INTERNATIONAL JOURNAL OF CURRENT ADVANCED RESEARCH
ISSN: O: 2319-6475, ISSN: P: 2319-6505
Available Online at www.journalijcar.org
Volume 15; Issue 03; March 2026; Page No.661-666
DOI: http://dx.doi.org/10.24327/ijcar.2026.0666.0109

Subject Area : Dentistry- Orthodontics and dentofacial orthopedics

# A STUDY TO ASSESS THE LEVEL OF DEPRESSION, ANXIETY AND STRESS AMONG THE GERIATRIC PATIENTS WITH SELECTED HEALTH PROBLEMS ATTENDING THE O.P.D OF SELECTED HOSPITAL IN RAJKOT WITH A VIEW TO DEVELOP A HEALTH EDUCATION PAMPHLET

**Elsa Aswathy Joy, Sarika Hirpara And Kanani Himani**

Assistant Professor, St.thomas College of Nursing, Chethipuzha
Tutor, Sree Swaminarayan Institute of Nursing, Kadodra
Lecturer, Karm Institute of Nursing Science , Ahmedabad

**ARTICLE INFO**

Received 16th February, 2025
Received in revised form 25th February, 2025
Accepted 19th March, 2026
Published online 28th March, 2026

**Key words:**

Depression, Anxiety, Stress Elderly Patient

**ABSTRACT**

The number of elderly in developing countries has been growing at the phenomenal rate Thus the contribution of elderly people of demographic figures using, day by day, as the people and vulnerable for health problem. Old age people are prone for disease like anxiety, stress, depression. Depression, anxiety, stress affect all people worldwide. Literature says elderly more prone to psychological problem like anxiety, stress, depression.

**Objectives**

1. To assess the level of depression among the geriatric patient with selected health problems attending OPD as measured by depression, anxiety, stress scale.
2. To assess the level of anxiety among geriatric patient with selected health problem attending as measured by depression, anxiety, stress scale.
3. To assess the level of stress among geriatric patient with selected health problem attending as measured by depression, anxiety, stress scale.
4. To find out and association between depression, anxiety and stress among elderlypatients having selected health problems with selected demography variables.
5. To develop a health education pamphlets regarding symptoms and prevention of depression, anxiety and stress among elderly problems with selected health problems.

**Methods:** A descriptive research design was adopted for the study. Non probability purposive sampling technique was used to select 30 elderly patients with cancer Data was collected by means of Standardize Depression , Anxiety, Stress scale(DASS).The pilot study was conducted on cancer patient of Gulabchand Talakchand Sheth cancer hospital Rajkot. The main study was conducted at Gulabchand Talakchand Sheth Cancer Hospital Rajkot and analysis was done using descriptive and inferential statistics in terms of frequency percentage and chi square.

**Result**: Majority 12(40%) peoples are comes under 65-70 age group category and only 3(10%) peoples comes under above 80 age group category. Majority 16(53.33%) people are female and 13(43.33%) people are male. Only 1 person (3.33%) belongs to <2000 income category and majority of people 13(43.33%) people belongs to >6000 income category. Majority of people (100%) are married. There is only 1(3.33%) person is widow majority of people 29(96.66%) are not widow. Majority of people live in village (60%) there are only 12(40%) people live in city. There is association between depression, anxiety and stress with demographic variable.



*Corresponding author: **Elsa Aswathy Joy**

Assistant Professor, St.thomas College of Nursing, Chethipuzha

## INTRODUCTION

Ageing is a natural process old age is an incurable disease, but more recently, old age should be regarded as a normal, inevitable biological phenomenon. The study of the physical and psychological changes which are incident to old age is called gerontology. Elderly people are at risk of mental health

problems, is even a greater issue in a rural community where mental health resource may be lacking or inadequate.

