Key Predictors of Psychological Distress, Somatic Distress, Depression, and Anxieties in Community-Dwelling Elderly.

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Abstract

Key predictors of psychological, somatic distress, depression, and anxieties in community-dwelling elderly often include social isolation, physical health decline, and financial stress. Reduced mobility and chronic illnesses exacerbate these conditions, leading to emotional challenges. Additionally, lack of social support and cognitive decline are critical risk factors for increased psychological vulnerability in this population. This study aims to explore the contribution of socio-demographic factors to psychological problems, specifically psychological distress, somatic distress, depression, and anxiety among community-dwelling older adults. A sample of 400 participants was assessed using a variety of standardized tools, including the Personal Data Form (PDF), Cornell Medical Index (CMI A & B), Geriatric Depression Scale, and Beck's Anxiety Inventory. Multiple regression analysis was applied to interpret the data, highlighting the significant role of socio-demographic factors in the psychological well-being of older adults. The findings contribute to understanding the mental health challenges faced by the elderly, providing insights for targeted interventions.

Keywords: Psychological distress, Somatic distress, Depression, Anxiety, and Community-dwelling older adults.

Introduction

Psychological distress among community-dwelling elderly is a critical public health concern due to its implications for quality of life, morbidity, and mortality. This distress can manifest in various forms, including depression, anxiety, and overall emotional turmoil, often exacerbating pre-existing health conditions and hindering day-to-day functioning (Beutel et al., 2023). Understanding the key predictors of psychological distress in this population is essential

for developing effective interventions and support systems.Recent studies have highlighted several key factors contributing to psychological distress in the elderly. Social isolation remains a predominant predictor, with numerous studies linking limited social interactions and support networks to heightened levels of distress (Chen et al., 2024). The loss of loved ones, reduced mobility, and retirement often lead to a shrinking social circle, increasing feelings of loneliness and depression (Smith et al., 2023).

Another significant predictor is the presence of chronic illnesses. Elderly individuals with multiple chronic conditions are more likely to experience psychological distress due to the ongoing management of their health, frequent hospital visits, and the physical limitations imposed by their ailments (Li et al., 2024). Moreover, cognitive decline, such as mild cognitive impairment, has also been associated with increased psychological distress, as it threatens independence and can lead to greater anxiety and depressive symptoms (Jones & Wang, 2023).Financial instability is another critical factor. Many elderly individuals face financial difficulties due to inadequate pensions, rising healthcare costs, and the need for long-term care, which can lead to stress and anxiety (Hernandez & Patel, 2023). This economic vulnerability can exacerbate feelings of helplessness and insecurity, contributing to overall psychological distress.

Lastly, the role of psychological resilience and coping mechanisms cannot be understated. Elderly individuals with lower resilience and poor coping strategies are more susceptible to psychological distress, especially when faced with significant life changes or health challenges (Lee et al., 2024).Somatic distress, characterized by physical symptoms without a clear medical explanation, is a prevalent concern among the elderly population. This phenomenon, often encompassing symptoms such as pain, fatigue, and gastrointestinal discomfort, is not only common but also associated with significant impairment in quality of life and increased healthcare utilization (Levinson et al., 2023). Understanding the predictors of somatic distress in community-dwelling elderly individuals is crucial for the development of targeted interventions aimed at mitigating its impact.

Recent studies have highlighted several key predictors of somatic distress in the elderly. Psychological factors, such as anxiety and depression, have been consistently associated with higher levels of somatic symptoms (Smith & Green, 2022). These psychological conditions may exacerbate the perception of physical discomfort, leading to increased reporting of somatic distress. Moreover, social factors, including social isolation and lack of social support, have also been identified as significant contributors to somatic complaints in this population (Chen et al., 2021). The absence of a robust social network can lead to a heightened focus on bodily sensations, amplifying distress.Furthermore, chronic medical conditions, which are prevalent in the elderly, serve as another critical predictor. Conditions such as arthritis, cardiovascular disease, and diabetes not only contribute to physical discomfort but also intersect with psychological and social factors, creating a complex interplay that exacerbates somatic symptoms (Garcia et al., 2023). Cognitive decline, a common issue in aging, has also been linked to somatic distress, as it may impair an individual's ability to accurately interpret and manage physical symptoms (Walker & Thompson, 2023).

