Original Research Article

A comparative study of psychiatric morbidity and quality of life among elderly people living in old age homes and in the community

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Abstract

Background: In the course of any living thing's existence, ageing is a normal and expected component of the process of development. There is very nothing that can be done to slow down the ageing process, as it is a natural part of life. It is not merely a biological phenomenon, but also has psychological and social ramifications for humans.
Methods: Between January 2019 and May 2019, researchers from the Institute of Mental Health in Hyderabad carried out a cross-sectional comparative study. This study's sample was drawn from residential care facilities and retirement communities in Hyderabad, India.
Results: The study was conducted at the Institute of Mental Health in Hyderabad on two groups: community-dwelling seniors and OAH residents (OAH). The community and OAH samples were taken in Hyderabad. Each group had 50 samples chosen. The study comprised older men and women who gave informed permission.
Conclusion: This study compared old age home and community elderly psychiatric morbidity, quality of life, stressful life events, and medical co-morbidities. Many research were done on seniors. Few research compare nursing homes and communities. Systematic investigations are needed as the number of retirement homes rises.

Keywords: Comparative study, mental health, psychiatric morbidity, quality of life, community

Introduction

The natural course of development for all living things includes an ageing process at some point throughout their lives [1]. The process of ageing is a biological fact that is, for the most part, independent of what individuals do. It is not merely a biological phenomenon for human beings; rather, it also has psychological and societal repercussions as a result of this phenomenon [2-5]. Ageing is an unavoidable growth process that is accompanied by a number of shifts in a person's physical, psychological, social, and hormonal situations. These shifts can occur at any point in one's life. When one hears the term "old age", the thought that first comes to mind is "the end of one's productive and fulfilling existence" [6-8].
The number of people who are able to live beyond the age of 60 is fast increasing as a result of improvements in economic conditions and health care facilities, as well as an increase in

the average life expectancy. India is the world's second most populous nation, with an estimated population of 1.21 billion as of 2011 [9-12]. China is the most populous nation on the planet. According to figures compiled by the United Nations in 2011, it included more than 17% of the total population of the planet. The demographic landscape of India is undergoing change at the moment. From a situation with a high mortality rate and a high fertility rate, we are moving toward one with a low mortality rate and a low fertility rate [13-16].

The percentage of the world's population that is 60 years old or older is anticipated to reach 22% by the year 2050, having climbed from 8% (or 200 million people) in 1950 to roughly 11% (or 760 million) in 2011 [17-20]. This increase is expected to continue. The population share of elderly people in India currently stands at 8%, which is nearly 104 million; 53 million females and 51 million males. This number is expected to increase to 10.1% by 2021 and 18.3% (300 million) by 2050. The census from 2011 revealed that the elderly population in India is nearly 104 million [21-24]. According to the demographic profile, India's overall population is expected to increase by 55% between the years 2000 and 2050, while the elderly population of 60 years of age and older is projected to increase by 326% and the elderly population of 80 years of age and older is projected to increase by 700% [25-29]. The purpose of this research was to investigate and compare the psychiatric morbidity, quality of life, and stressful life events of older persons who lived in both residential care facilities for the elderly and in the community as a whole [30-34]. The goals of the study were to investigate and analyse the socio-demographic factors of both study samples and to make comparisons between them [35-39]. To investigate and contrast. The prevalence of mental illness among older persons residing in nursing facilities and in the community as a whole [40]. To conduct research on and provide a comparison of the quality of life enjoyed by elderly persons who reside either in old age homes or in the general society. The purpose of this research is to investigate and analyse the stressful life events experienced by older individuals who live in both residential care facilities and the general population [41-45].

Methods

This is a cross sectional and comparative study conducted from institute of mental health, Hyderabad, between January 2019 to May 2019. The sample for the present study was collected from the old age homes and communities located in the city of Hyderabad. Permission was obtained from the concerned authorities of old age homes. Purposive sampling technique was used to select study subjects. Informed consent was obtained from all study subjects before carrying out study. Subjects were explained that participation in the study is voluntary, they can withdraw consent at any point of time. The purpose, aims and objectives were explained to patients in language they understood. Ethics committee approval was obtained from Osmania medical college ethics committee before carrying out the study.

Inclusion criteria

- Age > 60 yrs.
- Both genders.
- Persons who are co-operative and given consent.
- Persons having informant (for community sample).
- Who have been staying in old-age home for more than months.

