

Clinical Profile and Abuse Seen in Geriatric Patients Presenting to A Tertiary Care Center in Kashmir, India.

Yuman Kawoos, Maryam Yousuf, Aijaz Ahmad Khan.

Abstract

Introduction:

We know that India is an ageing population and our resources are not ready to cater such a huge elderly population. Most of the times, elderly suffer from mental and physical illnesses which are not diagnosed in time. Abuse which was once thought to exist in Western cultures only is found in high rates in India and also, in our population.

Background:

Very little data exists on geriatric mental health in Northern India, we wanted to know the pattern of mental illnesses and also find out if abuse and neglect is present in elderly.

Materials and methods:

Patients attending out-patient services of a tertiary care center at IMHANS-K for a duration of 3 months were taken up for the study after they consented. Those patients who fulfilled the inclusion criteria were included in our study. Convenience sampling was used in our study.

Results:

Majority of our patients were females (61.9%), belonging to rural areas (59.5%), were illiterate (64.8%), married (91%), more than 65 years of age (47.4%), were part of joint family system (53.4%). The most common psychiatric disorder seen in our patients was major depression (46%) (followed by bipolar affective disorder (20%), generalized anxiety disorder (15.4%), dementia(8.4%) and schizophrenia (4.6%). In our subjects, the most common medical co-morbidity seen was hypertension (45%) followed by diabetes (5.34%). Neglect was seen in almost 20 percent of our patients while only 5 percent reported any form of abuse.

Conclusion:

There is a need for separate geriatric units where all medical and psychiatric co-morbidities of elderly patients would be addressed. Also, we should have a helpline number for caregivers to reduce their burden.

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Introduction

Ageing is a natural process of life which is common, unavoidable, biological and universal phenomenon, and it affects every individual irrespective of their colour, caste, religion, economic status. Worldwide, there were 901 million elderly population in 2015 and it is projected to grow 1400 million in 2030 and to 2100 million by 2050. [1] The elderly population of India was the second largest in the world in year 2012, after China. With improving quality of care in India, the ageing population is increasing day by day. Elderly people are having multiple medical and psychiatric illnesses. This in turn increases the caregiver burden in joint family system which is still existing in India. It has been reported that almost 15% of elderly have some form of mental illness.[2].

Higher rates of mental illnesses is due to various factors like chronic illnesses, loneliness, lack of financial support, other co-morbid medical illnesses and a decline in functional ability seen in elderly population. Also, since the elderly population is increasing, there is a need for increased research in this area. Earlier, it was thought that abuse is not prevalent in Eastern cultures in elderly but, many studies done in India refuted it. Our population is predominantly Muslim by religion and taking care of elderly is considered as a form of obligation and a good deed. Keeping in view this fact, we expected lesser prevalence of abuse in elderly in our settings. A detailed survey done by Help Age India to study abuse in elderly showed that about 50 % of elderly reported having suffered abuse in one or, the other form. [3] In the same study, disrespect and verbal abuse were found to be common followed by neglect in elderly population in India. It has been seen that co-morbid medical

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Elderly, abuse, geriatric, depression,
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conditions increase the risk of abuse in elderly people who suffer from mental illnesses.

Prevalence of psychiatric illnesses varies among various societies and cultures in India, that is why we undertook this study to understand the pattern and prevalence of psychiatric disorders in our elderly population and find out if abuse is present in our geriatric patients.

Materials and methods

We did a purposive sampling and all elderly patients aged > 60 years who consented for the study were taken as our study subjects. Patients who had altered consciousness due to underlying medical or neurological conditions were excluded. The study was done for a period of 3 months. A total of 131 patients were included in our study. Patients were recruited from out-patient settings of our hospital which is a tertiary care center catering to whole population of Jammu, Kashmir and Ladakh. A semi-structured socio-demographic proforma was made and applied to our study subjects. For diagnosis of psychiatric co-morbidity, MINI-PLUS was used.