Depression is common problem in older adults and its symptoms affect every aspect of your life, including your energy, appetite, sleep and interest in work, hobbies and relationships. Depression impacts older people differently than younger people. In the elderly, depression often occurs with other medical illnesses and disabilities and lasts longer. Depression can be associated with an increased risk of cardiac diseases and possess an increased risk of death from illness

Depression in people age 65 and older to be major public health problem. Older people with depression tend to present with more symptoms from the physical category compared to the other categories. So an older person is more likely to present to their general practitioner with various physical complaints and difficulty sleeping rather than complaints of sadness or low mood.

Anxiety disorders have historically been considered a problem of childhood and early adulthood, with a peak onset between 18 and 40 years. Anxiety disorders are often "silent" being difficult to diagnose or missed entirely. Of the five principle anxiety disorders, 90% of presentation of late-life anxiety are accounted for by either generalized anxiety disorder (GAD) or a specific phobia with GAD representing at least 50% of cases among older adults, of which the majority are earlier-onset disorders with late-life exacerbations (50- 97%) The remaining 10% of anxiety disorders are accounted for by obsessive -compulsive, post-traumatic stress, and panic disorders.

Stress is the wear and tear on the body caused by constant adjustment to an individuals changing environment anything that causes change in our life causes stress. There are many changes going on in the life of the elderly.

At any age, stress is a part of life. Young and old alike have to face difficult situations and overcome obstacles. Older people may face failing health or dwindling finances-or simply the challenges of retaining their independence. Unfortunately, the body's natural defences against stress gradually break down with age. Long term stress increases the risk of heart disease, high blood pressure, stoke, digestive problem, sleep disorder. An older person is already at greater risk of these conditions. Many times, multiple stressors, such as illness, and the loss of spouse are be too much for a person to deal with. This may lead to depression, and the need to seek help from their health care provider. Asses overloads of stress hormones have been linked to many health problems, including heart disease, high blood pressure and weakened immune function. For older people already a heightened risk for these illness and so managing stress is particularly important.

**Need of The Study**

A report jointly brought out by United Nations Population Fund (UNFPA) and Help Age International says the following: India's population is likely to increase by 60 per cent between 2000 and 2050 but the number of elders, who have attained 60 years of age, will shoot up by 360 per cent and the government should start framing policies now else its consequences are likely to take it by surprise. India has around 100 million elderly at present and the number is expected to increase to 323 million, constituting 20 per cent of the total population, by 2050. Late life is commonly a period of transitions (for example, retirement or relocation) and adjustment to losses. Retirement is often the first major transition faced by older people. Its effects on physical and mental health differ from person to person, depending on attitude toward and reason for retiring. About one third of retirees have difficulty adjusting to certain aspects of retirement, such as reduced income and altered social role and entitlements. Some people choose to retire, having looked forward to quitting work. Others are forced to retire (for example, because of health problems or job loss).

Bereavement affects many aspects of an older person's life. For example, social interaction and companionship decrease, and social status and financial circumstances may change. Older people may experience a decline in their own health after the death of a close family member or friend. The death of a spouse affects men and women differently. In the 2 years after death of a wife, the mortality rate in men tends to increase, especially if the wife's death was unexpected. For women who lose a husband, data are less clear but generally do not indicate an increased mortality rate.

Also, many elderly people are on multiple medications, which can interact with each other and with alcohol in sometimes surprising ways. Because of the biological changes going on in their bodies and because of the interaction of substances, some people who did not have substance abuse problems before find themselves with addiction problems. Addiction can also be triggered by life changes, stress, depression and anxiety.

Depression is a common illness worldwide, with an estimated 350 million people affected. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At its worst, depression can lead to suicide. Over 8 lakh people die due to suicide every year.

Anxiety is a normal response that is necessary to our survival. Anxiety orients us to danger and prepares our bodies to either challenge or escape it. Anxiety becomes a problem, though, when it becomes the norm, rather than the exception, and/or when our efforts to manage it (e.g., by avoidance, use of alcohol or drugs, reliance on rigid routines) starts to interfere with our ability to conduct our family, work, and social obligations.

Stress is a part of everyone's life which may be severe in geriatric population due to multiple and interrelated factor. A cross sectional study was carried out among 100 geriatric people living in urban area. Stress as significantly associated with variables like age, education level, personal income and financial dependence.

