

Challenges to the Mental Health of the Elderly in India's Aging Process

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Abstract: *This paper focuses on the psychology of geriatric people, which is also referred to as old age people, third age people or senior citizens. The effects of the elderly are not only physically evident but they also have psychological effects as well. The process of ageing is a phase during which a person withdraws from daily activities such as a job, resulting in various psycho - social difficulties such as dementia, agitation, loss of independence, shrinking of social roles, isolation and feelings of loneliness, economic hardship, anxiety and social exclusion being labelled or stigmatised as a burden on the family and society, intergenerational conflicts, ill - treatment and abuse, desertion and need of shelter through the institutionalised arrangement. These issues cause people to experience psychological depression, which harms their health. This paper aims to shed light on the psychological challenges faced by elderly people and to investigate the psychosocial problems as well.*

Keywords: Old age, Psychological problem, Dementia, elderly, Mental Health

1. Introduction

Ageing is a natural phenomenon, but the meanings and assessments we assign to it are the result of social creation.¹ It determines the status of individuals in both life duration and in social. A significant percentage of the global population is getting older, and India seems to be following the trend. "In 2022, there will be 1.1 billion people aged 60 and up worldwide, a figure that represents 13.9% of the total population of 7.9 billion." Over the next three decades, the global population of older people is predicted to double to 2.1 billion by 2050, 22% of the overall population.² According to Census 2011, India has 104 million senior adults (60 and up), which represents 8.6% of the total population. Females surpass males among the elderly (60+).

Elderly people did not have to do only with physical, physiological impairment or acute or chronic diseases, but also with changes in social life.³ This enormous increase in India's ageing population will have serious consequences for the country's health, economy, and society.

Statutory provisions for the elderly People in India

The Government of India's National Policy on Older Persons 1999, Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and National Policy for Senior Citizens 2011 provide a legal framework for addressing elderly people's needs. Article 41 of the Indian Constitution mandates the well - being of senior citizens. Section 80C of the Income Tax Act, the government provides tax reductions to the elderly. The income tax exemption limit is set at `300,

000 per annum (p. a.) for senior citizens aged 60–80 years and `500, 000 p. a. for super senior citizens (those above 80 years); this limit is set at `250, 000 p. a. for ordinary citizens. The Maintenance and Welfare of Senior Citizens Act, 2007 constitutes significant legislation for senior citizens as it establishes procedures for giving maintenance and assistance to elderly parents and senior citizens.

All of the changes in the elderly's lives make them extremely sensitive. The effects of elderly people's age are not only physically evident but they also have psychological and psychosocial effects. The psychosocial impacts that are frequently noticeable are generally derived from isolation owing to melancholy, wilting due to loneliness, long - term illnesses leading to inactivity, desertion by family, impotence, and numerous other factors.⁴

Psycho - social problems in elderly people

Numerous characteristics of ageing provide considerable obstacles in the daily lives of the elderly. Several economic, social, psychological, and physiological factors influence health. Poor health and morbidity reduce the elderly's quality of life and well - being while increasing psychological discomfort and the impression of vulnerability. Because of persistent morbid conditions and degenerating physiological capabilities, ageing is associated with poor health status. It has a significant impact on the ability to function required to complete everyday life chores.⁵

A recent Indian geriatric population study found that 18.9% of senior people had depression symptoms and 22.6% had anxiety symptoms.⁶ International research done even in

¹ Mike Featherstone and Mike Hepworth, *Image of Positive Aging, Image of aging: Cultural Representation or Later Life*, 2005

² Caring for Our Elders Institutional Responses: INDIA AGEING REPORT 2023 https://india.unfpa.org/sites/default/files/pub-pdf/2023.10.03_iar_2023_rgb_web_revised__0.pdf

³ Kourkouta, Lambrini, Ouzounakis, Petros, Monios, Alexandros and Ch. Iliadis, Nutritional habits in the elderly, *Progress in Health Science* 2016; 6(2); 155-159 doi: 10.5604/01.3001.0009.5163

⁴ Argyriadou S. Dementia and depression in elderly people. The intervention of GP's primary health care. University of Crete. School

of Health Sciences. Department of Medicine. Department of Social Medicine. Department of Social and Family Medicine. Heraklion, 2002:82-96. (Greek)

⁵ Edemekong PF, Bomgaars DL, Sukumaran S, et al. Activities of Daily Living. [Updated 2023 Jun 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan <https://www.ncbi.nlm.nih.gov/books/NBK470404/>

