Pakistan it is as high as 66% among elderly (Javed& Mustafa, 2013). There has been no population based study on elderly depression conducted in Pakistan (Bhamani, Karim& Khan, 2013). However, 34% was the mean prevalence of anxiety and depression in community setup and not among elderly (Mirza& Jenkins, 2004). A quantitative study was conducted in Karachi, Pakistan and it identified 22.9% prevalence of depression among elderly (Ganatra, Zafar, Qidwai, &Rozi, 2008).

Having a glance at the national and international statistics, this paper will provide an in depth analysis on the major determinants of depression among elderly. Timely identification of these determinants and prospective workup will be a rationale attempt towards improvement of physical and psychological wellbeing of geriatric population.

4. Determinants of Geriatric Population

These determinants are the root cause of the issue among elderly and it includes genetic/biological factors, physical factors, and economic factors, Sociocultural and political/organizational factors.

5. Genetic/Biological Determinant

Demographic variables such as age and gender come under the umbrella of biological determinant leaving considerable impact on the psychological health of elderly. People around the globe are going through a series of demographic and epidemiological change resulting in population expansion (Pilania, Bairwa, Kumar, Khanna&Kurana, 2013). Globally, geriatric population is growing at an alarming rate and will soon be greater than children. A report on global health and ageing estimated that, 524 million were 65 years or older making 8% of world population, and it is expected to triple to about 1.5 billion signifying 16% of world's population by 2050 (WHO Report, 2011). From these figures 80% people will be living in low and middle income countries. The current population of Pakistan is about 180 million (Hashmi, 2003). With the improvement in health care system in Pakistan, controlled birth and fertility rates are leading to an increase in life expectancy. In Pakistan, life expectancy has risen by almost three decades in last 50 years and will reach close to 72 years by 2023 (International Data Base Population division, 2004). A glance at the national scenario, estimated that the proportion of population 60 years and above will increase from 5.8 % in the year 2000 to 7.3 % in 2025 and will escalate to 12.4 % in 2050 (United Nations, 2002).Therefore, on account of better education, improved health facilities and increase in life expectancy when coupled with other compounding factors, the magnitude of depression among elderly population in Pakistan is expected to grow.

Gender and depression are substantially associated. In Pakistan, female gender has been closely correlated with high prevalence of depression as compared to men. A study done in 2006 found that rate of depression among female is double i.e. 30% to that of male which is 15.7% (Dejernes, 2006). Elderly females are more likely to suffer from depression than the males because of intergenerational gap and lack of physical and emotional support in a traditional family system by the younger generation. Besides, death of spouse can break the family system leaving elderly without support. An empirical study conducted in Karachi reported 33% of prevalence of depression which was double in females than males which was 15.7% (Taqui, Itrat, Qidwai&Qadri, 2007).

6. Physical Determinant

In ageing population, depression is triggered by various physical factors which include multiple health problems and greater use of medicines. Several health problems in an advanced age adds burden and is the most essential risk factor for geriatric depression. The quality of life of elderly is highly affected by conditions such as cardiovascular and respiratory disorders, dementia, urinary incontinence, immobility, visual and hearing impairment are found to be most consistent chronic ailments leading to depression. A study reports that, elderly people with 10 or more health problem are vulnerable to get depressed (Ganatra, Zafar, Qidwai&Rozi, 2008). In addition to it, several health conditions and their severity leads to greater consumption of medicines. Besides, a collection of medicines and dysphagia reminds them of their medical problems and state of helplessness can lead to depression. Findings from the same study reported that older individuals taking three or more medicines are affected two times to get depression than the one with no medication (Ganatra, Zafar, Qidwai&Rozi, 2008).

7. Financial/Economic/Employment Determinant

An inversely proportion relationship exist between ageing and employment. In a developing country like Pakistan, having high inflation rates, decelerating economy, and low sources of income, in such circumstances unemployment and financial constraints forces elderly towards mental stress and worries which can contribute depression. In Pakistan formal retirement age is 60 years after which most are unable to find alternative sources of income and thus become largely dependent on their families for financial support (Subzwari & Azhar, 2010). Many companies offer retirement based on commitment and competency irrespective of ageing factor however, this competitive era may sideline elderly people for forced retirement regardless of their potentials. The elderly are viewed as incompetent, less energetic and valuable by the employers. This attitude hinders the individual capabilities, and job insecurity serves as a crucial predictor for depression in these people. A cross sectional study was carried out in Rawalpindi and Islamabad and it proves that the prevalence of depression among unemployed elderly individuals is double than the employed (Javed & Mustafa, 2013). Furthermore, negligible post-retirement benefits compel the elders to hunt for another job and non-availability of financial means can reduce their hope, and self-esteem which can contribute depression. Subzwari and Azhar (2010) views that economic independence after retirement is only enjoyed by a select few; retirement funds are scarce and government pension plans are only present for those employed in government sector jobs.