For seniors, stress has the potential to be especially overwhelming. This type of tension in older adults has unique contributing factors, such as the loss of an elderly spouse or friends. Living alone can increase the sense of isolation. Sometimes the simple tasks of everyday life can cause stress in those who experience physical or medical limitations. The effects of stress can sometimes exacerbate health conditions from which some seniors suffer, causing additional worry.

**Statement Of The Problem**

"A study to assess the level of depression, anxiety and stress among the geriatric patients with selected heath problems attending the medical o.p.d of selected hospital in Rajkot with a view to develop a health education pamphlet."

**Objectives**

1. To assess the level of depression among the geriatric patient with selected health problems attending OPD as measured by depression, anxiety, stress scale.
2. To assess the level of anxiety among geriatric patient with selected health problem attending OPD as measured by depression, anxiety, stress scale.
3. To assess the level of stress among geriatric patient with selected health problem attending OPD as measured by depression, anxiety, stress scale.
4. To find out and association between depression, anxiety and stress among elderly patients having selected health problems with selected demography variables.
5. To develop a health education pamphlets regarding symptoms and prevention of depression, anxiety and stress among elderly problems with selected health problems.

**Hypothesis:** H1 There will be significant association between depression anxiety and stress was among elderly patient having selected health problem with selected variable at 0.05 level of significant.

**RESEARCH METHODOLOGY**

A descriptive research design was adopted for the study. Non probability purposive sampling technique was used to select 30 elderly patients with cancer Data was collected by means of Standardize Depression , Anxiety, Stress scale(DASS).The pilot study was conducted on cancer patient of Gulabchand Talakchand Sheth cancer hospital Rajkot. The main study was conducted at Gulabchand Talakchand Sheth Cancer Hospital Rajkot and analysis was done using descriptive and inference statistics in terms of frequency percentage and chi square.

## RESULTS

**Table 1** Frequency and percentage distribution of demographic variable.

| Demographic variable | Frequency | Percentage |
|---|---|---|
| 1. Age | | |
| 65-70 | 12 | 40% |
| 70-75 | 7 | 23.33% |
| 75-80 | 8 | 26.66% |
| Above 80 | 3 | 10% |
| 2. Gender | | |
| Male | 13 | 43.33% |
| Female | 16 | 53.33% |
| 3. Income | | |
| <2000 | 1 | 3.33% |
| 2100-4000 | 7 | 23.33% |
| 4100-6000 | 9 | 30% |
| >6000 | 13 | 43.33% |
| 4. Married | | |
| yes | 30 | 100% |
| No | 0 | 0% |
| 5. Widow | | |
| Yes | 29 | 96.66% |
| No | 1 | 3.33% |
| 6. Place of location | | |
| Urban | 12 | 40% |
| Rural | 18 | 60% |

