REFERENCE ID : STSH180374

TITLE:

"ASSESSMENT OF ANXIETY LEVEL ON TREATMENT COST IN GERIATRIC AGE GROUP WITH OR WITHOUT HEALTH INSURANCE COVERAGE"

"IF WRINKLES MUST BE WRITTEN ON OUR BROWS, LET THEM NOT BE WRITTEN UPON THE HEART .THE SPIRIT SHOULD NEVER GROW OLD."

-JAMES A GARFIELD.

1.INTRODUCTION:

Geriatrics is a branch of medicine concerned with the diagnosis, treatment and prevention of disease in older people and the problems specific to ageing [1]. Geriatric age group refers to the older people ≥ 65years of age [2]. Ageing is a process which is inevitable with each and everyone in this world. While ageing of the population is essentially a simple phenomenon, its consequences are multiple and not always well recognized [3]. Besides the ageing process does not remain merely confined to biological field alone; it invades psychological, social, occupational and economic fields as well, among which anxiety is most common in old people [4].Epidemiological studies indicate that the prevalence of anxiety disorders in community- residing older people is 1.2-15 %[5] .With ageing, many different physiological and psychological changes occur slowly over the years, which lead to development of multiple disorders in the body [6].Numerous reports suggest that chronic anxiety is deleterious to the physiological and cognitive health of older adults, potentially leading to cancer, cardiovascular diseases and dementia[7].***Anxiety*** is a feeling of threat experienced in anticipation of an undesirable event which may be unknown or specific[8]. Anxiety can be presented in many forms such as panic attacks, phobias, obsessions, compulsions etc [9]. Surveys conducted in India and the West indicates that one of the chief problems faced by old people is financial insecurity [4]. With the increased cost of medical care it has become necessary for citizens from all strata of society to avail medical or health insurance [10].

Health insurance is both a long term care planning resource and immediate defence against the high cost of health care [11]. Health insurance policy like other policies is a contract between an insurer and an individual or group. So health insurance is now emerging as a tool to manage financial needs of people to seek health services. Today, various health insurance schemes are available in the market and providing benefits from an individual to an entire family [12]. On the basis of the first wave of the Asset and Health Dynamic Survey, it was found that those who are the most heavily insured use the most health care service.[13]

2. Significance of the study:

In today's world, the nuclear family has been a potent factor in the marginalization of elderly Indians[14]. The ways of transmission of anxiety within the nuclear family and the phenomenon of trans generational transmission have been outlined by studies [15]. Geriatric groups are in need of personal, financial and emotional support and hence become anxious when not provided with these [16]. In order to overcome such challenges, implementation of health policies can be a choice [11]. On this background, this study strives to analyze their anxiety levels in relation to disease per se and expenditure per se.

3. AIMS & OBJECTIVES

- To determine the anxiety level in geriatric age group and the changes in their anxiety level when insured.
- To compare the anxiety due to disease per se and expenditure per se.

4. REVIEW OF LITERATURE:

4.1. EPIDEMOLOGY AND PREVALNCE

The prevalence of anxiety symptoms in community samples ranges from 1.2% to 15%, and in clinical setting from 1% to 28%. The prevalence of anxiety symptoms is much higher, ranging from 15% to 52.3% in community samples, and 15%to 56% in clinical samples. These discrepancies are partly attributable to the conceptual and methodological inconsistencies that characterize these literatures. Generalized Anxiety Disorder is the commonest anxiety disorders in older adults [17]. Mood, anxiety, combined mood – anxiety disorder are highly prevalent in women than men is 12-%55%. (Overall-17%, mood-5%, anxiety – 12 %) [18].

The current prevalence for all types of anxiety disorders was found to be 17.1% overall and the life time prevalence was found to be 18.6%. The current prevalence rates for particular disorders were found to be 0.4% for panic disorders, 3.2% for OCD, 1.9% for PTSD, 2.8% for social phobia,11.5% for specific phobia and 6.9% in GAD in elder age group [19)]. The higher prevalence of disorders among the homebound support recommend that psychiatric assessments become routine in primary care examination of homebound elders and that the availability of preventive and therapeutic psychiatric services to the homebound increase [20]. The 60th National Sample Survey (January- June 2004) collected data on the old age dependency ratio. It was found to be hider in rural areas (125) than in urban areas (103). With regard to the state of economic development, a higher number of males in rural areas, 313 per 1000, were fully dependent as compared with 297 per100 males in urban area. For the females, an opposite trend was observed (706 per 1000 for females in rural areas compared with 757 for females in urban areas). Overall 75% of the economically dependent elderly are supported by their children and grandchildren. Despite this, the elderly still tend to suffer from psychological stress as was found in a survey conducted for a middle class locality in New Delhi [21].

4.2. THE BIOLOGY AND PHYSIOLOGY OF AGING

4.2.1. Biological basis:[22]Deoxyribonucleic acid undergoes continuous changes in response to both intrinsic process and exogenous agents. Stability is maintained by the double- stranded nature of DNA and by specific repair enzymes. It has been proposed that somatic mutagenesis, due to either a greater susceptibility to mutagenesis or deficits in repair mechanisms, is a factor in biologic aging. This causes error in DNA, RNA, and protein synthesis which result in oxidative metabolism. The major by-products of oxidative metabolism include superoxide radicals, which can react with DNA, RNA, proteins, and lipids and lead to cellular damage and ageing.

4.2.2. Physiology basis:[23]On physiologic function with aging, several factors should be considered. First, in healthy older adults, decrements in function are usually seen only under stress.

- Blood- The red cells, white cells and platelets of elderly individuals are not significantly different from those of young person. Haemopoietic marrow is gradually replaced by fatty marrows as age advances. This changes first occurs in long bones and then in flat bone. Hence , the physiology reserve capacity for erythropoiesis and leucopoiesis is possibly reduced in the elderly

- Immune Mechanisms-There is definite decline in immune-competence associated with aging. The decline affects both cell mediated and humoral immunity .This makes the elderly more susceptible to infection.
- Characteristic of cardiac function in aging- Cardiac output increases
  -Lower heart rate
  - Higher end-diastolic volume
  - Higher stroke volume
  -Diastolic dysfunction
- Pulmonary Function in aging - Increase in residual volume
  - Decreased elasticity of structure
  -Decreased compliance
  - Decreased number of airway-supporting structures
  -Increase in closing volumes
  - Increased risk for atelectasis
- Others are aging of endocrine, nervous system shows also age –related structural changes and deterioration of function
- Special senses – Presbyopia
  - Impairment of accommodation of the eye
  -Senile cataract
  - Sensation of taste, smell, touch also decline
  -Difficulty in understanding speech and disturbance of localization of sounds.

4.3.Anxiety and Older Adults: Overcoming Worry and Fear[24]

Anxiety is common illness among older adults , affecting as many as 10- 20 % of the older population, though it is often undiagnosed .Phobia- when an individual is fearful of certain things, places or events –is the most typical type of anxiety. Among adults, anxiety is the most common mental health problem for women and the second most common for men after substances abuse

4.4. WHEN ANXIETY BECOMES A DISODER? [25]

An anxiety disorder causes feeling, worry, apprehension, or dread that are excessive or disproportional to the problem or situations that are feared. There are several types of anxiety disorders.

4.4.1. Types of anxiety disorders[26]

- Generalized Anxiety Disorders
- Specific Phobia
- Post-traumatic Stress disorders
- Social Phobia (also known as Social Anxiety Disorders'
- Obsessive-Compulsive disorders (OCD)
- Panic Disorder

4.4.2. Signs of anxiety disorder (27)

- Excessive worry or fear
- Refusing to do routine activities or being overly preoccupied with routine
- Avoiding social situations
- Overly concerned about safety
- Racing heart, shallow breathing, trembling, nausea, sweating
- Poor sleep
- Muscle tension, feeling weak

4.4.3. Factors contributing to an anxiety disorder [27]:

- Extreme stress and trauma
- Bereavement and complicated or chronic Grief
- Alcohol, caffeine, drugs
- A family history of anxiety disorders
- Other medical or mental illness
- Neurodegenerative disorders.

4.5. Different Components of Anxiety in Geriatrics Scale:

Somatic anxiety is a name for physical, that is, the people who react to anxiety mainly in physical manner experience primary somatic anxiety. The word somatic is derived from Greek and means 'of the body' and specifically the body which is distinct from the mind. Somatic illness isthe sickness of the body more than they are of the mind, meaning that automatic physical response.[28]

E.g.; My heart raced or beat strongly.

My breath was short

The word **Cognition** is derived from the Latin word '*cognoscere',* it means 'to know or to come to know'. Thus, the cognition includes the activities and processes concerned with acquisition, storage, retrieval and processing of knowledge. Cognitive psychology deals with how the people perceive, learn, remember and think about information. Cognitive psychology plays a very important role in the mental well being of the people. [29]

E.g. I felt like things were not real or like I was outside of myself

I felt like I was losing

The **affective** component refers to the emotional reaction one has toward an attitude object. Affective psychology emphasizes basic research on emotion, culture, and psychopathology using a broad range of experimental, psycho physiological, neural, and genetic methods to test theory about psychological mechanisms underlying human behaviour. [30]

E.g. I was afraid of being judged by others.

I was afraid of being humiliated or embarrassed

4.6. Old age: Changing values[31]

Old age is defined as the age of retirement, with an age of 60years and above. Improvement of health care technology has resulted in increased life expectancy. The problem of the elderly is confined not only to their increasing number, but also includes mental age comes with many physical as well as mental illness. Old man says "I was like that now I am like this". Here "I" itself suggest many complex situations like "Immobility, Instability, Incontinence and impaired intellect /memory".

4.7. Family ties in India[32]

Aging is a universal process. In the word of Seneca "old age is an incurable disease". But more recently Sir James sterling Ross commented "you do not heal old age, you protect it and you promote it and extend it. Demographic transition has been accompanied by changes in society and economy. Instead of strong family ties, in India, the position of large number of elders has become vulnerable due to which they cannot take for granted that their children will able to look after them. Industrialization, urbanization, education and exposure to western life style are bringing up and

educating children and pressures for gratification of their desires affect transfer of share of income for the care of parents Due to shortage of space in urban area with higher rent, migrants prefer to leave their parents in their native place. The contribution of elderly population to demographic figures is increasing day by day. Increasing problem of health care, psycho-social, personal and socio-economic factors associated with the elderly further overwhelms this. Old age is not a disease in itself, but the elderly are vulnerable to long term disease of insidious onset. They have multiple symptoms due to decline in the functioning of various parts of bodies

The Government should also effectively plan Health Care Services for the elderly and prepare a feasible implementation of a design relevant for the country need .The problems associated with the aging of the population are that of absence of facilities for medical treatment and of providing economic and social support hence information on morbidity profile of this population is essential for planning its health care facilities.

4.8. The economic burden of anxiety and stress disorders [33]

No society can afford to guarantee universal health insurance coverage for treatment of all illnesses for all of its citizens. The number of illnesses is simply too large and the costs of treatment too great for such a guarantee even in the most economically advantaged societies. Resources allocation rules are consequently needed. The mostly widely accepted of these rules emphasizes cost-effectiveness. According to this rule, medical intervention is appropriate only if their expected benefits clearly exceed the sum of their expected risks.

