A Descriptive Study to Assess The Level of Dementia Among Elderly People Attending OPD, At RMMCH, Annamalai University

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Abstract- Dementia is a group of symptoms, that is often associated with memory loss, but it can also cause other difficulties such as with organization and communication. It is overwhelming not only for people who have it, but also for their caregivers and families. Material and method: Quantitative research approach non – experimental descriptive research design with convenient sampling technique was adopted to select the sample for the study. Modified Blessed Dementia Scale was used for conducting the study to assess the level of dementia. Results: The study results revealed that, majority of the study participants dementia score was mild (52%) among elderly people. 23% of the elderly people had moderately dementia and 25% of the elderly people had severe dementia. Conclusion: In the present study maximum elderly people were having the dementia. The study shows that changes in performance of everyday activities, changes in habits, eating, dressing unaided, complete sphincter control, occasional wet beds, changes in personality, interests, drive change, information memory- concentration test among the elderly people had significant association with certain selected demographic variable.

Keywords- dementia, caregivers.

I. INTRODUCTION

Dementia is a syndrome usually of a chronic or progressive nature, caused by a variety of brain illnesses that affect memory, thinking, orientation, comprehension, calculation, learning capacity, language capacity and judgement in everyday is not affected. The impairment in cognitive function is commonly accompanied and occasionally preceded, by deterioration in emotional control, social behavior or motivation.

According to WHO (2017), the number of people living with dementia worldwide is currently estimated as 47.5 million and is projected to increase to 75.6 million by 2030. The number of cases of dementia are estimated to more than triple by 2050.

In addition to drug therapy, a number of psychosocial interventions have been developed, which can delay the progress of cognitive disorder and counteract the loss of competence in activities of daily living. The concomitant behavior problems of dementia patients in addition to the cognitive disorders increase the burden on their family and lead frequently to nursing home admission.

II. NEED FOR THE STUDY

There is lack of awareness and understanding of dementia in most countries resulting in stigmatization barriers to diagnosis and care. It affects caregivers, families and societies on the following domains such as physical, psychological, social and occupational.

As per global burden of disease study by WHO and World Bank, dementia contributes 4.1% of all disability adjusted life years (DALYS).

The prevalence of dementia of rural population in South India and that in North India showed a widely varying rate from 3.39 to 0.84%, respectively. There are few urban studies from several region of India showing similar varying rates: From 2.44 to 4.1% in West India, 1.83% in North India, 0.8-1.28% In East India, and 3.6% in South India. The differences may be true considering the multiethnic, multi cultural and environmental differences.

III. STATEMENT OF THE PROBLEM

A descriptive study to assess the level of dementia among elderly people attending OPD, at RMMCH, Annamalai University, Chidambaram.

IV. OBJECTIVES

1. To assess the level of dementia among elderly people attending OPD, at RMMCH, Annamalai University.

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2. To associate the level of dementia with the selected demographic variables such as age, gender, locality, educational status, occupational status, monthly income, religion, type of family and the area of residence.

V. MATERIAL AND METHOD

Research approach and design:

The research approach used in this study was quantitative in nature and descriptive research design was used.

Research settings:

The study was conducted among the elderly people who were attending OPD, at RMMCH, Annamalai University, Chidambaram. Who fulfilled the inclusion criteria were selected for the study.

Sample and sampling technique:

The population of the study comprises of 100 elderly people attending OPD in RMMCH for their health related problem are selected.

Convenient Sampling Technique was adopted to select the sample for the study.

Tool for data collection:

Modified Blessed Dementia Scale is used for conducting the study to assess the level of dementia. The score was interpreted as mild (1-22), moderate (23-44), severe (45-66).

Permission was obtained from Medical Superintendent of RMMCH.

The participants were informed and seated comfortably. Informed consent was obtained from all study participants. The questionnaire was administered and each elderly people was given 10 minutes time to collect the data.

Plan of data analysis:

The data were assessed by descriptive and inferential statistics.

FINDINGS:

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Objective 1: To assess the level of dementia among elderly people attending OPD, at RMMCH, Annamalai University.





Objective 2: To associate the level of dementia with the selected demographic variables such as age, gender, locality, educational status, occupational status, monthly income, religion, type of family and the area of residence.