Literacy level and employment are also closely related. In an urban city elder person with low level of education is unable to perform tasks reasonably and are dependent on family members. This state of powerlessness and dependency can cause depression in them.

8. Sociocultural Determinant

Like many of the South Asian countries including Pakistan, family system plays a vital role in the life of an elderly. In Pakistani culture, families are the symbol of care, security and support to the elderly. The traditional system is the joint family system dominant in Pakistan where 66% of population resides in rural areas (Taqui, Itrat, Qidwai, Qadri, 2007). In the last few decades and in the years to come the increasing trend of urbanization and industrialization has led to the emergence of nucleation of families (Taqui, Itrat, Qidwai, Qadri, 2007). Bongaarts (2001) have mentioned that in developing countries, nuclear family systems have deprived the elderly from physical and emotional care provided by the family members. The joint family institution is the basic family structure in Pakistan where parents live with the families of their children where physical, social, emotional and financial support is provided to the elderly than the nuclear system. A cross sectional study was conducted by Itrat et al. in 2007 revealed that ageing people living in nuclear family system is four times prone to get depression than living in joint family system (Itrat, Taqui, Qazi, Qidwai, 2007).

Another convincing cause for depression among elderly is the escalating trend for economic development and security among younger generations. Rapid urbanization is one of the key factors for the migration of younger individuals for better employment opportunities. The other compounding factors are rise of career oriented families, entrance of women in work force, decreasing family size and growing number of childless marriages. Children migrating for financial prosperity, and have in sufficient time to spend with their parents, marginalizing elderly to live alone, influencing psychological health of the elderly (Jamuna, 2003; Chen Wu, White, & Cash, 2009).

One of the greatest needs of the older population is the companionship of their spouse in the later phase of life. Togetherness not only increases their socialization and provides them with the capacity to face life challenges. There is a strong association of socialization with depression. In joint family system, elderly can have interaction with people at home. Death of the spouse, divorce, separation, widowhood, financial crisis, and life threatening diseases shakes the life equilibrium and inability to cope with those challenges later manifests as depression. Lack of familial support in such circumstances greatly affects the quality of life of elderly and can damage psychological health. A community based study done in Japan revealed that widowed or separated elderly people have higher chance of getting depressed than married ones (Bhamani, Karim, & Khan, 2013). A study done in Pakistan illustrates that depression was significantly high in unmarried, widowed, divorced, or separated elderly (Taqui, Itrat, Qidwai, Qadri, 2007).

9. Political/Organizational Determinant

Unmet physical and psychological needs of the elderly by the family care givers and health care providers predispose this age group towards depression. With the increase in life expectancy there is an intense burden on health care system. Health care delivery in Pakistan is based on weak infrastructure and elderly population is highly neglected. Lot of political and governmental initiation and interest is required in planning and prioritizing health needs of the population. In Pakistan, due to inadequate allocation of budget in health sector and inappropriate distribution of resources greatly affects the health of vulnerable groups. Elderly often need long term institutionalized services and mental health care is inadequate in Pakistan. In Pakistan, very few Non-Governmental Organizations (NGOs) are serving for elderly group. Health care system in Pakistan lacks geriatric clinics and they are treated by general or family physicians (Ganatra, Zafar, Qidwai, Rozi, 2008). Health care professionals lack training to deal with special issues of this age group (Qidwai & Ashwaq, 2011). This emerging issue is underdiagnosed and undertreated and becoming a public health hazard. A national policy for the promotion of better health of the elderly was designed in 1999, and it involved training of health care professionals in geriatrics and other areas, but implementation is yet to be seen (Subzwari & Azhar, 2010).

10. Recommendations to Lessen the Magnitude

Proper planning and implementation is required at governmental and health care system level to reduce the degree of this emerging public health issue in elderly. Specialized geriatric courses needs to be organized to improve knowledge and skills of health providers to deal with this health issue. In Pakistan, elderly people work till their last breath and country needs experienced human resource. The government could increase retirement age as well as introduce flexible work hours (Jalal &Younus, 2012).Furthermore, the government can provide medical health care at subsidized rates. Also, medical allowances could be given after the retirement. Besides, population based researches should be investigated to guesstimate the prevalence of depression among elderly throughout Pakistan (Mubeen, Henry, Qureshi, 2012).

11. Conclusion

Geriatric has always been a neglected area, but due to an increase in ageing population, Pakistan must prepare itself to meet the needs of the elderly population. Even though depression is the commonest psychiatric disorder in the elderly, it is often misdiagnosed; possibly due to the fallacy that depression is part of ageing, rather than a treatable condition. This challenging phenomenon needs immediate attention from the researchers, policy makers and the government for its management to enhance the quality of life of the elderly.

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