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Overview of Anxiety in the Elderly at UPT Tresna Werdha Batoro Katong Ponorogo Services

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ABSTRACT

The total population of more than 60 years which continues to increase makes Indonesia enter the era of "aging population". Increasing the number of elderly population can be a public health challenge that requires serious treatment because naturally the elderly experience a decrease both in terms of physical, biological, and psychological. Elderly shows a variety of psychological problems. The goal of the research is to study the picture of the elderly at The Social Services Unit of Tresna Werdha Batoro Katong Ponorogo. The research design uses qualitative descriptive with cross sectional study research design.. The population is 62 respondents. The sampling technique is total sampling. The independent variable is a anxiety. The results showed that the elderly experienced anxiety from the level of not experiencing anxiety 18 respondent (29%), mild anxiety 20 respondents (32%), and moderate anxiety 24 respondents (39%). Symptoms of mild anxiety are tense, lethargic, can not sleep, wake up with lethargy, loss of interest, abdominal pain, and bloating. Symptoms of moderate anxiety are feeling tense, restlessness, difficulty going to sleep, waking up at night, waking up listlessly, loss of interest, reduced hobbies, muscle aches, palpitations, stomach twists, bloating, and nausea. Based on the results of research that anxiety is often experienced by the elderly. This is caused by distress, cognitive impairment, comorbid social factors, medical (pain an number of medical conditions), psychiatric (depression).

Keywords: anxiety, elderly

INTRODUCTION

Elderly (elderly) is the final process of the cycle of human growth and development. Elderly is not a collection of diseases, but on the contrary, the elderly is an advanced / final stage of the life process which has signs in the form of a decrease in the body's ability to adapt to stress that comes from outside in the form of the environment, and stress from within in the form of physiological. The decline in physical health conditions and the need for attention or social support in the elderly are the background for the magnitude of the incidence of anxiety in this group (Pudjiastuti et al., 2003).

An increase in the elderly population with a decrease in the death rate and a decrease in the number of births causes changes in the demographic structure. In 2012 Indonesia was the third Asian country with the largest population in the age range above 60 years after China (200 million), India (100 million) and followed by Indonesia (25 million). The number of elderly people in Indonesia is estimated to reach 100 million by 2050. The increasing number of people aged over 60 years has made Indonesia enter the era of the "old structured population", when the population aged 60 years and over

has reached 7% of the total population. It is predicted that by 2020 the number of elderly people in Indonesia will reach 28.8 million (11.34%). The distribution of the elderly population in 2012 in Indonesia, in the second place came from East Java, namely 10.40%. In East Java, the life expectancy of the population has increased from the 2010-2015 period of 71.9 years, while in the 2015-2020 period it was 73.2 years. The proportion of the population in the age group 65 years and over starting in 2010 was 7.6%, in 2015 there was a significant increase of 8.6%, in 2020 it also increased by 10.2% and is predicted to increase by 12.6%, in 2025 has reached more than 10% so that East Java can be categorized as a province of the elderly population (aging population) (Badan Pusat Statistik, 2014).

Anxiety is one of the most common mental illnesses in the United States and affects 40 million adults in the United States aged 18 years and over (18.1%) of the population each year. Women are twice as likely to experience anxiety as men. In addition, according to WHO, 1 in 13 people suffer from anxiety (Goodman, 2018).

Based on data obtained from Riskesdas 2013 that the proportion of the population experiencing mental emotional disorders including symptoms of depression and anxiety for the age group 15 years and over reached 14 million people or about 6% of the total population of Indonesia. This turned out to increase in 2018 with a prevalence of around 9.8% for ages 15 years and over. WHO as a world health agency stipulates that the proportion of mental emotional disorders in the population is a maximum of 10%. The figures generated from the Riskesdas data become a strong enough foundation for the state or government to increase awareness of mental health for the community (Departemen kesehatan, 2018).

The increasing number of the elderly population can become a public health challenge so that it requires serious treatment because the elderly naturally experience a decline in physical, biological, and psychological aspects and this cannot be separated from the economic, social, and cultural problems that surround them, so there is a need for the role of the family and the existence of a social role in handling it. The aging population is forcing the country to face the problem of an increasing number of mentally disabled elderly people, which often takes the form of psychological problems. Psychological problems that occur in the elderly are problems related to the developmental tasks of the elderly including adjustment to physical and psychological declines that occur due to the aging process (Dewi, 2014).

