Journal of Gerontology & Geriatric Research
ISSN: 2167-7182
OPEN ACCESS Freely available online
Research Article

Somatic Distress in Residents Free and Pay Senior Care Homes

Kurava Suresh*

Department of Psychology, Sri Venkateswara University, Andhra Pradesh, India

ABSTRACT

Objectives: This study examined associations between diverse types of personality disorder (PD) features, personality traits, suicidal ideation, and protective factors against suicide among community-dwelling older adults.

Methods: Participants (N=109, M age=71.4 years, 61% female) completed the coolidge axis II inventory, neo five-factor inventory, geriatric suicide ideation scale, and reasons for living inventory.

Results: PD features had positive correlations with suicidal ideation and mixed relationships with aspects of reasons for living. Personality traits had negative correlations with suicidal ideation, with the exception of neuroticism, which had a positive relationship, and were mostly unrelated to reasons for living. In regression analyses, borderline and histrionic were the only PD features that contributed significant variance in suicidal ideation, whereas neuroticism was the only personality trait that contributed significant variance in suicidal ideation. No individual PD features or personality traits contributed significant variance in reasons for living.

Discussion: The findings highlight the complexity of risk and protective factors for suicide and suggest that a thorough assessment of suicidal potential among older adults should include attention to their underlying personality traits.

Keywords: Aging; Older adults; Personality; Resilience; Suicide risk

INTRODUCTION

Ageing is a multi-dimensional process involving physical, psychological and social changes. Older adults are prone to infections, injuries, degenerative disorders, psychological problems, risk of disability consequently resulting in death. Arthritis, hypertension, breathing problems, indigestion etc are the major physical problems among residents of care homes [1].

Elin et al. examined the psychological distress in the older people receiving nursing home care [2]. The influence of risk factors and personal resources on their perceived psychological distress suggests that current morbidity and dearth of personal resources is the main source for somatic distress. Psychological distress significantly related to sense of coherence, education and subjective health complaints. Inner strength was related to that low psychological distress conceptualized as sense of coherence [3]. Psychological distress was not related to commonly reported risk factors viz., sex, household composition and perceived social support, and objective measures of somatic and mental health and bodily dysfunctions suggested reasons for this are greater acceptance of bodily and functional shortcomings and of changes related to goal achievement in old age, according to the model of selective optimization with compensation. Bindu et al examined the types of health problems based on the knowledge, awareness and perception of the institutionalized elderly in Vadodara city Gujart, India [4]. It is observed from their studies that major health problems found among inmates are blood pressure (54%); weakness (44%) followed by pain/ tingling in lower limbs (38%), disturbed sleep 36%, and breathlessness (32%), back pain and gastric problem. Thyroid, heart attack, arthritis and hysteria problems were also observed. It is observed that majority of inmates were suffering from health problems associated with ageing. The elderly comprise a very important vulnerable group who are being ignored and need urgent attention. Naveen, et al found that the level of the physiological problems among 50 older adults are, 78% have mild physiological problems, 20% have moderate physiological problems and 2% have severe physiological problems [5]. This

Correspondence to: Kurava Suresh, Department of Psychology, Sri Venkateswara University, Tirupati, Andhra Pradesh, India; E-mail: suresh108svu@gmail.com

Received: March 11, 2021; **Accepted**: March 25, 2021; **Published**: April 01, 2021

Citation: Suresh K (2021) Somatic Distress in Residents Free and Pay Senior Care Homes. J Gerontol Geriatr Res. 10: 545.

study revealed that the older adults are having physiological problems. Thus, the assumption by the researcher is accepted as there will be geriatric problems among inmates of old age home.

Tiwari, et al (2012) study by in Lucknow stated that all the inmates suffered from single or multiple physical problems and majority of them having multiple physical problems (males=60%, females=68%) [6]. Multiple morbidity was more common among inmates who hail from urban background [7]. Urban people suffer from lifestyle problems more often than rural. This is in contrast with study [8], which implies that multiple morbidity was more common in rural elderly. Most common health problems among inmates of old age home was hypertension (25%), diabetes (20%) and arthritis (15%) and others (40%). The most common morbidity pattern was higher among females than males. Similar findings were observed in the study done on morbidity profiles of elderly in old age home in Chennai which showed hypertension (39.5%), diabetes (20.5%), and hearing problems (17%) [9].