⁶ Kumar V, Klanidhi KBK, Chakrawarty A, Singh J, Priti, Chatterjee P, Dey AB. Assessment of mental health issues among geriatric

highly developed and evolved states like Hong Kong and the United Kingdom found similar higher percentages.⁷

Dementia

Dementia is the most frequent cognitive health problem among the elderly. Dementia is a comprehensive term that refers to substantial impairments in memory, language, problem - solving, and other mental abilities that interfere with daily life. Alzheimer's disease is the leading cause of dementia. It is far more than a loss of memory. It affects 5 (Argyriadou, 2002)% of the population over the age of 65. The prevalence is expected to more than double during the next 20 years.⁸ Diabetes, hypertension, depression, HIV, and smoking, among other chronic health disorders and substance addiction, increase the risk of acquiring dementia.⁹ Short - term memory loss, difficulty finding words, critical capacity difficulties, difficulty accomplishing complex everyday tasks, apathy, irritability, and, in more severe cases, apraxia, loss of speech clarity, loss of ability to walk, physical irritation.¹⁰ In India, "more than 4 million people have some form of dementia and Worldwide, at least 44 million people are living with dementia,¹¹ this number is projected to exceed 14 million by 2050".¹²

One of the main risk factors for developing dementia in India is age. As the population ages, the number of people with dementia is expected to rise.¹³ There is a lack of data from India to establish a difference in the incidence or prevalence of dementia between men and women, despite statistics from North America and Europe showing that women have a higher prevalence of dementia than males.¹⁴ In addition, lifestyle factors such as a lack of physical activity, poor diet, and chronic conditions such as diabetes and hypertension also increase the risk of developing dementia (Agarwal & Tripathi, 2014; Chaudhuri et al., 2020; Ghosh et al., 2019;

population during COVID19 pandemic, Indian perspective. *Asian J Psychiatr.* 2021 Dec; 66: 102897. doi: 10.1016/j.ajp.2021.102897

⁷ Robb, Catherine, Jager, Celeste, Ahmadi-Abhari, Sara, Giannakopoulou, Parthenia, Udeh-Momoh, Chi, Mckeand, Jam, Price, Geraint, Car, Josip, Majeed, Azeem, Ward, Helen, Middleton, Lefkos, Associations of Social Isolation with Anxiety and Depression During the Early COVID-19 Pandemic: A Survey of Older Adults in London, UK *Frontiers in Psychiatry* 2020, 11 doi: 10.3389/fpsy.2020.591120

⁸ Kontis, Dimitris, Theochari, Eirini, Tsalta, Dementia and bipolar disorder on the borderline of old age, 2013 *Psychiatry.* 2013;24(2):132-44.

⁹ WHO, Dementia <https://www.who.int/news-room/fact-sheets/detail/dementia>

¹⁰ Mougias A. Dementia and quality of life in the third age. University of Ioannina. School of Medicine. Department of Medicine. Department of Social Medicine and Mental Health. Clinical Psychiatry University General Hospital of Ioannina. 2011:223-8

¹¹ <https://www.alz.org/in/dementia-alzheimers-en.asp#:~:text=In%20India%2C%20more%20than%204,crisis%20that%20must%20be%20addressed.>

¹² Avlund, K., Luck, M. & Tinsley, R. Cultural differences in functional ability among elderly people in Birmingham, England, and Glostrup, Denmark. *J. Cross Cult. Gerontol.* (1996) 11(1), 1–16 doi: 10.1007/BF00116262

¹³ Vijayalakshmi Ravindranath & Jonas S. Sundarakumar, Changing demography and the challenge of dementia in India, *Nature Review Neurology* 17, 747–758 (2021). <https://doi.org/10.1038/s41582-021-00565-x>

Hirokawa et al., 2022) The study needs to be referred to the delirium of the elderly. It is defined as a state of acute confusion that varies during the day and is marked by a disturbance of consciousness, orientation, memory, thinking, attention, and behaviour. The elderly's delirium is frequently the root cause of loss of autonomy, increased morbidity and death, and increased healthcare costs owing to hospitalization duration.¹⁵

Depression

Almost all people feel at times during their lives unhappiness, sadness or disappointment. Such transient feelings are normal. But if you end up daily and this feeling remains for long periods, then the person probably suffers from depression. In spite of implementing policies to control mental health problems, depression remains a severe health concern among older adults in India.¹⁶ The elderly who are depressed have lost sight of the essential meaning of life, as well as the movement's strength. It not only decreases the quality of life but also influences the prognosis of other chronic diseases that further aggravate disability.¹⁷ Consequently, elderly people who suffer from depression have much higher suicide and non - suicidal mortality.¹⁸

