

# A Descriptive Study to Assess Anxiety among elderly residing at selected oldage homes, Coimbatore.

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## Abstract:

The present study is as a part of Ph.D. programme under The Tamilnadu Dr. M.G.R Medical University, Chennai. A descriptive study was conducted to assess the level of anxiety among elderly. Totally 30 elderly were selected as a sample size by using non probability convenience sampling technique. The Hamilton Anxiety Rating Scale (HAM-A) was used to assess the level of anxiety among elderly. Results: Majority 22(74%) of the samples had severe anxiety and 8 (26%) of the samples had moderate level of anxiety. Recommendation: Anxiety becomes problematic when it disturbs the activities of daily functioning and wellbeing, quality of life and even normal physical and mental health of a person. Many of the elderly people disregard anxiety and refuse to solicit support due to mortification and a lack of incomprehension about lunacy. Care takers should give special training on measures of reducing anxiety among elderly during their oldage period.

Key words: Elderly, Anxiety, Oldage home, Hamilton Anxiety Rating Scale (HAM-A)

## Objectives

1. To assess the level of anxiety among elderly residing at oldage homes.
2. To find out association between level of anxiety among elderly with their selected demographic variables.

## Introduction

Population ageing is an universal phenomenon. According to the population census data, the proportion of elderly persons is ever increasing since 1951 and has projected to reach at 10.1% in 2021 and likely to further increase to 13.1% in 2031. The most common mental health conditions for older adults are depression and anxiety. Mental health conditions among older people are often under recognized and undertreated, and the stigma surrounding these conditions can make people reluctant to seek help. Some older adults are at greater risk of depression and anxiety, because of dire living conditions, poor physical health or lack of access to quality support and services.

Anxiety isn't always caused by a specific trigger. It typically happens because of overwhelming environmental and situational factors. As older adults deal with frequent changes, they can become more anxious. Some common triggers for older adults include: financial insecurity, health problems, immobility, or chronic pain, dementia, loss of independence and isolation, end-of-life planning, grief and loss. Anxiety is thought to affect as many as 10% - 20% of the older population, although it often goes

undiagnosed. Anxiety is often accompanied by physical signs such as racing heart, or heart palpitations, trembling, hot flashes, headaches, frequent urination, shortness of breath, nausea, tense muscles, excessive sweating, cold or sweaty hands, dry mouth. Anxiety is considered problematic when it interferes with daily functioning, quality of life, and even health. Too many older adults neglect to seek help for their anxiety due to shame and a lack of understanding about mental illness.

### **Need for the study**

Anxiety has emerged as perhaps the most important risk factor for cardiovascular disease, determining other known risk factors, such as depression, substance use, overweight, and a sedentary lifestyle. Anxiety also increases the risk of major cardiac events in coronary heart disease. There is a need for elucidating the influence of anxiety in takotsubo and in white-coat hypertension. Managing anxiety is of vital importance in patients who have received heart transplants, to ascertain adherence to immune suppressants.

Episodes of hyperventilation syndrome can happen in response to strong emotions, such as fear, anxiety or anger. Sometimes the episodes happen randomly. Alternatively, hyperventilation can also be a trigger for anxiety and fear. Anxiety is common in those with chronic physical health conditions and can have significant impacts on both quality of life and physical health outcomes.

Anxiety disorders and subclinical elevated anxiety can have a significant impact on quality of life, especially when untreated. Quality of life impacts can be broad and may include mental and physical health, social wellbeing, occupational functioning, and home and family functioning. Further, anxiety disorders are often comorbid with one another, and with other mental health disorders such as depression. Comorbidities generally suggest greater severity of symptoms, greater treatment difficulty, and greater clinical burden.

An estimated 31.1 percent of Americans will experience an anxiety disorder in their lifetime, according to reporting from the National Institute of Mental Health. Sometimes these disorders can cause symptoms that mirror cardiovascular concerns, from increased heart rate (or a perception of one) to shortness of breath and chest pain, notes the Anxiety and Depression Association of America.

### **Assumption**

1. Many of the elderly residing at oldage homes are suffering with some level of anxiety.
2. The psychiatric nurse or the care takers have vital role in reducing the anxiety of elderly.

### **Hypothesis**

**H<sub>1</sub>:** There is a significant association between the level of anxiety among elderly and their selected demographic variables.

## Delimitation

The study Delimited to

1. Elderly aged 60 and above.
2. Sample size is 30
3. Assessment of anxiety is by Hamilton Anxiety Rating Scale (HAM-A)

## Projected outcome

1. The study will expose the level of anxiety among elderly residing at oldage homes.
2. It will highlight those areas of elderly health which require genuine care and support.
3. It will promote attentive care in order to meet effectively the needs of ill and thus promote more positive health outcome.

