

Prevalence of depression in community dwelling elderly: Study from rural population of India

Sir,

We read "Meta-analysis" by Barua *et al.* with great interest. Depression is among the major psychiatric illnesses affecting elderly population. Several somatic and neurological changes related to aging contribute to the development of depression. Recent meta-analysis on median prevalence rate of depression in elderly population across India has been estimated to be 21.9%.^[1] However, epidemiological studies from rural areas remain scant. This issue needs attention as predominant population of developing countries like India resides in rural area. We conducted a study on the prevalence of depression in community dwelling elderly in rural population of India.

The present study was carried out with approval from institutional ethics committee. A survey was conducted in the village of Halsoor (in the state of Karnataka) from December/January 2011 to February 2011. All 90 households of the village were visited. Elderly (age > 65 years) were interviewed by a trained rater after obtaining consent. Response rate was 96%. Total of 70 subjects participated in the study. Hamilton depression rating scale (HDRS) was administered to all subjects.^[2] Stukenberg *et al.* showed that HDRS has good psychometric property and can be used as a tool for screening in community settings.^[3] Subject with a score ≥ 7 were considered to be "cases" of depression.

There were 33 (47.1%) males and 37 (52.9%) females with a mean age of 67.27 years (SD = 3.97). Prevalence of depression was found to be 14.3% [confidence interval 95%: 6.1-22.5%]. Prevalence of depression was 12.1% in males and 16.2% in females. Prevalence of depression in our rural population appears to be lower, compared to the meta-analysis results mentioned above (21.9%).^[1] However, most of the studies included in meta-analysis were done in urban population. Stress and nuclear family pattern are some of the important psycho-social risk factor for the development of depression, which differ grossly between urban and rural areas.^[4] Lower prevalence rate of depression in rural area could be attributed to joint family structure, which is widely prevalent in rural areas. Major limitation of the study

is its small sample size. Further large scale studies are urgently needed to assess the psycho-social factors affecting depression and association of medical illness with depressive symptoms.

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