Factors associated with the occurrence of depression are of two types: those related to the elderly living environment that causes pressure and stress, and those related to the elderly and more specifically with its biological functions. In terms of the scientific origins of depression, these people have lower levels of specific substances known as neurotransmitters. "Neurotransmitters are found in the brain and are used in communication between brain cells."¹⁹ Serotonin and adrenaline (organic depression) are the two substances that are directly associated with depression. Organic depression is caused by physiological alterations in the patient's body,

¹⁴ Ferretti MT, Iulita MF, Cavado E, Chiesa PA, Schumacher Dimech A, Santucciono Chadha A, Baracchi F, Girouard H, Misoch S, Giacobini E, Depypere H, Hampel H; Women's Brain Project and the Alzheimer Precision Medicine Initiative. Sex differences in Alzheimer disease - the gateway to precision medicine. *Natural Review Neurology.* 2018 Aug;14(8):457-469. doi: 10.1038/s41582-018-0032-9

¹⁵ Casarett DJ, Inouye SK; American College of Physicians-American Society of Internal Medicine End-of-Life Care Consensus Panel. Diagnosis and management of delirium near the end of life. *Ann Intern Med.* 2001 Jul 3;135(1):32-40. doi: 10.7326/0003-4819-135-1-200107030-00011

¹⁶ Ronak Paul, T. Muhammad, Rashmi Rashmi, Palak Sharma, Shobhit Srivastava & Preeti Pushpalata Zanwar; Depression by gender and associated factors among older adults in India: implications for age-friendly policies; *Progress in Health Sciences;* 6(2):155- 159 DOI: 10.5604/01.3001.0009.5163

¹⁷ Bruce ML, McAvay GJ, Raue PJ, Brown EL, Meyers BS, Keohane DJ, Jagoda DR, Weber C. Major depression in elderly home health care patients. *Am J Psychiatry.* 2002 Aug;159(8):1367-74. doi: 10.1176/appi.159.8.1367

¹⁸ Aziz R, Steffens DC. What are the causes of late-life depression? *Psychiatric Clinic North Am.* 2013 Dec;36(4):497-516. doi: 10.1016/j.psc.2013.08.001

¹⁹ Aparna Shanmugam, Shrawan Gopal; ALZHEIMERS AWARENESS AMONG HIGH SCHOOL STUDENTS IN INDIA; *The American Journal of Geriatric Psychiatry;* 2020, 28(4); 70-72. Doi: <https://doi.org/10.1016/j.jagp.2020.01.098>

either due to a disease affecting the nervous system in its entirety or as a result of medicine that induces matching biochemical changes due to a reduction in the number of certain substances called neurotransmitters. Neurotransmitters are in the brain and are used in the communication between the brain cells. Two substances directly linked to depression due to their absence are serotonin and noradrenaline.²⁰ The effect of an unhappy event in an elderly person with a lack of these neurotransmitters can cause depression. Such events may be the loss of a partner or a friend or the existence of big financial problems and in many cases problems associated with retirement. Serious health issues that are frequent among the elderly can additionally lead to depression.

Depression is partly caused by the sensation that someone loses his independence or the ability to care for himself; partly because of the persistent pain that often accompanies chronic physical diseases. Finally, it is known that older people use many drugs for the treatment of many diseases, some of which can cause depression. In the elderly, symptoms of depression are often apparent in the constant feeling of fatigue, decreased interest, diffuse pain throughout the whole body or disturbance in the memory or concentration, especially when these symptoms cause a change in the habits of the older individual.

A typical indicator of possible depression at this age is the loss of interest in dealing with his/her grandchildren.²¹ All these symptoms are not a natural consequence of old age but are more often a sign of the existence of depression, and a sign to consult a doctor. Suicide is the leading risk for depressive patients. Approximately 15% of patients with severe depression commit suicide. Then, the best way to prevent suicide is the early detection and treatment of depression, a disease that leads frequently to self - destructive actions.

