

# Anxiety among Elderly with Chronic Diseases

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## Abstract

**Background:** Multiple chronic medical disorders are connected with a loss in life quality, impaired functioning, and mobility decline. People with mental illness or cardiovascular disease, as well as those who have numerous chronic health disorders, tend to have worse health and much more difficulty doing the activities of daily living. Chronic illness is linked to an increased risk of mental illness as well as hospitalizations and death. Three to four medical illnesses have a 25% increased death risk, whereas individuals with five or more chronic health conditions have an 80% increased mortality risk. **Objective:** Assess the anxiety level for older people. **Methodology:** A descriptive analytical study using assessment technique to assess the Anxiety among elderly with chronic. The period of the study was from 9th of February 2022 to the 6th of July 2022 conducted in Hilla city center in the oncology centers, health centers and hospitals where the oncology center is located., A purposeful and non-probability sample of 100 elderly suffering from chronic diseases were selected from health centers. **Results:** Finding show participants demographic information, the mean age is 69 ( $\pm 7.24$ ), the age 60-69 years were records highest percentage (49%). In regard gender, a fifty percent for male and female. Findings demonstrated that the (55%) of elderly with chronic diseases exhibited a high psychological status related to anxiety as described by low average which equal to 10.85 ( $\pm 4.21$ ). **Conclusion:** The study found that the level of psychological status regarding anxiety was high. The study indicates that significance between chronic disease and depression and anxiety. **Recommendations:** Use of educational and awareness programs that encourage community and relatives of the elderly to interesting for elderly socially and economically

## 1. Introduction

Ageing is happening in different regions and in countries at various levels of development. Ageing is the natural process which happens gradually and continuously from the beginning of early adulthood (Shree & S, 2021). Multiple chronic medical disorders are connected with a loss in life quality, impaired functioning, and mobility decline. People with mental illness or cardiovascular disease, as well as those who have numerous chronic health disorders, tend to have worse health and much more difficulty doing the activities of daily living. Chronic illness is linked to an increased risk of mental illness as well as hospitalizations and death. 3 Three to four medical illnesses have a 25% increased death risk, whereas individuals with five or more chronic health conditions have an 80% increased mortality risk. (Caughey et al.,2013). One of the fastest-growing communities is that of the elderly, and this trend is occurring in every country on earth. There are approximately (600) million people in this world above 60 years of age and it is expected to grow four times by the year 2050(Maheshwari et al., 2021). The elderly are the primary victims of these debilitating conditions. As a result, it has a significant impact on senior people's quality of life and is the leading cause of death worldwide, particularly when the illness is not caught and managed early on. (Vathesatogkit et al.,2012). However, the health conditions and the impact of chronic diseases experienced by the elderly become one of the risk factors for increased psychosocial health problems in the elderly, such as anxiety, feeling of worthlessness,

depression, despair, social isolation and loneliness (Kozier et al.,2010).

**Objectives:** Assess the anxiety level for older people. Find out the association between anxiety level and types of chronic disease.

## 2. Methodology

### Design of the Study

A descriptive analytical study using assessment technique to assess the psychosocial status among elderly with chronic diseases. The period of the study was from 9th of February 2022 to the 6th of July 2022

### Setting of the Study

The study was conducted in Hilla city center in the oncology centers, health centers and hospitals where the oncology center is located. The hospital is Imam Al-Sadiq Teaching Hospital, Babel Oncology Center located in Al-Marjan Teaching Hospital. It includes health centers in the first and second sectors of Hilla.

### The study of Sample

A purposeful and non-probability sample of 100 elderly suffering from chronic diseases were selected from health centers, Imam Al-Sadiq Hospital and Babel Cancer Center in Hilla city center, Iraq.

### Instrument of the Study

The final questionnaire consist of four parts as follows:

**Part 1:** covering letters to obtain the agreement of caregivers to participate in the study.

**Part 2:** This section is composed of demographical

characteristics, which include "age, gender, Residence, Type of Occupation, Past working Status, Educational level, marital status, Monthly income, Source for income, Having children, and Living".

**Part 3:** This section is composed of chronic diseases, which includes "cardiovascular diseases, diabetes, cancer, arthritis, asthma, irreparable bowel syndrome".

**Part 4:** Anxiety: This domain was including (7) item using three level Likert rating scale always, sometimes and never, they have been rating and scoring 3 for always 2 for sometimes and 1 for never the total scoring 21.

### Questionnaire Validity

Validity is considered from the main aspects of the research, because of that the researcher want to test the validity of the questionnaire, the tool was presented to a team of experts from various disciplines related to the field of study to make it more valid, and an initial copy of the The questionnaire was presented to a panel of 10 experts from different disciplines who specialized in related field and have years of experience in their specialty.