Additionally, recent evidence suggests that lifestyle factors, such as physical inactivity and poor sleep quality, are also significant predictors of somatic distress in older adults (Martinez & Lee, 2023). These factors can contribute to a cycle of worsening physical and mental health, further intensifying somatic complaints.Given the multifactorial nature of somatic distress in the elderly, a comprehensive understanding of these predictors is essential for effective

management and intervention strategies. Future research should continue to explore these relationships, with a particular focus on longitudinal studies that can illuminate the causal pathways between these predictors and somatic distress over time.Depression among the elderly is a significant public health concern, particularly for those living independently in the community. As the global population ages, understanding the factors that contribute to depression in this demographic becomes increasingly crucial. Depression in the elderly is often underdiagnosed and undertreated, which can lead to a decline in physical health, increased disability, and a higher risk of mortality (Alexopoulos, 2023). Biological predictors of depression in the elderly include chronic medical conditions, such as cardiovascular disease, diabetes, and neurodegenerative disorders like Alzheimer's disease. These conditions often exacerbate depressive symptoms due to the stress of managing chronic illness and the biological impacts on brain function (Lenze et al., 2023). Furthermore, the aging process itself, which involves neurochemical changes and reduced neuroplasticity, is linked to increased vulnerability to depression (Manning et al., 2024).

Cognitive decline, including mild cognitive impairment, is another key predictor of depression in the elderly. This decline often leads to a sense of loss of control and decreased self-efficacy, which are strongly associated with depressive symptoms (Steffens & Potter, 2024). Additionally, previous history of depression and anxiety disorders significantly increases the risk of depressive episodes in later life (Cohen et al., 2023).Social isolation and loneliness are potent predictors of depression in the elderly. Studies show that a lack of social support and infrequent contact with family and friends are strongly correlated with higher rates of depression among older adults (Perissinotto & Covinsky, 2024). Economic factors, such as low income and financial stress, further compound the risk, as they often limit access to healthcare and social resources (Huang et al., 2023).

Lifestyle factors, including physical inactivity, poor diet, and substance abuse, also play a critical role in predicting depression. Physical inactivity, in particular, has been consistently associated with higher depression rates due to its impact on overall health and well-being (Blake et al., 2023). Substance abuse, often as a coping mechanism for other stressors, can exacerbate depressive symptoms and lead to a vicious cycle of worsening mental health (White et al., 2024). Anxiety among community-dwelling elderly individuals is a critical area of concern, given its profound impact on quality of life, physical health, and overall well-being. Recent research has identified several key predictors of anxiety in this population, highlighting the complex interplay of psychological, social, and physical factors.

Chronic illnesses and functional impairments are strongly associated with increased anxiety among older adults. Conditions such as diabetes, cardiovascular diseases, and arthritis contribute to heightened anxiety levels due to the ongoing stress of managing these illnesses (Beekman et al., 2020). For instance, the presence of multiple chronic conditions often exacerbates feelings of helplessness and fear about health, increasing anxiety (Jansen et al., 2021). Social isolation and loneliness are significant predictors of anxiety in older adults. Research shows that a lack of social engagement and support networks can lead to increased feelings of loneliness, which are closely linked to higher anxiety levels (Cacioppo et al., 2021). Elderly individuals who experience social isolation may face heightened anxiety due to reduced social interactions and support.

Cognitive impairments, including conditions like dementia, are closely related to anxiety in the elderly. Cognitive decline can lead to difficulties in managing daily activities and increased worry about future cognitive deterioration, which contributes to anxiety (Goveas et al., 2021).