Social exclusion

How others treat us and the limitations imposed on us are often determined by our age rather than our abilities. This negative stereotypical reaction is barrier to many activities and adequate access to essential services. "There are prevalent concerns about the correlation between loneliness, social isolation, a deterioration in health status, and a diminished quality of life. Research findings indicate that both concepts may independently impact health and should thus be recognized as distinct characteristics."²²

So, because of age discrimination, these individuals encounter major obstacles in achieving their plans. Unfortunately, many older people embrace the age

stereotypes and so they exclude themselves from many activities and options. The elderly in urban areas rely primarily on hired domestic help to meet their basic needs in an increasingly chaotic and crowded city. Social isolation and loneliness have increased²³ found that an old person begins to feel even his children do not look upon him with that degree of respect which he used to get earlier. The old person feels neglected and humiliated. This may lead to the development of a psychology of isolation in the company of others. Depressive symptoms have been associated with loneliness and with adverse health outcomes²⁴ A Study was conducted where 174 old people participated and were interviewed in 14 different old homes in Uttar Pradesh, India and it was observed that the reason for joining the home was the misbehaviour of sons and daughters - in - law (29.8%). Other reasons for leaving their homes indicated by respondents included poverty or a lack of financial assistance (29.3%), loneliness (8%) and adjustment problems with children's households (5.7%). Only 1.1% stated that they wanted to live alone because they couldn't deal with the interference of family members. The study further highlighted that these older persons voluntarily chose to go to senior care due to a lack of family support. The old people were forced to go into care facilities due to a lack of education and economic independence.²⁵

Table: Factors compelling old people to reside in old age homes

S. No.	Factors	No.	(%)
1	Misbehaviour pf son and daughter in law	52	29.8%
2	Poverty/ no financial support	51	29.3%
3	To serve the almighty God	16	9.1%
4	Loneliness	14	8.0%
5	Adjustment problem	10	5.07%
6	Nuclear family system	09	5.1%
7	Having no son	09	5.1%
8	Settlement of children at abroad	04	2.2%
9	Children do no want to keep due to psychiatric and/ or physical illness	04	2.2%
10	Life threats from children	03	1.7%
11	To live independently/ unable to tolerate interference of family members	02	1.1%

The prejudices that exist for older people usually lead to less favourable judgments about them, regardless of their abilities and characteristics. In addition to overt age discrimination, there is also indirect discrimination, wherein a condition or requirement is applicable universally but disproportionately affects elderly individuals.²⁶ It is common for the elderly to withdraw from society, despite their desire to continue contributing, as societal acceptance tends to be lacking. This

²⁰ Casarett DJ, Inouye SK; American College of Physicians-American Society of Internal Medicine End-of-Life Care Consensus Panel. Diagnosis and management of delirium near the end of life. *Ann Intern Med.* 2001 Jul 3;135(1):32-40. doi: 10.7326/0003-4819-135-1-200107030-00011

²¹ Pagoropoulou A. Psychology of the third age. *Greek Letters.* Athens, 1993. (Greek)

²² Dickens, A.P., Richards, S.H., Greaves, C.J. *et al.* Interventions targeting social isolation in older people: a systematic review. *BMC Public Health* 11, 647 (2011). DOI: <https://doi.org/10.1186/1471-2458-11-647>

²³ Rajan SI (2006) 'Population Ageing and Health in India', Centre for Enquiry into Health and Allied Themes, Mumbai.

²⁴ Hawkey LC, Cacioppo JT. Loneliness matters: a theoretical and empirical review of consequences and mechanisms. *Ann Behav Med.* 2010 Oct;40(2):218-27. doi: 10.1007/s12160-010-9210-8

²⁵ S Akbar, S Tiwari, R Tripathi, A Kumar, N Pandev (2014) Reasons for Living of Elderly in Old Age Homes: An Exploratory Study. *International Journal of Indian Psychology*, 2 (1), DOI: 10.25215/0201.029

²⁶ Tsiakalos C. Social Exclusion: The Greek experience, Centre for Social Morphology and Social Policy. Athens, 1998. (Greek)

is because the supply of the elderly is estimated from the production namely a job that in any way the person fails to provide. Action and energy are better than inaction and stagnation because it helps the maintenance of social, intellectual and physical status. Elders avoid social contact because of the reduction of almost all their functions. Prolonged bed rest, sedation and unavoidable immobilization contribute to the appearance of muscle atrophy and deteriorate the general health of the elderly.²⁷

Anxiety and phobias

Stress stands out as the primary symptom in neurotic disorders, manifesting through both psychological and physical signs and symptoms. Psychological symptoms include feeling of fear or terror without any particular reason. "The physical symptoms that accompany stress are generally associated with the activity of the autonomic nervous system and include increased heart rate, palpitations; shortness of breath, rapid breathing; chest pain or pressure; choking sensation; dizzy, light-headed; sweaty, hot flashes, chills; nausea, upset stomach, diarrhoea; trembling, shaking; tingling or numbness in arms and legs; weakness, unsteadiness, faintness; tense muscles, rigidity; and dry mouth".²⁸

Characteristic symptoms of anxiety in the elderly are the agony for apparently insignificant events and the agonizing anticipation in everyday level. Anxiety and phobia during old age, may be remnants from previous chronic conditions or may be new problems that appear for the first time. The physical health disorders are often associated with neuroses, as well as with loneliness and self-care inability. Sometimes physical diseases can occur with nervousness, tachycardia and other symptoms of anxiety.

