

Live to a ripe old age: Assessment of Health status among elderly in a tertiary care center, South India

Suja Kumari S¹, Regina Antony², Amrutha K A³, Sachin Dinesh³

¹Assistant Professor, Amrita College of Nursing, AMRITA Vishwa Vidyapeetham, Kochi, Kerala, India.

²Associate Professor, Amrita College of Nursing, AMRITA Vishwa Vidyapeetham, Kochi, Kerala, India.

³Student, Amrita College of Nursing, AMRITA Vishwa Vidyapeetham, Kochi, Kerala, India.

Corresponding Author: sujaks@nursing.aims.amrita.edu.

Abstract: The global population is progressively ageing. Growing older brings with it both challenges and opportunities. Demand for primary health care and long-term care will rise, necessitating a larger and better-trained staff. The study's goals were to determine health status among the elderly based on physical activity, nutritional status, social wellbeing, and psychological wellbeing, as well as to determine the relationship between physical activity and nutritional status, the relationship between social wellbeing and psychological wellbeing, and the relationship between health status and age and gender. A semi structured questionnaire was used to examine socio demographic data, KATZ index independence in activities of daily living, mini nutritional evaluation, Lubben social network scale, and geriatric depression scale among the elderly. During the study period, 150 patients aged 65 and up who attended a tertiary care centre in Kochi were assessed. The majority of the 150 older people tested had complete physical function, normal social wellbeing, and normal psychological wellbeing. Malnutrition was a concern for 44.7 percent of the population. The study found a weak positive relationship between physical activity and nutritional status, as well as a weak negative relationship between social and psychological well-being. The majority of senior people had good physical activity, social, and psychological well-being, whereas 44.7 percent were at danger of malnutrition, according to the current study.

Key Words: —*Health status, elderly, physical wellbeing, psychological wellbeing, social wellbeing.*

I. INTRODUCTION

Globally, people are living longer. The advent of various complex health states that tend to happen only later in life and do not fit into clear-cut disease classifications is another characteristic of older age. They are frequently referred to as geriatric syndromes. Frailty, urine incontinence, falls, delirium, and pressure ulcers are a few of the underlying causes that frequently lead to them [1]. There are currently roughly 900 million senior adults worldwide, and by 2020, about 80% of that number will reside in developed nations, according to the World Health Organization [2]. According to the report, there would be 67 million men and 71 million women aged 65 and older in India by 2021.

Over the population census of 2011, there were roughly 34 million more senior people in 2021. By 2031, this number is projected to rise by 56 million. Eighty percent of elderly people will reside in low- and middle-income nations by the year 2050[3].

There are a few significant aspects of India's old population. Two-thirds of the 7.5% of the population who are elderly reside in villages, and over half have low socioeconomic level [4]. Most senior people in India are women (70 percent), and half of them are dependents, frequently as a result of widowhood, divorce, or separation [5]. There are more women (3.49%) than men (1.42%) in the minority (2.4%) of older people who live alone [6]. As a result, the majority of old people live in rural areas, come from low-income families, and are reliant on them. There is lack of extensive research on the health status of expanding old Indian population. However, data acquired from multiple surveys and regional and local research indicate that a number of risky behaviors, including the use of cigarettes or alcohol [7] and physical inactivity, are very prevalent [8].

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However, there are disparities in access to services across the nation.

II. BACKGROUND OF THE STUDY

About 43% of the subjects in a study on the health status of the elderly in the community in Korea done by the nursing department at Inje University require assistance with their physical status. About 56% of the participants had depression. The average loneliness score was 40.4, which is a comparatively higher number. In terms of self-esteem, it scored worse than senior people who were the subject of prior studies. The subjects were in a situation with less social support. Being a woman, being older, having less income and education, and living alone were risk factors for having a vulnerable health status [9].

A previous study by Manipal University in Karnataka on the assessment of nutritional status, psychological depression, and functional ability of elderly population in South India revealed that depression is one of the leading causes of disease burden globally, with more than 50% of the elderly population being underweight and more than 90% having an energy insufficient diet [10].

The study's primary objectives were to determine the health state of senior people using the indicators of physical activity, dietary status, social wellbeing, and psychological wellbeing. There is a link between physical activity and dietary status, as well as social and psychological wellbeing. Investigations were done into the relationships between gender, age, and health status.

III. MATERIALS AND METHODS

In order to evaluate the health state of the elderly, the current study used a descriptive cross-sectional survey. A semi-structured questionnaire was used in the study to gather information on socio-demographic characteristics. Independence in daily living activities as measured by the KATZ index, mini-nutritional assessment, Lubben social network scale, and geriatric depression scale [11,12]. 150 people aged 65 and older who visited the geriatric OPD and wards at the Amrita Institute of Medical Science in Kochi participated in the assessment. A detailed consent was taken from the participants. The study duration was 3 months.