Anxiety has a range of responses, namely adaptive to maladaptive responses. Anxiety accompanied by physical disorders can cause a decrease in an individual's ability to cope with stressors.Trigger stressors can come from internal sources from the elderly themselves or externally from the environment or society. At each stressor, a person will experience anxiety, including mild anxiety, moderate anxiety and severe anxiety (Zaini, 2019).

The elderly often experience anxiety, such as fear of death, the loss or death of a family member or friend, social status, the job he does so that he declines or even doesn't get money for living necessities, or maybe a house, things like this can have serious effects detrimental to himself. Based on a preliminary study that was conducted on December 30, 2019 on 25 elderly women at the Social Service Unit at the Tresna Wedha Panti, data on indications of anxiety included 18 elderly women experiencing mild anxiety (72%) with criteria for being lethargic and waking up at night, 6 elderly women experiencing mild anxiety. moderate anxiety (24%) with criteria for experiencing dizziness and nausea, 1 elderly woman experiencing severe anxiety (4%) with criteria for anger, high tone of voice, irritability. Based on the narrative of the elderly they experience anxiety due to losing their family so they feel lonely. A total of 5 people have lost their families and 20 people have been sent to the place by their families. All 25 elderly people feel anxious because they feel lonely because they don't have a family and a place to live. Every elderly person is often alone doing activities such as staying in his room, watching tv, sitting with peers but not chatting, getting angry with peers because of small problems such as the problem of dividing the bed. UPT Tresna Werdha Social Services is one of the places to care for the elderly in the Batoro Katong Ponorogo area with 62 elderly women.

Anxiety problems experienced by the elderly will reduce their quality of life so that it interferes with daily activities, and can make the elderly vulnerable to disease because it can lower the immune system, exacerbate disease, and increase the risk of death. Anxiety is implicated in several chronic diseases including heart disease, chronic respiratory disorders, and gastrointestinal disease. When older adults with this disorder have untreated anxiety, the illness gets worse, the physical symptoms often get worse, and in some cases can lead to death (Harvard, 2018).

Provide social support and provide counseling to the elderly so that they want to talk about their anxiety so as to reduce the burden of their lives. Social support protects the elderly from the harmful effects of anxiety and improves the emotional and physical well-being of the elderly. Social support for the elderly includes providing the need for security, the need for love. Social support can be divided into different components ranging from emotional attachment, social integration, recognition, dependability, guidance, and opportunities for nurturing (Tumanggor et al., 2017). Based on the above background, researchers are interested in knowing the description of anxiety in the elderly at the UPT Tresna Werdha Batoro Katong Ponorogo Service.

METHODS

This research is a qualitative descriptive study with a cross-sectional study design (Setiawan, 2017). This research was conducted in May 2020. The population in this study were 62 elderly women at the Tresna Werdha Social Service Unit, Jalan Batoro Katong, Ponorogo Regency. The research sample is 62 elderly people. The sampling technique used in this study is total sampling. In this study, the level of anxiety was measured using a questionnaire *Hamilton Anxiety Rating Scale* (HARS) (Sandberg et al., 2013). This questionnaire has 14 question items regarding the symptoms of psychic and somatic aspects of anxiety. This questionnaire uses a Likert scale of 0 to 4 where a value of 0 if there are no symptoms, a value of 1 if the symptoms are mild, a value of 2 if the symptoms are moderate, a value of 3 if the symptoms are severe, and a value of 4 if the symptoms are very severe. The data analysis used is qualitative data analysis according to Bogdan and Biklen (1982) in Anggito and Johan (2018) is an effort made by working with data, organizing data, sorting it into manageable units. Discover what is important and what is learned. After that, decide what to tell others. The data analysis was limited to data processing techniques which the researchers then carried out descriptions and interpretations. Based on the data analysis, conclusions will be drawn inductively, namely the way of thinking in drawing conclusions on general problems based on specific facts.

