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SCIENTIFIC LETTER

A cross-sectional study on abuse and depression in geriatric residents in the field practice in Thiruvallur

Un estudio transversal sobre los malos tratos y depresión en usuarios de residencias en Thiruvallur

Methods

Old age groups are more common in experiencing abuse, as they may be more dependent on the family members physically, financially and psychologically. The objective of this study was to assess the prevalence and patterns of elderly abuse and to determine the association of elderly abuse with depression among the geriatric residents at a field practice area in Thiruvallur district.

Study design

This cross-sectional survey was conducted in 2021 at a field practice area in Thirumazhisai, Thiruvallur district. The list of older adults aged above 60years registered in the urban health training center, was obtained. Among the 280 older adults who were registered, 250 older people who were cognitively intact and who were willing were included. Those who were not willing and had psychiatric illness were excluded from the study. Data was collected through face-to-face interview in their homes, and confidentiality was assured. Study tool used for data collection was a Semi-structured questionnaire. Socio demographic characteristics included information regarding their age, sex, marital status, level of education, income per month in rupees, and recreational activities. These variables were enquired as it illustrates the characteristics of the individual asnd also abuse and depression are influenced by the socio-demographic changes. Vulnerability to Abuse Screening Scale developed by Schofield and Mishra[1] was modified according to the Indian setup to assess abuse. This tool comprises of 10 questions that have good psychometric capacity for the screening of abuse over the past 12 months. This scale was used for the early identification of abuse in older people and it is a valid, easily administered screening instrument. This scale has been used in several studies to determine the abuse status in older people. This scale is a self reported and can be used in community based researches.[2]

Psychological abuse domain had five questions, financial abuse domain had two questions, physical abuse domain had two questions, and financial domain had one question. Answering positive for any two questions from any domain was considered abuse. Depression was assessed by 15-item Geriatric Depression Scale,[3] and score within 5 was considered normal, scores from 5 to 10 was considered suggestive of depression and score more than 10, was considered indicative of depression. Ethical approval for the study was obtained from the ethical committee. Pilot study was done. Written and informed consent was obtained for participation and confidentiality was assured.

Statistical analysis

The data was entered in MS Excel. Descriptive statistics were calculated for all variables and was presented as frequencies and percentages for categorical data. Univariate comparison was performed using Pearson's Chi-squared test statistics. $P < 0.05$ was considered statistically significant. All statistical analysis was performed using SPSS 25 (IBM© SPSS© statistics, IBM Corporation, and its licensors 1989, 2017).

Results

Among the 250 participants, 153 were males (61%), and 97 were females (39%). Table 1 shows sex-based assessment of self-reported abuse, where the overall prevalence of older people abuse was 53.6%. Most common form of abuse was psychological (46.4%), followed by financial abuse (5.6%), physical abuse (4%), and anti-constitutional abuse(3.2%) both in males and females. Sex based assessment of self-reported abuse revealed that calling them names and trying to hurt them were more common among females and the difference was statistically significant.

Table 2 shows the characteristics of older people population as per their abuse status, where majority of the participants, who faced abuse were males (59.7%) than females (40.3%). Majority of those who faced abuse belonged to the age group of 70–80 years (44%), and were married (65.7%), educational status was schooling (50.7%), their income was less than 10,000 (48.5%), and majority of their recreational activities was watching television (58.2%). Abuse was more among those who were aged between 70 and 80 years, and the difference was found to be statistically significant.

Table 2 shows the assessment of depression by geriatric depression scale among elderly as per the abuse status, in which (86.6%) were normal, 1.5% had mild depression and 11.9% had moderate to severe depression.

Discussion

Abuse and depression in older population can impinge their health status and may also lead to serious illness. Despite of enormous impact on health, older people abuse is still underreported.[4] As per the World Health Organization, between 2015 and 2050, old age population will increase from 12% to 22% leading to gradual increase in the number of geriatric problems mainly, mental disorders.[5] Our findings revealed that half of the older people subjects (53.6%) were abused. In comparison to similar studies which were conducted in urban area in other countries, our study showed

Table 1
Sex based assessment of self-reported abuse ($n = 250$).