## Materials and methods

Descriptive research design was adopted to conduct the study. By using nonprobability convenience sampling technique 30 elderly residing at oldage homes were selected as a sample size. The inclusion criteria were; elderly residing at selected oldage homes and willing to participate in the study .The exclusion criteria were: elderly who are having hearing loss, cognitive decline or suffering with any other mental disorders. Structure interview technique was used to collect the demographic data of the samples and Hamilton Anxiety Rating Scale (HAM-A) was used to assess the level of anxiety among the samples. The tool was also validated by four Experts from the field of Mental Health Nursing, one Psychiatrist.

**Table :1 Frequency and percentage distribution of the samples according to their demographic variables.**

**n = 30**

S.NO	DEMOGRAPHIC VARIABLES	f	%
1	Age		
	60-65 years	08	26.6
	66-70 years	11	36.6
	71-75 years	09	30
	76-80 years	02	6.6
	>80 years	0	0
2	Gender		
	Male	06	20
	Female	24	80
3	Marital status		

	Married	28	93.3
	Unmarried	01	3.3
	Widowed	01	3.3
	Separated/ Divorced	0	0
4	Having children		
	Yes	24	80
	No	06	20
5	Monthly family income of children		
	< Rs.20000	03	10
	Rs.20000/- to 30000	07	23.3
	Rs.30000/- to 40000	10	33.3
	>Rs.40000	10	33.3
6	Level of education		
	No formal education	15	50
	School education	10	33.3
	Graduate	05	16.6
	Post graduate	0	0
7	Past working history		
	Yes	20	66.6
	No	10	33.3
	If yes, the nature of occupation		
	Government job	03	10
	Private employee	10	33.3
	Business	04	13.3
	Agriculture	09	30
	Any other	04	13.3
8	Admission to elderly home		
	By children	16	53.3
	Voluntary	07	23.3
	By relatives/ Friends	05	16.6
	By welfare association	02	6.6
9	Reasons for admission to elderly home		
	Lack of care taker	17	56.6
	Lack of financial support	11	36.6
	Chronic physical illness	02	6.6
10	Duration of stay in elderly home		
	<1year	07	23.4

	1-3 year	12	40
	3-5 year	05	16.6
	>5 year	06	20
11	How often family members visit the elderly home		
	Never visited	08	26.6
	Once in a week	04	13.3
	Once in a month	09	30
	Once in 2-3 months	04	13.3
	Once in 3-6 months	05	16.6
12	Personal hobbies		
	Reading book	02	6.6
	Listening music	02	6.6
	Cooking	09	30
	Gardening	04	13.3
	Others	13	43.3
13	Any history of physical illness		
	Yes	26	86.6
	No	04	13.3
	If yes specify the illness		
	Hypertension	08	26.6
	Arthritis	04	13.3
	Diabetes	03	10
	COPD	02	6.6
	Chronic kidney disease	02	6.6
	Neurological disorders	0	0
	Others	07	23.3

**Table 2: Frequency and percentage distribution of the samples according to their level of anxiety .**

Level of Anxiety	frequency	Percentage
	(n=30)	(%)
Mild	0	0
Moderate	8	26.6
Severe	22	73.3
<b>Total</b>	<b>30</b>	<b>100</b>

The above table depicts that most 22(73.3%) of the samples had severe anxiety whereas least percentage 8(26.6%) of the samples had moderate anxiety and none (0%) of the samples had mild anxiety.

**Table .3. Association between level of anxiety among samples and their selected Socio demographic variables.**

**n = 30**

S.No	Socio demographic variable	Chi- square value	Degrees of freedom	'p' value	Result
1	Age	2.06	4	0.36	NS
2	Gender	0.47	1	0.49	NS
3	Marrietal status	0.48	3	0.49	NS
4	Having children	0.48	1	0.49	NS
5	Monthly family income of children	6.00	3	0.11	NS
6	Level of education	4.29	3	0.11	NS
7	Past working history	0.46	1	0.49	NS
8	Admission to elderly home	2.86	3	0.41	NS
9	Reasons for admission to elderly home	2.74	2	0.10	NS
10	Duration of stay in elderly home	6.83	3	0.07	NS
11	How often family members visit elderly home	4.44	4	0.07	NS
12	Personal hobbies	0.47	4	0.79	NS
13	Any history of physical illness	1.07	1	0.30	NS

There was no significant association found between level of anxiety among samples and their selected demographic variables. Hence H<sub>1</sub> was rejected.

## Conclusion

The study concluded that anxiety is an important consideration among elderly. Assessment of anxiety is a key component of anxiety management. During diagnosis, we need a valid measure of anxiety of elderly and an understanding of the factors that cause or contribute to anxiety and related disorders. Further assessments of level of anxiety enable us to decide when treatments are effective and to identify those elderly for whom they are most efficient.



## Recommendations

1. A similar study can be conducted with large number of samples to generalize the findings.
2. A similar study can be conducted in various settings to identify the level of anxiety.
3. Similar study can be conducted among other populations.

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