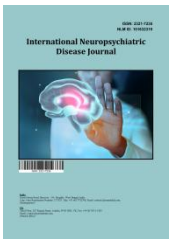

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Determinants of Psychiatric Disorders among Residents of an Old Peoples' Home in Southwestern Nigeria

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Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

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ABSTRACT

Background: There are many challenges facing old people's home care services in Nigeria and sub-Saharan Africa, with rates of functional impairment in older populations exceeding those in other parts of the globe. The prevalence of mental illness especially among the elderly has been projected to increase significantly in the years ahead. This study aimed to determine the factors associated with psychiatry disorders among inmates of old people home in Nigeria.
Methods: This study was a cross-sectional design conducted among eighty-five respondents from inmates of old people's homes, in Yaba, Lagos, selected using a purposive non-probability sampling technique. The instruments used include Structured Clinical Interview for DSM-IV_and SCID-II Sociodemographic data were obtained via questionnaire and participation was by informed consent.
Results: Of the total respondents, 38.8% were between the age category of 75-84 years. Only 2(2.4%) still had a spouse, 23(27.1%) were divorced and 58(68.2%) were widowers. Also, only 18(21.2%) had a personal source of income while most 76(89.4%) depend on financial support with

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the majority 36(42.4%) mainly from family and voluntary donations. It was observed that 75.3% had psychiatric morbidity among which 48.2% had Dementia, 16.5% had Schizophrenia and only 10.6% were diagnosed with Depression.

Conclusion: This study lends credence to the fact that aging brings with it certain health challenges that may affect their well-being, especially in developing countries where socioeconomic ado poses significant setbacks in the care of the elderly. In view of the challenges identified among the residents of the old people's home in Yaba; it is pertinent that efforts must be geared towards the establishment of qualitative medical facilities, especially for those with recognized physical or mental health challenges and poor socioeconomic status to cushion the effect of Mental illness.

Keywords: Old peoples' homes; psychiatry disorders; Lagos; Nigeria.

1. INTRODUCTION

Nigeria is the most populous country in Africa and average life expectancy is at 52 years and about 3.1% of the population are above 65 years of age according to recent surveys are living longer because of better nutrition, sanitation, health care, education, and economic well-being [1]. Due to this 'population aging, the prevalence of mental illness especially in the elderly has been projected to increase significantly in the years ahead [2]. Mental health surveys have reported variable prevalence rates of psychiatric morbidity in the elderly population between 2.23% and 43.32% [3–5]. The World Health Organization (WHO) reports that approximately 15% of adults aged 60 years and older have a mental disorder and 6.6% of all disability-adjusted life years among persons older than 60 are attributed to neuropsychiatric disorders [6].

Dementia and depression are the most common neuropsychiatric disorders in this age group; anxiety disorders, substance use problems, and suicide is also prominent in them [7]. Although depression is the leading cause of disease burdens and a leading contributor to Disability Adjusted Life with a global prevalence between 10 and 20% [8,9]. Although there is a prevalence of other neuropsychiatric disorders in the population. Olayinka and Mbuyi (2014) in their review of studies conducted to identify the prevalence, incidence, and risk factors of dementia in Sub-Saharan Africa between 1992 and 2013, the reported prevalence varied widely (range: 2.29%–21.60%) while Alzheimer's disease was the most prevalent type of dementia [10].

Globally, certain sociodemographic factors have been consistently found to be associated with psychiatric disorders in old age such as being female, single, widowed, divorced, staying in nuclear families and having a chronic physical illness [11]. Other less commonly associated factors were low socio-economic status, low educational level and history of prior depression [12]. In Nigeria, studies have equally shown that geriatric depression has been found to have a significant association with low socio-economic status, rural dwelling, and subjective report of poor health [13,14]. Majority of old people in Nigeria are catered for by their family members who mostly are overwhelmed with other issues of daily living [15,16].

The WHO envisaged that the demand for long-term care is expected to rise within the African region due to aging populations and increasing prevalence of long-term conditions such as dementia although the availability and affordability of long-term care services vary dramatically between African countries. There are a lot of challenges facing old people's home care services in Nigeria and the sub-Saharan African region with rates of functional impairment in Nigerian older populations increasing possibly at par with or even exceeding those in other parts of the globe suggesting an already significant need for old people's homes within the region [17].

Meanwhile, no study has been done to determine the pattern of geriatric mental health problems in old people's homes in Nigeria. Thus, this study aimed to determine the factors associated with psychiatry disorders among inmates of old people home in Nigeria.

2. METHODOLOGY

2.1 Study Design

This study was a cross-sectional design.