Questions	Sex n (%)		P value
	Males ($n = 153$)	Females ($n = 97$)	
Psychological abuse			
Nobody spends time with you			.434
Yes	79 (51.6%)	55 (56.8%)	
No	74 (48.4%)	42 (43.2%)	
Someone makes you feel unwanted			.289
Yes	59 (38.6%)	31 (32%)	
No	94 (61.4%)	66 (68%)	
Someone makes you feel uncomfortable/afraid			.322
Yes	43 (28.1%)	33 (34%)	
No	110 (71.9%	64 (66%)	
You are not involved in family decisions			.703
Yes	21 (13.7%)	15 (15.5%)	
No	132 (86.3%)	82 (84.5%)	
Someone called your name or made you feel bad			.018*
Yes	14 (9.2%)	19 (19.6%)	
No	139 (90.8%)	7880.4 (%)	
Financial abuse			
You are forced to support family			.419
Yes	10 (6.5%)	4 (4.1%)	
No	143 (93.5%)	93 (95.9%)	
Your fund-property is improperly used against your wish			.748
Yes	8 (5.2%)	6 (6.2%)	
No	145 (94.8%)	91 (93.8%	
Physical abuse			
Anyone tried to hurt/harm you			.039*
Yes	3 (2%)	7 (7.2%)	
No	150 (98%)	90 (92.8%)	
Anyone forces you to do things without your wish			.121
Yes	7 (4.6%)	1 (1%)	
No	146 (95.4%	96 (99%)	
Financial abuse			
Anytime funds/belonging/identity papers stolen by family			.939
Yes	5 (3.3%)	3 (3.1%)	
No	148 (96.7%)	94 (96.9%)	
Any abuse (2 or more yes)			

* Chi square test ($p < 0.05$-significant).

Table 2
Characteristics of elderly population as per their abuse status ($n = 250$).

Variables	Abuse n (%)		P value
	Present ($n = 134$)	Absent ($n = 116$)	
Age (years)			
60–70	38 (28.4%)	42 (36.2%)	.017*
70–80	59 (44%)	31 (26.7%)	
>80	37 (27.6%)	43 (37.1%)	
Sex			
Male	80 (59.7%)	73 (63%)	.601
Female	54 (40.3%)	43 (37%)	
Marital status			
Married	88 (65.7%)	63 (54.3%)	.183
Unmarried	33 (24.6%)	39 (33.6%)	
Divorced	13 (9.7%)	14 (12.1%)	
Educational status			
Illiterate	52 (38.8%)	49 (42.3%)	.593
Schooling	68 (50.7%)	55 (47.4%)	
Graduate	14 (10.5%)	12 (10.3%)	
Income per month			
<10,000	65 (48.5%)	52 (44.8%)	.338
10000–20000	63 (47%)	62 (53.5%)	
>20,000	6 (4.5%)	2 (1.7%)	
Recreational activities			
Watching TV	78 (58.2%)	75 (64.7%)	.544
Playing cards	27 (20.2%)	21 (18.1%)	
Gossip	14 (10.4%)	14 (12.1%)	
Socially active	15 (11.2%)	6 (5.1%)	

GDS scores
Frequency (%)

	Normal	Mild depression	Mild–severe depression
Present	116 (86.6%)	2 (1.5%)	16 (11.9%)
Absent	106 (91.4%)	3 (2.6%)	7 (6%)

* Chi square test ($p < 0.05$-significant).

a higher prevalence of abuse rate.[4] A study from China reported that 35% of the older people are facing abuse,[6] similarly a study conducted in North India, reported 24.3% abuse rate,[4] over 18% of Israeli older people experienced abuse,[7] and 14% of urban older people from Bangladesh were abused at some point.[8] A study from Northeast India excluding the older people with depression, revealed the prevalence of elderly abuse to be 9.3%.[6]

Our study found that psychological abuse (46.4%) was the most common type of abuse faced by the subjects, in which calling them names or making them feel bad, was more common in females. The second most common type of abuse was financial abuse, followed by physical abuse and financial abuse. Older people under low socio-economic status faced higher level of depression which could be due to the improper mental health care, which resulted in abuse rate of 48.5% in males and 44.8% in females. 7.2% of the females faced physical abuse, where someone trying to hurt or harm them was the most common reason. These findings were similar to other studies conducted in Europe, United States, and North India.[8]

In recent studies, older people with less physical functioning and schooling as their education state were reported in facing psychological abuse and depression, which was similar in our study.[9] Majority of them who faced abuse were male sex, in the age group of 70–80 years, whose educational status was schooling, those who were married and had low income. Among those who were married, abuse was raised by either of the partner, which resulted in poor mental health and the findings was similar in other studies.[9] People with low education level were exposed to more abuse than those with higher graduation levels, which was like other studies.[5] Thus, education seems to be protective factor in decreasing the older people abuse. Poverty was one among the major risk factor associated with older people abuse as older people are generally unemployed and lack financial support to their family, which was similar in other study.[10]

