

Case Report of Elderly Female

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Case Report

The places for the elderly to reside, rest, be taken care of and live are the elderly homes. For the elderly, living at an elderly home should mean spending time with peers, being close to medical and health services and being away from loneliness and depression. If the physical as well as psychological needs of elderly do not meet, it can create the problems and elderly may suffer from physical and psychological health problems. Cross sectional descriptive analytical study was done to identify the anxiety and depression among institutionalized elderly in 2012. Convenient sampling technique was used for selecting 173 elderly living in old aged homes of Kathmandu valley. One of the elderly who has anxiety and depression was selected for in depth interview and this case report is a part of this study.

An 80-year-old female from Lamjung district of Nepal came to stay in elderly home (i.e. Samaj Kalyan Kendra Bridhashram, Kathmandu) 3 months back. She is illiterate and comes from Brahmin family following Hindu religion. She became widowed at the age of 12 years. Then, she stayed at her parent's house and helped them in their agricultural activities. But, after her parent's death, her brothers objected to her staying at her parent's house with them even when she said she would help them in the fields to the best of her ability. As she had nowhere to go, she was compelled to stay there with them despite their objection. She said, "from then onwards, I suppressed all my desires and never poured out my feelings to anyone."

At the age of 75, when she could no longer help them in the fields, they started neglecting her and made her leave the house. She travelled to the city and managed to get a rented room. She would beg in the streets to make her ends meet. Finally, she got a job of washing dishes at a hotel and collected some money from this. One day, her brother's son came and took all her money and left her at an old age home in Kathmandu, at the age of eighty, promising to visit her from time to time. But, he never came back.

She had a history of hypertension and respiratory problems. From the first day of her stay, she did not like staying at the old age home. She worried about the money taken by her brother's son, worried that she had no social relation and was dissatisfied with her old age and the environment of the elderly home. She was anxious about her future and what it held for her. She ventilated that she could not do her favorite activities, did not get warm and soft food to eat like rice pudding, noodles soup or hot water to drink. The toilet was so far from her room that it was difficult for her to use it, especially at night. This even led her to escape her evening meal so that she would not have to go to the toilet at night. Majority of the elderly staying at the old age home escaped their meal for the same reason. With tears in her eyes, she said that everybody there in the old age home were selfish and did not want to help others. So, she preferred to stay in a rented house as

before where she could live her life as she wanted, even if she had to beg to sustain her life.

She usually felt stressed and went to religious places to relieve her stress. But, she did not like to share her feelings with her friends as nobody listened to her. She shared that there were no caregivers to look after them from 5 pm in the evening to 9 am in the morning. There were no mind diversional activities to manage the stress of elderly as well as no one to listen to their problems. Therefore, she wished to go back to her village.

She was interviewed with using Hamilton Rating Scale for Anxiety by Hamilton [1]. Her rating with HAM-A tools showed that she had a feeling of dread so often that it markedly interfered with her life. The tensions and lack of rest interfered with her life and work at all times. She experienced phobic anxiety, but was able to fight it. She goes to bed early but her sleep depth is so shallow that she has only short periods of slumber or dozing, but no real sleep. It was doubtful whether she had difficulty in concentration and/or memory. She showed despondency and helplessness as well as non-verbal signs of hopelessness which dominated the interview and she could not be distracted from her hopelessness. She seemed somewhat stiffer than usual. It was doubtful whether she had sensory somatic symptoms or the presence of any cardiovascular symptoms. She had difficulty in breathing, but she was able to control it. She also had dryness of the mouth and dizziness but it did not interfere with her daily life and work. She looked moderately anxious while taking interview. The total score obtained from HAM-A tool was 28 which can be interpreted as moderate level of anxiety.

While dealing with GDS tools developed by Yesavage et al. [2], she was dissatisfied with her life, had dropped many of her activities and interest, showed a signs of restlessness, felt downhearted and blue, cried frequently, got bored, had feelings of worthlessness, hopelessness and lack of energy and fatigue. The total score from GDS scale was 21 which revealed that she had severe depression. Besides these, she also had depressed mood, feelings of guilt, suicidal thoughts or recurrent thoughts of death, insomnia, loss of appetite, difficulty in concentrating as well as psychotic features like delusion, hallucination etc. This matter was discussed with elderly home staff and she was counselled by the nursing staff and other official members of the elderly homes but she did not like to listen to them. She was adamant and said did not want to stay there. She also underwent a psychiatric consultation and was prescribed antidepressants but she refused to take the medicine. Finally, she was sent to her village with the help of local police.

Conclusion

It is concluded that elderly who are far away from their family, they feel anxious and depressed and everyone feel comfortable at their

hometown despite their difficulties there. To improve the environment of the elderly homes of Kathmandu valley, it is recommended that elderly homes need to focus on physical needs and psychological needs of elderly. Psychological counselling services is mandatory for identifying the needs and expectation of elderly. Physical infrastructure of the elderly homes should be built by considering the developmental needs of elderly. Elderly should be assessed for their agreement to stay in elderly homes. Employment generation activities should be developed for the elderly because they can spend their time fruitfully and it helps to divert their mind and prevent psychological problems. Soft and warm foods should be provided to elderly and caretakers should be available for 24 hours. Therefore, they can share their problems and manage their problems in time. Finally, it is

recommended that elderly homes should also create a family like atmosphere among the residents so that elderly may experience a sense of security and friendship when they share their joys and sorrows with each other. employment generation activities so that they could use their time fruitfully.

References

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