2.2 Study Population

The study was conducted among eighty-five respondent inmates of old people's homes, in

Yaba, Lagos, whose age range is from 60 years and above. Lagos State Old people's home was established in the year 1928 by a catholic mission and Salvation Army located in the southwestern part of Nigeria. It was established as a center to care for healthy old people and merely undergoing physical and psychological changes secondary to old age. It parades a housing facility, and recreation center and accommodates males and females. It is bounded to the east by Abati barracks, west by Yaba College of Technology, and north by queen's college.

2.3 Technique

The subjects were selected using a purposive non-probability sampling technique. The instruments used include a Structured Clinical Interview for DSM-IV (Diagnostic and Statistical Manual IV) Axis I Disorders (SCID-I) is a diagnostic exam used to determine DSM-IV Axis I disorders (major mental disorders). The SCID-II is a diagnostic exam used to determine Axis II disorders (personality disorders). For the purpose of this study, the expertise of a consultant psychiatrist was employed in defining the diagnosis of the inmates of the old peoples' home, Yaba using the DSM-IV. Sociodemographic data were obtained via questionnaire and participation was followed by informed consent.

2.4 Data Analysis

Data obtained were analyzed using Statistical package for social sciences (SPSS) version 20. Descriptive statistics were used to present the distribution of the study population. Chi-square was used to examine significant associations between variables due to the categorical form of the variables examined in the study population. P-value < 0.05 was considered statistically significant.

3. RESULTS

This study involved 85 respondents, 33 (38.8%) were between the age category 75-84 years, 31(36.5%) were 85-94 years, 14(16.5%) were 95 years and above and the age category 65-74 years being 7(8.2%). Also, majority of the respondents were females 51(60%) and a large number 51(60%) of the respondent have 1-3 children. 20(23.5%) of the respondents had no formal education while majority of them 28(32.9%) completed secondary school education (Table 1).

Apparently, all the respondents are retired after majority of them 51(60%) had worked in the private sector. Only 2(2.4%) of the respondents were never married, 2(2.4%) still had spouse, 23(27.1%) were divorced and 58(68.2%) were widowers. 54(63.5%) had a monogamous family and a couple of the respondents 5(5.9%) still had 1-2 children in a university/tertiary institution.

From Table 1b only 18(21.2%) had personal source of income and 76(89.4%) have financial supports with the majority 36(42.4%) mainly from family and voluntary donations.

This study revealed that 64(75.3%) had psychiatric morbidity while 21(24.7%) did not have psychiatric morbidity (Fig. 1).

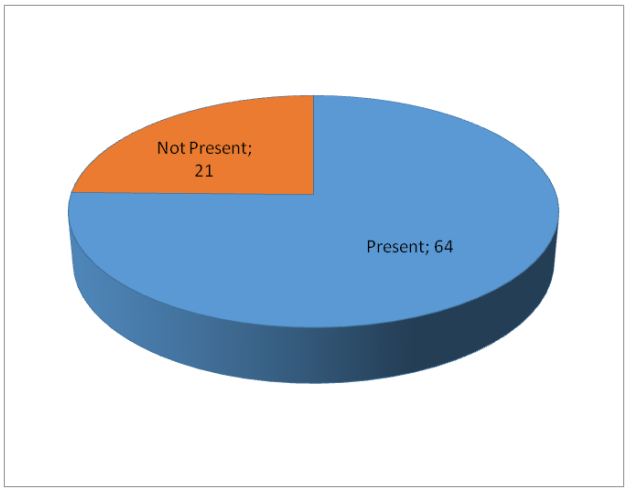

Fig. 1. Prevalence of psychiatric morbidity among respondents

Table 1a. Sociodemographic characteristics of respondents

Variables		Frequency (n=85)	Percentage (%)
Age	65-74 Years	7	8.2
	75-84 Years	33	38.8
	85-94 Years	31	36.5
	95 Years and above	14	16.5
Gender	Male	34	40.0
	Female	51	60.0
No of Children	None	14	16.5
	1-3 Children	51	60.0
	4-6 Children	17	20.0
	7-9 Children	2	2.4
	10-12 Children	1	1.2
Highest Level of Education	None	20	23.5
	Completed Primary Education	21	24.7
	Some Secondary Education	14	16.5
	Completed Secondary Education	28	32.9
	Some Tertiary Education	1	1.2
	Completed Tertiary Education	1	1.2
Current Employment Status	Retired	85	100.0
	Civil Service	29	34.1
	Private Employee	51	60.0
Previous Occupation	Never worked	5	5.9
	Living with Spouse	2	2.4
	Widow/Widower	58	68.2
Previous Marital Status	Divorced	23	27.1
	Never Married	2	2.4
	Monogamy	54	63.5
	Polygamy	23	27.1
Type of Marriage	Not applicable	2	2.4
	No response	6	7.1
	None	80	94.1
No of Children still in the University/Tertiary Institution	1-2 Children	5	5.9
	3-4 Children	-	-
	5-6 Children	-	-