MATERIALS AND METHODS

Elderly are increasing in number in developing countries. The care of the elderly aged is slowly shifting from the family to community level to old age homes for those who are financially poor, lacking family care or the destitute. The health problems of the elderly in most of the developing countries who were institutionalized for shelter, health care, rehabilitation and recreation are not known adequately. They estimated the problems among residents in old age homes located in urban area [10]. Elderly of 60-69 years constituted the maximum percentage (47%), number of females is more than the number of males and most of the elders were from lower socio economic status. The prevalence of individual health problems were visual problems (67%) followed by hypertension (54%), depression (45%), arthritis (43%), diabetes mellitus (32%) and hearing problems (24%). The overall prevalence of visual impairment and blind was 46% and 21% respectively. The prevalence of health problems among the inmates of old age homes are high and periodic health check up to identify the co morbid conditions at the early stage and adequate treatment are necessary for better quality of life.

In the developed and industrialized countries, the last century has witnessed a rapid increase in the population of the elderly people. In terms of absolute size of elderly population India ranks 2nd. The country is not adequately equipped to look after their special health needs and the changing traditional value system. The findings of the study disclosed that 45% of the inmates were in the age group of 70-79 years [10]. Most of the elderly widow females and males preferring to live in old age homes with 53% of elderly being financially supported by family members and 25% having spent more than 3 years in the old age homes. The most common morbidities found were vision problems affecting 83.3%, anemia 48.7%, hypertension 43.3% and diabetes in 40.7% of the elderly. They also found a significant association between hypertension and diabetes with age, diet and exercise [10]. Significant association was found between anemia and age of the inmates. A significant association was also observed between hypertension and diabetes mellitus. Elderly to curtail the prevalence of non-communicable diseases and improve the quality of life of an elderly health care service are required. In accordance with the common existing problems in old age homes needs strengthening of geriatric health care services. For purposes of parsimony, a representative sample of 100 residents from the total 160 sample of free senior care homes and 100 residents from 160 sample of pay & stay senior care homes were identified an attempt has been made to examine the socio-demographic subgroup differences by using simple 't' tests.

Firstly, mean trends pertaining to somatic distress of residents of free care homes in different socio-demographic subgroups are reported in Table-1. A cursory glance of results in Table 7 indicate that the mean differences are statistically significant in term of age, gender, education levels, marital status and economic status subgroups. Residents in 66-70 year age group, male residents, incumbents with no education, those who were widows and poor reported more physical distress or somatic distress compared to their other counterparts in the subgroup.

Similarly results pertaining to somatic distress among residents of pay and stay senior care homes across socio-demographic subgroups are reported in Table 1.

Sl.No	Category	N	Mean (SD)	t value
1	Age			
	a) 60-65	50	42.58 (6.80)	1.983*
	b) 66- 70	50	45.04 (5.54)	
2	Gender			
	a) Male	50	45.04 (6.14)	1.983*
	b) Female	50	42.58 (6.26)	
3	Education			
	a) No education	74	45.70 (5.01)	1.987*
	b) Primary	26	43.08 (7.62)	
4	Marital Status			
	a) Widowed	23	39.13 (6.13)	4.429**
	b) Married but single	77	45.21 (5.66)	
5	Economic Status			
	a) Poor	56	45.71 (5.84)	1.986*
	b) Lower income	44	43.39 (5.78)	

**P<.01; *P< 0.05

Table 1: Somatic distress in different socio demographic subgroups in free senior care homes (N=100).

RESULTS

Results provided in Table 2 suggest that age, gender, educational and economic subgroups differed significantly. In the marital status residents who were not married and widowed (t=0.61) and also not married and residents married but single subgroups (t=1.85) did not differ significantly. However, residents who were widowed and married but alone differed significantly (t=1.989). In terms of magnitude of mean differences between these socio-demographic subgroups, residents in 60-65 years, those who were male, those who had no education, those who got married but living alone and residents from lower middle income class reported greater extent of somatic distress levels compared to their other counterparts in free care homes.