4.9. The Economic Burden of Personality Disorders in Mental Health Care[34]

Some evidence suggests that personality disorders are associated with a high economic burden due to, for examples, a high demand on psychiatric, health and social care services .However, state of the art coast studies for broad ranges of personality disorders diagnoses are lacking .The present study examines the direct medical cost, as well as the indirect costs, of patients seeking mental health treatment with DSM -1V personality disorders.

4.10. Health Insurance in India- Opportunities and Challenges [35]:

Health insurance is the emerging service sector in India. India is growing economy, people in urban and rural areas are now days more educated, health conscious, rise in their living standard and need the quality health care that leads to need of health insurance. Health insurance in India is provided by government sector as well as private sector players

4.11. Health Insurance in Indian – Issues and Challenges:

- A study conducted by **Aggarwal et al. (2013)** studied Innovation and challenges of health insurance sectors. According to the study product development and innovation both are very important for new customers and existing customers.[36]
- A study conducted by **Akhila (2013)** reported that health insurance sector is a great potential in India and the penetration to be exercised faster by means of various activities. [37]
- A study conducted by **Devi et al** (2015) highlighted the problem of health insurance sectors. According to them, problem exists with every stake holders like Third Party Administrators make delay in claims Insurance companies have high claim paid out ratio, consumers are less aware about health insurance basic terms and hospitals charge more expense from insured patients.[38]

5. REVIEW OFRELATEDLITERATURE

5.1. Evidence of Validity of the Geriatric Anxiety Scale for Use among medically Ill Older[39]: Journal of Depression and Anxiety Forecast - Adults: The purpose of this study was to examine the preliminary psychometric properties of the Geriatric Anxiety Scale in sample of medically ill older, as anxiety is common problem among people with chronic medical challenges, especially those in later life. Unfortunately, anxiety among older individuals in medical setting is highly prevalent but largely undetected and under treated. Sadly the impact of excessive anxiety in later life are extensive , including poor quality of life, excess disability, cognitive impairment, elevated health care cost, and psychiatric co morbidity, especially with depression . Taken together ,these factors highlight the need for appropriate and brief assessment tools to be administered routinely in medical setting such assessment too provide the opportunity to coordinate appropriate treatment and to maximize the well – being of older adult patients.

5.2. View of the Elderly Regarding the Behaviour by His Family member [40]: Among the 150 participants, 60% are male and 40% are females. This study explains

- Participation of elderly in family program
- Valued of past experience of elderly
- Attitude of the family members towards respondents
- Factors of improper care of the elderly people
- Physical status of respondents

The study observed that out of 150 respondents 80.66% feel lonely of which 48.66%were male and 32% were female. Satisfaction due behaviour, 73.33% of respondents were not satisfied to their family member of which 44.67%were male and 28.66% were female. 100% of the respondents wanted soft and polite behave and wanted shelter and all support during the old age.

5.3.A Study of morbidity pattern among geriatric population in urban area of Udaipur Rajasthan:[41]: Out of 300 elderly (60+), feeling of loneliness was seen in 21.05% males and 27.3% females respectively, followed by feeling of neglect, of which 29.3% belonged to socio–economic class v, 24.6% and 14.6% were grouped in class II and class I respectively.

5.4. Geriatric health in India : Concern and Solutions[42]: India has thus acquired the label of "an ageing nation" with 7.7% of its population being more than 60 years old. However, current statistics for the elderly in India gives a prelude to new set medical, social, and economic problems that could arise if a timely initiative in this direction is not taken by the program managers and policy makers. There is need to highlight the medical and socio economic problems that are being faced by elderly people in India, and strategies for bringing about an improvement in their quality of life also need to be explored.

5.5. National Program of Health- Care for the Elderly in India: A Hope for Healthy Ageing[43]: The NPHCE is an articulation of the International and national commitments of the Government as envisaged under the UN Convention on the Right of a Person with Disabilities, National Policy on Older Person adopted by the Government of India in 1999 and Section 20 of "The Maintenance and Welfare of Parents and Senior Citizen. The vision of the NPHCE is:

- To provide accessible, affordable, and high – quality long term, comprehensive and dedicated care services to an ageing population.
- Creating a new "architectures" For Ageing.
- To build a framework to create an enabling environment for " a Society for all Ages"
- To promote the concept of Active and Healthy Ageing

6. METHODOLOGY:

Study Group and Sample Size: 125 participants of geriatric age group from different localities in Kanyakumari District. 125 Participants are from the OPD/ IPD/ Peripheral Health Centres of Sarada Krishna Homoeopathic Medical College.

Sample Technique: Random Sampling

Study Design: A cross-sectional descriptive study

Selection of tools: Pre designed questionnaire: Geriatric anxiety scale (GAS) – Version 2.0[41]

Brief of procedure:

- The plan is to carry out the study among 125 participants from different localities in Kanyakumari District in the year 2018-19.
- A pre-designed, validated questionnaire is filled by the investigator from the details collected from the participants.
- The anxiety level is assessed in all the participants using Geriatric Anxiety Scale-Version 2.0
- Assessment of the anxiety level in geriatric age group and the changes in their anxiety level when insure and anxiety level due to disease per se and expenditure per se.
- Comparison of the assessed data.
- Statistical analysis and graphical representation.

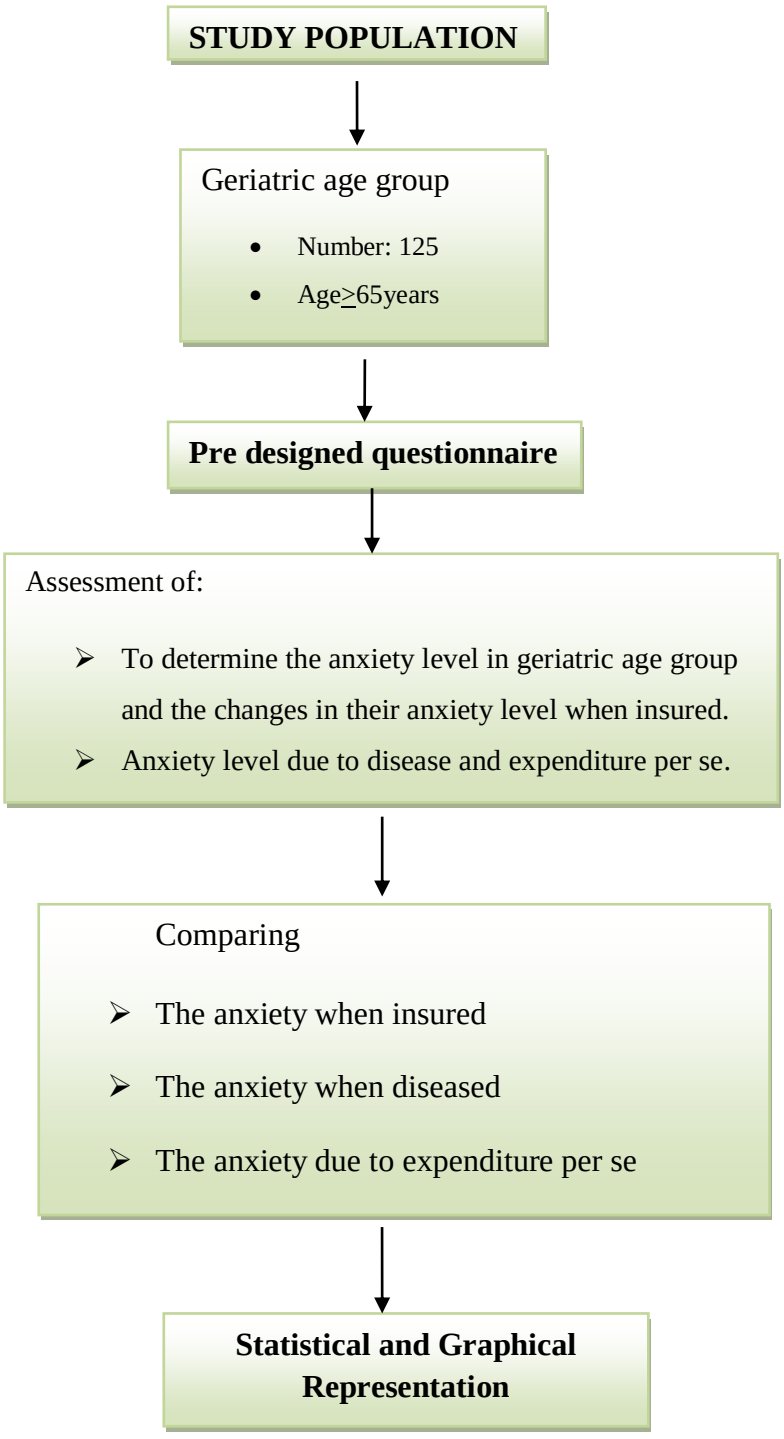
INCLUSION CRITERIA:

- Geriatric age group $\geq$ 65 years
- Both males and females.

EXCLUSION CRITERIA:

- Below the age of 65.

DETAILED ALGORITHM OF RESEARCH



7. OBSERVATIONS:

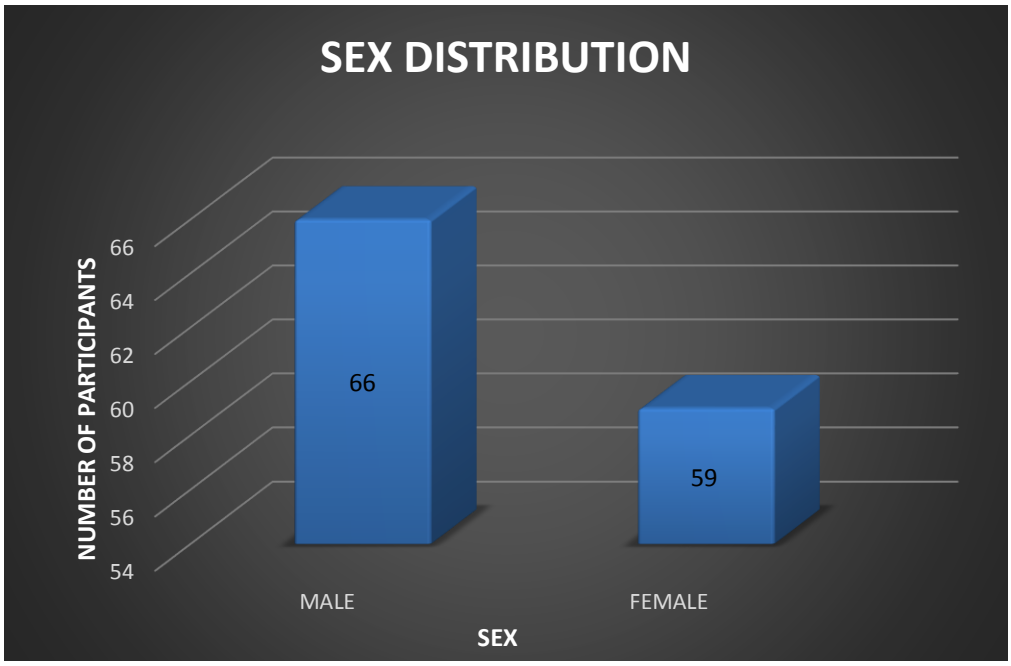
7.1. ACCORDING TO SEX WISE DISTRIBUTION:

The total no. of participants as per the study group is 125. Among which 66 are males and 59 are females.