Statistical analysis:

The data collected was entered into tables and descriptive statistics was used to analyze the data.

Results:

Table I: Socio-demographic variables of patients seen in geriatric out-patient setting

Variable	Sub-types of variables	Number(Percentage)
Residence	Rural	78(59.5%)
	Urban	53(40.5%)
Socio-economic status:	I	10(7.6%)
	II	58(44.2%)
	III	34(25.9%)
	IV	20(15.2%)
	V	09(7.1%)
Marital status	Married	120(91%)
	Unmarried/widowed	11 (9%)
Family type	Joint	70(53.4%)
	Nuclear	61(46.5%)
Educational status	Illiterate	85(64.8%)
	Literate	46(35.2%)
Age	60-62 years	37(28.2%)
	63-65 years	32(24.4%)
	>65 years	62(47.4%)
Gender	Male	50(38.1%)
	Female	81(61.9%)

Majority of our patients were females (61.9%), belonging to rural areas (59.5%), were illiterate (64.8%), married (91%), more than 65 years of age (47.4%), were part of joint family system (53.4%). Majority of our study sample belonged to socio-economic classes II and III. (70%) (Table I). The most common psychiatric disorder seen in our patients was major depression (46%) (followed by bipolar affective disorder (20%), generalized anxiety disorder (15.4%),

Table II: Psychiatric disorders seen in patients presenting to geriatric out-patient setting

Psychiatric disorder	Number	Percentage
MDD	60	46%
BPAD	27	20%
Dementia	11	8.4%
Schizophrenia	06	4.6%
GAD	20	15.4%
Insomnia	07	5.4%

MDD= Major depressive disorder, BPAD=Bipolar affective disorder, GAD= Generalized anxiety disorder

Table III: Medical co-morbidities seen in patients presenting to geriatric out-patient setting.

Medical co-morbidity	Number	Percentage
Diabetes	07	5.34%
Hypertension	59	45.03%
Hypothyroidism	04	3.05%

Table IV: Abuse and neglect seen in patients.

Variable	Number	Percentage
Abuse seen	07	5.34%
Neglect seen	27	20.61%

dementia(8.4%) and schizophrenia (4.6%). A small percentage of patients were suffering from primary insomnia (5.4%). (Table II). In our subjects, the most common medical co-morbidity seen was hypertension (45%) followed by diabetes (5.34%) and hypothyroidism (3.05%). (Table III). Neglect was seen in almost 20 percent of our patients while only 5 percent reported any form of abuse. (Table IV).

Discussion:

Day by day, the health care is getting better throughout India and the access to health care is also improving, which is resulting in improved quality of life and increased life – span. The population of people who are above 60 years of age and are categorized as elderly is also increasing. [4].We wanted to study the psychiatric and other morbidities and also, find out any form of abuse or, neglect among elderly in our population. No

such study has been done from Kashmir to have any idea regarding elderly abuse or, psychiatric illnesses present in elderly population.

Most of our patients were hailing from rural areas which can be due to the fact that majority of our population lives in rural areas. Also, health-care facilities are not available everywhere and thus, tertiary care institutions remain the center available for providing geriatric services. Majority of our patients

(90%) were married which gives us the reason for better accessibility to health care and also, can be one of the factors for less rates of abuse seen in our patients. A major portion of our patients were part of joint family system which helps to provide support to elderly population. As part of cultural and religious beliefs, care of elders is a pious job and most of people living here do it as part of their duty. Majority of our patients were females, which could be due to the fact that females have a longer life span than males.

Most of the elderly patients in our population were suffering from major depression. According to the findings of a study conducted in Goa in 2002, mood disorder was the most common psychiatric diagnosis among geriatric patients, attending OPD [5] Another study conducted in south India found that depression (43%) was the most common psychiatric morbidity in elderly population followed by substance use disorder (16.7%) and anxiety disorder (15.5%) [6]. Unipolar depression occurs in 7% of the general older population and it accounts for 5.7% of years lost to disability among geriatric population. Depression in elderly is associated with cognitive dulling and memory issues which needs to be differentiated from dementia. Disability due to depression in elderly needs to be addressed to improve the quality of life in elderly population.