### Pilot Study

after making the administrative arrangements and before starting data collection a pilot study was conducted on 10 patients (n =10) from both genders were selected from Babylon Oncology Center, Imam AL-Sadiq Hospital and Health center in Hilla city. The pilot study was carried out from 1st march to 16th of march, 2022, this elderly was excluded from the main study sample.

### Reliability of the Questionnaire:

The dependability of the research instrument entails ensuring that the result will be almost identical if it is administered repeatedly to the same persons at different periods.

### Data Collection Methods

After permission were obtained from all centers and hospitals, and completed Pilot study The data was collected by using the questionnaire from April 23th, 2022 to May 15th, 2022.

The researcher personally administered the questionnaire to the elderly. after explaining the purpose of the study to respondents.

The researcher questioned each old person individually after asking if he or she was available for questions and assist in this research; the majority of them were agreeable with the interviewer. The average amount of time necessary for each responder to the elderly interview was around (25-35) minutes. The data was gathered through daily visits to the health centers between the hours of (8 a.m.), (12:30 p.m.), five days a week.

### Methods of Statistics Data Analysis

Data were prepared, organized, and input into a computer file before being analyzed using a statistical tool for the data processing that follows the social sciences (Microsoft Excel 2010 with spss Version 26). The next data analysis methodologies are utilized to examine and evaluation the Study findings.

## 3. Results

**Table 1. Descriptive Statistic of Socio-Demographic Variables (SDVs)**

SDVs	Classification	Freq.	%
Age/years (M ± SD= 69±7.24)	60-69 years old	49	49.0
	70-79 years old	33	33.0
	80 and older	18	18.0
Gender	Male	50	50.0
	Female	50	50.0
Residents	Urban	48	48.0
	Rural	52	52.0
Occupation	Retired	47	47.0
	Unemployment	53	53.0
Past working Status	Employed	29	29.0
	Free business	51	51.0
	Unemployed	20	20.0
Education level	Illiterate	36	36.0
	Read & write	8	8.0
	Primary school	20	20.0
	Intermediate school	9	9.0
	Secondary school	10	10.0
	College	17	17.0
	Married	52	52.0
Income/month	Divorced	10	10.0
	Widower	38	38.0
	Adequate	24	24.0
Sources of income	Barely adequate	44	44.0
	Inadequate	32	32.0
	Pension	52	52.0
Number of sons	Social Insurance	18	18.0
	Relatives	30	30.0
	Not have	5	5.0
Living status	1-2	7	7.0
	>2	88	88.0
	With family	68	68.0
	With son	20	20.0
	Live alone	12	12.0

Variables	Classification	Freq.	%
Chronic Diseases	HTN	24	24.0
	DM	11	11.0
	Asthma	2	2.0
	IBS	2	2.0
	Cancer	7	7.0
	HTN & DM	7	7.0
	DM, Asthma	4	4.0
	Asthma, IBS	1	1.0
	HTN, DM, IBS	4	4.0
	HTN, DM, Arthritis	3	3.0
	DM, Arthritis	15	15.0
	HTN, IBS, Cancer	8	8.0
	IBS, Cancer	6	6.0
	HTN, IBS	3	3.0
Duration of Diseases	1 year	8	8.0
	2-5years	35	35.0
	6-10 years	30	30.0
	>10 years	27	27.0

List	Anxiety Items	Class	Freq.	%	M.s ± SD
1	I was terrified for no apparent reason	Always	52	52.0	1.67±0.779
		Sometime	29	29.0	
		Never	19	19.0	
		Total	100	100.0	
2	I am concerned about circumstances in which I would yell and embarrass myself.	Always	54	54.0	1.50±0.577
		Sometime	42	42.0	
		Never	4	4.0	
		Total	100	100.0	
3	I felt I was close to panic	Always	57	57.0	1.66±0.831
		Sometime	20	20.0	
		Never	23	23.0	
		Total	100	100.0	
4	I became conscious of the dryness in my mouth.	Always	66	66.0	1.40±0.603
		Sometime	28	28.0	
		Never	6	6.0	
		Total	100	100.0	
5	I began shaking (e.g., in my hands)	Always	59	59.0	1.58±0.767
		Sometime	24	24.0	
		Never	17	17.0	
		Total	100	100.0	
6	In the lack of effort, I was conscious of the activity of my heart	Always	56	56.0	1.53±0.658
		Sometime	35	35.0	
		Never	9	9.0	
		Total	100	100.0	
7	I was having trouble breathing	Always	55	55.0	1.51±0.611
		Sometime	39	39.0	
		Never	6	6.0	
		Total	100	100.0	

"(M.s) Mean of Scores, (SD) Standard deviation, Level of Assessment (High≤1.66, Moderate=1.67-2.33, Low≥2.34)"