TABLE :1

SL NO	SEX	NO: OF PARTICIPANTS
1	MALE	66
2	FEMALE	59

FIGURE 1 : SEX WISE DISTRIBUTION



7.2. AGE WISE DISTRIBUTION:

The study group is categorized into 3 groups based on the age segregation. In the group having participants of age group 65 – 75 years, there are a total of 101 participants among which 57 are males and 44 are females. In the group having participants of age group 76 – 85 years, there are a total of 20 participants among which 7 are males and 13 are females. In the group having participants of age group 86 – 95 years, there are a total of 4 participants among which 2 are males and 2 are females.

FIGURE : 2 - AGE WISE DISTRIBUTION

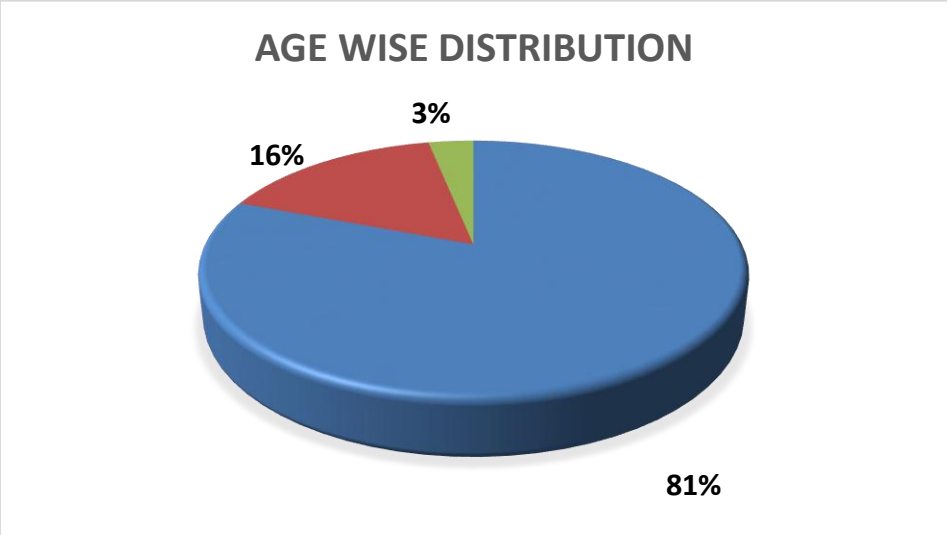
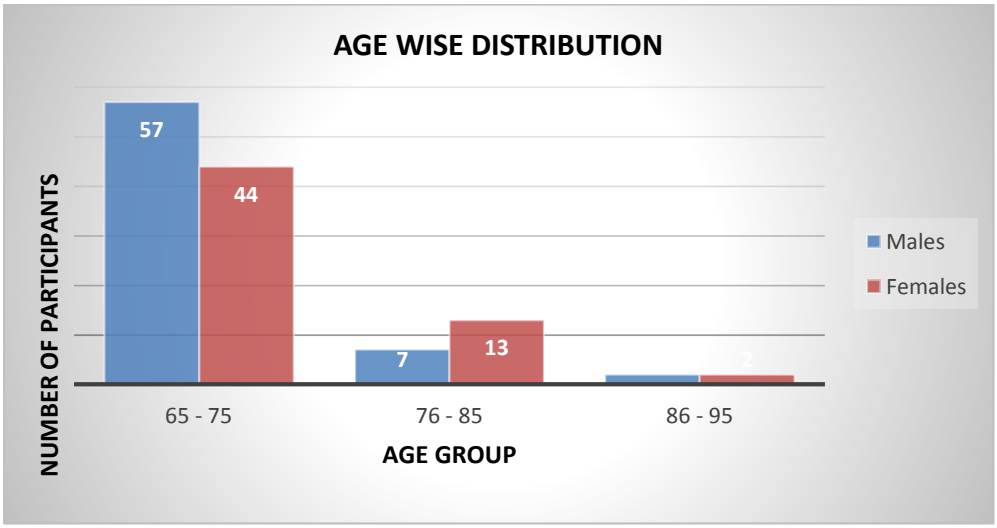


FIGURE : 3 - AGE WISE DISTRIBUTION IN MALE AND FEMALE



7.3 DISTRIBUTION AMONG SOMATIC COMPONENT OF SUB-SCALE:

Among the total 125 participants, 24hadminimal anxiety out of which 13 were males and 11 were females. 27had Mild anxiety, out of which 13 were males and 14 were females. 36had Moderate anxiety, out of which 14 were males and 22 were females.38 had Severe anxiety among which 26 were males and 12 were females.

FIGURE :4 SOMATIC DISTRIBUTION

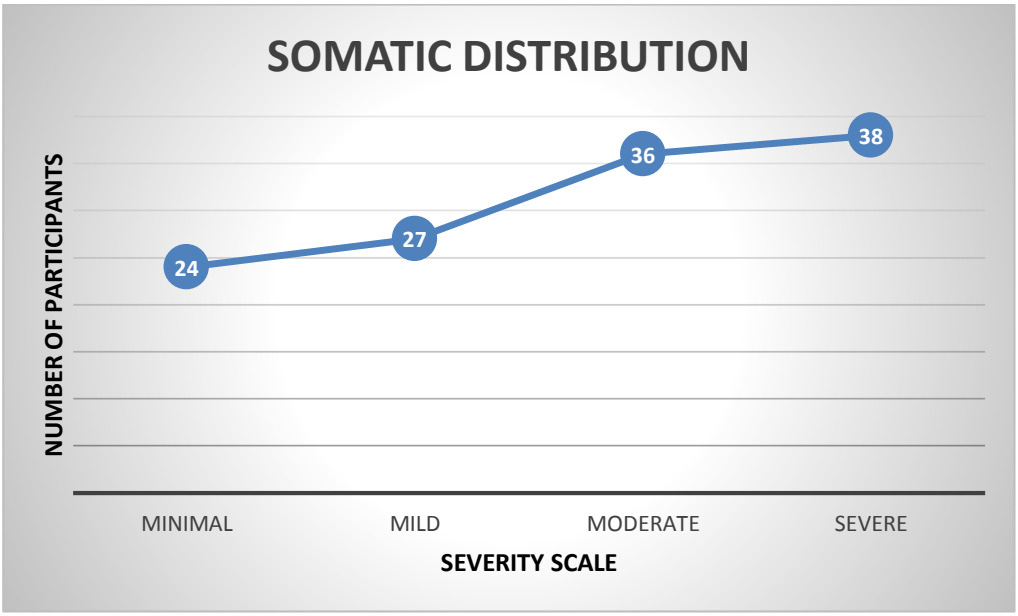
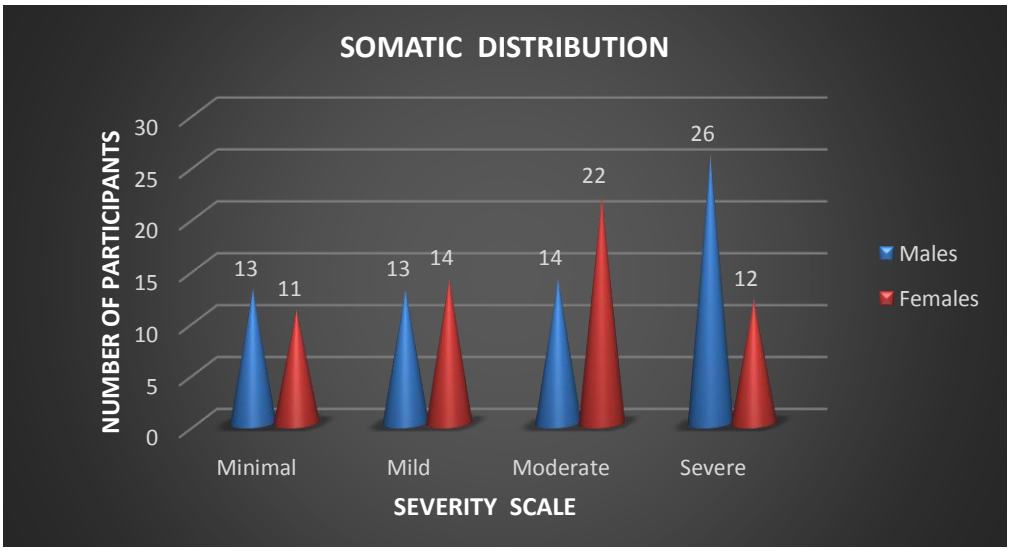


FIGURE :5 SEX WISE DISTRIBUTION



7.4. DISTRIBUTION AMONG COGNITIVE COMPONENT OF SUB-SCALE:

From the total 125 participants, 30 were suffering from minimal anxiety out of which 14 were males and 16 were females. 31 were suffering from Mild anxiety, out of which 17 were males and 14 were females. 30 were suffering from Moderate anxiety, out of which 15 were males and 15 were females. 34 were suffering from Severe anxiety, out of which 20 were males and 14 were females.

FIGURE :6 COGNITIVE DISTRIBUTION

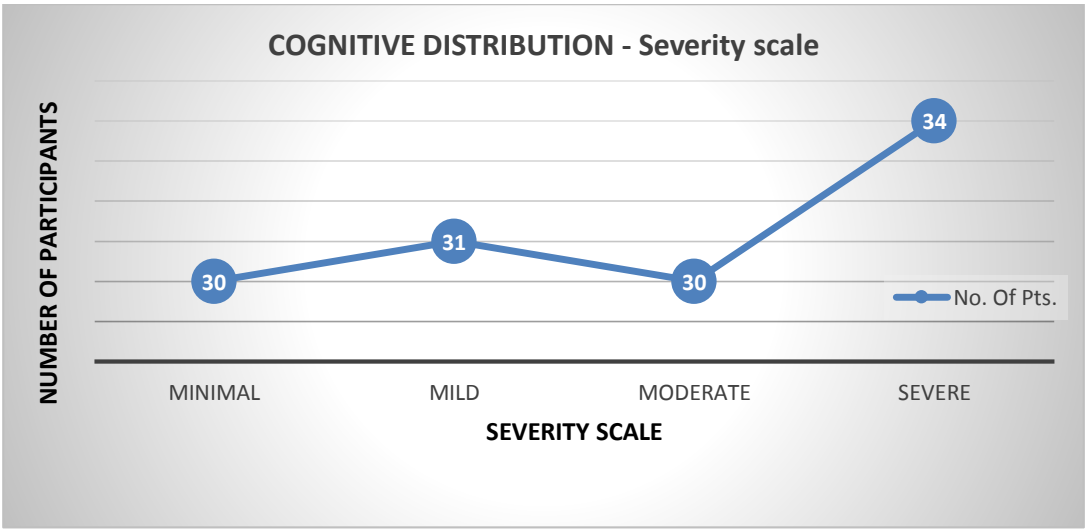
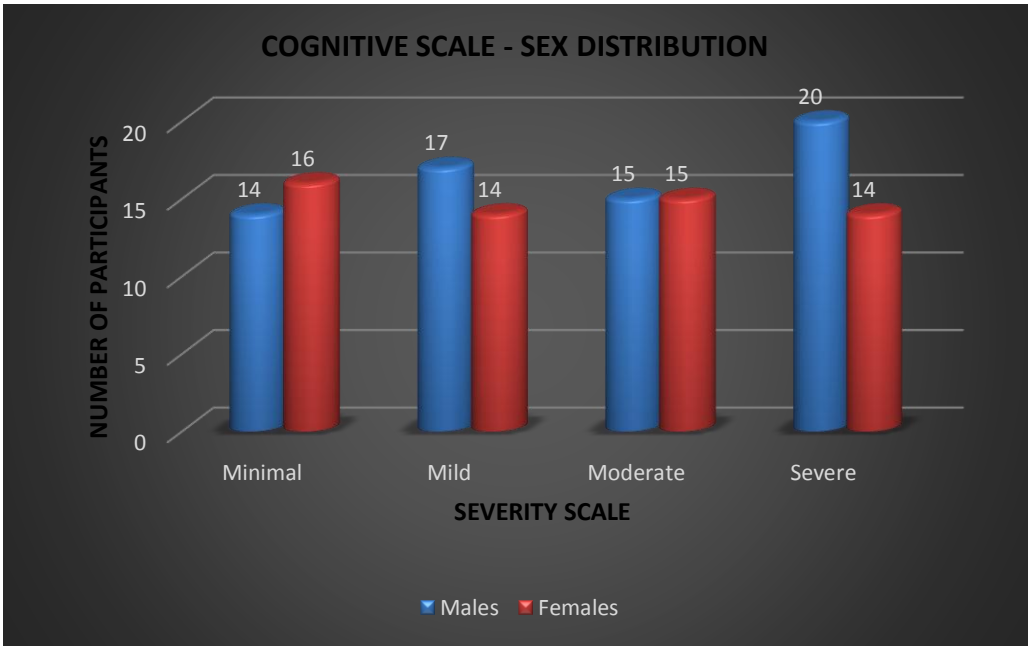


