

Assessment of quality of life in community dwelling Geriatrics

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Abstract

Background

Aging of population is a significant product of demographic transition. India is in a phase of this demographic transition. The increasing number of older people with higher expectations of a "good health" within society and with their high demand for health and social care has lead to international interest in the enhancement & measurement of Quality of life in older people.

Objectives

1. To assess quality of life in geriatrics under four domains and to find the most affected domain.
2. To assess the most affected component in each domain.
3. To compare the affection of various domains in young old, middle old and old old age group.
4. To assess limitations in different areas of life due to health problems.

Method

Design

Survey study

Study population

50 people, community dwelling above the age of 60 yrs were taken for the study.

Inclusion criteria

Community dwelling people above the age of 60yrs.

Exclusion criteria

1. People below 60yrs. Of age.
2. People staying in old age homes or other institutes.
3. People on psychiatric treatment or impaired cognitive status.
4. People unwilling to join the study.

Study factors

Basic demographic data, pre-validated questionnaire tailored to Indian population was used to assess quality of life in community dwelling geriatrics. It composed of four domains namely Physical, Psychological, Social and Environmental domains. There were 26 items with simple option of yes/no to each item. Data was collected by direct

method and represented through bar and pie diagram.

Results

Our study shows that:

Physical domain (42.5%) was most affected and the Social domain (9.33%) was the least affected.

The component in the physical domain i.e. the need for elderly to take medical treatment to function in their daily life was most affected (76%). In psychological domain majority of people had feelings like depression, anxiety or mood swings (42%). The component of being dependent or feeling of being a burden on people is found to be the most affected (12%) in social domain. The feeling of not being safe in daily life was the component which was most affected (28%) in environmental domain.

The affection of various domains increased as age advances.

It was also found that because of the HEALTH PROBLEMS the most affected area of life was the ability of the elderly to go for vacations and outings independently.

Conclusion

Physical domain is the most affected domain among the elderly population.

The most affected component in physical domain is the need of some medical treatment to function in daily life, psychological domain is the feelings like depression, anxiety and mood swings, in social domain is being dependent or a feeling of being a burden on society and in environmental domain is feeling safe in daily life.

The various domains were most affected in old old age group and least affected in young old age group.

Health problems interfere most with the ability of going out for vacations and outings in elderly people.

Key words

Quality of life, geriatrics, community dwelling.

Introduction

Aging of population is a significant product of demographic transition. India is in a phase of this demographic transition. As per the 1991 census the population of elderly in India was 57million as compared with 20million in 1951. There has been a sharp increase in the number of elderly persons between 1991&2001 and it has been projected that by the year 2050 the number of elderly people would rise to about 324million⁸.

Indian classification:

60yrs-70yrs	Youngold.
70yrs-80yrs	Middleold.
80yrs & above	Oldold.

WHO measures QOL under 4 domains:

Domain	Facets incorporated within domains
1. Physical health	Activities of daily living Dependence on medicinal substances and medical aids Energy and fatigue Mobility Pain and discomfort Sleep and rest Work Capacity
2. Psychological	Bodily image and appearance Negative feelings Positive feelings Self-esteem Spirituality / Religion / Personal beliefs Thinking, learning, memory and concentration.
3. Social relationships	Personal relationships Social support
4. Environment	Financial resources Freedom, physical safety and security Health and social care: accessibility and quality Home environment Opportunities for acquiring new information and skills Participation in and opportunities for recreation / leisure activities Physical environment (pollution / noise / traffic / climate) Transport

Aging is a complex multifactorial and inevitable process. Aging is characterized by a failure to maintain homeostasis under conditions of physiological stress and this failure is associated with a decrease in viability and increase in vulnerability of the individual^{1,4}.

Aging occurs at different levels: social, chronological, behavioral, physiological, morphological, cellular and molecular.

Older people are classifiable into:

Aging is associated with several problems namely social isolation, poverty, apparent reduction in family support, inadequate housing, impairment of cognitive functioning, mental illness, widowhood, etc².

In addition, dependency due to physical or mental disease is also an important issue involving human resource. All these problems have an impact on the quality of life in old age & health care at the time of need².

Quality of life (QOL) is a multidimensional construct incorporating an individual's subjective perception of physical, emotional and social well-being including both, cognitive component (satisfaction) and an emotional component (happiness).

WHO defines QOL as an individual's perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns⁹.

The value of QOL assessment is that it provides a conceptual framework for addressing health promotion goals.

Thus QOL helps in:

1. Monitoring health of the population.
2. Evaluating the effects of health and social policy.
3. Discovering etiological factors of the disease process.
4. Assessing prognosis.
5. Evaluating the effect of treatment.
6. As an outcome measure⁵.