Sl. No.		Sub Sample	Ν	Mean	SD	t/F Value	P- Value
1	Age	55-60 years	12	0.00	0.00	232.724	0.001 (S)
		61-65 years	42	1.93	0.78		
		66-70 years	30	3.97	0.18		
		Above 70 years	16	4.00	0.00		
r	Gender	Male	67	1.97	1.36	12.224	0.001 (S)
2		Female	33	4.00	0.00		
	Locality	Urban	24	0.50	0.51	104.665	0.001 (S)
3		Rural	74	3.30	0.62		
		Sub urban	2	4.00	0.00		
4	Type of family	Joint	47	1.28	0.95	17.497	0.001 (S)
		Nuclear	53	3.85	1.03		
5	Residential Place	Home	100	2.64	0.20	0.000	NS
5		Old age home	0	0.00	0.00		
6	Religion -	Hindu	88	2.45	1.47	6.513	0.001 (S)
		Christian	3	4.00	0.00		
		Muslim	9	4.00	0.00		
		Other Religion	0	0.00	0.00		
7	Educational Qualification	Illiterate	26	0.54	0.51	108.114	0.001 (S)
		Primary level	44	2.95	0.86		
		High School level	19	4.00	0.00		
		Higher Secondary level	6	4.00	0.00		
		Graduate	5	4.00	0.00		
	Occupation	Unemployed	32	0.81	0.74	82.224	0.001 (S)
		Self employment	46	3.26	0.83		
8		Private	7	4.00	0.00		
		Government	10	4.00	0.00		
		Graduate	5	4.00	0.00		
9	Monthly Income	Below 5,000	81	2.32	1.46	12.403	0.001 (S)
		5,001 - 10,000	9	4.00	0.00		
		Above 10,000	10	4.00	0.00		

TABLE - 1

ASSOCIATION OF LEVEL OF DEMENTIA IN RELATION WITH EVERYDAY ACTIVITIES AND SPHINCTER CONTROL WITH SELECTED DEMOGRAPHICAL VARIABLES

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TABLE - II

ASSOCIATION OF LEVEL OF DEMENTIA IN RELATION DAILY CHANGES IN PERSONALITY, INTERSTS, DRIVE CHANGE WITH SELECTED DEMOGRAPHICAL VARIABLES

Sl. No.		Sub Sample	Ν	Mean	SD	t/F Value	P- Value
1	55-60 years		12	0.00	0.00		
	Age	61-65 years	42	0.24	0.43	- 71.488	0.001 (S)
		66-70 years	30	1.00	0.00		
		Above 70 years	16	1.00	0.00		
2	Gender –	Male	67	0.34	0.48	- 11.237	0.001 (S)
		Female	33	1.00	0.00		
3	Locality	Urban	24	0.00	0.00	33.382	0.001 (S)
		Rural	74	0.73	0.45		
		Sub urban	2	1.00	0.00		
4	Type of family –	Joint	47	0.06	0.25	25.974	0.001 (S)
		Nuclear	53	1.00	0.00		
5	Residential	Home	100	0.56	0.50	0.000	NS
	Place	Old age home	0	0.00	0.00		
	Religion	Hindu	88	0.50	0.50	5.820	0.001 (S)
		Christian	3	1.00	0.00		
0		Muslim	9	1.00	0.00		
		Other Religion	0	0.00	0.00		
	Educational Qualification	Illiterate	26	0.00	0.00	31.269	0.001 (S)
		Primary level	44	0.59	0.50		
7		High School level	19	1.00	0.00		
		Higher Secondary level	6	1.00	0.00		
		Graduate	5	1.00	0.00		
8	Occupation	Unemployed	32	0.00	0.00	42.228	0.001 (S)
		Self employment	46	0.74	0.44		
		Private	7	1.00	0.00		
		Government	10	1.00	0.00		
		None of these	5	1.00	0.00		
		Below 5,000	81	0.46	0.50	10.958	0.001 (S)
9	Monthly Income	5,001 - 10,000	9	1.00	0.00		
		Above 10,000	10	1.00	0.00		

N=100

Sl. No.		Sub Sample	Ν	Mean	SD	t/F Value	P- Value
1		55-60 years	12	5.83	0.39	183.988	0.001 (S)
	Age	61-65 years	42	4.62	0.79		
		66-70 years	30	2.33	0.92		
		Above 70 years	16	0.31	0.48		
2	Gender	Male	67	4.52	1.09	- 14.965	0.001 (S)
		Female	33	1.09	1.07		
	Locality	Urban	24	5.42	0.50	30.554	0.001 (S)
3		Rural	74	2.82	1.75		
		Sub urban	2	0.00	0.00		
4	Type of family	Joint	47	5.17	0.52	17 702	0.001 (S)
		Nuclear	53	1.81	1.26	17.792	
5	Residential Place	Home	100	3.39	1.95	0.000	NS
		Old age home	0	0.00	0.00		
6	Religion	Hindu	88	3.84	161	31.989	0.001 (S)
		Christian	3	0.33	0.58		
0		Muslim	9	0.00	0.00		
		Other Religion	0	0.00	0.00		
	Educational Qualification	Illiterate	26	5.38	0.50	-	0.001 (S)
		Primary level	44	3.91	1.01		
7		High School level	19	1.42	0.77	123.962	
		Higher Secondary level	6	0.00	0.00	_	
		Graduate	5	0.00	0.00		
8	Occupation	Unemployed	32	5.31	0.47	102.704	0.001 (S)
		Self employment	46	3.43	1.17		
		Private	7	1.00	0.00		
		Government	10	0.40	0.52		
		None of these	5	0.00	0.00		
	Monthly Income	Below 5,000	81	4.09	1.43	61.770	0.001 (S)
9		5,001 - 10,000	9	0.89	0.33		
		Above 10,000	10	0.00	0.00		