Exclusion criteria

- Age <60years.
- Persons who are not cooperative and do not give consent.

- Persons having severe visual, speech and hearing defects.
- Those who are having severe medical problems.
- Persons those who are not having family members (for community sample).
- Persons with past h/o psychiatric illness.

Sample size and duration of study

1) Purposive sampling technique was used to collect sample.
2) 50 subjects from old age home.
3) 50 subjects from community.

Source of data and place of study

The sample for the present study was collected from the old age homes and communities located in the city of Hyderabad. The study was done from January 2019 to May 2019.

Tools required

1) Intake proforma for socio demographic data.
2) Modified Kuppuswamy scale for assessment of socioeconomic status.
3) It consists of education, occupation and monthly family income of head of family.
4) BPRS to screen for psychopathology.

It was developed by JE Overall and DR Gorham (51) to measure the major psychotic and non-psychotic symptoms. It consists of 18 items, rated on a 7-point scale (0-7). The ratings are based on both the subjective and objective analysis of the symptoms.
MOCA to rule out cognitive impairment. It is widely used screening tool for detecting cognitive impairment, developed by Zaid Nasreddine in 1996, in Montreal, Quebec. It is a 30 point test, with scores range between 0-30, administered in Approx 10 min. Those with scores less than 26 are supposed to have mild cognitive decline and should be assessed further. Telugu version was used for illiterate people.

5) ICD-10 criteria to study the psychiatric morbidity.
6) WHO-QOL BREF to assess quality of life is a self-rated scale

Tool used to assess QOL of elderly people was World Health Organization QOL (WHO QOL BREF) questionnaire. This questionnaire contained 26 questions and is divided into four domains: physical, psychological, social, and environmental. The scale of values for each domain can vary from 0 to 100 point indicating that higher the score better the quality of life in that domain. For the illiterates the questionnaire was explained and responses were filled by the investigator.

7) Presumptive Stressful Life Event Scale.

This was devised by Gurmeet Singh et al.[54] to suit Indian population along the lines of Holmes and Rahes social readjustment rating schedule. It was constructed and standardized for two time spaces i.e. last one year and life time. It has 51 life events including both desirable and undesirable and ambiguous events. Each life event weigh score of 20 to 95. It was observed that an average Indian individual experiences an average of 10 common stressful life units in a life time or 2 stressful life units in one year, without suffering obvious adverse physical or psychological disturbance.

The qualitative analyses of the socio demographic variables were analyzed using percentages and frequencies. Quantitative analyzed was done by calculating mean, standard deviation of the variables and later chi square test was used to know the association between categorical variables and student T test was used to find the association between two independent variables and one continuous variable. The correlations between the variables were analyzed using Pearson correlation test. Data analyzed SPSS Version 22 Software and later all the test results were tabulated. p value less than 0.05 was considered significant.

Results

Table 1: Age distribution among both groups

	Group	Age Group			Total	Mean Age	SD	Tvalue/Pvalue
		60-69	70-79	>80				
Sample	OldAge Home	13 26%	20 40%	17 34%	50 100%	74.3	7.72	3.48 0.0007
	Community	34 68%	11 22%	5 10%	50 100%	69	7.5	
Total		47 47%	31 31%	22 22%	100 100%			

The table shows the frequency distribution of age in two groups. The total sample consisted of 47% (n= 47) of individuals between 60 to 69 years, 31% (n=31) between 70 to 79 years, and 22% (n=22) above 80 years. In the Old age home group, 26% (n=13) fell in the age group between 60 to 69 years, where as in community group 68% (n=34) fell in this category. The 70 to 79 years group comprised of Old age home group 40% (n=20) and community group 22% (n=11). In the Old age home group, 34% (n=17) fell in the age group above 80 years, where as in community group only 10% (n=5) fell in this category. Mean age of elderly people staying in OAH was 74.3 years, where as in community it was 69 years. The difference between the values in both groups is statistically significant.