Loneliness

Loneliness is a sad feeling of isolation from other people, usually accompanied by mental fatigue, bitterness, or even despair. Loneliness is bad for physical and mental health, while membership in social groups is acting as an umbrella in its appearance. "We all experience loneliness moments in our life for a short or long period. This phenomenon is more pronounced during adolescence and old age. At different ages, man must also adapt to external conditions, such as workplace, marriage, procreation or retirement".²⁹ The retirement phase, coupled with the progression of age, can serve as a persistent catalyst for loneliness, as individuals are compelled to adapt their daily lives to new conditions, often resulting in melancholy. since he's cleaved as an active member of society. During this period, a review of the past makes the old person think of his/her unfulfilled expectations and leads him/her to experience general sadness and loneliness. Moreover, the elderly feel lonely because they experience the loss of their loved ones, for example, the loss of their partner, a fact that results in their social exclusion.³⁰ "People who feel lonely may also have weakened immune

cells that have trouble fighting off viruses, which makes them more vulnerable to some infectious diseases."³¹ The relationship of the elderly with their children is also weakened, so they don't have contact with them regularly anymore, because of the current situations such as work and long distances.

2. Conclusion

In conclusion, this paper has delved into the intricate realm of the psychology of geriatric individuals, shedding light on the multifaceted challenges faced by the elderly. Ageing, a natural phenomenon, brings about not only physical changes but also profound psychological and psychosocial effects. The global demographic shift towards an ageing population is particularly pronounced in India, with significant implications for health, economy, and society.

The psychosocial issues discussed in this paper encompass a wide spectrum, ranging from dementia and depression to social exclusion and anxiety. Dementia, notably Alzheimer's disease, poses a significant cognitive health challenge among the elderly, with a rising prevalence that demands attention and comprehensive strategies for prevention and care.

Depression, a prevalent mental health concern among older adults, not only diminishes the quality of life but also exacerbates the prognosis of chronic diseases, leading to higher mortality rates. Recognizing the factors associated with depression, such as environmental stressors and biological changes, is crucial for effective intervention and support.

Social exclusion, perpetuated by age-based stereotypes and discrimination, further compounds the challenges faced by the elderly. Loneliness, often exacerbated by the loss of loved ones and weakened familial ties, contributes to both mental and physical health decline. The need for interventions targeting social isolation is emphasized, highlighting the importance of recognizing loneliness and social isolation as independent health determinants.

Legislative frameworks, such as the National Policy on Older Persons 1999 and the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, play a crucial role in addressing the needs of the elderly in India. However, there is a pressing need for comprehensive strategies encompassing healthcare, social support, and mental health services to mitigate the psychosocial challenges faced by the elderly.

In the face of these challenges, fostering a society that values and integrates the elderly is paramount. Age-friendly policies, community engagement, and intergenerational initiatives can contribute to creating a supportive environment for the elderly. Moreover, promoting awareness and

²⁷ Koukourikos K, Tsaloglidou A, Kourkouta L. Muscle Atrophy in Intensive Care Unit Patients. *Acta Inform Med.* 2014;22(6):406-410 DOI: 10.5455/aim.2014.22.406-410

²⁸ <https://www.ncbi.nlm.nih.gov/books/NBK470361/>

²⁹ Alpass FM, Neville S. Loneliness, health and depression in older males. *Aging Mental Health.* 2003 May;7(3):212-6. doi: 10.1080/1360786031000101193

³⁰ Singh A, Misra N. Loneliness, depression and sociability in old age. *Ind Psychiatry J.* 2009 Jan;18(1):51-5. doi: 10.4103/0972-6748.57861

³¹ Social isolation, loneliness in older people pose health risks, 2019 <https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>

destigmatizing mental health issues in the ageing population are integral steps towards enhancing the overall well-being of the elderly.

In essence, understanding and addressing the psychological challenges of old age is not only a matter of individual well-being but a societal responsibility. By acknowledging the diverse dimensions of ageing and implementing holistic approaches, we can strive towards ensuring a dignified and fulfilling life for our elderly population.

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