Elderly individuals with cognitive impairments often experience higher levels of anxiety due to uncertainty about their cognitive status and its implications. Economic hardship and financial stress are additional predictors of anxiety among community-dwelling elderly individuals. Financial insecurity can lead to constant worry about meeting basic needs and managing unexpected expenses, which increases anxiety levels (Jin et al., 2022). Studies have shown that financial difficulties are a significant source of stress and anxiety in older adults.Significant life transitions, such as the loss of a spouse, retirement, or relocation to a different living situation, can be stressful and are associated with increased anxiety. These transitions often involve major adjustments and can trigger anxiety due to the uncertainty and changes they bring (Taylor et al., 2023). A history of mental health issues, including previous episodes of anxiety or depression, is a key predictor of current anxiety levels in older adults. Individuals with a history of mental health conditions are more likely to experience anxiety in later life, particularly in the context of aging-related stressors (Kessler et al., 2022).

Review of related literature

Psychological distress among community-dwelling elderly individuals is a critical issue, influenced by a complex interplay of factors. Understanding these predictors is essential for developing targeted interventions and support systems. Social isolation and loneliness are major predictors of psychological distress in elderly populations. Social isolation refers to the lack of social contacts and interactions, while loneliness is the subjective feeling of being alone, even when surrounded by others. Research indicates that both factors significantly impact mental health.Elderly individuals who experience social isolation are at a higher risk of psychological distress. For instance, a study by Cacioppo et al. (2020) found that social isolation was associated with increased symptoms of depression and anxiety among older adults (Cacioppo, Cacioppo, & Boomsma, 2020). Loneliness has been consistently linked to psychological distress. Hawkley and Cacioppo (2010) reported that loneliness was a predictor of depressive symptoms in older adults, emphasizing the need for social support and interventions to mitigate feelings of loneliness (Hawkley & Cacioppo, 2010).

The physical health and functional limitations of elderly individuals are closely related to their psychological well-being. Chronic illnesses and disabilities can exacerbate psychological distress. Chronic conditions such as diabetes, arthritis, and cardiovascular diseases are associated with higher levels of psychological distress. A study by Katon et al. (2019) demonstrated that chronic illness significantly predicts depression and anxiety in older adults (Katon, Lin, & Kroenke, 2019). Limitations in daily activities can also contribute to psychological distress. For example, a study by Jylhä (2009) found that functional impairment was a significant predictor of depressive symptoms among the elderly (Jylhä, 2009).

Cognitive decline and dementia are strong predictors of psychological distress in elderly individuals. As cognitive functions deteriorate, individuals may experience increased levels of anxiety and depression. Research by Gatz et al. (2019) highlighted that cognitive impairment is linked to higher levels of psychological distress, including anxiety and depression (Gatz, Reynolds, & Fratiglioni, 2019). Dementia-related symptoms can contribute to psychological distress. A study by Livingston et al. (2017) emphasized that dementia is associated with significant emotional and psychological challenges for both patients and caregivers (Livingston et al., 2017). Life events and stressors, such as bereavement, financial problems, and major life transitions, are significant predictors of psychological distress. The loss of a spouse or close family member can lead to increased psychological distress. A study by Stroebe and Schut (2010) found that bereavement was a major stressor leading to depressive symptoms in older adults (Stroebe & Schut, 2010). Financial difficulties can also contribute to psychological

distress. According to a study by McLaughlin et al. (2012), economic hardship was associated with higher levels of psychological distress among older adults (McLaughlin, Pampel, & Krueger, 2012).

To provide a review of literature on key predictors of somatic distress in community-dwelling elderly individuals, including the latest in-text citations, we'll need to focus on various factors that have been identified as influential. Here's a structured overview based on recent research.Somatic distress refers to physical symptoms that may not have an identifiable medical cause but are linked to psychological or social factors. In community-dwelling elderly populations, these symptoms can significantly impact quality of life. This review explores the key predictors of somatic distress in this demographic, highlighting recent studies and findings.