Table 2: Gender distribution

	Group	Gender		Total
		Male	Female	
Sample	Old Age Home	22 44%	28 56%	50 100%
	Community	22 44%	28 56%	50 100%
Total		44 44%	56 56%	100 100%
Chi square: 0 P value: 1				

The table shows the frequency distribution of sex in both groups. The sample consisted of 44% (n=44) males and 56% (n=56) females. The community group comprised of 44% (n=22) males and 56% (n=28) females. The old age home group comprised of 44% (n=22) males and 56% (n=28) females. The difference between the values in both groups, is not statistically significant.
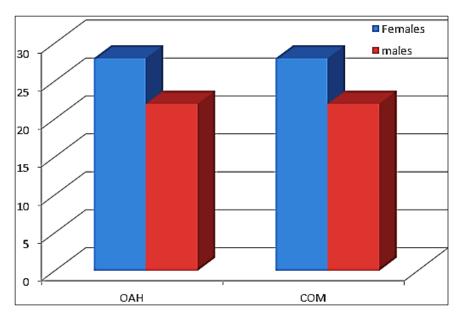
Fig1: Bar diagram showing the gender distribution among the both groups

Table 2: Religion among the both groups

| | Group | Religion | | Total |
		Hindu	Muslim	
Sample	Old Age Home	50 100%	0 0%	50 100%
	Community	46 92%	4 8%	50 100%
Total		96 96%	4 4%	100 100%
Chi square: 4.167 P value: 0.04				

This table shows the frequency distribution of different religions in both groups. In the old age home group, 100% (n=50) were Hindus and there were no Muslims. In the community group, 92% (n=46) were Hindus and 8% (n=4) were Muslims. The difference between the values in both groups, is statistically significant.

Table 3: Education across both the groups

| | Group | Education | | | | | Total |
		Illiterate	School	Intermediate	Degree	P.G	
Sample	Oldage home	14 28%	23 46%	2 4%	9 18%	2 4%	50 100%
	Community	8 16%	12 24%	11 22%	8 16%	11 22%	50 100%
Total		22 22%	35 35%	13 13%	17 17%	13 13%	100 100%
Chi square: 17.6 Pvalue: 0.001							

In the sample, 22% (n=22) were illiterates, 35% (n=35) were educated school, 13% (n=13) till intermediate, 17% (n=17) were graduates and 13% (n=13) were post graduates. The highest number of illiterates were found in the old age home group (28%, n=14). The highest number of post graduates were found in community group (22%, n=11). In the old age home groups, 28% (n=14) were illiterates, 46% (n=23) had school education, 4% (n=2) till

intermediate, 18% (n=9) were graduates and 4% (n=2) were post graduates.

In the community group, 16% (n=8) were illiterates, 24% (n=12) had school education, 22% (n=11) were till intermediate, 16% (n=8) graduates and 22 % (n=11) were post graduates. The difference between the values in both groups, is statistically Significant.

Table 4: Socio economic status

| | Group | Socioeconomic Status | | | | | Total |
		Lower	Lower Middle	Upper Lower	Upper Middle	Upper	
Sample	Oldage home	4 8%	20 40%	10 20%	16 32%	0	50 100%
	Community	2 4%	12 24%	12 24%	21 42%	3 6%	50 100%
Total		6 6%	32 32%	22 22%	37 37%	3 3%	100 100%

Chi square: 6.52.
P value: 0.16.

The table shows the frequency distribution of different socio-economic classes in both groups. In the sample, 6% (n=6) belonged to lower SES, 32% (n=32) belonged to Lower middle SES, 22% (n=22) belonged to Upper lower SES, 37% (n=37) belonged to Upper middle SES and 3% (n=3) belonged to Upper SES. In the old age home group, 8% (n=4) belonged to lower SES, 40% (n=20) belonged to Lower middle SES, 20% (n=10) belonged to Upper lower SES, 32% (n=16) belonged to Upper middle SES and 0% (n=0) belonged to Upper SES. In the community group, 4% (n=2) belonged to lower SES, 24% (n=12) belonged to Lower middle SES, 24% (n=12) belonged to Upper lower SES, 42% (n=21) belonged to Upper middle SES and 6% (n=3) belonged to Upper SES. The difference between the values in both groups, is statistically Not significant.

Table 5: Marital status

| | Group | Marital Status | | | | | Total |
		Married	Separated	Divorced	Widow	Widower	
Sample	Old agehome	19 38%	4 8%	3 6%	15 30%	9 18%	50 100%
	Community	33 66%	2 4%	1 2%	10 20%	4 8%	50 100%
Total		52 52%	6 6%	4 4%	25 25%	13 13%	100 100%

Chi square: 8.35
P value: 0.079

The table shows the frequency distribution of marital status in both groups. In the old age home group, 38% (n=19) were married, 8% (n=4) were separated, 6% (n=3) were divorced and 48% (n=24) were widowed. In the community group, 66% (n=33) were married, 4% (n=2) were separated, 2% (n=1) were divorced and 28% (n=14) were widowed. Highest no. of widowhood 48% (n=24) was found in old age home group and highest no. of married individuals 66% (n=33) were found in community group. The difference between the values in both groups is statistically not significant.

