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F. 9.8: Clinical features of late life depression: A study of people with and without diabetes

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Aims and Objectives: To compare the nature of depressive symptoms among community resident older people with and without diabetes.

Methodology: All older people (65 years or more) with history of diabetes and an equal random sample without diabetes were invited to take part in the study. All consenting subjects were interviewed by clinicians who made assessments using Montgomery-asberg depression rating scale (MADRS). Diagnosis was made using ICD-10 criteria. The total score, as well as the presence or absence MADRS items, were compared among the groups with and without diabetes.

Results: A total of 583 older people were evaluated. There were 166 cases of depression. Among these cases, 63 had diabetes and 103 did not. There was no significant difference when total MADRS scores were compared. However, reduced sleep (item 4 of MADRS) was more frequent in the diabetic group. The frequencies of all other symptoms were found to be similar.

Conclusions: We have earlier reported similar prevalence rates for depression among older people with and without diabetes. It appears that this is true regarding the clinical features except sleep disturbance which is more common in those with diabetes.

F. 9.9: Psycho social interventions for caregivers of dementia

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Aims and Objectives: The aim of the present paper is to review the efficacy of psychosocial interventions among family caregivers of persons with dementia. To review studies related stress, burden depression among the care givers of dementia. To review studies related to various psycho social interventions used to address the psychosocial problems of caregivers of dementia.

Methodology: A systematic review of the different types of psycho social interventions focused on caregivers of people with dementia will be collected through research studies and evidence based literature.

Results: This paper will high light those psychosocial interventions with a clearly defined aim that includes giving information and having a conversation group have significant, positive effects on burden, depression and stress for caregivers of people with dementia.

Conclusions: Psychosocial interventions may improve outcomes for caregivers and reduce the likelihood of institutionalization for care recipients. Caregiver interventions have been successful at increasing caregiver knowledge, improving mood, reducing stress and depression levels, and delaying nursing home placement.

F. 9.10: Psychiatric morbidity in elderly patients reporting to tertiary care general hospital

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Aims and Objectives: To study the psychiatric morbidity among elderly patients reporting to outpatient Departments of Tertiary Care General Hospital.

Methodology: Sixty consecutive elderly patients aged 60 years or above of either sex, reporting to General Outpatient registration counter of JSS Medical College and Hospital, were considered for Study.

- Inclusion criteria: Those who were aged 60 years and above of either sex.

- Exclusion criteria: Those who reported to casualty.

Informed consent was taken and they were screened with General Health Questionnaire (GHQ-12). Those who are positive on GHQ-12 criteria were further evaluated for diagnosing psychiatric morbidities according to WHO ICD-10.

Results: Out of 60 patients (63.3% males and 36.7% females) screened, 58.3% were positive and 41.7% were negative for GHQ-12. Among positive patients, 82.8% were diagnosed with psychiatric morbidity and 17.2% were not having any syndrome of psychiatric illness. Nine (31%) cases of depression (6 Mild and 3 Moderate), seventeen (58.6%) cases of substance dependence (3 Alcohol and 14 Nicotine), two (7%) cases of Generalized Anxiety Disorder and one (3.4%) case of Dementia were diagnosed according to WHO ICD-10 criteria. Physical co morbidity among GHQ-12 positive patients were 25.7% cases of Hypertension, 8.5% cases of Diabetes Mellitus, 11.5% cases having both Hypertension and Diabetes Mellitus and 54.3% cases having other morbidities.

Conclusions: Studies on geriatric population will be important for future health care management. Psychiatric morbidity will adversely have an impact on physical illness. Substance use disorders and depression among elderly population may be of concern, which needs to be further studied with larger population.

F. 9.11: Prevalence of depressive disorders in elderly in a rural and suburban area of Uttar Pradesh

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Aims and Objectives: To know the prevalence of depressive disorders in older age and its possible association with socio-demographic variables in a rural and suburban area of Varanasi district, Uttar Pradesh.

Methodology: The study included 200 individuals of ≥ 55 years of age, who represented the families selected by systemic random sampling of the study villages. The distribution of depressive disorder was assessed by community based cross-sectional approach, face to face interview for socio-demographic details and subsequently screening was done by using geriatric depression scale – 15 items. Screened positive individuals were interviewed and assessed on a semi structured PSE-10 part I and diagnosed in accordance with the ICD-10 criteria.

Results: The overall prevalence of depressive disorders in a rural and suburban study area of U.P. was 27.5%, higher in females (30.7%) than males (23.9%). The prevalence rate of depressive disorder was highest (86.7%) in oldest old (>80 years.) individuals and the lowest prevalence of depressive disorder was in 55-60 years age group (13.6%). Present study show increase in prevalence rate with increasing age. The prevalence was higher in rural then sub urban area. The prevalence was higher with low socioeconomic status (32.9%) compared to upper and upper middle (14.6%) groups. The prevalence was higher in single (62.1%) compared to married group (15.4%). Depressive disorders were more in individuals who had physical problems (37.1%) as compared who do not had physical problems (5%). Mild depression was the most common (11.5%) depressive disorder in both rural and sub-urban population.

Conclusions: With an overall prevalence of 27.5% depressive disorders had a high societal burden in study population. Increasing age, low socio-economic status, fewer years of education, low family income, marital factors, and physical problems were associated with depressive disorders in the study population.

F. 10. INTROSPECTIVE ASPECTS OF PSYCHIATRY

F. 10.1: Mental Illness: Who do the health professionals blame?

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