FIGURE 7: SEX WISE DISTRIBUTION



7.5 DISTRIBUTION AMONG AFFECTIVE COMPONENT OF SUB-SCALE:

The categorisation of participants based on the affective component of anxiety sub-scale is given below. From the total 125 participants, it was found that 30 were suffering from minimal anxiety out of which 14 were males and 16 were females. 30 were suffering from Mild anxiety out of which 14 were males and 16 were females. 29 were suffering from Moderate anxiety out of which 20 were males and 9 were females. 36 were suffering from Severe anxiety out of which 18 were males and 18 were females.

FIGURE: 8 AFFECTIVE DISTRIBUTION

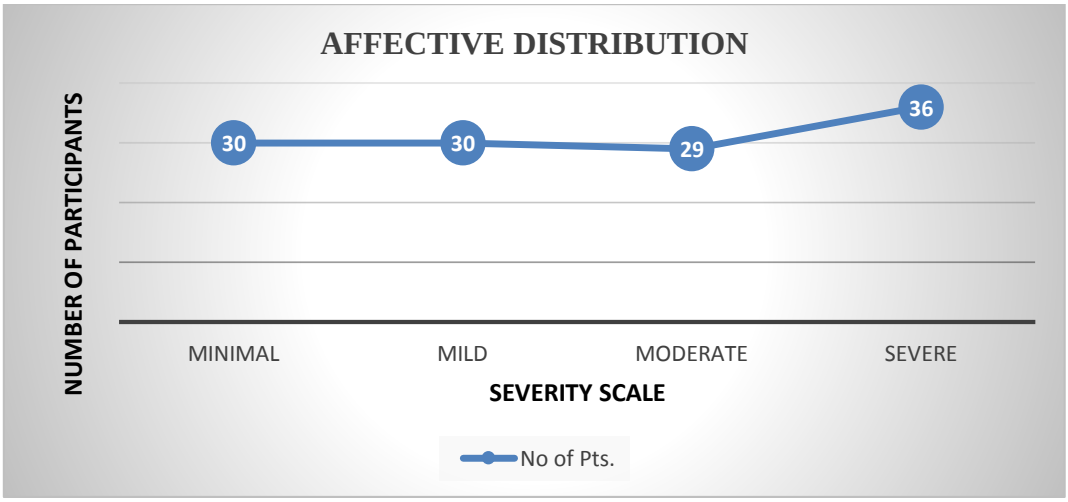
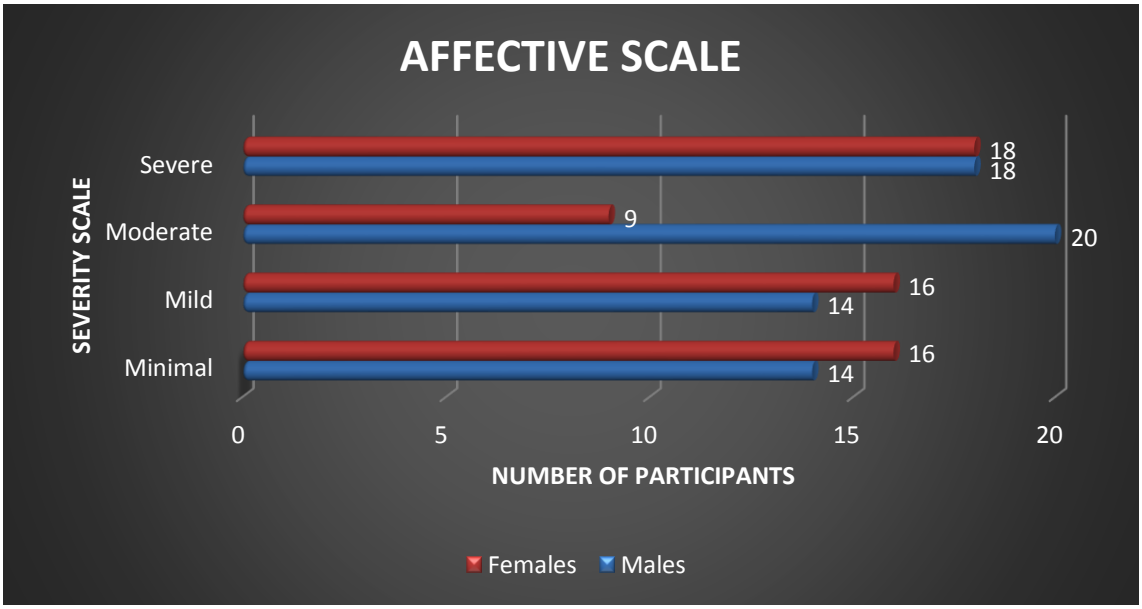


FIGURE 9 : SEX WISE DISTRIBUTION OF AFFECTIVE SCALE



7.6 INSURED/NOT INSURED PARTICIPANTS

Total number of participants is 125, among which 39 are insured and 86 are not insured. Among the 39 who have insured, 22 of them are males and 17 are females. Among the 86 who have not insured, 42 are males and 44 are females.

FIGURE : 10

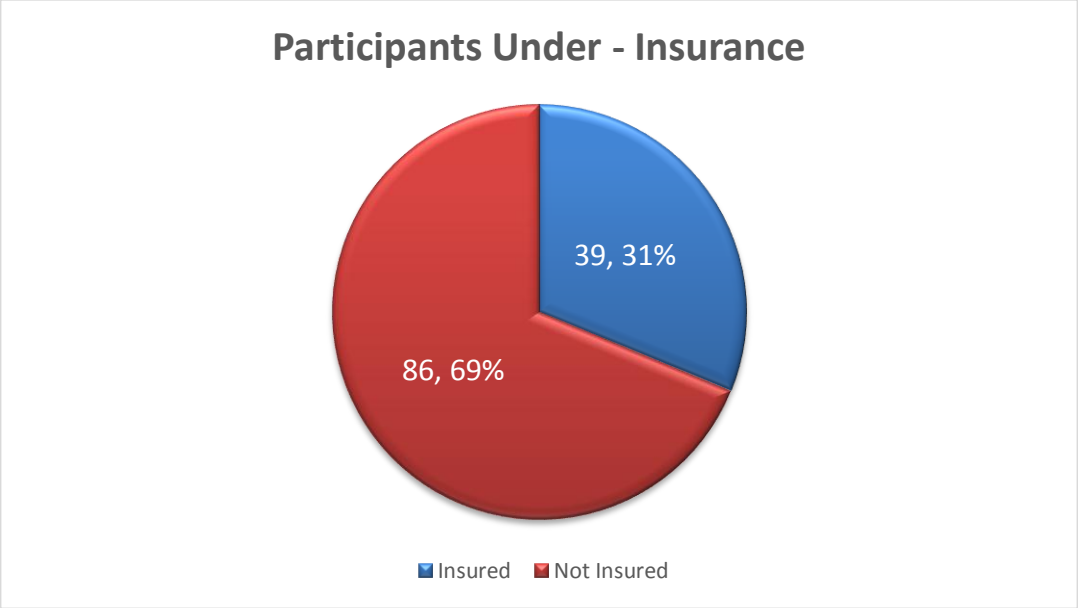
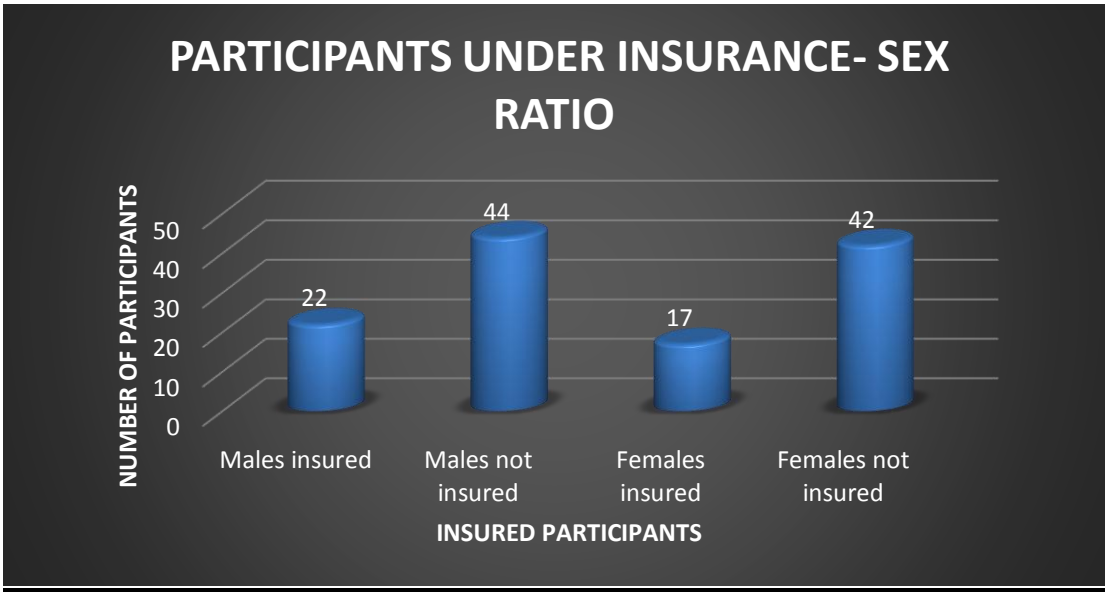


FIGURE : 11 **SEX WISE DISTRIBUTION**



7.7 DISEASED/NOT DISEASED PARTICIPANTS

The total no. of participants was 125 among which 87 were suffering with at least one disease and 38 were healthy and free from disease. Among the 87 who were suffering from at least one disease, 47 were males and 40 were females. Among the 38 who were free from diseases, 19 were males and 19 were females.