Table 6: Family type

	Group	Family Type			Total
		Nuclear	Joint	Extended Nuclear	
Sample	Old age home	31 62%	9 18%	10 20%	50 100%
	Community	38 76%	11 22%	1 2%	50 100%
Total		69 69%	20 20%	11 11%	100 100%
Chi square: 8.27 P value: 0.01					

This table shows the frequency distribution of type of family in both groups.

In the sample, 69% (n=69) were from nuclear family, 20% (n=20) were from joint family and 11% (n=11) were from extended nuclear family. In the old age home group, 62% (n=1) were from nuclear family, 18% (n=9) were from joint family and 20% (n=10) were from extended nuclear family. In the community, 76% (n=38) were from nuclear family, 22% (n=11) were from joint family and 2% (n=1) were from extended nuclear family. The difference between the values in both groups is statistically significant.

Duration of stay in OAH

Among the old age home sample, 14% (n=7) were staying in OAH since 1yrear, 22% (n=11) since 2 years, 24% (n=12) since 3 years, 18% (n=9) since 4 years, 14% (n=7) since, 4% (n=2) since 6 years, 4 % (n=2) living since 7 years. Mean duration of stay in OAH was 3.24 years.

Table 7: History of physical illnesses

Illness		OAH N (%)	Community n (%)	Chi-square/Pvalue
Hypertension	Present	18 (36%)	14 (28%)	0,73
	absent	32 (64%)	36 (72%)	0.39
Diabetes	Present	8 (16%)	10 (20%)	0.271
	Absent	42 (84%)	40 (80%)	0.602

In the sample, 32% (n=32) had history of hypertension. In the old age home group 36% (n=18) & in community group, 28% (n=14) had history of hypertension, which is statistically not significant. In the sample, 18% (n=18) had history of diabetes. In the old age home group 16% (n=8) & in community group, 20% (n=10) had history of diabetes, which is statistically not significant.

Table 8: Other medical illness

Illness		Old Age Home N (%)	Community N (%)	Chi square/P value
Arthritis	Present	10 (20%)	6 (12%)	1.19
	Absent	40 (80%)	44 (88%)	0.27
CAD	Present	2 (4%)	4 (8%)	0.7
	Absent	48 (96%)	46 (92%)	0.39
CVA	Present	3 (6%)	1 (2%)	1.04
	Absent	47 (94%)	49 (98%)	0.3
Hearing imp		3 (6%)	0 (0%)	
Visual imp		2 (4%)	()	
BPH		1 (2%)	()	

In the sample, 32% (n=32) had history of arthritis. In the old age home group 20% (n=10) & in community group, 12% (n=6) had history of arthritis. The difference between the groups was statistically not significant. In the sample, 6% (n=6) had history of CAD. In the old age home group 4% (n=2) & in community group, 8% (n=4) had history of CAD. The difference between the groups was not statistically significant.

Table 9: Psychiatry morbidity among both the groups

		OAH N (%)	Community N (%)
Psychiatric Morbidity	Present	24 (48%)	14 (28%)
	Absent	26 (52%)	36 (72%)
Chi square: 4.24 P value: 0.039			

This table shows the frequency distribution of psychiatric morbidity in both groups. In the OAH sample, 48% (n=24) have psychiatric morbidity. In the community sample, 28% (n=14) have psychiatric morbidity. The difference between the values in both groups, is statistically significant.

Table 10: Different psychiatric illnesses

	Depression N (%)	Anxiety N (%)	Hypomania N (%)	Psychosis N (%)	ADS N (%)	Total N (%)
OAH	19 (38%)	3 (6%)	1 (2%)	1 (2%)	0	24 (48%)
Community	9 (18%)	4 (8%)	0	0	1 (2%)	14 (28%)
Chi-square: 4.3 P-value: 0.35						

This table shows the frequency distribution of psychiatric morbidity in both groups. In the sample, 38% (n=38) has psychiatric morbidity, 48% (n=24) in old age home group and 28% (n=14) in the community group. In the old age home group, 48% (n=24) have psychiatric morbidity, among the 24 people 38% (n=19) are having depression, 6% (n=3) are having anxiety, 2% (n=1) having hypomania, and 2% (n=1) have psychosis.