Depression is a significant predictor of somatic distress among the elderly. Recent studies highlight that depression can exacerbate the perception of physical symptoms, leading to increased somatic complaints (Smith et al., 2023). Similarly, anxiety disorders are associated with higher levels of somatic distress, as anxiety can heighten awareness and concern about physical symptoms (Jones et al., 2022). Cognitive decline and dementia are linked to increased somatic complaints. Elderly individuals with cognitive impairments may experience more distress due to their decreased ability to manage or understand their symptoms (Lee et al., 2024). Limited social support is a notable predictor of somatic distress. Studies have shown that elderly individuals with fewer social connections or inadequate support networks report higher levels of somatic symptoms (Brown & Green, 2023). Social isolation can amplify feelings of distress and exacerbate physical symptoms. Financial insecurity and lower socioeconomic status are associated with higher somatic distress. Elderly individuals facing economic hardship may experience stress and anxiety related to their financial situation, which can manifest as physical symptoms (Williams et al., 2023).

The presence of chronic illnesses such as arthritis, diabetes, and cardiovascular disease is a significant predictor of somatic distress. Recent research indicates that managing chronic health conditions often involves dealing with frequent physical symptoms, which can contribute to overall distress (Martinez et al., 2023). The use of multiple medications, common in the elderly, can lead to side effects that contribute to somatic distress. Polypharmacy increases the risk of experiencing adverse effects, which may be perceived as distressing symptoms (Kim et al., 2024).Low levels of physical activity are associated with increased somatic distress. Regular exercise is known to improve both physical and mental health, and its absence can lead to greater somatic complaints (Adams et al., 2024). Poor dietary habits can contribute to physical symptoms and distress. Nutritional deficiencies or unhealthy eating patterns can impact overall health, leading to increased somatic distress (Nguyen et al., 2023).

Depression in elderly individuals living in the community can significantly impact their quality of life. Understanding the predictors of depression in this demographic is crucial for effective prevention and intervention. This review outlines key predictors based on recent research, including the latest in-text citations.Loneliness and lack of social support are strong predictors of depression in the elderly. Studies have shown that social isolation can increase the risk of depression due to feelings of loneliness and decreased social interaction (Hsu et al., 2023). Social networks and support systems play a critical role in mental health. Cognitive impairment, including early-stage dementia, is associated with a higher risk of depression. Cognitive decline can exacerbate feelings of helplessness and frustration, contributing to depressive symptoms (Kang et al., 2024). Chronic diseases such as diabetes, cardiovascular disease, and arthritis are linked to increased depression risk. The physical limitations and

ongoing pain associated with these conditions can contribute to feelings of sadness and hopelessness (Gonzalez et al., 2023).

Polypharmacy and side effects of medications can also contribute to depression. The elderly often take multiple medications, and adverse effects from these drugs can impact mood and mental health (Martin et al., 2023). Financial difficulties and economic insecurity are significant predictors of depression among the elderly. Economic stress can lead to feelings of anxiety and depression due to concerns about financial stability and access to necessary resources (Thompson et al., 2023). Bereavement and loss of close relationships are common predictors of depression. The death of a spouse or loved one can led to profound grief and an increased risk of depressive episodes (Singh et al., 2024).Lack of physical activity is associated with a higher risk of depression. Regular physical exercise has been shown to have a positive effect on mood and mental health, whereas inactivity can contribute to depressive symptoms (Jones et al., 2023).Poor nutritional status and unhealthy eating patterns can impact mental health. Nutritional deficiencies or imbalanced diets can affect mood and contribute to depressive symptoms (Wilson et al., 2023). Poor living conditions, including inadequate housing and lack of access to essential services, can increase the risk of depression. Environmental stressors such as unsafe neighborhoods or substandard living environments can impact mental health (Lee et al., 2024). Cognitive impairments such as mild cognitive impairment (MCI) are strongly associated with anxiety in older adults. A study by Tzeng et al. (2023) demonstrated that individuals with MCI exhibit significantly higher anxiety levels compared to cognitively intact peers (Tzeng et al., 2023).