QOL may be conceived as either a desired outcome of health promotion practice or as a determinant of health among seniors that is differentiating between pathological, normal & optimal functioning among seniors¹⁰.

In either case the focus upon and assessment of QOL in geriatrics appears to be a fertile area for public health planning and practice.

The increasing number of older people with higher expectations of a "good health" within society and with their high demand for health and social care has lead to international interest in the enhancement & measurement of Quality of life in older people⁶.

Objectives

1. To assess quality of life in geriatrics under four domains and to find the most affected domain.
2. To assess the most affected component in each domain.
3. To compare the affection of various domains in young old, middle old, and old old age group.
4. To assess limitations in different areas of life due to health problems.

Methodology

Study design: survey study.

Study setting: Mumbai.

Population of study: Community dwelling above the age of 60 yrs were taken for the study.

Sample size: 50 people.

Inclusion criteria: Community dwelling people above the age of 60yrs.

Exclusion criteria:

1. People below 60yrs. Of age.
2. People staying in old age homes or other institutes.
3. People on psychiatric treatment or impaired cognitive status.
4. People unwilling to join the study.

Duration of study: The study was conducted in the month of December 2008 and January 2009.

Material used: Pre-validated Questionnaire.

Study factors: Basic demographic data, pre-validated questionnaire tailored to Indian population was used to assess quality of life in community dwelling geriatrics. It composed of four domains namely Physical, Psychological, Social and Environmental domains. There were 26 items with simple option of yes/no to each item. Data was collected by direct method and represented through bar and pie diagram.

Results

Data analysis:

Discussion

Assessment of quality of life in geriatrics gives a broader view and helps in having a holistic approach for the care of the elderly.

In our study we have assessed the QOL in geriatrics with the help of a questionnaire.

The questionnaire assessed the QOL under four domains namely PHYSICAL, PSYCHOLOGICAL, SOCIAL and ENVIRONMENTAL.

The study included 50 people above the age of 60yrs out of which 50% were males and 50% were females also in the study population 34% people were in the age group of 60yrs-70yrs (young old), 46% were between 70yrs-80yrs (middle old) and 20% were above 80yrs of age (old old), while 96% people were educated out of which majority 44% people had received secondary education and 64% people were married while 36% were widowed.

Out of the four domains the study shows that the Physical domain (42.5%) was most affected followed by Psychological then Environmental and the Social domain (9.33%) was the least affected.

The PHYSICAL domain included components like health satisfaction, physical pain, need for medical treatment, energy level, ability to get around, satisfaction with sleep, ability to perform daily activities and total work capacity.

Elderly population are often unable to enjoy pain free physical activity due to various age related problems. Physical activity is also reduced due to painful degenerative joints.

Geriatric patients often have to take medications also with aging the number and mass of muscle fibres decrease, leading to a diminished lean body mass, fibrous tissue replaces some muscle fibre therefore there is decrease in muscle strength, endurance and speed thus leading to increase fatigability, decrease in work capacity and energy levels².

Studies have shown that there is dissatisfaction with sleep with increase in age⁷. Aging process can influence sleep either directly or indirectly. Direct influences are those which are due to change in the nervous system and physiological mechanisms which regulate sleep and waking. Indirect influences arise from age related social or biological events which can impinge upon sleep quality. Such events are age related in the sense that they become more likely with increasing age or that their occurrence is made more likely by

old age.

Out of the components included in the physical domain by data analysis we found that the need for elderly to take medical treatment to function in their daily life was most affected (76%) which could probably be because of decline in several physical functions with age.

The PSYCHOLOGICAL domain which was the second most affected included the following components ability to enjoy life, feeling of life being meaningful, ability to concentrate on things to be done, accept bodily appearance self satisfaction and feelings like depression, anxiety or mood swings.

Psychological aspects of aging depend on the social situation of an individual and the availability of supports, be they financial, medical or social. Also there is the need to appreciate the powerful forces of personality².

During the experience of growing older person must adapt to losses that are usually frequent, multiple and profound including the losses of status, loved ones, physical capacities and income. Thus loss and the reaction to loss-grieving- are essentially ubiquitous in old age.

One of the great fears of growing old is losing one's power, independence, mastery and ability to make choices, thus making it difficult to concentrate on things to be done, accept bodily appearance, feeling of self satisfaction and enjoy life.

In the study we found that majority of people had feelings like depression, anxiety or mood swings. This may arise from biochemical and morphological changes in the aging brain and other organs, compromised immunity and unfavourable psycho-social-economic circumstances.

SOCIAL functioning is a broad concept embracing all human relationships and activities. SOCIAL domain encompasses important components like ability to perform social roles, relationships, social activities, resources (income, housing etc.), social support from family and friends and dependency on the family.