Table 1b. Social class characteristics

Variable	Respondent	Frequency (n=85)	Percentage (%)
Any personal Income	Yes	18	21.2
	No	67	78.8
Financial Support	Yes	76	89.4
	No	9	10.6
Source of Financial Support	Family	10	11.8
	Children	3	3.5
	Government	5	5.9
	Voluntary Donation/NGO	22	25.9
	Family & Voluntary Donation	36	42.4
	Not Applicable	9	10.6
Social Status	Lower Class	58	68.2
	Middle Class	26	30.6
	Upper Class	1	1.2

Table 2. Distribution of Clinical Diagnostic among respondents

Diagnosis	Frequency	Percentage
Dementia	41	48.2
Schizophrenia	14	16.5
Depression	9	10.6
Hemiplegia/Paraplegia	8	9.4
No Disabilities Detected	4	4.7
Blindness	4	4.7
Stroke	4	4.7
Prostate cancer	1	1.2
Total	**85**	**100.0**

Of the respondents diagnosed with psychiatric morbidity, 41(48.2%) had Dementia, 14(16.5%) had Schizophrenia and 9(10.6%) were diagnosed of Depression. 4(4.7%) had no abnormalities detected while the remaining 17(20%) had diagnosis such as hemiplegia/paraplegia, blindness, stroke and prostate cancer (Table 2).

Majority of the inmates diagnosed with psychiatric morbidity were females 41 (64.1%). 24 (37.5%) account for females with Dementia, 6(9.4%) account for females with depression and 11(17.2%) account for females with Schizophrenia.

Also, 15(23.4%) among the 41 respondents diagnosed to have Dementia were within the age categories 75-84 years.14(21.9%) accounts for the total Schizophrenia across age groups and Depressed inmates were 9(14.1%) across all age groups. The majority of the inmates diagnosed with psychiatric morbidity were widowers 31(48.45%) accounting for respondents with Dementia, 5(7.8%) accounting for those with depression and 7(10.9%) accounting for widows with Schizophrenia.

Relationship between respondents' social status and psychiatric morbidity shows that the majority of the inmates diagnosed with psychiatric morbidity had a low social status 44 (68.8%), 22(34.4%) accounts for respondents with Dementia, 9(14.1%) accounts for those with depression and 13(20.3%) accounts for respondents with Schizophrenia. majority of the inmates diagnosed with psychiatric morbidity had some form of education and 26(40.6%) accounts for respondents with Dementia, 7(10.9%) accounts for those with depression and 9(14.1%) accounts for respondents with Schizophrenia.

4. DISCUSSION

The study was conducted among eighty-five respondents inmates of old people's home. The Majority of the respondents 90% of the cohort studied are 75yrs and above. Only 1.2% is in the Upper class and is the only one that completed tertiary education while majority 68.2% are in the lower class. This lends credence to the fact that aging brings along with it certain socioeconomic and sociocultural challenges that may affect their care, especially in a developing country like Nigeria that has no strong welfare program for this group of citizens coupled with the breakdown of the extended family system and rising poverty [16,18]. This becomes clearer when apparently all the respondents are retirees and the majority of them had worked in the private sector with very poor pension schemes in Nigeria. Retirement is a significant life transition for the elderly as it disrupts social connectedness, reduces earnings and may entrench social isolation [19]. In Nigeria, oftentimes there is a delay in payment of pension entitlements and misappropriation of existing pension funds leading to a poor standard of living. This shows dysfunctional public and private pension regulatory schemes in this region which affect the elderly [20,21].

A substantial number of the respondents are financially supported by voluntary donations while 10.6% were recruited as vagrants. Only a few have some form of personal income but often subsidized by voluntary donations. A substantial amount of the financial support comes from anonymous voluntary donors, and non-governmental organizations and only 5.9% is funded by the government. Elderly persons who have retired from the economic productive phase are most vulnerable to economic hardship [22]. This clearly shows the role socioeconomic factors play in the care of the aged and in the recruitment into old people's homes [23].

Appraising the economic challenges of Nigeria from a longitudinal perspective, the drop in oil prices coupled with an exploding population has

resulted in a poor welfare system and the introduction of a neoliberal policy through democracy in 1986 which was not concerned with social issues but market efficiency that worked against the basic tenets of human rights and constitutional safeguards for Nigerian citizens [24]. Studies of the elderly in Nigeria are emphasizing the need for special and deliberate intervention for their care and protection [12].

About 95% of the population studied are lonely as about half were Widows/Widowers and a few are divorced reinforcing the issues of loneliness, social isolation and poor social support as dominant sociodemographic factors. Studies have shown that aging makes the elderly drop out of the working sphere, children move out of the house and reduction of ties with peers diminish [25].