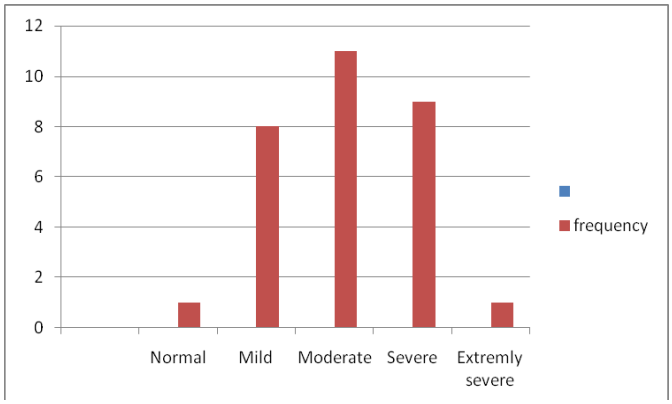


**Figure 1.** Findings related to frequency level of depression.

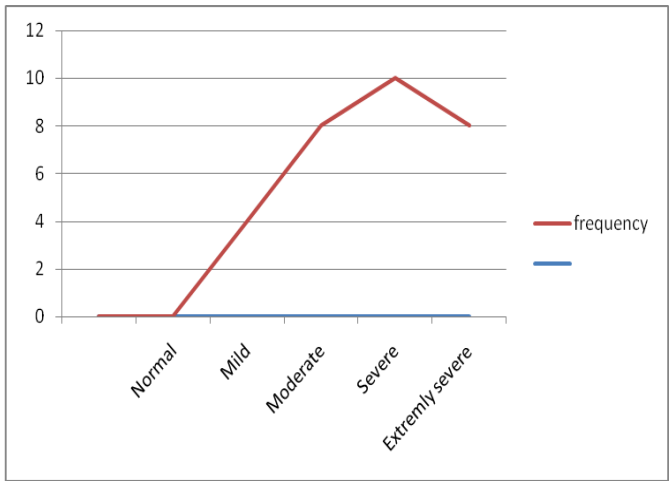


**Figure 2**. Findings related to frequency level of anxiety.

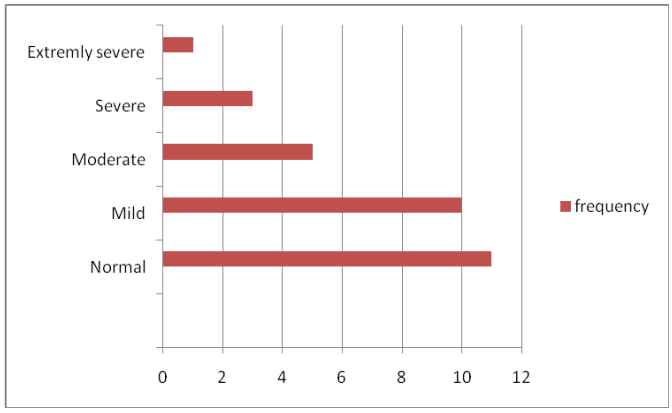


**Figure 3.** Findings related to frequency level of stress.

**Table 2.** Finding srelated toassociation between depression, anxietyand stress levels with selected demographic variables.

| Sr No. | Demographic Variables | Normal | Mild | Moderate | Seve Re | Extremly Severe | DF | Chi Square Value |
|---|---|---|---|---|---|---|---|---|
| 1. | Age | | | | | | | |
| | 65-70 | 1 | 3 | 3 | 6 | 1 | | |
| | 70-75 | 0 | 5 | 2 | 0 | 0 | | |
| | 75-80 | 0 | 0 | 3 | 3 | 0 | 12 | 19.24513 |
| | Above 80 | 0 | 0 | 3 | 0 | 0 | | |
| 2 | Gender | | | | | | | |
| | Male | 1 | 3 | 5 | 3 | 1 | 4 | 7.59821 |
| | Femal | 0 | 5 | 6 | 6 | 0 | | |
| 3. | Income | | | | | | | |
| | <2000 | 0 | 2 | 1 | 0 | 0 | | |
| | 2100-4000 | 0 | 1 | 4 | 2 | 0 | 12 | 10.233122 |
| | 4100-6000 | 1 | 1 | 2 | 5 | 0 | | |
| | >6000 | 0 | 4 | 4 | 2 | 1 | | |
| 4. | Marrital Status | | | | | | | |
| | Marrried | 1 | 8 | 11 | 9 | 1 | 4 | 0 |
| | Unmarried | 0 | 0 | 0 | 0 | 0 | | |
| 5. | Widow | | | | | | | |
| | Yes | 0 | 7 | 8 | 5 | 1 | 4 | 4.269119 |
| | No | 1 | 1 | 3 | 4 | 0 | | |
| 6. | Placeoflocation | | | | | | | |
| | Urban | 0 | 3 | 6 | 7 | 0 | 4 | 61.289032 |
| | Rural | 1 | 5 | 5 | 2 | 1 | | |