IV. RESULTS

The present study was conducted among 150 subjects. The data were analyzed by descriptive and inferential statistics. Majority of study participants 71 (47.3%) were in the age group between 65 to 70 years, 63(42%) between 71 to 80 years, 11 (7.3%) between 81 to 90 years and 5(3.3%) were 90 years above. Almost more than half of them 119(79.3%) were married, 30 (20%) of them were widow/widower and 1(.7%) was unmarried. Majority of the participants 60 (40%) had secondary education, 30 (20%) had at least primary education, 23 (15.3%) had higher secondary education, 21 (14%) were graduates, 13 (8.7%) had diploma and 3 (2%) of them were postgraduates. Among the participants 126 (84%) were either unemployed or retired. Majority 93 (62%) reside in rural area. Most of the study participants 144 (96%) live with their family. Almost half of the study participants 75 (50%) had pension as their source of income Out of 150 subjects, Majority were male that accounts to be 58.7%. 41.3% were female.

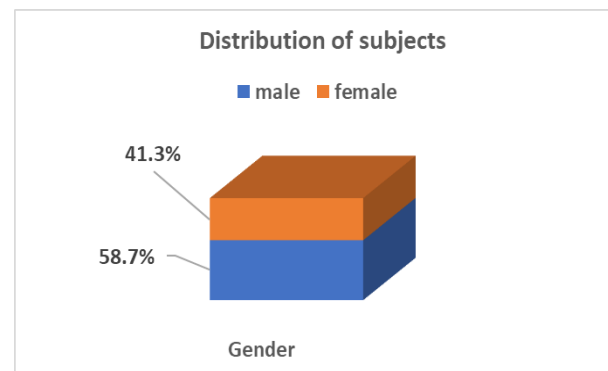


Fig.1. Bar diagram showing distribution of subjects based on gender

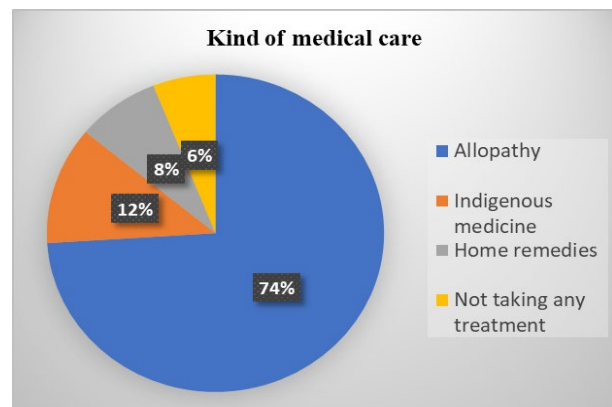


Fig.2. Pie chart showing distribution of subjects based on kind of medical care

Majority of the participants, 74% were getting allopathy treatment, 12% were depended on Indigenous medicine, 8% were using home remedies, 6% were not taking any treatment.

4.1 Health status among elderly using the parameters physical activity, nutritional status, social wellbeing, and psychological wellbeing

Among the study participants 123(82%) had full function in physical activity, 59(39.3%) had normal nutritional status, 125 (83.3%) had normal social wellbeing and 113 (75.3%) had normal psychological wellbeing. Among the study participants 58(47.2%) had full function in physical activity and normal nutritional status.

Among the study participants with 65 to 70 years of age 58 (81.7%) had full function, 2 (2.8%) had moderate function and 11(15.5%) had severe dysfunction in physical activity. Participants between 71 to 80 years of age 51 (81%) had full function, 4(6.3%) had moderate function and 8(12.7%) had severe dysfunction in physical activity. Participants between 81 to 90 years of age 9 (81.8%) had full function, 1 (9.1%) had moderate function and 1 (9.1%) had severe dysfunction in physical activity. 5(100%) participants above 90 years had full function in physical activity.

Table.1. Physical activity scoring and Nutritional status scoring cross tabulation n=150

Sl. No	Physical activity scoring	Nutritional status scoring			
		At risk f (%)	Malnourished f (%)	Normal f (%)	Total f (%)
1.	Full function	52 (42.3)	13 (10.6)	58 (47.2)	123 (100)
2.	Moderate	3 (42.9)	4 (57.1)	0 (0.0)	7 (100)
3.	Severe	12 (60)	7(35)	1 (5)	20 (100)
TOTAL		67 (16)	24(16)	59 (39.3)	150 (100)

Among the study participants between 65 to 70 years of age 34 (47.9%) are at risk of malnutrition and 12 (16.9%) are malnourished. Participants between 71 to 80 years of age 29 (46%) are at risk of malnutrition and 10 (15.9%) are malnourished. Participants between 81 to 90 years of age 4 (36.4%) are at risk of malnutrition and 1 (9.1%) are malnourished. Among the study participants between 65 to 70 years of age 10 (14.1%) are at risk of social isolation. 12 (19%) of participants between 71 to 80 years of age are at risk of social isolation. 3 (27.3%) of participants between 81 to 90 years of age are at risk of social isolation.