TABLE - III

ASSOCIATION OF LEVEL OF DEMENTIA IN RELATION INFORMATION-MEMORY-CONCENTRATION TEST WITH SELECTED DEMOGRAPHICAL VARIABLES N=100

VI. DISCUSSION

The study shows that demographic variables out of 100 participants with regard to Age, 42% of them were between 61-65 years. Regarding Gender 67% were male, regarding locality 74% of them were rural. With regard to residential place 100% were residing at home. Regarding the type of family 53% of them were belongs to nuclear family. With regard to religion 88% were belongs to Hindu religion. Regarding educational qualification 44% of them were had primary level education. With regard to occupation 46% were self-employed. Regarding monthly income 81% were earns below Rs.5000/month.

Olafsdottir et al. (2000) evaluated a random sample of patients greater than 70 years of age from a primary care centre in Sweden. The result indicated that 12% met diagnostic and statistical manual third version, revised criteria for dementia syndrome. The authors suggested that they had no reference to cognitive impairment on the medical records.

Valcour et al. (2009) did a cross sectional follow up study among 297 Asian - American patients ages 65 years older. The result showed 67% were unrecognized at a time of a clinical visit. The prevalence rate of dementia was 5.7% among aged 60 years and older.

VII. CONCLUSION

In the present study maximum elderly people were having the dementia. The study shows that changes in performance of everyday activities, changes in habits, eating, dressing unaided, complete sphincter control, occasional wet beds, changes in personality, interests, drive change, information - memory- concentration test among the elderly people had significant association with Age, Gender, Locality, Type of family, Religion, Educational Qualification, Occupation and Monthly Income at the level of p<0.001(S) and the changes in performance of everyday activities, changes in habits, eating, dressing unaided, complete sphincter control, occasional wet beds, changes in personality, interests, drive change, information - memory- concentration test among the elderly people had not significant association with Residential place regarding dementia among the elderly people at the level of p < 0.05(NS).

REFERENCES

- Alison Gordon et.al. (2009). Dementia Screening in acute medical and geriatric hospital admissions. Psychiatric bulletin. (Vol.33, Pp.52 – 54).
- [2] Boger J et.al. (2014). The identification of assistive technologies being used to support the daily occupations of community – d welling older adults with dementia: a cross – sectional pilot study. Disability and rehabilitation: Assistive technology. (Pp.17-30).
- [3] Brown AF et.al. (2013). Collaborative care management reduces disparities in dementia care quality for caregivers with less education. J Am Geriatr Soc. (Pp.243-251).
- [4] Cheng S et.al. (2011). The effects of exposure to scenario s about dementia on stigma and attitude toward dementia care in a chinese community. International psychogeriatrics. (Pp.1433-1441).
- [5] Chodosh J et.al. (2007). Caring for patients with dementia: how good is the quality of care? Results from three health systems. J Am Geriatr So. (Pp.1260-1268).
- [6] Conrolly A et.al (2011). Underdiagnosis of dementia in primary care: Variation in the observed prevalence and comparisons to the expected prevalence. Aging & mental health. (Pp.978-984).
- [7] Donath. C et.al. (2010). Effects of general practitioner training and family support service on the care of home – dwelling dementia patients – results of a controlled & cluster – randomized study. BMC Health Service Research. (Vol.10, P.314).
- [8] Fage BA et.al. (2015). Abrief cognitive screening test (mini – log) for the assessment of possible dementia. Wiley. (Pp. 777-788).

- [9] Geoffrey Tremont et.al. (2015). Alzhemimer's & Dementia. Elsevier B.V. (Volume. 11, Pp.541-548).
- [10] Kari listerud smebye et.al. (2012). How do persons with dementia participate in decision making related to health and daily care? A multicase study. BMC Health Services research. (Pp.1472-6963).