Table 11: Cognitive impairment

		OAH N (%)	Community N (%)
Cognitive impairment	Present	20 (40%)	16 (32%)
	Absent	30 (60%)	34 (68%)
Chi square: 0.694 P value: 0.40			

This table shows the frequency distribution of cognitive impairment in both groups. In the old age home group, 40% (n=20) have cognitive impairment. In the community, 32% (n=16) have cognitive impairment. The difference between the values in both groups is statistically not significant.

Table 12: Table depicting mean age of cognitive impairment

	Age	
Cognitive impairment	**Mean**	**S.D.**
Present	77.2	8
Absent	72.3	6.96
P value: 0.01 T value: 2.29		

Mean age of having cognitive impairment is 77.2 and Mean age of not having cognitive impairment is 72.3, which is statistically significant.

Table 13: Depicting correlation between psychiatric morbidity and cognitive impairment

	MOCA Sore
Psychiatric Morbidity	R value: -0.318 P value: 0.001

The above table shows negative correlation between the psychiatric morbidity an MOCA score with Pearson correlation r = -0.18, which is statistically significant.

Table 14: Table depicting mean score of quality of life in both the groups

	QOL Score	
	Mean	**S.D**
OAH	56.9	5.67
Community	59.28	4.8
P value: 0.01		
T value: 2.21		

Mean score of QOL score in old age home group is 56.9 and in the community group is 59.28. The difference between two groups is statistically significant with p value of 0.01.

Table 15: Table depicting mean scores of physical domain quality of life in both the groups

	QOL Physical Domain Score	
	Mean	**S.D.**
OAH	58.7	10.4
Community	53.88	7.75
P value: 0.005		
T value: 2.62		

Mean score of QOL Physical domain score in old age home group is 58.7and in the community group is 53.88. The difference between two groups is statistically significant with p value of 0.005.

Table 16: Table depicting mean scores of psychological domain quality of life in both the groups

	QOL Psychological Domain Score	
	Mean	**S.D.**
OAH	60.5	9.8
Community	68.5	7.57
P value: 0.0001		
T value: 4.56		

Mean score of QOL Psychological domain score in old age home group is 60.5 and in the community group is 68.5. The difference between two groups is statistically significant with p value of 0.0001.

Table 17: Table depicting mean scores of social domain quality of life in both the groups

	QOL Social Domain Score	
	Mean	**S.D.**
OAH	52	7.52
Community	60	8.45
P value: 0.0001		
T value: 5.02		

Mean score of QOL Psychological domain score in old age home group is 52 and in the community group is 60. The difference between two groups is statistically significant with p value of 0.0001.
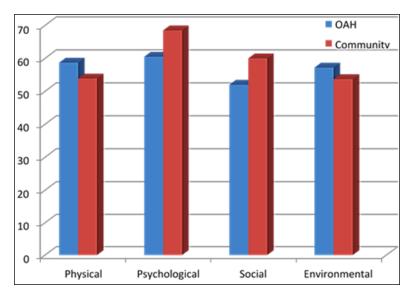
Table 18: Table depicting mean scores of environmental domain quality of life in both the groups

	QOL Social Domain Score	
	Mean	**S.D.**
OAH	57.2	6.98
Community	53.7	8.26
P value: 0.01 T value: 2.27		

Mean score of QOL Environmental domain score in old age home group is 57.2 and in the community group is 53.7. The difference between two groups is statistically significant with p value of 0.01.

Fig 2: Comparison of domains of qol by their place of living

Table 19: Table depicting correlation between psychiatric morbidity and qol score

	QOL
Psychiatric Morbidity	R value: -0.67 P value: <0.0001

The above table shows negative correlation between the psychiatric morbidity and QOL with Pearson correlation r = -0.67, which is statistically significant.

Table 20: Table depicting mean scores of presumptive stressful life events in both the groups

	PSLESscore	
	Mean	**S.D**
OAH	623.73	212.2
Community	519.16	171.2
P value: 0.0039 T value: 2.71		

Mean score of PSLES score in old age home group is 623.73 and in the community group is 519.16. The difference between two groups is statistically significant with p value of 0.0039.