Table.2. Social wellbeing scoring and psychological wellbeing scoring cross tabulation

Social wellbeing Scoring	Psychological wellbeing scoring				
	Mild	Moderate	Severe	Normal	Total
	f (%)	f (%)	f (%)	f (%)	f (%)
1. At risk	4(16)	3 (12)	1(4)	17 (68)	25 (100)
2. Normal	23 (18.4)	5 (4)	1 (8)	96 (76.8)	125 (100)
3. Total	27 (18)	8 (5.3)	2(1.3)	113(75.3)	150 (100)

f=frequency, %-percentage

Table 2 denotes among the study participants between 65 to 70 years of age majority 49 (69%) had normal psychological wellbeing, 15 (21.1%) had mild depression, 6 (8.5%) had moderate depression and 1 (1.4%) had severe depression. Participants between 71 to 80 years of age majority 50 (79.4%) had normal psychological wellbeing, 10 (15.9%) had mild depression and 2 (3.2%) had moderate depression. Participants between 81 to 90 years of age 9 (81.8%) had normal psychological wellbeing and 2 (18.2%) had mild depression. Among the male study participants 71 (80.7%) had full function, 7 (8%) had moderate function and 10 (11.4%) had severe dysfunction in physical activity. Among the female participants, majority 52(83.9%) had full function and 10 (16.1%) had severe dysfunction in physical activity. Among the male participants majority 38 (43.2%) are at risk of malnutrition, 13 (14.8%) are malnourished and 37 (42%) had normal nutritional status. Among the female study participants 29 (46.8%) are at risk of malnutrition, 11(17.7%) of them are malnourished and 22 (35.5%) had normal nutritional status. Among the male study participants majority 73(83%) had normal social wellbeing and 15(17%) are at risk of social isolation. Among the female study participants majority 52 (83.9%) had normal social wellbeing and 10 (16.1%) are at risk of social isolation.

Among the male study participants, majority 68(77.3%) had normal psychological wellbeing, 16(18.2%) had mild depression and 4 (4.5%) had moderate depression. Among the female study participants majority 45 (72.6%)

had normal psychological wellbeing, 11 (17.7%) had mild depression, 4(6.5%) had moderate depression and 2 (3.2%) had severe depression.

V. DISCUSSION

According to the current survey, the bulk of old people are male and between the ages of 65 and 70.7% of them. The majority of participant, 74 percent were receiving allopathic care, which is comparable with findings from a related study carried out in India [13, 14]. The results of the current study show that the majority of senior people are physically active, socially and psychologically well, but the majority, or 44.7% of them, are at danger of malnutrition.

An investigation was made among 10,027 senior people living in 7582 families throughout 300 areas in Kerala. According to the findings, between 2021 and 2031, the proportion of young and old people is predicted to cross over if this trend is uninterrupted [3].

Results of a survey to survey assessing the health and functional state of the elderly in Kerala, defined as those 60 years of age or older, were examined as traditional support structures fail as a result of longevity without concurrent economic success. The distinctions in the socioeconomic situation of the elderly based on gender are underlined. Despite having lower death rates than men, women often have lower incomes and experience more illness as they age [4, 15]. The elderly who are well off live far better lives than their less fortunate counterparts. Thus, socioeconomic position and gender significantly influence the quality of life for the elderly in transitional societies like Kerala, a result that may have some policy implications.

This study demonstrated a statistically significant relationship between nutritional status and inadequate caloric intake, old age group, female gender, dependent functional status, and dependent financial position. According to the current study, the majority of older people (47.2%) had full function in both physical activity and a normal nutritional state, whereas 42.3% had full function in. This study demonstrates a weakly positive association between dietary status and physical activity. The majority of elderly people were in generally good psychological and social health. It was clear that there was a little inverse relationship between psychological health and social wellbeing in the senior population.

VI. CONCLUSION

You are only as old as you feel, according to a saying. Therefore, what matters is how we lived, not how long we lived. As per the current study, the majority of elderly people

are in good physical, social, and psychological health, but 44.7% of them are at danger of malnutrition. This study demonstrates a weakly negative correlation between social and psychological wellbeing and a weakly positive correlation between physical activity and nutritional status. Severe depression was observed to be present only in females (3.2%).

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