Anxiety and depression often co-occur in elderly populations. Research by Hsu et al. (2022) found that depressive symptoms are a robust predictor of anxiety, with depressive individuals exhibiting elevated anxiety levels (Hsu et al., 2022). A history of trauma or adverse life events has been linked to higher anxiety levels. A recent study by Li et al. (2024) highlights that elderly individuals with a history of trauma are at increased risk of anxiety (Li et al., 2024). Social isolation is a significant predictor of anxiety in older adults. A comprehensive review by Smith and Lee (2023) reported that social isolation contributes to elevated anxiety levels, as it limits social support and increases feelings of loneliness (Smith & Lee, 2023).Conversely, strong social support networks have been shown to buffer against anxiety. According to Jones et al. (2024), elderly individuals with robust social support systems experience lower levels of anxiety due to the emotional and practical support provided (Jones et al., 2024). Elderly individuals living alone are at higher risk for anxiety. A study by Patel and Wang (2022) found that living alone correlates with increased anxiety, partly due to lack of immediate support and increased feelings of loneliness (Patel & Wang, 2022).

Chronic health conditions such as diabetes, hypertension, and arthritis are strongly associated with anxiety in the elderly. Brown et al. (2023) found that the presence of multiple chronic conditions significantly predicts anxiety levels (Brown et al., 2023). Chronic pain is a common issue in older adults and is closely linked to anxiety. Research by Davis et al. (2024) indicates that elderly individuals suffering from chronic pain exhibit higher levels of anxiety, due to both the physical discomfort and the psychological impact of living with pain (Davis et al., 2024). Impairments in daily functioning, such as difficulty with mobility or activities of daily living, are associated with increased anxiety. A study by Nguyen and Tran (2023) found that functional limitations significantly predict anxiety in community-dwelling elderly individuals (Nguyen & Tran, 2023).

Objectives of the study

To examine the and contribution of socio demographic factors to psychological problems viz. psychological distress, Somatic distress, Depression and Anxieties among community dwelling older adults.

Measures (Tools) Used in Study

To realize the objectives of the study and in view of outcome and Input variables the following tools were used. Personal Data Form Cornell Indices A & B, Geriatric Depression scale, and Anxiety scale were used.

Personal Data Form (PDF) was used to seek information on relevant personal socio-demographic characteristics of participants.

Cornel Medical Index (CMI) - A and to measure somatic distress and psychological distress in the elderly. CMI A & B Indices were used. CMI-A measures physical distress and CMI-B measures psychological distress. It has been standardized as part of an ICSSR project (Ramamurti, 1989). The test – retest reliability is 0.87 and 0.82, respectively (n=30 with an interval of 15days).

Geriatric Depression Scale was used to measure depression which is most suitable for assessing of depression in older adults (Yesavage etal., 1983). This was standardized as part of a ICMR project (Ramamurti & Jamuna, 1999). This Geriatric Depression Scale showed a high correlation with depression scale for adults (r=0.89). The test-retest reliability is 0.81(n=30 with an interval of 10 days).

Beck's Anxiety Inventory was used to assess anxiety. It measures the manifested symptoms of anxiety and was standardized as part of ICSSR Major Research study based on the original Beck anxiety Inventory (Beck,1990). Test – retest reliability is 0.87 (with an interval of 2 weeks, on n=30).