**Table 3.** Findings related to association between anxiety and demographic variables

| **Sr No.** | **Demographic Variables** | **Norm Al** | **MI LD** | **Mode Rate** | **Sever E** | **Extrem Ly Severe** | **DF** | **Chi Square Value** |
|---|---|---|---|---|---|---|---|---|
| 1. | AGE | | | | | | | |
| | 65-70 | 0 | 3 | 3 | 3 | 5 | | |
| | 70-75 | 0 | 0 | 4 | 3 | 0 | | |
| | 75-80 | 0 | 0 | 2 | 3 | 1 | 12 | 12.01984 |
| | Above 80 | 0 | 0 | 0 | 1 | 2 | | |
| 2. | Gender | 0 | 1 | 4 | 5 | 3 | 4 | 9.49 |
| | Male | 0 | 2 | 5 | 5 | 5 | | |
| | Female | | | | | | | |
| 3. | Income | 0 | 0 | 2 | 1 | 0 | 12 | 21.03 |
| | <2000 | 0 | 1 | 1 | 3 | 2 | | |
| | 2100-4000 | 0 | 2 | 3 | 3 | 1 | | |
| | 4100-6000 | 0 | 0 | 3 | 3 | 5 | | |
| | >6000 | | | | | | 4 | 9.49 |
| 4. | Marrital | 0 | 4 | 8 | 10 | 8 | | |
| | Status | 0 | 0 | 0 | 0 | 0 | | |
| | Marrried | | | | | | 4 | 9.49 |
| | Unmarried | 0 | 2 | 9 | 5 | 5 | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5. | Widow | 0 | 1 | 1 | 2 | 5 | | |
| | Yes | | | | | | 4 | |
| | No | 0 | 1 | 5 | 5 | 5 | | |
| | Placeof | | | | | | | |
| 6. | Location | 0 | 2 | 4 | 5 | 3 | | |
| | Urban | | | | | | | |
| | Rural | | | | | | | |

**Table 4.** Findings Related To Association Between Stress And Demographic Variables

| Sr No. | Demographic Variables | Norm Al | Mi Ld | Mode Rate | Sever E | Extrem Ly Severe | DF | Chi Square Value |
|---|---|---|---|---|---|---|---|---|
| 1. | Age | | | | | | | |
| | 65-70 | 6 | 3 | 1 | 3 | 1 | | |
| | 70-75 | 2 | 4 | 1 | 0 | 0 | | |
| | 75-80 | 2 | 2 | 2 | 0 | 0 | 12 | 21.03 |
| | Above 80 | 1 | 1 | 1 | 0 | 0 | | |
| 2. | Gender | | | | | | | |
| | Male | 6 | 2 | 4 | 1 | 0 | 4 | 9.49 |
| | Femal | 5 | 8 | 1 | 2 | 1 | | |
| 3. | Income | | | | | | | |
| | <2000 | 0 | 2 | 1 | 0 | 0 | | |
| | 2100-4000 | 4 | 1 | 2 | 0 | 0 | 12 | 21.03 |
| | 4100-6000 | 3 | 4 | 1 | 1 | 0 | | |
| | >6000 | 4 | 3 | 1 | 2 | 1 | | |
| 4. | Marrital | | | | | | | |
| | Status | 11 | 10 | 5 | 3 | 1 | 4 | 9.49 |
| | Marrried | 0 | 0 | 0 | 0 | 0 | | |
| | Unmarried | | | | | | | |
| 5. | Widow | 8 | 6 | 5 | 2 | 1 | 4 | 9.49 |
| | Yes | 3 | 4 | 0 | 1 | 0 | | |
| | No | | | | | | | |
| | Placeof | | | | | | | |
| 6. | Location | 5 | 6 | 3 | 1 | 1 | 4 | 9.49 |
| | Urban | 6 | 4 | 2 | 2 | 0 | | |
| | Rural | | | | | | | |

## DISCUSSION

Chi square value of depression with demographic variables age, gender, income, marital status, and widow category shows that the chi square value is less than table value. In case of demographic variable address, the chi square value 61.2 is greater than table value. Therefore, there is an association between depression and demographic variables.

A cross-sectional study was conducted to assess the level of depression among geriatric outpatients attending selected general hospitals of Belgaum, Karnataka. The study concluded that around 17% of geriatric outpatients attending general OPD have severe depression and 63% have mild to moderate depression. This showed that age, gender, and lifestyle affect the person's mentality. Loss of life partner has significant association with the level of depression.