RESULTS

Table 1. Characteristics of Respondents by Age at the Tresna Werdha Batoro Katong Ponorogo Social Service UPT in May 2020

Characteristics	**Frequency**	
	n	%
Age		
60-70 Years	62	100%
Gender		
Male	0	0%
Female	62	100%
Total	62	100%

Based on the table above, it can be concluded that most of the respondents are 60-70 years old (100%) and the respondents are based on female gender (100%) at the Social Services UPT Tresna Werdha Batoro Katong Ponorogo.

Table 2. Identification of Respondents' Anxiety Levels at UPT Social Services Tresna Werdha Batoro Katong Ponorogo in May 2020

Characteristics	**Total**	**Percentage**
No anxiety	18	29%
Mild anxiety	20	32%
Moderate anxiety	24	39%
Total	62	100%

Based on the table above, it can be concluded that the respondent's level of anxiety starts from not being anxious, experienced by 18 person with a percentage of 29%, experiencing mild anxiety, 20 people with a percentage of 32%, and experiencing moderate anxiety by 24 people with a percentage of 39%. The data is then analyzed qualitatively by drawing conclusions inductively. The study was

conducted in May 2020 by filling out questionnaires to 62 elderly people at the Social Services UPT Tresna Werdha Batoro Katong Ponorogo.

DISCUSSION

Based on the results of the study, most of the elderly experience anxiety. Anxiety can occur due to the development of certain types of distress, for example, concerns about memory loss or cognitive impairment. The results indicate that high levels of anxiety can increase the risk of Alzheimer's (Wilkes et al., 2013). Cognitive impairment is proposed to be a negative prognostic factor for anxiety in the elderly (Mohlman et al., 2005).

Cognitive impairment can cause anxiety because there is a potential neurobiological risk. Anxiety is caused by a functional disconnect between the amygdala and frontal regions (including the anterior cingulated cortex, prefrontal and dorsolateral and ventromedial cortex) interfering with natural fear and by turning fear or worry into a pathological state. This process can be at high risk in the elderly, where aging and neurodegenerative changes can lead to reduced functional connectivity (Aupperle and Martin, 2010).

Research conducted by Richardson et al. (2011) that the elderly aged 60 years and over in New York experienced anxiety by 103 (27.3%) of the 377 respondents. It was explained that anxiety is common among the elderly. It is associated with comorbid social factors, medical (pain and number of medical conditions), and psychiatric factors (depression). Study conducted by Hellwig and Domschke (2019) stated that psychosocial aspects such as loss and social isolation caused the elderly to often feel lonely. In a prospective cohort study of 594 primary care patients aged 18-65 years diagnosed with anxiety or depression using the Beck Anxiety Inventory (BAI) and Inventory of Depressive Symptomatology (IDS), loneliness is a major factor causing anxiety. The influence of anxiety on the socialization of the elderly is expressed in the form of withdrawal from the social environment. Feelings of loneliness and fear of separation and incurable disease lead to social distancing and isolation of the elderly. The beginning of anxiety in the elderly is related to the way and quality of life in the adult phase (Vasilopoulos et al., 2018).

Study conducted by Goncalves and Gerard (2011) in 3,178 Australians aged 55-85 years where 65% of women experience anxiety. In this study, it is explained that the cause of anxiety in a person's early life is caused by physical violence in childhood, while in the elderly it is caused by poor medical outcomes. This is inversely proportional to previous research, that 5.2% of elderly people aged 60 years and over in Italy experience anxiety. Anxiety is often experienced by older adults by 77 (21.04%). This is related to gender, physical morbidity and alcohol consumption per day. The elderly experience a little anxiety because they have a healthy body condition. Described the relationship between physical morbidity and anxiety can increase susceptibility to physical illness. For example, elderly people who are afraid of falling often limit their mobility to reduce the risk of falling, and result in reduced body movement and an increased risk of physical diseases associated with immobility such as heart disease, pneumonia, diabetes.

Physical illness can cause psychological symptoms, such as worrying about a heart attack during physical activity. Drug side effects can mimic psychological symptoms. For example, medications commonly prescribed to older adults including antidepressants have side effects similar to anxiety symptoms such as insomnia and decreased concentration. The relationship between anxiety and alcohol consumption is associated with improved mood, quality of life, and helps protect against cognitive decline (Forlani et al 2014).