Fig 1: Affection of various domains.

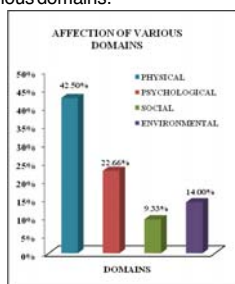


Fig 2: Components affected in Physical domain

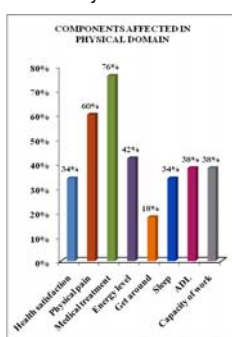


Fig 3: Components affected in Psychological domain.

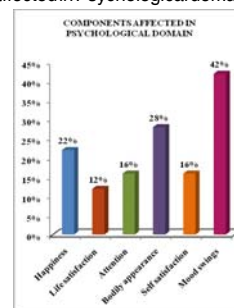


Fig 4: Components affected in Social domain.

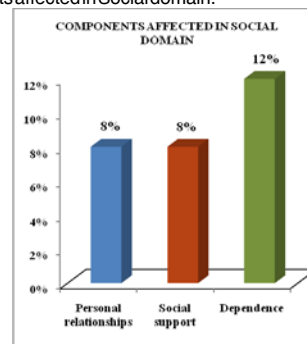


Fig 5: Components affected in Environmental domain.

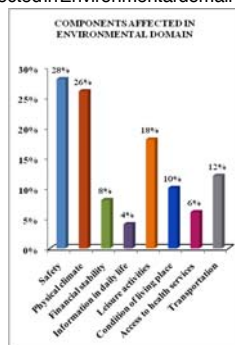
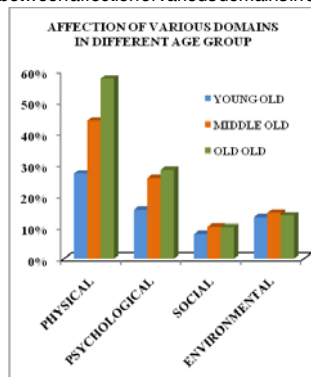


Fig 6: Comparison between affection of various domains in different age groups.



Amongst these the component of being dependent or feeling of being a burden on people is found to be the most affected by data analysis. As with increasing age there is decrease in the capacity and quality of performing activities, decrease in or no income, loss of family members probably give rise to the feeling of being a burden on people physically, emotionally and financially.

But on broader perspective SOCIAL domain was found to be least affected as in Indian culture it is the family and not the individual which forms the primary social unit.

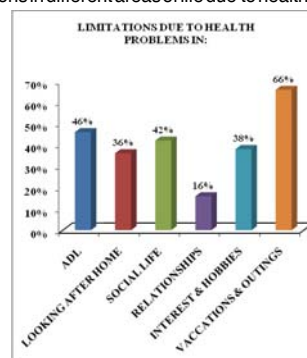
The family thus providing socialisation and religious initiation, functioning as a medium of therapy during times of distress or disease. The classical joint family may be on a decline but still the advantage is taken of family functions to get together and reinforce the care for the elderly may it be physical, emotional or social support.

In our study the ENVIRONMENTAL domain included components like safety, physical climate, financial stability, information needed in daily living, leisure activities, condition of living place, access to health services and ease of transportation.

From the data analysis it was seen that majority of people were satisfied and only 14% people showed affection of this domain. However the feeling of not being safe in daily life was the component which was most affected this could probably be because of the decline in the physical, psychological and socio-economic ability of an individual with growing age.

From the data analysis it is also seen that as age advances the level of affection of various domains also increases but however the physical domain remains to be the most affected.

Fig 7: Limitations in different areas of life due to health problems.



From the study it was found that because of the HEALTH PROBLEMS the most affected was the ability of the elderly to go for vacations and outings. This may be due to decrease in physical abilities with growing age.

Conclusion

From the study we can conclude that:

- Physical domain is the most affected domain among the elderly population.
- The most affected component in physical domain is the need of some medical treatment to function in daily life, psychological domain is the feelings like depression, anxiety and mood swings, in social domain is being dependent or a feeling of being a burden on society and in environmental domain is feeling safe in daily life.
- The various domains were most affected in old old age group and least affected in young old age group.
- Health problems interfere most with the ability of going out for vacations and outings in elderly people.

Implications in clinical practice:

While planning the rehabilitation programme for geriatric population it is not only the physical aspect that needs to be paid attention on, in fact the individual's psychological, social and environmental needs should be taken into consideration when dealing with an individual of geriatric group.

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