Table 21: Table depicting correlation between psychiatric morbidity and PSLES score:

	PSLES
Psychiatric Morbidity	R value: +0.55 P value: <0.0001

The above table shows positive correlation between the psychiatric morbidity and stressful life events with Pearson correlation r = +0.55, which is statistically significant.

Table 22: Frequency distribution of depression among various sociodemographicvariables

			Depression		Chi-square Pvalue	Significance
			Present(n)	Absent(n)		
Age	OAH (n=50)	60-69 70-79 =>80	2 5 12	11 15 5	11.92 0.002	Significant
	Community (n=50)	60-69 70-79 =>80	1 5 3	33 6 2	16.81 0.0002	Significant
Gender	OAH (n=50)	Female male	12 7	16 15	0.63 0.42	Not significant
	Community (n=50)	Female male	6 3	22 19	0.50 0.47	Not significant
Education	OAH (n=50)	Illiterate School Inter Degree P.G	9 7 1 1 1	5 16 1 8 1	7.67 0.104	Not Significant
	Community (n=50)	Illiterate School Inter Degree P.G	5 4 0 0 0	3 8 11 8 11	19.23 0.007	Significant
Socioeconomic status	OAH (n=50)	L LM UL	4 8 4	0 12 6	9.09 0.028	Significant
		UM	3	13		
	Community (n=50)	LLM UL UMU	1 3 1 4 0	1 9 11 17 3	3.22 0.52	Not Significant
Marital status	OAH (n=50)	Divorced Married Separated Widow Widower	2 5 2 6 4	1 14 2 9 5	2.57 0.63	Not Significant
	Community (n=50)	Divorced Married Separated Widow Widower	0 2 0 6 1	1 31 2 4 3	15.9 0.003	Significant

The above table shows prevalence of depression among the various socio demographic variables.

Age: In both the groups, prevalence of depression is significantly high in 70- 79 and above 80 years age group.

Gender: In both the groups, prevalence of depression is high among the females but statistically not significant.

Education: In both the groups, prevalence of depression is high in elderly with illiterates and school level education. In the community group it is statistically significant, whereas statistically not significant in OAH.

Socioeconomic status: In OAH group, prevalence of depression is significantly (p=0.002) high in lower. Lower middle and upper lower socioeconomic status people, whereas such significance is not found among community group.

Marital status: In both the groups, prevalence of depression was high among the divorced, separated, widow and widowers. This finding as statistically significant in community group (p=0.003), whereas it is not significant in OAH group.

Table 23: Depression in study population with HTN and dm among both groups

Illness	group		Depression		Chi square P value	Significance
			Present(n)	Absent(n)		
HTN	OAH (n=50)	Present	11	7	6.37 0.01	Significant
		Absent	8	24		
	Community (n=50)	Present	6	8	8.14 0.004	Significant
		Absent	3	33		
DM	OAH (n=50)	Present	5	3	2.42 0.11	Not Significant
		Absent	14	28		
	Community (n=50)	Present	5	5	8.67 0.003	Significant
		Absent	4	36		

The above table shows the prevalence of depression among the study population with Hypertension and Diabetes mellitus.
HTN: In both the groups, prevalence of depression is significantly high in elderly with HTN.
DM: In the community group, prevalence of depression is significantly high in elderly with DM, whereas such significance is found in the OAH group.

Table 24: Depression in the study population with other medical illnesses among both groups

Illness	Group		Depression		Chi square Pvalue	Significance
			Presentn	Absentn		
Arthritis	OAH (n=50)	Present	4	6	0.02 0.88	Not Significant
		Absent	15	25		
	Community (n=50)	Present	3	3	4.73 0.029	Significant
		Absent	6	38		
CAD	OAH (n=50)	Present	1	1	0.12 0.72	Not Significant
		Absent	18	30		
	Community (n=50)	Present	3	1	2.52 0.11	Not Significant
		Absent	16	30		
Presence of other Medical Illnesses	OAH (n=50)	BPH	0	1		
		Hearing Impairment	3	0		
		Visual impairment	2	0		
		CVA	2	1		

		0	1		
Community (n=50)	CVA				

The above table shows the prevalence of depression in study population with other medical illnesses among both groups. Among the all other medical illnesses apart from HTN and DM; elderly people with arthritis were more in both in OAH (20%) and in the community (12%). In the community group, prevalence of depression was significantly high (p=.002) in elderly with arthritis, whereas such a significance not found in OAH group.