The 2017 UK practice-based study conducted by Lakasing and Zul (2020) about self-harm showed a 68% increase in the incidence in children aged 13-16 years. This study found that millennials are less happy than the older generation. The study also found that there was an increase in youth unemployment, loss of social mobility, and the role of social media. Today's teens and young adults are more tech-savvy than previous generations. It can be worrying about the negative consequences on psychological health including its addictive potential.

Studies conducted by Mondin et al (2013) of 1,560 young adults aged 18-24 years experiencing anxiety by 9.7%. Research results show that anxiety in young adults is associated with low socioeconomic status including low levels of education, poor environment, low income, and unemployment.

Mild anxiety is the type most people experience in their lives during certain situations so there are different feelings and require special attention. Sensory stimulation increases and helps to focus attention on learning, solving problems, thinking, acting, feeling, and protecting oneself. Mild anxiety often motivates people to make changes or engage in goal-directed activities. Moderate anxiety is an uneasy feeling that something must be wrong. People will become nervous or restless. In moderate anxiety, the person can still process information, solve problems, and learn new things with help from others, and has difficulty concentrating independently but can be directed into the topic of conversation (Videbeck, 2010).

Respondents experienced feelings of anxiety in the form of anxiety as many as 44 people with a percentage of 71% and feeling afraid of their own thoughts as many as 20 people (32%). This is in accordance with a study conducted by Steimer (2002) that anxiety is always followed by fear because both have the function of acting as a signal of danger, threat, or conflict, and to trigger appropriate adaptive responses. For some writers fear and anxiety are indistinguishable, while others believe that they are two different things. Mention that anxiety is a general response to an unknown threat or internal conflict, whereas fear is focused on external dangers that are known or present.

The results showed that respondents experienced tension in the form of feeling tense, lethargic, unable to rest calmly, and easily surprised. This is in accordance with the research conducted by Vaghela (2016) in 160 people (80 men, 80 women) that the symptoms of anxiety were muscle tension, dizziness, fatigue, restlessness, diarrhea, fast heart rate, insomnia, and lethargy. Muscle tension can occur because the muscles contract naturally as a signal to the brain and body that someone is in danger (Jarrold, 2018).

Respondents who experience anxiety cause sleep disturbances in the form of difficulty getting to sleep, waking up at night, not sleeping well, and waking up lethargic. This is in accordance with research conducted by Oh et al., (2019) who studied Korean adults aged 19-69 years where 290 people (10.5%) experienced anxiety had a high risk of insomnia from 2,762 respondents. Insomnia and anxiety have a two-way relationship in which one can exacerbate the other or vice versa. That means if you have trouble sleeping and become insomnia as a result a person develops or thinks about the problem until it becomes constant anxiety, and in turn that anxiety makes sleeping problems worse.

Respondents who experience anxiety can be accompanied by feelings of depression such as loss of interest, reduced pleasure in hobbies, and sadness. This is in accordance with the statement Salcedo (2018) mentions that some estimates suggest that 60% of those who experience anxiety will also experience symptoms of depression, or vice versa. Although it is not known exactly why anxiety and depression always coexist. There are several theories, one of which explains that the two conditions have the same biological mechanism in the brain, so they are more likely to occur together.

Respondents who experience anxiety have somatic symptoms. This is in accordance with the explanation Hoehn-saric, Rudolf (1993) who described that increased muscle tension was the most common physiological finding in anxious people. Somatic symptoms are prominent in patients with anxiety in about 30% of people who experience (Kroenke, K et al., 1997 in Zheng et al., 2019). Greater levels of anxiety were associated with more severe somatic symptoms. But somatic symptoms can be effectively reduced if emotional symptoms are treated. This can help relieve the patient of the psychological burden so as to further reduce anxiety (Drayer, RA et al., 2005 in Zheng et al., 2019).

Anxiety can cause cardiovascular symptoms including tachycardia, palpitations, chest pain, feeling lethargic. This is in accordance with a study conducted by Randell et al. (2011) mention that anxiety is a common cause of palpitations or tachycardia. During an anxiety attack, adrenaline flows through the body. Everyone will experience different symptoms, but some common symptoms include a racing heart, shortness of breath, chest pain, dizziness, sweating, shaking, and stomach pain (Raymond, 2018).