Although research has shown that rural areas have higher incidences of poverty and less access to community resources such as activity centers, grocery stores and town halls in developed countries, the reverse may be the case in Nigeria [26,27]. There is an assumption that urban areas offer more support to the elderly but physical problems can incapacitate making survival difficult just as customer service may not always be willing to assist the elderly in urban areas [28].

It is often claimed that African cultures make adequate provisions for the care of the elderly. However, observations and happenings have shown that it is not always true. The dispersal of children relations in search of social and economic opportunities and in many cases loss of a spouse, death of friends and psycho-social disengagement of life leave the elderly isolated and lonely, underfed, gaunt face, poorly clad and struggling with life. Many are just living fossils. These factors aggravated by the inevitable progress of old age which shows down the individuals, go to emphasize the need for homes and attention for neglected elderly, and such as could be provided in a home for the aged [29].

The majority of the inmates studied were females whose recruitment into the home may be a result of an interplay of increased incidence of psychiatric disorders, poor socioeconomic support for widows and loneliness in our sociocultural context. Also, 80% of the female respondents were diagnosed to have mental health disorders with profound socioeconomic handicaps. Some studies have also established that the family structure and traditional care for the elderly in Nigeria are also collapsing with grave consequences [29].

From this study, the overall prevalence of psychiatric disorders is 75.3% in inmates of old people's homes which was not even a psychiatric hospital for the elderly while only 20% with physical illnesses such as hemiplegia/paraplegia, blindness, stroke and prostate cancer. We can therefore infer that mental illness rather than physical illness is a principal reason for dropping out of the social web requiring admission into old peoples' homes. The prevalence of mental illness in this group is quite significant particularly compared to physical illnesses and Dementia rather than Depression is predominant in this cohort.

This throws light on the issues dictating the referral, pathway and subsequent recruitment into old people's homes in Nigeria. Dementia being a more incapacitating mental disorder makes the sufferers drop out of the already fragile socioeconomic and sociocultural dynamics of the community to become vagrants or recruited into the care of a public, not–for–profit old people's homes.

Depression on the other hand is often masked or easily accommodated in our environment such that even primary caregivers may miss the diagnosis; they still manage to survive within the social web and not drop out. While the authors are aware of many privately run old people's homes in the metropolis; the sociodemographic and possibly the prevalence and pattern of psychiatric disorders may be different from the one being reported here because such cohorts may be skewed towards the upper class considering the cost of accommodation and of course the quality of infrastructure in such centers. There is some preliminary evidence that there is a greater prevalence of psychiatric morbidity in elderly living in old peoples than among individuals living in the community but having more depressive illness than other psychiatric disorders [30–32].

Despite this reservation shared by most Nigerians, abuse of old people in Nigeria is not restricted to caregivers in homes and other similar institutions. Albeit generally unreported, the elderly can also be neglected by their families. The negligence is also partly due to the inability of most families to continue to sufficiently cater to their elderly ones. Unfortunately, there is

no existing data on old people's homes in Nigeria as the only existing ones are registered with either Ministry of Health or the Ministry of Social Welfare but without a National data base [33].

5. CONCLUSION

The population studied is not large hence the inability to have significant statistical associations of certain sociodemographic factors and the psychiatric disorders in this cohort however the data available were sufficient to illustrate salient sociocultural undertones for the setting up, the character of pathways to and functioning of old people's homes in this society. These inferences may be useful in guiding government and non-governmental agencies in designing programs for the aged that will be efficient and effective.

In view of the challenges identified among the inmates of the old people's home Yaba; it is pertinent that efforts must be geared towards the establishment of qualitative medical facilities in the form of old peoples' homes especially those with recognized physical or mental health challenges and poor socioeconomic status to cushion the effect of the malfunctioning if it cannot be totally reversed. Provision of social support/welfare by the government at all levels to reduce the impact of poverty on the aged population of the country in the form of free access to qualitative health care, free transportation, monthly stipend and others.

The curriculum of training for Geriatric Nurses and doctors may need to have sufficient exposure to clinical psychiatry since a majority of those in old people's homes may have one psychiatric disorder or the other rather than an overemphasis on the care for physical illnesses alone.

6. LIMITATIONS OF THE STUDY

The following factors affected the study and thus limits the ability to generalize its findings The small population of the elderlies in the old peoples' home available for the study and the unavailability of a certified tool for assessing the socioeconomic status of the respondents as this may affect the grouping of individuals into high and low socioeconomic status apart from the available records.

Absence of credible informants as most were homeless, dropped at the center and some too old and sick for useful interviews

CONSENT

As per international standard or university standard, Participants' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

Ethical approval was obtained from the Research and Development Department, Ministry of Youth and Social Development Lagos State Nigeria.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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