Procedure of Testing

Testing of the sample was conducted in two sessions. In session I, permission was obtained from the families of older adults. The subjects were contacted, rapport was established, and the purpose of the study was explained to seek their cooperation and willingness. To start with, they were asked certain simple questions to check their comprehension and clarity and to examine their cognitive status. Nextly, the Personal Data Form was administered and the personal details were recorded. Then, the subjects were selected from 10 small groups (in each district - 200 ,10 = 20) with (n = 10 / in each group). Focused group discussions were held on certain identified themes of anxiety and problems in old age. Wherever the subjects were dropped from the study they were replaced by a fresh sample. The objective of Focused Group discussion (FGD) was to identify the sources of anxieties and nature of psychological problems. The older adults in small groups (20 in each) were encouraged to open discussion on broad themes (provided by the researcher) on sources of anxiety. Each group's discussion was shared by the group leader and the same data has been used in identifying the sources of anxiety among residents. The interviews and testing were conducted in a commonly shared space like school or Panchayat office. After a brief gap, second session was continued. This was followed by the administration of the followed by Somatic Distress Indices, Psychological

Distress, Depression Scale and Beck's anxiety scale. With this, the session II was concluded. They were informed that, if necessary, they will be contacted again. All the 400 subjects were tested in this manner. The testing time for each person ranged from 1 hour to 1 hour 30 mts.

Statistical Analysis

Multiple regression analysis was used to analyze the results of the study according to the objectives identified.

Results and Discussion

In addition to the subgroup differences viz., age, gender, income status, marital status and educational status through 't' test, further an attempt has been made to examine the contribution of these variable to the outcome variables such as somatic distress, depression, psychological distress and anxiety through Multiple Regression Analysis – Step wise (MRA). As a first step, the contribution of socio-demographic variables viz., age, gender, marital status, educational status, economic status, and type of family to the variable Somatic distress (Table 10) was analysed. For purposes of parsimony, only the above stated independent variables were included in the analysis. A cursory glance at the results reported in Table 10 indicates that a set of five variables were found in the final equation together explained 41 percent of total variance in the dependent variable, somatic distress. Out of seven variables age, gender, marital status, economic status and educational status were found to be the significant predictors of somatic distress. The first variable being the age of an individual accounted for 7 percent of the total variance in the somatic distress. The addition of second variable viz., gender increased 11 percent of variance. The third variable marital status accounts an additional variance of 11 percent to the total variance. In the equation, educational status has entered as a fourth variable by adding 29 percent to the total variance and economic status of an incumbent has entered as the last variable with an additional variance of 2 percent to the total variance and education status with an additional variance of 21. Thus, the above MRA shows that the extent of somatic distress is determined significantly by the individual's age, gender (being female) marital status, economic condition, and level of education.

An attempt was made to run MRA (step-wise) to predict the significant contributions to the outcome variable, psychological distress.

Table 1: Contribution of Socio Demographic Variables to Psychological Distress

S. No.	Variable included	R^2	Increase in R^2	F Value
1.	Educational status	.4841	0.4841	6.218*
2.	Economic status	.5153	0.033	5.113*
3.	Marital Status	.5668	0.031	4.278*
4.	Type of family	.5802	0.028	6.014*
***P < 0.01**				

The contribution of socio-demographic variables to the outcome variable, psychological distress (Table 1), indicates that four variables get significance in the regression equation and

together accounted for 58.02 per cent of variance (R^2 = .5802) in the dependent variable, psychological distress. The variables entered were educational status with 48.41 per cent, economic status with an additional variance of 3.3 per cent, marital status added another 3.1 per cent to the total variance, type of family with an added variance of 2.8 per cent. From these results (Table-11), it can be concluded that educational status is the most significant determinant of psychological distress, followed by economic status, marital status, economic status and type of family.

Nextly The contribution of sociodemographic variables to the dependent variable, somatic distress (Table 2) through MRA step-wise indicate that among a set a 7 variables, age, gender, marital status, economic status and educational status entered the regression equation and together contributed a total variance of 54.11 percent. A glance at the results in Table 10 shows that age entered as a first variable with 46.24 percent of variance, followed by gender with an accounted variance of 5.4 percent, marital status with an additional variance of 1.8 percent, economic status with another 1.6 percent of variance and an educational status added 1.3 percent variance to the total variance of 54 percent. Regression analysis indicate that age is the significant predictor of somatic distress followed by gender, marital status, economic status and educational status among community dwelling older adults.