Chi square value of anxiety with demographic variables age, gender, income, marital status, widow category, and address shows that the chi square value is less than table value. Therefore, there is an association between anxiety and demographic variables.

A descriptive study conducted in Amritsar, Punjab, North India evaluated the profile of psychiatric disorders in geriatric inpatients. Psychiatric assessment of patients was made based on psycho-geriatric assessment scales (PAS) and present state examination. The most common psychiatric disorder was found to be depression (25.94%), followed by adjustment disorders (11%), anxiety disorders (4.54%), dementias (3.6%), delirium (3%), bipolar disorders (0.8%), and substance-related disorders (0.4%). The study emphasized the importance of consultation-liaison psychiatry, especially in geriatric patients.

Chi square value of stress with demographic variables age, gender, income, marital status, widow category, and

address shows that the chi square value is less than table value. Therefore, there is an association between stress and demographic variables.

A cross-sectional survey was conducted in China to assess the prevalence of post-traumatic stress disorder after an earthquake hit the country in the year of 2012. Among 287 respondents aged 60 years and older, PTSD was assessed according to the Clinician-Administered PTSD Scale for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Independent demographic, socioeconomic, and trauma exposure variables were also measured. Association between the independent variables and PTSD was analyzed using logistic regression analysis. The prevalence of PTSD was 22.65% among elderly Qiang citizens. Being female, being widowed, having a low level of education, having low monthly income, suffering bodily injury, being bereaved, and having a low level of social support were risk factors significantly related to the development of PTSD.

## References


1. Abjasaapkota, stress level among the geriatric population of urban area in eastern Nepal. (Documents from internet) https : // pdfs.semantic scholar.org
2. All about seniors care giver tips , event and resources (Documets from internet) March 2015 Available at https :// medscape.6
3. Armen K Goenjian Alan 2000 , A study of the stress in geriatric in PTSD after earthquake hit in the country, volume -157 Pp-,895-911
4. Armen K, Alan M; American Journal of psychiatry,(journal artical),Pp 911-916,vol 157(6),(Documents from internet) 2000, Available at www.Angelfire.com./biz7srcrism / disaster- depression-2html.
5. Asuna Arai , Kozo ishida, A study was conduct on gender in the contribution of risk factor to depressive symptoms amog the elderly in community. (Document from internet) 2005 . Available at www.Researchgate.net/...7516705.
6. Beekman AT , Copeland JR, prince MJ. Review of Community Prevelance of depression in Later life. Br J Psychiatry . 1999; 174; Pp-307.(Document from internet) Available at www.ncbi.nlm.nih. Gov >NCBI>literature>PubMed Centrl.(PMC)
7. Chung Soondool ,Health and Social Care in the Community,16(4), Pp-370-377, (Documents from internet) 2008 Available at www.scie-social care.online. org.uk/
8. Daniel b.Effect of life transition on older people ( document from internet) www.Merckmanuals.com>>social issues Affecting older people.
9. Dr. Doha rasheed ,sociology of Ageing ali (Document from internet) Jan 23, 2017
10. Garcia Solano, Jaun Roman Orbina Torija, A study of The to Estimate The Prevalence of Depression Symptoms in People Older than 64 Year. (Document from internet)2006 Available At www.researchget.net./ publication/257057579_midiendo.[PubMed] Page 61 of 75
11. Indian J Psychiatry.1982;24:Pp;268-73 (PMC free Article) [PubMed]
12. Jariwala V. Bansal R.K Patel S, A study of depression among aged in surat city., National Journal of Community Medicine. 2010 1(1) :Pp 47-49. [PubMed].


**How to cite this article:**

Elsa Aswathy Joy, Sarika Hirpara And Kanani Himani.(2026). A study to assess the level of depression, anxiety and stress among the geriatric patients with selected health problems attending the o.p.d of selected hospital in rajkot with a view to develop a health education pamphlet, International Journal of Current Advanced Research, 15(03), pp.661-666.

*******