FIGURE : 12 DISEASE PER SE

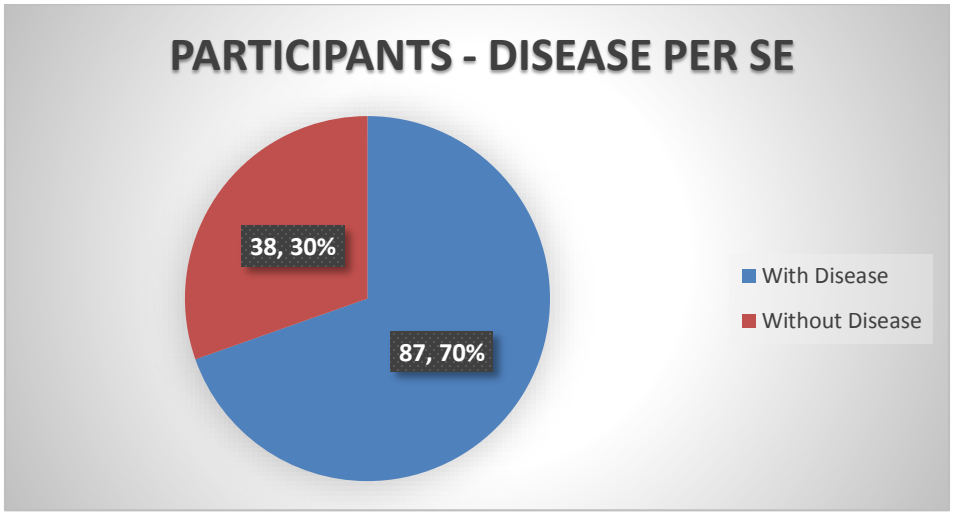
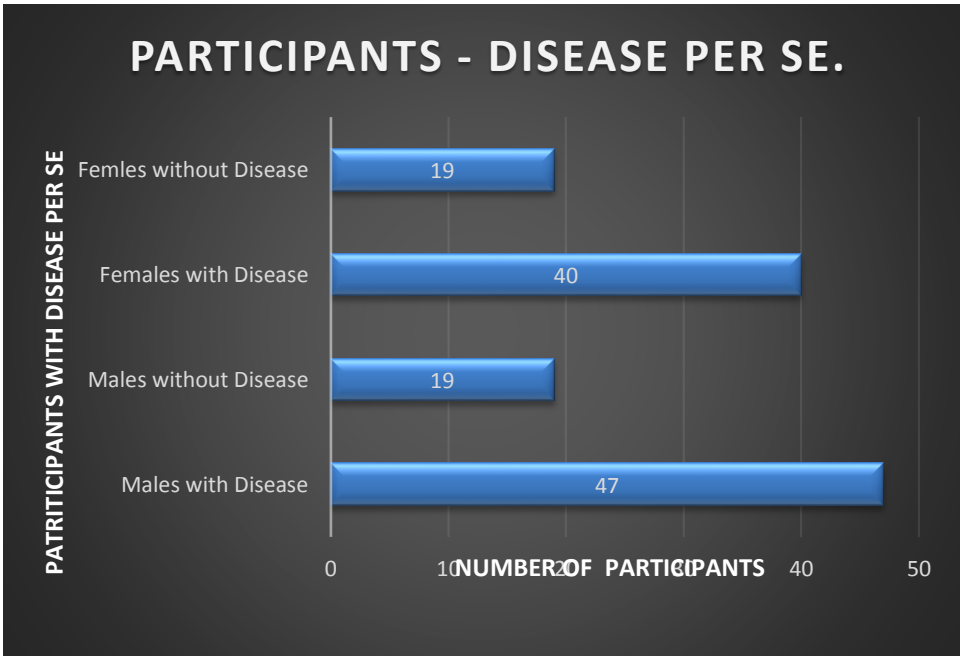


FIGURE : 13 SEX WISE DISTRIBUTION



7.8 PARTICIPANTS WHO PAID EXPENDITURE AND WHO HAVEN'T PAID

The total no. of participants was 125 among which 42 have paid their medical expenditure and 83 haven't paid their medical expenditure yet. Among the 42 who have paid, 22 were males and 20 were females and among the 83 who haven't paid, 41 were males and 42 were females.

FIGURE : 14 EXPENDITURE PER SE

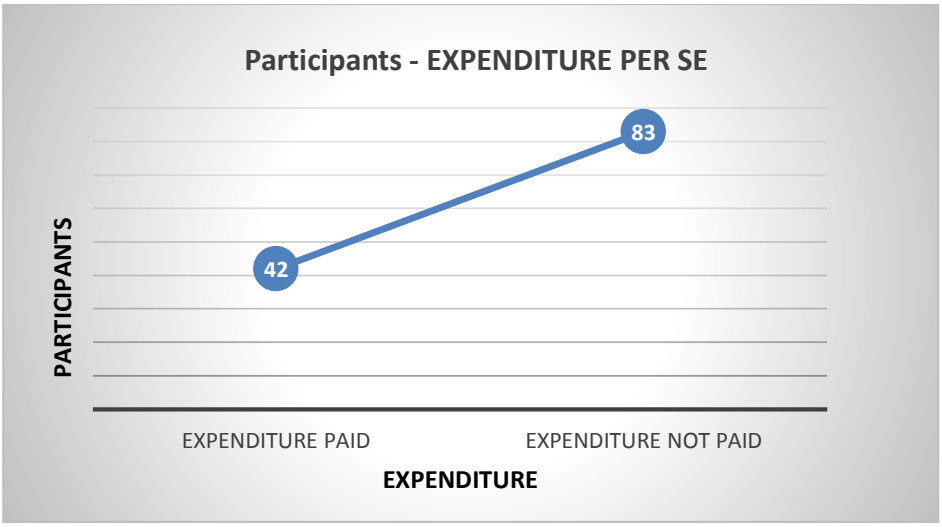
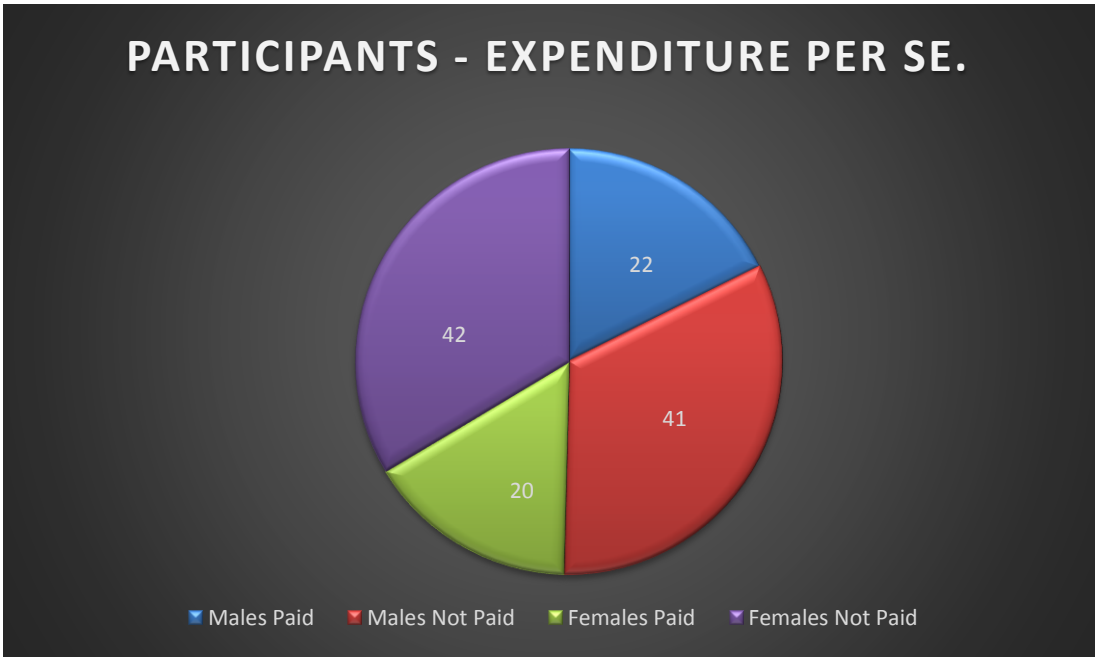


FIGURE 15 : SEX WISE DISTRIBUTION



7.9.TOTAL ASSESSEMENT OF ANXIETY

From the study it was found that, from the total of 125 participants, 22 were under Minimal Anxiety, 40 under Mild Anxiety, 30 under Moderate Anxiety and 33 under Severe Anxiety. Among the 22 subjects who were suffering from Minimal Anxiety 14 were Males and 8 were Females. Among the 40 subjects who were suffering from Mild Anxiety, 14 were Males and 26 were Females. Among the 30 subjects who were suffering from Moderate Anxiety, 17 were Males and 13 were Females. Among the 33 subjects who were suffering from Severe Anxiety, 21 were Males and 12 were Females.

FIGURE : 16 TOTAL ANXIETY LEVEL

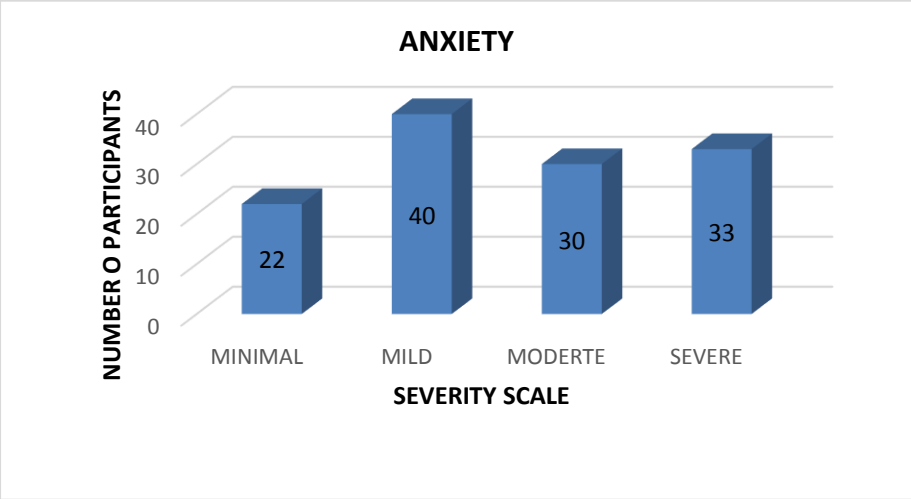
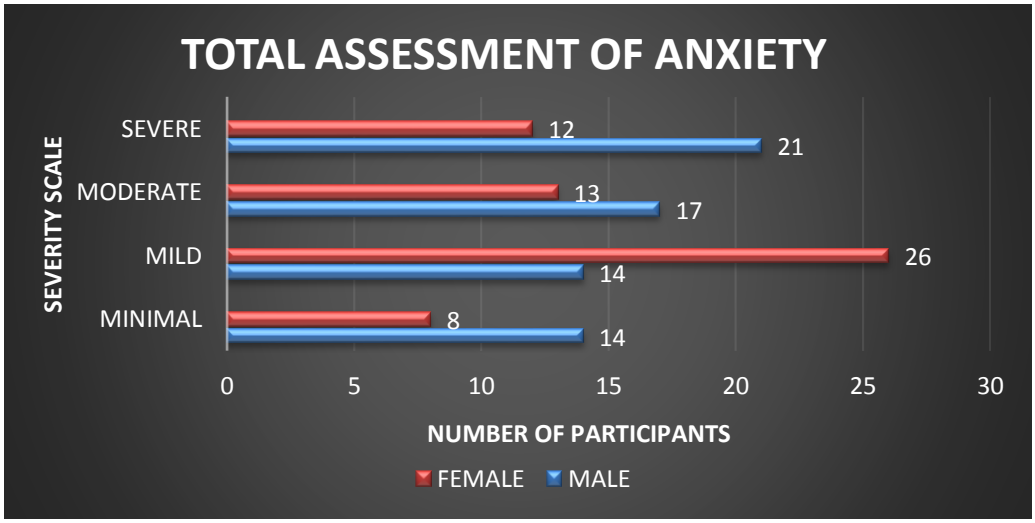