Symptoms of anxiety can affect the respiratory system such as a feeling of pressure in the chest, a feeling of suffocation, and shortness of breath. But it can be difficult for doctors to distinguish shortness of breath caused by anxiety or an underlying respiratory illness. In addition, anxiety is often experienced before shortness of breath as a warning sign that blood oxygen levels are low (Williams dan Havi, 2018).

Another study explains that anxiety can cause an increase in pulse rate. An increase in the pulse rate to more than the normal rate can indicate an abnormal condition called tachycardia. This can result in increased breathing, both in terms of the amount, rhythm, and depth of a person's breathing.

Respiratory disorders that can occur are tachypnea and hyperventilation. Tachypnea is an increase in the number of breaths per minute above normal. Hyperventilation, which is an irregular breathing rhythm or difficulty in breathing (Arini et al, 2017).

Respondents who experienced anxiety had gastro-intestinal symptoms ranging from stomach twisting, pain, burning feeling in the stomach, feeling of fullness/bloating, nausea, and difficulty defecating. This is because there is a connection between the brain and the gastrointestinal tract. Like the brain, the gastrointestinal system is full of nerves. When a person is anxious, several hormones released by the body enter the digestive tract which will disturb the digestive system. This has a negative impact on flora (microorganisms that live in the digestive tract and aid digestion) and antibody production. The resulting chemical imbalance can lead to a number of digestive conditions such as diarrhea, constipation, nausea, stomach pain, and peptic ulcers (Goodman, 2018).

Respondents experienced urogenital symptoms such as frequent urination and unable to hold urine. Studies conducted by Lai et al. (2016) to respondents who have an overactive bladder (OAB). OAB respondents (48%) had symptoms of anxiety, and OAB respondents (24%) had moderate to severe anxiety. This is because when you are anxious, your muscles tense up and your body puts pressure on the area of your bladder and stomach. This pressure can cause a person to need to urinate more often. It is not entirely clear why some people with anxiety urinate frequently, but it is a very common symptom of anxiety (Shaikh, 2018).

Anxiety has autonomic symptoms such as dry mouth, easy sweating, and dizziness. Dry mouth is caused by a person experiencing anxiety often breathing through the mouth. If you breathe through your mouth the incoming air can dry out your mouth. When anxious a person will experience hyperventilation, which is a type of rapid breathing through the mouth. Hyperventilation can cause dry mouth (Hersh, 2020).

Anxiety can cause excessive sweating / sweating easily. This is because the body releases stress hormones (adrenaline and cortisol). This hormone makes the heart beat. This can increase sweating so that water in the body can be eliminated through the skin rather than through the kidneys. So anxiety can cause an increase in sweating from a little to a lot depending on the level of anxiety (Folk, 2020).

Preliminary study conducted by Kyun et al. (2016) states that the prevalence of respondents experiencing anxiety is 18% of whom experience dizziness. Anxiety can cause difficulty sleeping which can lead to dizziness/headaches (Raypole, 2019).

CONCLUSION

Analysis of the results showed that the elderly experienced anxiety starting from the level of not experiencing anxiety experienced by 18 person, mild anxiety experienced by 20 people, and moderate anxiety experienced by 24 people. Symptoms that are often experienced by respondents who experience mild anxiety include having feelings of anxiety, feeling tense, lethargic, waking up at night, not sleeping well, waking up lethargic, loss of interest, abdominal pain, and bloating. While the symptoms that are often experienced by respondents who experience moderate anxiety are having feelings of anxiety, fear of their own thoughts, feeling tense, unable to rest calmly, difficulty getting to sleep, waking up at night, waking up lethargic, loss of interest, reduced hobbies, illness and anxiety. muscle pain, chest palpitations, stomach twisting, burning feeling in the stomach, bloating, and nausea. Anxiety can occur in the elderly aged 60-70 years. This is due to distress, cognitive impairment, comorbid social factors, medical (pain and number of medical conditions), psychiatric (depression).

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