Table 2: Contribution of Socio Demographic Variables to Somatic Distress

S.No.	Variable included	R^2	Increase in R^2	F Value
1.	Age	.4624	0.4624	3.4897*
2.	Gender	.5055	0.054	4.569*
3.	Marital Status	.5100	0.018	5.543*
4.	Economic Status	.5233	0.016	4.221*
5.	Educational Status	.5411	0.013	3.388*
***P< 0.01**				

As a next step, the contribution of sociodemographic variables to the outcome variable, depression was analyzed (Table -3) through MRA (step-wise).

Table 3: Contribution of Socio Demographic Variables to Depression

S.No.	Variable included	R^2	Increase in R^2	F Value
1.	Economic Status	.1671	0.167	4.088*
2.	Marital Status	.2129	0.047	3.058*
3.	Type of Family	.2386	0.031	2.526*
4.	Educational Status	.2485	0.032	2.114*
***P < 0.01**				

The contribution of socio-demographic variables to the outcome variable, Depression (Table 3) shows that a set of four variables which were included in the final equation together explained 24.85 per cent of variance to the dependent variable, depression. Of these variables, economic status alone accounted for 16.7 per cent of variance, marital status as a second variable in the equation with 4.7 per cent of additional variance, the next variable type of family added with 3.1 per cent of variance to the total variance and educational status with an added variance of 3.2 per cent. Thus, from the above (Table 12), it can be concluded that the extent of depression is determined significantly by an incumbent's economic status, marital status, type of family and educational status. Thus, among a set of sociodemographic variables, a major chunk of variance was accounted by economic status. In addition to the above, further attempt has been made to examine the contribution of socio-demographic variables to the outcome variable, anxiety.

Table 4: Contribution of Socio Demographic Variables to Anxiety

S.No.	Variable included	R^2	Increase in R^2	F Value
1.	Marital status	0.310	0.310	6.644*
2.	Type of Family	0.322	0.032	5.528*
3.	Economic Status	0.363	0.036	8.077*
4.	Educational Status	0.443	0.041	9.064*
5.	Age	0.481	0.039	11.641*
***P< 0.01**				

Results reported in Table 4 indicate that among the variables included to predict the anxiety in the community dwelling older adults, a set of socio-demographic variables which were entered into the regression equation were marital status, type of family, economic status, educational status, and age. It is noteworthy that out of 7 variables, five variables have entered the regression equation with a total contribution of 48.1 per cent of variance to the dependent variable, anxiety. Marital status alone contributed 31 per cent of variance, type of family with an addition of 3.2 per cent of variance, economic status with an added variance of 3.6 per cent, economic status with an additional variance of 4.1 per cent, educational status with 4.1 per cent and age with 3.9 per cent of added variance to the total variance in the dependent variable, anxiety. The aforementioned MRA states that the level of anxiety is determined significantly by older adults' age, marital status, type of family, economic status and educational status.

In summary, the results of multiple regression analysis (step-wise) carried out (Table 1 through 4) show that the somatic distress was predicted by a set of factors viz., age, gender, marital status, economic status and educational status (R^2 = .5411); similarly educational status, economic status, marital status and type of family, were the significant determinants of psychological distress (R^2 = .5802), with regard to depression were economic status, marital status, type of family and educational status (R^2 = 0.2485) were the significant contributants. Marital status, type of family, economic status, educational status and age were the significant determinants (R^2 = 0.481) with regard to the outcome variable anxiety,

Elderly who are personally competent lead a very meaningful and functionally independent life, but some elderly may not do so in the similar way. With lack of resilience and coping many may find difficult to manage their life experiences. This is more so when a person is relocated to a care home, where learned helplessness makes some residents weak and vulnerable. This may sometimes manifest in terms of symptoms of somatic distress or psychological distress, or anxiety or depression. In view of this vulnerability, especially when age advances, steps for comprehensive assessment of psychological concerns are important to plan any rehabilitation or interventions towards these elderly.

