

Functional Limitation and Dependency in Older Persons and Their Relationship with Depressive Symptoms

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ABSTRACT

INTRODUCTION: As society ages, older persons may be more dependent and experience functional decline which could be aggravated by other underlying conditions such as having depressive symptoms. This study will look at the prevalence of functional limitations and its relationship with depressive symptoms. **METHODS:** Data was obtained from the National Health Morbidity Survey (NHMS) 2018, a cross-sectional survey on older persons. Data was collected using face to face interview with validated tools namely Barthel's index of activity of daily living (ADL) and Lawton's scale for instrumental of daily living (IADL) to assess the respondents' functional ability; and Geriatric Depression Scale (GDS) to assess depressive symptoms. Data analysed using descriptive and simple logistic regression. **RESULTS:** The overall prevalence of limitations in ADL among older persons was 17% and IADL was 42.9%. Those who are female, living in urban area, not living alone and those with a spouse has a higher prevalence of functional limitation and dependence compared to their counterparts. The prevalence of limitation in ADL among older persons with depressive symptoms was 32.3% (95%CI: 26.4, 38.9) and in IADL was 18.2% (95%CI: 14.9, 21.9). Older persons with depressive symptoms have 4.5 times odds of having limitations in ADL (OR:4.53; 95%CI: 3.67, 5.6) and three times odds of having impairment in IADL (OR:3.01; 95%CI: 2.45, 3.70) **DISCUSSION:** Functional limitation and dependency should be identified especially among older persons with depressive symptoms. Early detection is vital in order to provide necessary support to prevent further decline and improve quality of life.

KEYWORDS: Elderly, Activity daily living, Functional Limitation, Depression,

Gingivostomatitis Outbreak in A Religious Teaching Institution Seberang Perai Utara.

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ABSTRACT

BACKGROUND: Gingivostomatitis is the presence of oral mucosa and gingiva ulcerative lesions. Usually self-limiting and heals within two weeks the commonest caused is by bacteria or virus. Gingivostomatitis in a boarding school suggested primary herpetic gingivostomatitis. Other possible causes of an outbreak in an institution are varicella-zoster virus infection and hand-foot-and-mouth disease. Spread by close physical contact 90% of gingivostomatitis are caused by herpes simplex virus type I. Objectives: The objective of the study was to describe epidemiological and control the gingivostomatitis outbreak. **METHODS:** Descriptive study was conducted together with laboratory testing and an environmental survey to investigate the outbreak and institute necessary control measures. **RESULTS:** A total of 15 cases was identified. The attack rate was 42.9%. Students aged 10 years to 15 years old presented with mouth ulcer (100%), sore throat (53.3%) and headache (40%). The first onset occurred on the 5.2.2019 and the last onset was on the 14.2.2019. Throat swab and mouth ulcer scrapping failed to isolate any virus. Environmental investigation was satisfactory. Conclusion: Close contact from the index case and the practice of sharing food utensils was noted to be the source of the outbreak. Student recovered by symptomatic treatment and personal hygiene was stressed upon. Earlier laboratory sample to be taken upon symptom appears for an accurate result.

KEYWORDS: gingivostomatitis, herpes simplex, oral ulcer