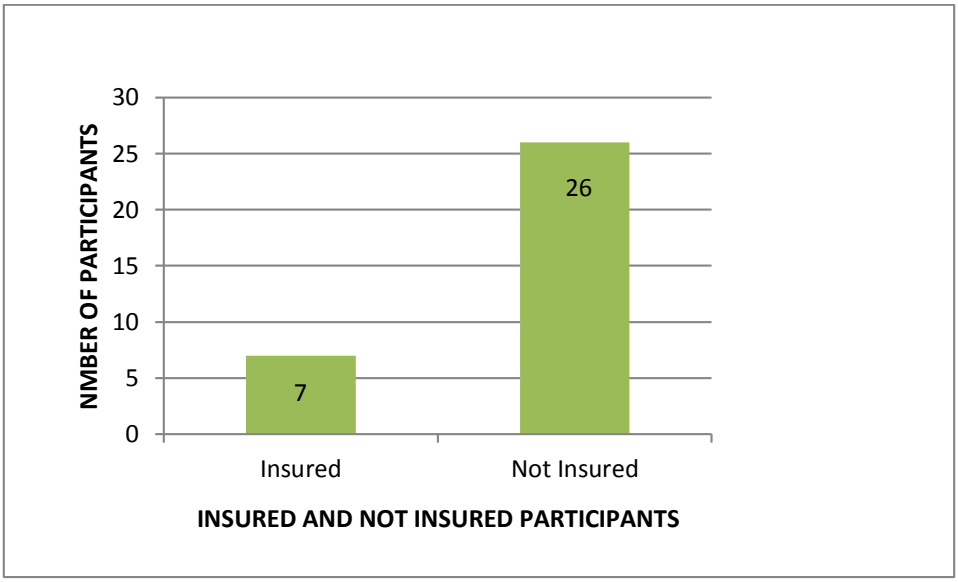
FIGURE : 17 SEX WISE DISTRIBUTION



7.10. COMPARISON OF THE ANXIETY BASED ON INSURANCE:

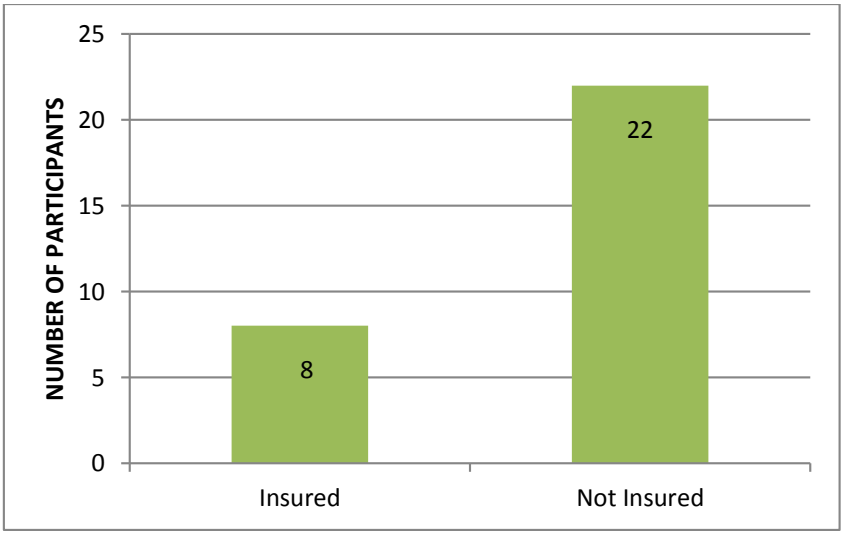
Among the participants in the survey, 33 were found to be having severe anxiety from which 26 were found to be not insured and 7 were found to be insured.

FIGURE : 18 COMPARISON OF ANXIETY – SEVERE ANXIETY



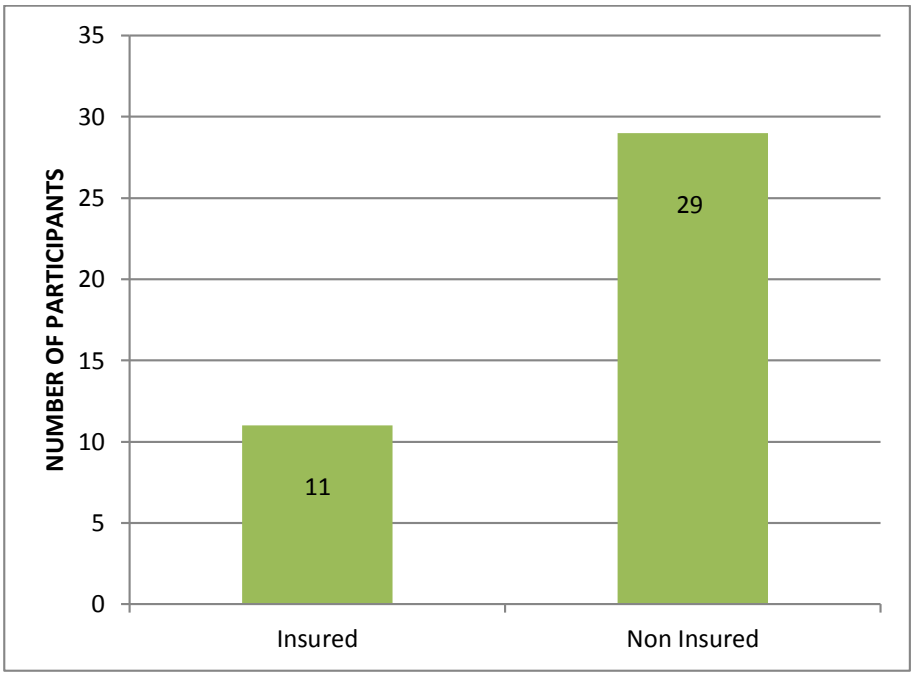
Among all the participants in the survey, 30 were found to be having moderate anxiety from which 8 were found to be insured and 22 were found to be not insured.

FIGURE : 19 MODERATE ANXIETY



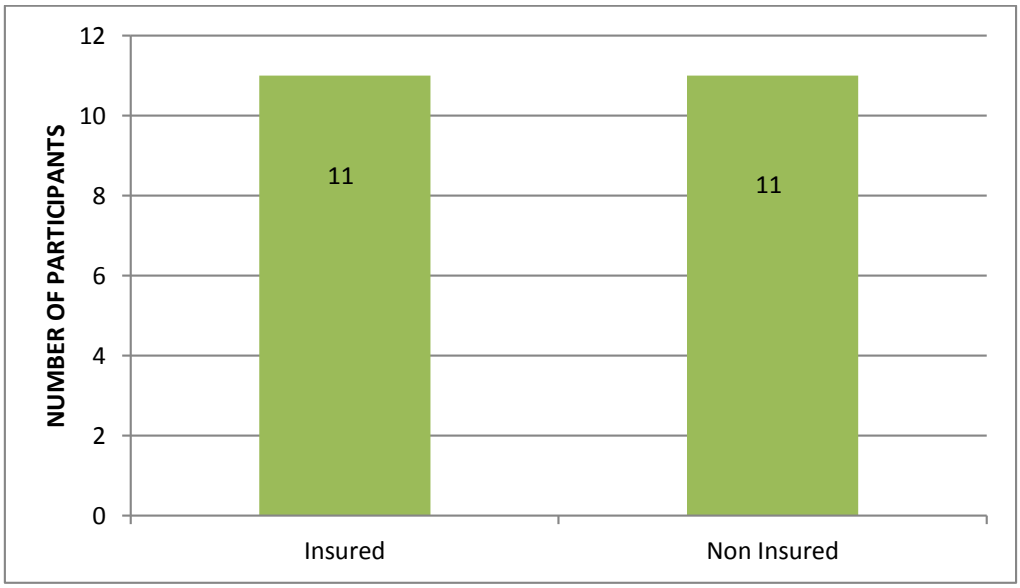
Among all the participants in the survey, 40 were found to be having mild anxiety from which 11 were found to be insured and 29 were found to be not insured.

FIGURE : 20 MILD ANXIETY



Among all the participants in the survey, 22 were found to be having minimal anxiety from which 11 were found to be insured and 11 were found to be not insured.