To combat depression, the most common recreational activity among the older people were watching television in majority of the females and playing cards in majority of the males. In our study, using the Geriatric depression scale, range of depression was assessed among all the older people, where majority (92%) of the subjects were normal, 2% of them were suggestive of depression and 6% of them were indicative of depression. The prevalence of depression was less, when compared to other studies.[4] Though majority of the subjects were normal, 6% of the elders were indicative of depression which could increase in later. The percentage of mild and moderate depression shows attention which needs to be developed, to address the potential public health problem among the geriatric group. Among those subjects who faced abuse, their range of depression was assessed, in which 11.9% of them had moderate to severe depression and 1.5% of them had mild depression, which shows, older people positively associated with depression when compared to the non-abuse people.

Our study shows the importance of screening the older people to know if they are being abused or not. Increased frequency of abuse in older people and depression was associated with economic dependency, poor socio-economic status, lack of care and support by their family members, lack of time spent by their fam-

ily members with them, forcing things to do without their wish and making them feel uncomfortable or unwanted were positively associated. The findings of our study reveal that, significant proportion of elderly people in the urban community also face abuse, which eventually leads to depression. Geriatric depression often tends to be neglected and our study shows the importance of screening for depression in routine practice.

Recommendations

As there is a high rate of prevalence of abuse in older people in the community, assessment of older people abuse and depression should be carried out in the health centers as a routine basis. Health care professionals should be given high quality training to deliver geriatric care.

Limitation of study

Follow up of the patients could not be done, as it was observational study. There can be subjective and recall bias during the interview. Nutritional status of the study subjects could not be assessed.

Conclusion

The findings of our study suggest that older people abuse is prevalent in urban communities. Older people who face abuse lack social support and are also reluctant to report abuse. Hence, active screening, laws and policy for vulnerable older population are required. Prevention and early intervention are two vigorous ways in dealing with the problems faced by the elder people.

Ethical approval

All the ethical approvals were obtained to carry out this research work.

Conflicts of interest

It is declared that all the authors are mutually agreed to publish this paper and they do not have any personal or financial conflicts.

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Eritromelalgia como primera manifestación clínica de policitemia vera en una paciente anciana

Erythromelalgia as a first clinical manifestation of polycythemia vera in an elderly patient

Sr. Editor:

Dentro de los síndromes mieloproliferativos crónicos (SMPC) Philadelphia negativos (Ph−) se engloban la policitemia vera (PV), la trombocitemia esencial (TE) y la mielofibrosis primaria (MFP). La PV fue descrita por primera vez en 1892 por Louis Henri Vaquez como enfermedad adquirida de etiología desconocida y de origen clonal caracterizada por una proliferación predominantemente de los progenitores eritroides, con aumento de la masa eritrocitaria (eritrocitosis eritropoyetina [EPO]-independiente/baja), de comienzo gradual y desarrollo progresivo[1]. No fue hasta 2005 cuando se relacionó con la mutación janusquinasa 2 (JAK2-V617F), con valor predictivo positivo del 95%[1]. Su incidencia máxima se encuentra entre la quinta y la séptima décadas de vida (0,5-2,6 casos/100.000 habitantes), con una mayor incidencia en personas de ascendencia judía y una ligera preponderancia masculina (1,2:1)[1]. La presentación clínica de la PV se puede dividir en tres fases: latente (asintomática), proliferativa (sintomática), como el caso que presentamos, y gastada (mielofibrosis). La sintomatología se relaciona directamente con un síndrome de hiperviscosidad e hipermetabolismo: fatiga (80%), visceromegalia (70%), rubicundez facial (67%), cefalea (48%), prurito (43%), acufenos (33%), claudicación intermitente (25%), angor hemodinámico (15%) y eritromelalgia (EM) (3%), entre otros síntomas[2].

Presentamos el caso de una mujer octogenaria, caucásica, independiente para las actividades de vida cotidiana, sin sintomatología de deterioro cognitivo y bien nutrida, diagnosticada de HTA de larga evolución en tratamiento farmacológico con IECA y betabloqueante, sin otros antecedentes destacables, que ingresó en nuestro centro por cuadro clínico de 4 meses de duración de discromía eritematoviolácea y disestesia plantar lateral de ambos pies,