Sl. No	Category	N	Mean (SD)	t value
1	Age			
	a) 60-65	50	44.04 (6.20)	1.985*
	b) 66-70	50	41.66 (5.78)	
2	Gender			
	a) Male	50	43.36 (5.84)	1.980*
	b) Female	50	41.18 (5.14)	
3	Education			
	a) No education	70	45.06 (6.58)	1.981*
	b) Primary	30	42.23 (6.39)	
4	Marital status			
	a) Not married	13	43.08 (6.87)	0.61@ (a-b)
	b) Widowed	46	44.26 (5.98)	1.989* (b-c)
	c) Married but single	41	46.88 (6.28)	1.859@ (a-c)
5	Economic Status			
	a)Lower middle income	51	47.33(5.61)	2.634**
	b) Lower income	49	44.02(6.66)	

*P<0.05; **P<0.01; @ Not Significant

Table 2: Somatic distress in residents of different socio demographic subgroups of pay & stay senior care homes (N=100).

Residents in 60-65 years, male, those with no education, incumbents who were married but single residents from lower middle income reported higher somatic distress compared to those who were in 66-70 years, female, residents with primary education, not married, widowed and from lower middle income groups.

CONCLUSION

Significant difference was noticed between age groups *viz*., 60-65 and 66-70 years on somatic distress in older residents of pay and stay senior care homes. Older residents in 60-65 age group older residents have higher levels of somatic distress than residents in 66-70 age group.

Gender differences on somatic distress were significant in older residents of pay and stay senior care homes. Male residents have higher somatic distress compared to female residents.

Pay and stay care home residents with primary education and no education differed significantly on somatic distress. Residents with no education have higher somatic distress than residents with primary education.

Significant difference was noticed between the two marital sub groups *viz* ., married but single and widowed older adult residents of pay and stay senior care homes on somatic distress. No such signfiicant difference between not married and widowed and also between not married and married but single. The married but single category residents reported higher somatic distress than widowed and not married.

Lower middle income and lower income class adult residents of pay and stay senior care homes differed significantly on somatic distress. Residents in lower middle income residents have higher somatic distress than residents in lower income.

REFERENCES

1. Vanitha D. Institutional care of the elderly a study of old-age homes in Hassan city, Karnataka, India. Int J Interdisc Multidisc Stud. 2014;1:100-107.
2. Elin T, Hansinge S, Torill CL, Knut E. Psychological distress and its correlates in older care-dependent persons living at home. Aging Ment Health. 2009;13:319-327.
3. Rao SS, Chennamsetty SK. Psychiatric morbidity in old age homes: A cross sectional study. Indian J Psychol Med. 2014;3:63-71.
4. Bhatt BM, Vyas S, Joshi JP. Ageing and health a health profile of inmates of old age home. Natl J Community Med. 2014;5:1-5.
5. Sharma NK, Parihar A, Vyas H, Prasanna KL, Pandey V. Assess The geriatric problems among inmates of old age homes. Int J Sci Res. 2014;4:1-6.

6. Tiwari SC, Nisha M, Pandey, Singh I. Mental health problems among inhabitants of old age homes A preliminary study. Int J Psych. 2012;54:144-148.
7. Joshi K, Kumar R, Avasthi A. Morbidity profile and its relationship with disability and psychological distress among elderly people in Northern India. Int J Epidemiol. 2003;32:978-987.
8. Rani MA, Palani G, Sathiyasekaran BWC. Morbidity profile of elders in old age homes in Chennai. Nat J Comm Med. 2012;3:458-462.
9. Jaiganesh D, Prasad KN, Janaki M. Cross sectional study on health problems among elderly inmates of old age homes in urban areas of Chennai, India. Int J Rec Trends Sci Tech. 2013;9:96-99.
10. Col Lt. Reji, Col, Lt. Kaur B. Prevalence of common physical health problems among elderly in selected old age homes of a cosmopolitan city. Int J Sci Res. 2015;4:1034-1038.