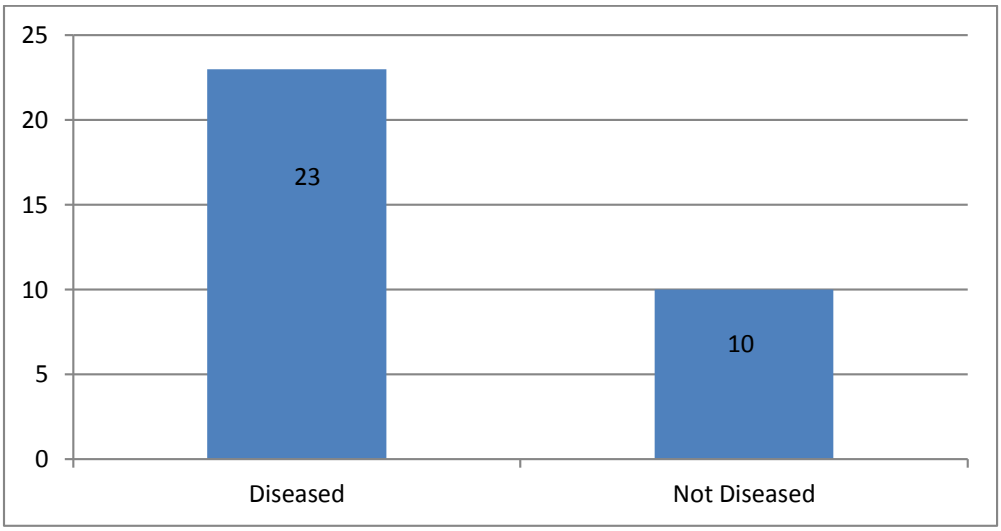
FIGURE : 21 MINIMAL ANXIETY



7.11. COMPARISON OF ANXIETY BASED ON DISEASE PER SE:

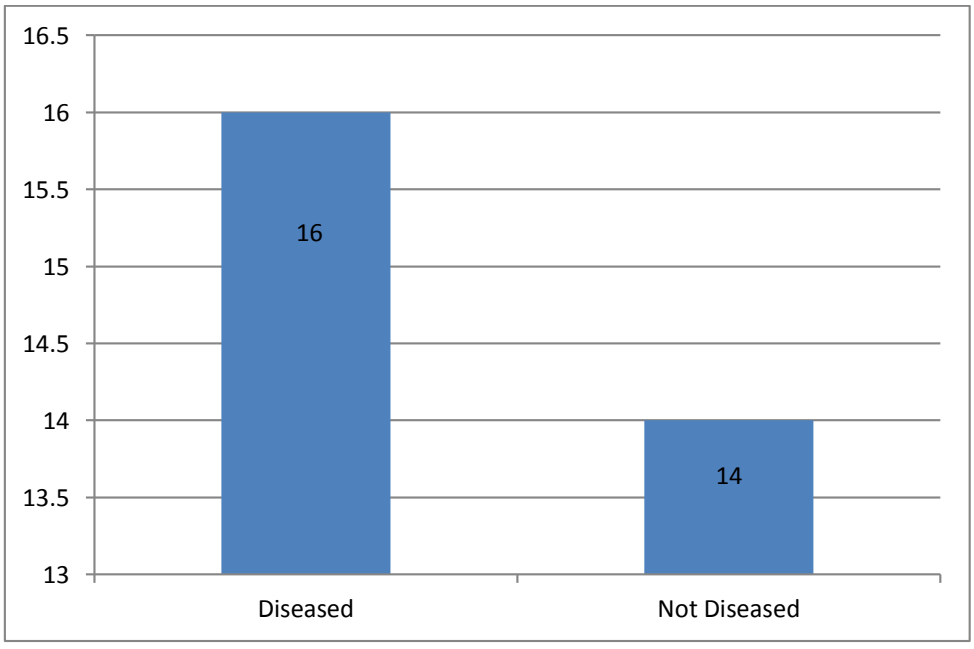
Among all the participants in the survey, 33 were found to be having severe anxiety from which 10 were found to be suffering from at least one disease and 23 were found to be free from all diseases.

FIGURE : 22 ANXIETY COMPARISON BASED ON DISEASE PER SE – SEVERE ANXIETY



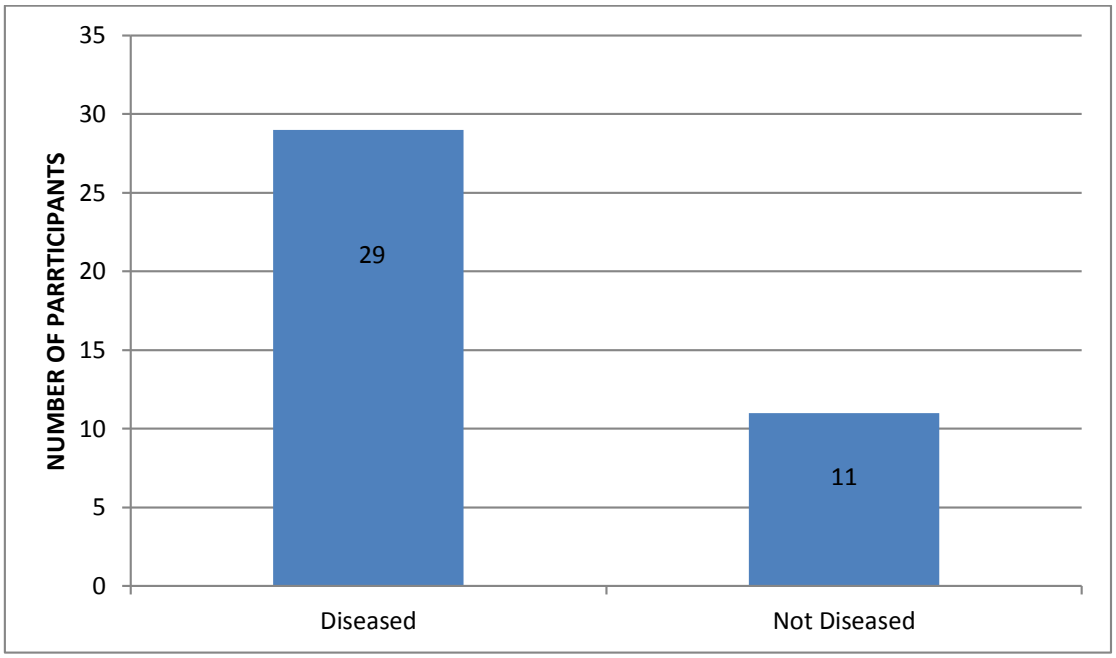
Among all the participants in the survey, 30 were found to be having moderate anxiety from which 16 were found to be suffering from at least one disease and 14 were found to be free from all diseases.

FIGURE 23: MODERATE ANXIETY



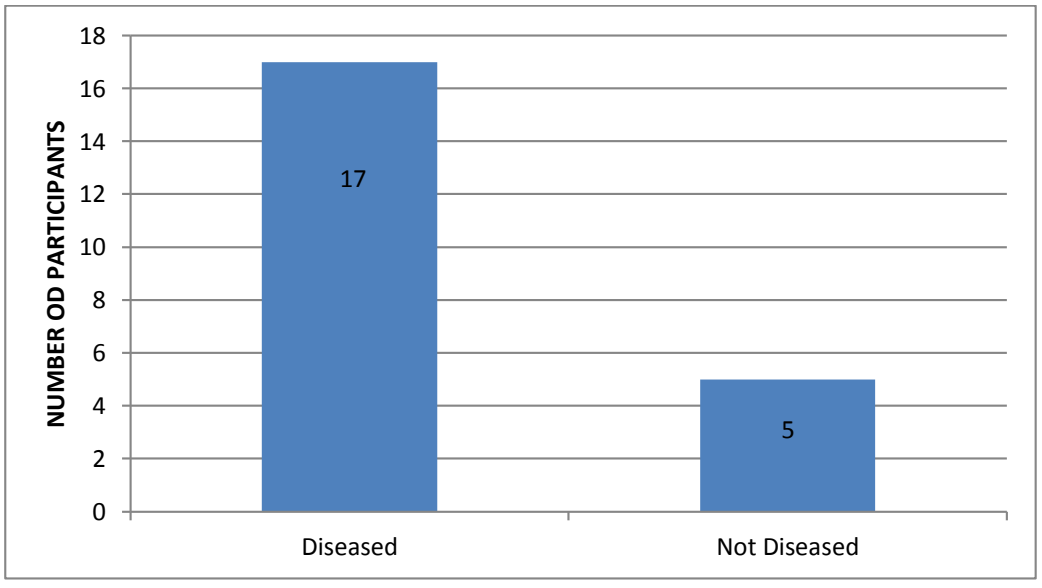
Among all the participants in the survey, 40 were found to be having mild anxiety from which 29 were found to be suffering from at least one disease and 11 were found to be free from all diseases.

FIGURE : 24 – MILD ANXIETY



Among all the participants in the survey, 22 were found to be having minimal anxiety from which 17 were found to be suffering from at least one disease and 5 were found to be free from all diseases.

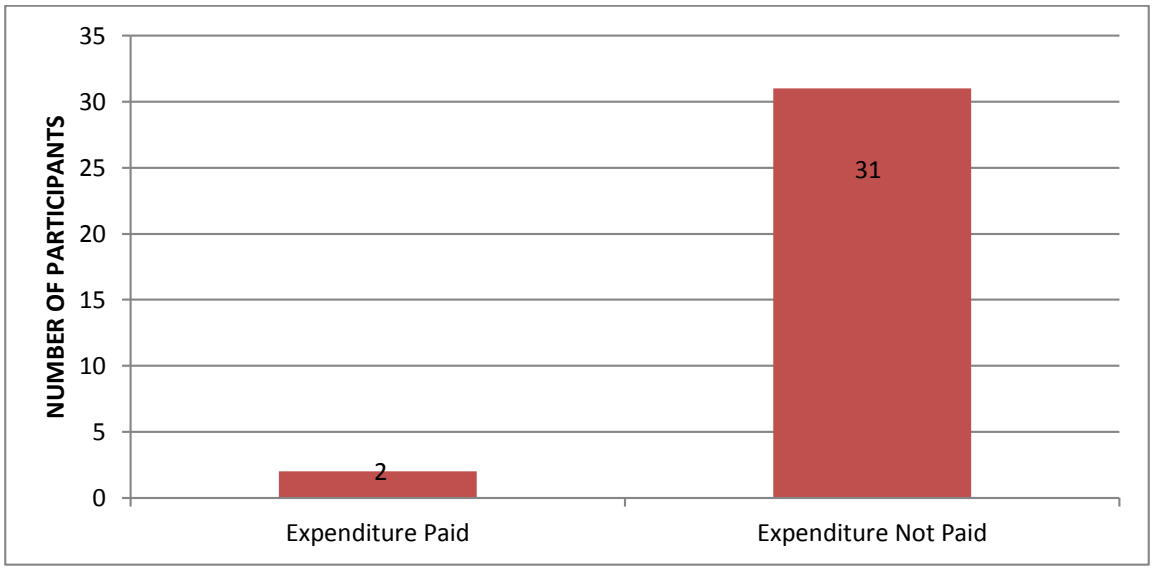
FIGURE : 25 MINIMAL ANXIETY



7.12. COMPARISON OF ANXIETY BASED OF EXPENDITURE PER SE:

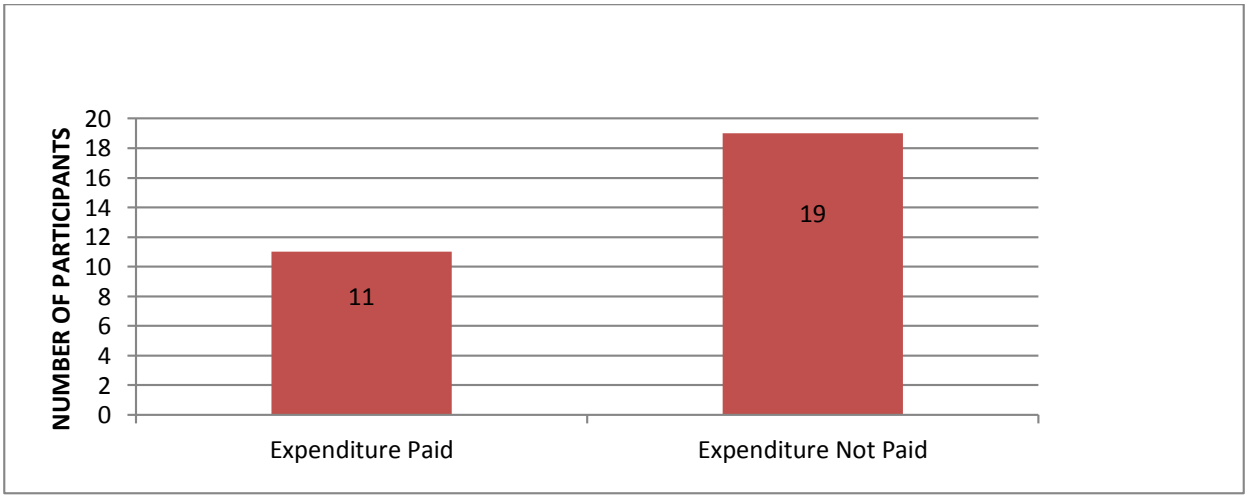
Among all the participants in the survey, 33 were found to be having severe anxiety from which 2 were found to have paid their medical expenditure and 31 were found to have not paid their medical expenditure.