Discussion

The study was conducted at the Institute of Mental Health in Hyderabad on two groups: community-dwelling seniors and OAH residents (OAH). The community and OAH samples were taken in Hyderabad. Each group had 50 samples chosen. The study comprised older men and women who gave informed permission. Intake proforma collects sociodemographic sample data. After collecting sociodemographic information, each subject was given four scales: Brief Psychiatric Rating Scale, Montreal Cognitive Assessment Scale, WHO Quality of Life BREF Scale, and Presumptive Stressful Lie Event Scale. BPRS measured psychotic and nonpsychotic symptoms [46-49]. It has 18 7-point items (0-7). Subjective and objective symptom evaluations are used. Those who scored at least 3 on each item were examined for psychiatric illnesses using ICD 10. Cognitive impairment was measured by MOCA, quality of life by WHO-QOL BREF, and stressful events by PSLES. The data was recorded into a data sheet and examined using statistical methods. Previous section tabulates outcomes [50-54]. In the present study, the bulk of OAH group seniors were 70-79 (40%) and 80+ (34%). The majority of the community was 60-69 (68%) and 70-79 (22%). OAH residents were older than those in the community (69 years) (p= 0.0007).
In the current study, all 50 (100%) OAH sample members were Hindus, while 46 (92%) communitymembers were Hindus and 4 (8%) were Muslims. OAH had no Muslims. The P value across groups is 0.04. This is because Muslims live in joint households and have stronger family relationships. Most of the sample was collected from OAHs run by Hindu organisations, where Hindus were overrepresented [55-58]. In this study, 28% of OAH group members are illiterate, 46% have schooling, 4% have intermediate, 18% have graduated, and 4% have postgraduate degrees. 16% of the community group is illiterate, 22% have elementary school, 22% have intermediate, 16% have high school, and 22% have college.
40% of OAH are from lower middle class, 32% are from higher middle class, 20% are from upper lower class, and 8% are from lower class. 42% of community group members are from upper middle class, 24% from upper lower class, 6% from higher, and 4% from lower class. P=0.16 shows no statistically significant difference between groups [59, 60]. Socioeconomic status matches both categories. In this survey, most upper- and lower-middle-class seniors are in both groups.
38% of OAHs are married, 30% are widowed, 18% are widowers, 8% are separated, and 6% are divorced. Individuals are 66% married, 20% widows, 8% widowers, 4% separated, and 2% divorced. P=0.079 indicates that both groups were matched for marital status. Even though the difference between the groups is not statistically significant, the greater number of married persons and fewer widows/widowers in the community group indicates that remaining married is a strong predictor against residential care. 62% of the OAH group were from nuclear families, 18% from joint families, and 20% from extended nuclear families.
Rameshwar *et al*. showed that 60.5% of patients live in nuclear families and just 39.5% in joint families. Rao SS found no statistically significant difference in family structure between OAH and community senior groups (p=0.07) [61-64]. Unlike the current study. Psychiatric disease is more common in OAH (24%) than the community (14%; p=0.35).

This finding agrees with Rao SS (42), Nagaraj AKMand Djernes JK research. This contradicts a research by Shailala B (40), which found that persons in old age homes are psychologically better and psychiatric morbidity was lower than in the community., seventh and eighth decades of life. SS Rao's work supports this. OAH residents faced more stressful occurrences than the community in the research. PSLES score was higher in OAH than community (t=2.71; p=0.0039). According to Rao SS's analysis [65-68]. This study found a statistically significant positive connection between psychiatric illness and stressful life experiences (r = +0.55).

Conclusions

This study compared old age home and community elderly psychiatric morbidity, quality of life, stressful life events, and medical co-morbidities. Many research were done on seniors. Few research compare nursing homes and communities. Systematic investigations are needed as the number ofretirement homes rises. This is a cross-sectional, case-control study on seniors in Hyderabad, Telangana. Each group sampled 50. OAH research respondents averaged 74.3 years compared to 69 in the community. Most OAH and community subjects are urban. Most OAH subjects were illiterate and school-educated. Most of the sample was educated through high school and college, showing low literacy rates. Old age homes had more widows/widowers (48%) and separated/divorced (14%), while the community had more married (66%). Since Hindu organizations ran OAH, all study subjects were Hindus. 92% Hindus, 8% Muslims.

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