Dementia was the next common psychiatric disorder seen after mood disorder in our patient population. A study done in Goa found dementia to be the most common psychiatric morbidity in elderly population in our country.[7]. This can be due to better awareness of people regarding dementia and early identification of the disorder. In some other studies, the prevalence of dementia has been found to be lower than our study which could be due to poor understanding of the illness and delayed diagnosis. A study found dementia in 3.4% of the elderly population in rural south India.[8]. Many studies have shown that people with dementia have associated physical co-morbidities like hypertension, diabetes and cardiac arrhythmias. [9]. Anxiety disorders were next common disorder seen after dementia in elderly population. Loneliness and physical health deterioration leads to many anxiety issues in this population. If we do not treat anxiety disorders well in time, there is associated increase in hypertension and cardiac co-morbidities. A study conducted in south India found that depression (43%) was the most common psychiatric morbidity in elderly population followed by substance use disorder (16.7%) and anxiety disorder (15.5%). [6]. It has been seen that mood disorders and anxiety in late life is associated with increased morbidity as compared to younger population.

The next common psychiatric disorder seen in our elderly patients was schizophrenia. Although, the prevalence is higher than the average seen worldwide, the increase could be due to various factors. One reason could be because of increased rates of organic psychosis being misdiagnosed as schizophrenia in out-

patient settings, other reason could be fronto-temporal dementia presenting like schizophrenia in elderly before other symptoms become more evident. Primary insomnia was the least common diagnosis seen in elderly patients coming to us which could be due to physical ill-health or, other chronic pain conditions seen in elderly. Most of these patients needed follow-up for depression or, other psychiatric morbidities in future. We did not find substance use other than nicotine in our population and did not mention that in any categorical diagnosis since our patients did not seek treatment for that. Some studies done in India have found substance abuse in elderly population as well. A study found alcohol use in 66% of the cases, tobacco use in 76%, opioid use in 16%, cannabinoid use in 4%, and sedative/hypnotic use in 4%. [10].

The most common medical co-morbidity seen in our patients was hypertension followed by diabetes and hypothyroidism. Similar results have been found in other studies done in India which show hypertension as the most common medical co-morbidity in psychiatric elderly patients. [11].

When we asked about neglect or, abuse; most of our patients were not comfortable talking about it. Only 20% patients reported neglect from their attendants while 5% gave history of abuse mostly, in verbal form. Various studies done in India have reported abuse ranging from 20% to 70% depending on culture, type of family, societal structure and other factors. [12]. Some cultures and religions have protective role in elderly abuse as is seen in Muslim dominated societies where care of elders is taken as a good deed and is rewarded in the hereafter. That may explain lesser rates of abuse seen in our population irrespective of higher prevalence of psychiatric illness seen in them. Most of the elders are dependent on their children who take good care of them due to the religious and cultural influences. In most of the studies, the most common form of abuse was psychological abuse (71%), followed by neglect (74%), financial abuse (37%), and physical abuse (25%). [13]. Similar findings were seen in our study where neglect and verbal abuse was found to be more common. Most of the times abuse is missed because we feel it does not exist while the contrary is true.

Conclusion

There is need for regular screening of elderly population for various psychiatric illnesses. Also, we should be actively asking about all forms of abuse and try to establish causative factors, if any involved. India is having more of elderly population with every passing year and we need to be prepared to tackle their issues properly. Abuse is present in every culture and societal segment of India, although, the prevalence varies. We should have help lines for caregivers also to reduce their burden so as to address the issue of neglect and abuse. Also, we need to have specific centers to cater all the needs of geriatric patients under one roof so as to improve their accessibility to health-care.

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