FIGURE : 26 ANXIETY COMPARISON BASED ON EXPENDITURE PER SE- SEVERE ANXIETY



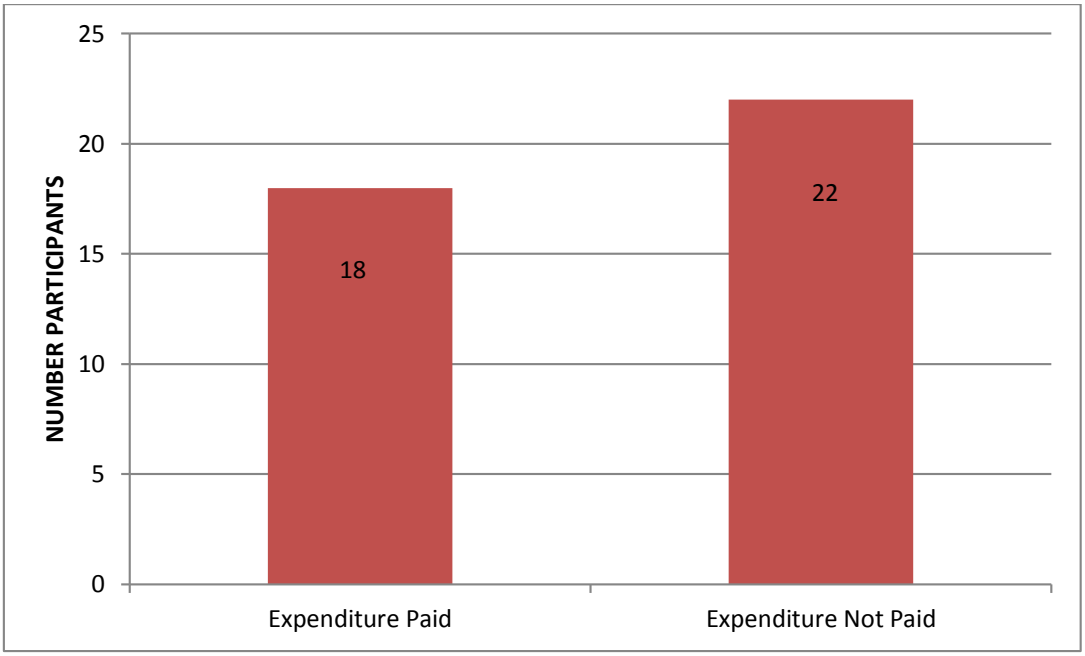
Among all the participants in the survey, 30 were found to be having moderate anxiety from which 11 were found to have paid their medical expenditure and 19 were found to have not paid their medical expenditure.

FIGURE 27 : MODERATE ANXIETY



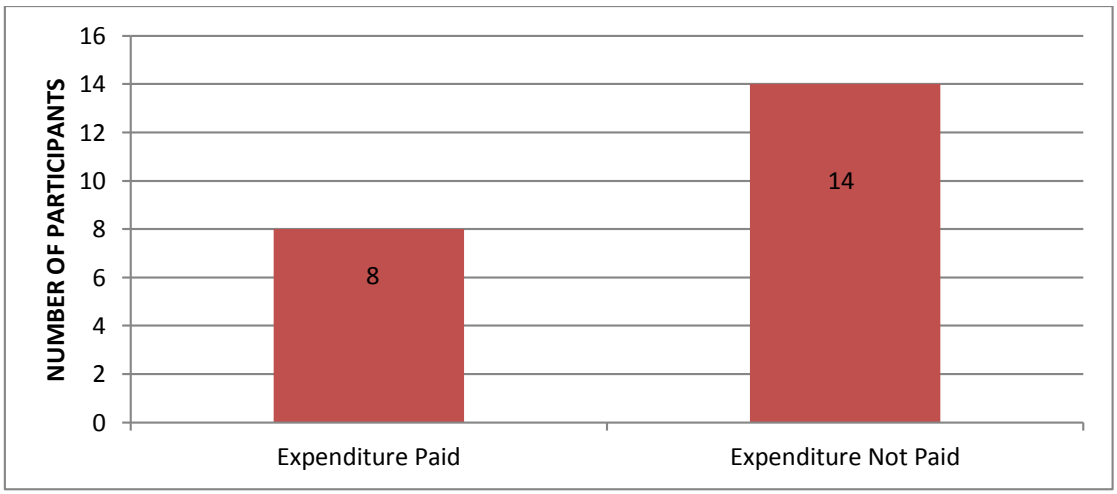
Among all the participants in the survey, 40 were found to be having mild anxiety from which 18 were found to have paid their medical expenditure and 22 were found to have not paid their medical expenditure.

FIGURE : 28 MILD ANXIETY



Among all the participants in the survey, 22 were found to be having minimal anxiety from which 8 were found to have paid their medical expenditure and 14 were found to have not paid their medical expenditure.

FIGURE 29 : MINIMAL ANXIETY



8. DISCUSSION:

Geriatric population is progressively increasing in number. Unfortunately, no consensus exists about health maintenance in this population, especially in psychological level like anxiety, depression etc. As individuals live longer, health promotion behaviour become even more important, particularly with regarding to maintaining functional independence and improving the quality of Life. This study focuses on determining the anxiety level of geriatric population so that they can be recognised and treated promptly. It's also aid to throw light on the importance of Health Insurance in the society, thereby giving focus to critical needs for improved quality of life and health maintenance. The Findings from this study is as follows.

8.1. SEX: In the study conducted, there are a total of 125 participants among which 66 were males and 59 were females. It was found that males were the ones who were more prone to suffer from anxiety in their life.

8.2. AGE: The study group is categorized into 3 groups based on the age segregation. In the group having participants of age group 65 – 75 years, there are a total of 101 participants among which 57 are males and 44 are females. In the group having participants of age group 76 – 85 years, there are a total of 20 participants among which 7 are males and 13 are females. In the group having participants of age group 86 – 95 years, there are a total of 4 participants among which 2 are males and 2 are females.

8.3 .SOMATIC COMPONENT: Among the total 125 participants, 24 had minimal anxiety out of which 13 were males and 11 were females. 27 had Mild anxiety, out of which 13 were males and 14 were females. 36 were under Moderate anxiety, out of which 14 were males and 22 were females. 38 had severe anxiety among which 26 were males and 12 were females.

8.4. COGNITIVE COMPONENT: The table below depicts the amount of participants falling under cognitive aspect of anxiety scale. From the total 125 participants, 30 were suffering from minimal anxiety out of which 14 were males and 16 were females. 31 were suffering from Mild anxiety, out of which 17 were males and 14 were females. 30 were suffering from Moderate anxiety, out of which 15 were males and 15 were females. 34 were suffering from Severe anxiety, out of which 20 were males and 14 were females.

8.5. AFFECTIVE COMPONENT: The categorisation of participants based on the affective component of anxiety sub-scale is given below. From the total 125 participants, it was found that 30 were suffering from minimal anxiety out of which 14 were males and 16 were females. 30 were suffering from Mild anxiety out of which 14 were males and 16 were females. 29 were suffering from Moderate anxiety out of which 20 were males and 9 were females. 36 were suffering from severe anxiety out of which 18 were males and 18 were females.

8.6. TOTAL ASSESSMENT OF ANXIETY: From the study it was found that, from the total of 125 participants, 22 were under Minimal Anxiety, 40 under Mild Anxiety, 30 under Moderate Anxiety and 33 under Severe Anxiety. Among the 22 subjects who were suffering from Minimal Anxiety 14 were Males and 8 were Females. Among the 40 subjects who were suffering from Mild Anxiety, 14 were Males and 26 were Females. Among the 30 subjects who were suffering from Moderate Anxiety, 17 were Males and 13 were Females. Among the 33 subjects who were suffering from Severe Anxiety, 21 were Males and 12 were Females.

8.7. ANXIETY WHEN INSURED / NOT INSURED: Among the participants in the survey, 33 were found to be having severe anxiety from which 26 were found to be not insured and 7 were found to be insured. Among all the participants in the survey, 30 were found to be having moderate anxiety from which 8 were found to be insured and 22 were found to be not insured. Among all the participants in the survey, 40 were found to be having mild anxiety from which 11 were found to be insured and 29 were found to be not insured. Among all the participants in the survey, 22 were found to be having minimal anxiety from which 11 were found to be insured and 11 were found to be not insured.

8.8. ANXIETY WHEN DISEASE PER SE: Among all the participants in the survey, 33 were found to be having severe anxiety from which 10 were found to be suffering from at least one disease and 23 were found to be free from all diseases. Among all the participants in the survey, 30 were found to be having moderate anxiety from which 16 were found to be suffering from at least one disease and 14 were found to be free from all diseases. Among all the participants in the survey, 40 were found to be having mild anxiety from which 29 were found to be suffering from at least one disease and 11 were found to be free from all diseases Among all the participants in the survey, 22 were found to be having minimal anxiety from which 17 were found to be suffering from at least one disease and 5 were found to be free from all diseases.

8.9. ANXIETY WHEN EXPENDITURE PER SE: Among all the participants in the survey, 33 were found to be having severe anxiety from which 2 were found to have paid their medical expenditure and 31 were found to have not paid their medical expenditure. Among all the participants in the survey, 30 were found to be having moderate anxiety from which 11 were found to have paid their medical expenditure and 19 were found to have not paid their medical expenditure. Among all the participants in the survey, 40 were found to be having mild anxiety from which 18 were found to have paid their medical expenditure and 22 were found to have not paid their medical expenditure. Among all the participants in the survey, 22 were found to be having minimal anxiety from which 8 were found to have paid their medical expenditure and 14 were found to have not paid their medical expenditure.

9. OVERALL RESULT:

From this study, it is found that the anxiety level in geriatric age group changes according to the age and sex. The study concluded that males were more anxious when compared to female. The components of anxiety such as the somatic, cognitive and affective components are differentiated in which also males were found to be more anxious than females. Then, on analysing the health insurance applications, the insured were found to be less anxious than people who were not insured. Similarly, the diseased people were found to be more anxious than the non-diseased and the people who paid the expenditures were found to be less anxious than the one who did not.

10.CONCLUSION:

The problem of the aged is multiple that includes medical, psychological and financial with assurance of good quality of the life security and good terminal care. They are the senior citizens who have worked to bring the young generation to meaningful productive status. They had guided their individual families to raise the level of social economic security. They have added spiritual approach to life in the community and have contributed their best in National developmental and progress. Anxiety levels are the extension of what most people perceive as normal worry and concern. It's very common to find its presence among the elderly. Those who experience may fear that others would label their excessive worry and fear as simply a weakness. As a result, they may try to ignore the seriousness of their condition and deal with it themselves. They often avoid seeking help and suffer in silence. So, the geriatric age group is suggested to the psychological counselling and respective psychiatric and somatic treatment if necessary.Thus this study insists that care to geriatrics should be increased and thereby improving the Quality Of Life.

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