

Effectiveness of Laughter Therapy on the Level of Depression among the Elderly at a Selected Old Age Home

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ABSTRACT

Among the many problems being faced by the elderly people, depression is perhaps most common. The present study was therefore conducted to assess the level of depression among 50 elderly in a old age home of Chennai in Tamilnadu and the effect of laughter therapy. Application of laughter therapy revealed significant reduction in depression of the elderly.

INTRODUCTION

Ageing is a universal process. In the word of Seneca “old age is an incurable disease”. In most gerontological literatures, people above 60 years of age are considered as ‘old’ constituting the ‘elderly’ segment of the population also called senior citizen.

According to Old age statistics (2010) the proportion of elderly in the total population has been increasing in all countries. The elderly population in India which was 7.7 crore, as per census 2001, is projected to be around 9.5 crore in 2011. The present population of India in 2011 is 1,190,000,000 of which 65+ years constitute 4.9 percentages. In this male are 27,258,259 and females are 30,031,289 (2010). It would be projected to increase 17.3 crore in 2026. The life expectancy in India has increased from 24 years in 1900 to 42 years in 1960 and 53 years in 1971 to 58 years in 1981. It is projected to reach around 70 years by 2025.

Depression is the commonest geriatric psychiatric disorder .It has been documented that elderly are more prone to psychological problems. In fact the elderly in India face a multitude of psychological, social, and physical health problems. As age advances there is increased morbidity and functional loss.

Presence of several depressive factors and occurrence of varying life events, greatly impact one’s psychological status, making elderly more prone for depression.

Elderly patients hospitalized for a medical illness have an even higher prevalence of depression with a rate of 40% for combined major and minor depression. Dysthymia in elderly outpatients is not uncommon in the elderly and tends to become chronic. Compared with major depression it has less associated psychiatric co morbidity, although it is more closely tied to severe life stresses and medical illness with early age onset.

OBJECTIVES

This study sought to assess the existing level of depression among elderly, find out the effectiveness of laughter therapy in reducing the level of depression among elderly and find out the association between the pre-test and post test level of depression and their selected demographic variables.

METHODOLOGY

It was Quasi experimental study with one group pre test post test design in which elderly in old age home in Chennai constituted the subjects. The study sample consisted of 50 elderly. Convenience sampling technique was adopted and structured scale was used to assess the level of depression.

The inclusion criterion was elderly above 60 years of age, in both sexes, willing to participate in the study and their availability during data collection period.

The excluded criteria comprised of those (I) Elderly who were bedridden, difficulty hearing and seeing, taking antidepressants, already undergone any therapy.

DESCRIPTION OF THE INSTRUMENT

Data collection instruments are the tools used by the investigator to measure the dependent variables which are pertinent for the study.

Demographic variables consisted of age, sex, marital status, education status, religion, occupation, and financial support.

Self-structured Depression Scale

The items on the self-structured depression scale were according to our setup.

The tool covered four aspects Physical (6), Emotional (14), Social (7) and Spiritual (3) with a total of 30 items. There were equal number of positively (15) and negatively (15) worded items. The item was rated on a four point scale always, often, sometimes and never.

SCORING AND INTERPRETATION

The scores were ranged from 3-0 for the positive items 1,4,5,10,16,20,21,22,24,25,26,27,28,29,30. Reverse scoring for negative items 2,3,6,7,8,9,11,12,13,14,15,17,18,19,23 and the total score was 90. In order to categorize the level of depression four arbitrary divisions of score were made as Normal, Mild, Moderate and Severe.

RELIABILITY OF THE TOOL

The reliability of the tool was assessed by test-retest method. The obtained r value was 0.8. Hence the tool was reliable.

DATA COLLECTION PROCEDURE

After obtaining formal permission from the old age home the study was proceeded from 28.3.11 to 24.4.11. The samples were selected based on the selection criteria. A written consent was obtained from the participants by explaining about the purpose and importance of the study. Then the tool was administered. Every day the participants were gathered around 10am in their respective blocks and laughter therapy was given for 20-30 minutes for 20 days. After the completion a post test was conducted to know the effectiveness of laughter therapy on the level of depression.

DATA ANALYSIS

The data obtained were analyzed by using both descriptive and inferential statistics on the basis of objectives of the study

RESULT

Among the samples, 34(63%) were females, 20 (40%) were in the age group of 66-70 years, 17(34%) were in the age group of 60-65 years. Nearly half of the samples 26(52%) were married, 22(44%) had primary education,

38(76%) belonged to Hindu religion, half of them 25(50%) have other form of occupation, majority of samples 48(96%) have other financial support, 20(40%) have 2 children, all the samples 50(100%) never get visitors and all of the samples 50(100%) were admitted without payment.

The results revealed that the mean and standard deviation of depression level in the pre-test was ($m=48.12$, $SD=7.784$) whereas in post-test, it was ($m=23.92$, $SD=4.7$). There was a difference in the mean value in pre-test and post-test. The obtained t value ($t=32.5$) at ($p<0.00$) was statistically significant. Hence the hypothesis H1 stated there is a significant difference in the mean level of depression among samples before and after laughter therapy was accepted.

CONCLUSION

As there are many psychotherapies and pharmacotherapy available for the management of depression, but the laughter therapy is the best of all. Psychopharmacology has a beneficial role in the treatment of geriatric mental illness, but the benefits of such treatment need to be carefully evaluated against the associated risks of drug-drug interactions. Fear of drug-drug interactions and lack of knowledge among some prescribing providers may interfere with adequate treatment of the older adult population. As a result, neither medication nor psychotherapy may be prescribed for symptom relief. Therefore, nurses should remain familiar with effective treatment method in geriatric mental health and stay current with best practices.