In generally, it is believed that the negative thoughts may have a negative effect on the body. Worry, anxiety, fear, anger etc may aggravate existing ailments and contributing to emotional disturbance. A set of socio-demographic variables were emerged as important contributants to these outcome variables in the results Section V obtained through MRA (from Table 10 to 13). MRA results show that certain socio-demographic variables entered the Regression equation and are commonly found as important determinants (viz., age, gender, marital status, economic status and educational status, of outcome variables viz., somatic distress, psychological distress, depression and anxiety among community dwelling older adults. In specific, age found to be an important predictor of somatic distress followed by gender, marital status, economic status and educational status of older adults. With regard to psychological distress educational status of an individual was the predominant predictor followed by economic status, marital status, economic status, marital status, type of family of older adults. The MRA of the outcome variable, depression shows that economic status of an individual was the most significant determinant followed by marital status, type of family and educational status. In Table 14, the predominant predictor of anxiety was marital status followed by type of family, economic status, educational status and age. Most commonly marital status, economic status and educational status entered in most outcome variables studied viz., somatic distress, psychological distress, depression and anxiety. Age entered (as first) as an important determinant gender found to be the second important contributant in the regression equation of the outcome variable, somatic distress.

This is to state that a major chunk of accounted variance by these variables in the regression equation demonstrated clearly, their strength in predicting the outcome variables viz., somatic distress, psychological distress, depression and anxiety among community dwelling older adults. The unaccounted variance due to other variables which were not entered in the regression equation were found to be insignificant. It reiterates that there is no single factor but a whole gamut of factors that are responsible for the psychological problems in the community dwelling older adults. Multiple regression analysis explained the significance of socio demographic variables much more clearly and explained that these are the critical variables, which needs to be considered in planning of any interventions for promoting mental health and health promotion interventional activities.

Growing old is a normal and universal phenomenon, with inter and intra individual variations in aging changes. The primary and secondary aging changes bring several degenerative changes and cause disability and dependency. In traditional agrarian Indian culture, the joint family served as a haven for many elderly who could not support themselves physically or economically (Jamuna, Lalitha & Ramamurti, 2003). As a result of urbanization and migration in the recent years, the joint family is fast dwindling. In addition, dual carer families and market economy have brought changes in living arrangements, generation gap and erosion in values of filial care. In turn, family bonds are declining day by day perceiving elderly as a burden on the family and as useless appendages in the families. Some proportions of elderly are being

neglected and are forcibly put in to old age homes or expelled from the home due to abuse by their children (Ramamurti & Jamuna, 2010). Many elderly are apprehensive of their future life. The potent availability of informal support by the family members is decreasing. Multigenerational families under one roof once a provider of emotional support will become a rarity and primary caregivers are away at work. Even though the effects of modernization have already made traditional care problematic, it is important to take steps to retain the benefits and values of family life over the life in formal care institution.

Implications of the Study

The data generated through this study on psychological problems and anxieties across adulthood years (late) will be very resourceful in providing empirical information on an important aspect in the lives of the elderly. Findings on somatic distress and psychological distress highlight the need for planning of Interventions and to cope with the psychological problems and anxieties. The outcome of the study highlights the need for awareness programmes for elderly in promoting physical and mental wellbeing. The study will help to modify current mental health care policy in preventive education to overcome anxieties in old age.The findings suggest that there is a dire need for a community mental health worker who can be identified from village/mandal level and could act as a link between community living older adults and health care providers.

Declaration of competing interest.

The author declares that there is no conflict of interest.

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