Anxiety Level	Freq.	%	M ± SD
High (M=7-11)	55	55.0	10.85 ± 4.21
Moderate (M=12-16)	30	30.0	
Low (M=17-21)	15	15.0	
Total	100	100.0	

M: Mean for total score, SD=Standard Deviation for total score

Chronic Diseases	Source of variance	Sum of Squares	d.f	Mean Square	F-statistic	p-value
Anxiety	Between Groups	12.278	14	.877	3.151	.001
	Within Groups	23.656	85	.278		
	Total	35.934	99			

## 4. Discussion

### Demographic characteristics of elderly with chronic diseases table (4-1).

Age:

According to the report's findings the (49.0%) of the sample

were from the age group (60-69) years, and (33.0%) of them from age group (70-79) years, And the results also shows that (18.0%) of them were from the age group 80 and older. In regard of gender 50% of them were male and 50% were female. Regarding the residential area, the result shows that 52.0% of them were living in rural area while 48.0 % of the elderly people living in Urban area (52.0%), while (48.0%) of the elderly people living in the Urban. According to occupation the result shows that (53.0%) of the sample they were unemployment, comparing with the result of While 47% of them were retired.

The Past working, this result shows that the percentage of elderly how work in free business (51.0%), result of Employed (29.0%) and the Unemployed it (20.0%). Regarding the educational level, the results shows that (36.0%) of the sample were illiterate and (20.0%) of them were primary school graduation, while (8.0%) of them read and write , (10.0%) secondary school graduation, (9.0%) intermediate school and (17.0%) they were College graduation .

The marital status of the present sample revealed that (52.0%) of the elderly were married, (10.0%) divorced, (38.0%) widower.

According to the monthly income of the sample the results show that (44.0%) of the sample barely adequate. the (24.0%) from elderly income is adequate, (32.0%) inadequate and mostly depends on pension. Eighty-eight percent were have >2 sons and (68.0%) of them live within their families.

### Descriptive the samples according to chronic disease

The participants of this study were 100 elderly people who suffer from chronic disease, 24% of them have HTN ,11% of the sample have diabetes mellitus, (7.0%) of them have cancer, (2.0%) asthma and (2.0%) irritable bowel syndrome. However, there are elderly people who have more than one chronic illness (15.0% of them has DM, Arthritis, 8.0% from the sample has HTN, IBS, Cancer). According to duration of the chronic disease most of elderly they have the disease from 2- 5 years.

The result of the study show that most of the sample (52.0 %) of them they answer (always) to the question [(no.1) (I was terrified for no apparent reason) ]at M.s(1.67). ( 54.0%) from the participants answer (always ) to the question [(no 2)(I was worried about situations when I might scream and humiliate myself. )] with M.s(1.50) ,(57.0%) about the a question no 3(I felt I was close to panic) were answers (Always)

with M. s(1.66±), ( 66.0%) from the participant answer (always ) to the question [(no 4) (I became conscious of the dryness in my mouth.)]at M.s (1.40), (59.0%) from the sample answers( Always) to the question N.o 5(I experienced trembling (e.g. in the hands)) with M.s (1.58), (56.0%) from the participants answer( Always) to the question no 6(I was aware of the action of my heart in the absence of exertion(e.g. sense of heart rate increase, heart missing a beat)) with M.s (1.53), (55.0%) from respondents answers to the question N.o 7(I experienced breathing difficulty (e.g. excessively rapid Breathing, breathlessness in the absence of physical exertion) were ( Always), at M.s(1.51).

In regard to Chronic Diseases indicates that there is a significant relationship between the anxiety and Chronic Diseases of elderly people ( $p=0.001$ ). It was see that the elderly who had cancers were mostly significant higher psychological status in terms of anxiety. This is because they must adhere to treatment and diet to reduce side effects resulting from chronic disease, this result be through with the study by (Yang et al.,2022) The prevalence of chronic illnesses was found to be a positive predictor of anxiety. Participants with just one (odds ratio = 1.796; 95 percent confidence interval = 0.546-5.909), two (hazard ratio = 2.922; 95 percent confidence interval = 0.897-9.511), and triple chronic illnesses (odds ratio = 6.448; 95 percent CI = 2.147-19.363) chronic diseases had increased odds of struggling with anxiety.

## 5. Conclusion

1. The study found that the level of psychological status regarding anxiety was high.
2. The study indicates that significance between chronic disease and depression and anxiety.
3. The study found that the level of anxiety with chronic disease was high.

## 6. Recommendations

1. Use of educational and awareness programs that encourage community and relatives of the elderly to interesting for elderly socially and economically.
2. Providing special programs that include care for the elderly with chronic diseases.
3. Elderly encouraged to become active participant in socially oriented.
4. activities to increase acceptance and support.

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