Original Article

Impact of Dementia on Life Satisfaction, Happiness and Quality of Life among Elderly People in Sialkot

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Abstract

Objective: Dementia is the forgetfulness, which is very common among elderly people, and causes marked differences in the intellectual, social, and occupational aspects of people's life. The purpose of the current study is to examine the impact of dementia on quality of life, life satisfaction and happiness among elderly people.

Methods: The current research is a qualitative research and it is based on random sampling technique. Sample was collected from 90 elderly people above 65 years, both males and females, of Sialkot.

Results: Results of Pearson correlation shows that there is a negative correlation between dementia and three dependent variables; life satisfaction (-.632), Quality of life (-.760) and Happiness (-.588), means when dementia level increases then there is a decrease in the levels of life satisfaction, Quality of life and Happiness and vice versa, and $p<0.05$, means there is significant correlation. But the results of One-Way MANOVA shows that Quality of Life and Happiness is dependent on Dementia (as $p<0.05$), but Life Satisfaction do not have statistically significant dependence (as $p>0.05$).

Conclusion: From the results of the present study, it is concluded that dementia impact negatively on life satisfaction, quality of life and happiness. If dementia severity increases, there is a decrease in the level of life satisfaction, quality of life and happiness among elderly people. The impact of dementia on Quality of Life and Happiness is statistically significant, but on Life Satisfaction impact is not statistically significant. This means that Life Satisfaction affected negatively due to dementia, but its extent is very small to be noted statistically.

Key words: dementia, quality of life, happiness, life satisfaction, elder people.

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Introduction

Forgetfulness is not only associated with aging, but it is maybe due to a disorder known as dementia. Although there is no age for its occurrence, but dementia is firmly related to advanced age and is a genuine moderate ongoing condition that influences all parts of day-by-day living. Dementia is a psychological issue as it influences the legitimate working of the mind. A dementia individual faces hardships in performing everyday undertakings, discussing with others, recalling things, insight, and decisions. In dementia, individuals fail to remember the things they need to do. They couldn't adjust the new data. It depends upon the severity of dementia that how much people face difficulty in their livings.

Some common signs of dementia include memory issues, particularly remember recent events, the increased rate of confusion and minimized concentration. It cause personality or behaviour changes and move a person towards apathy and withdrawal or depression. A person loss his/her ability to do everyday tasks, most of the time people fail to analyze that these symptoms are signs that something is wrong. They may mistakenly assume that such behaviour is a normal part of the ageing process.

There are certain types of dementia such as Alzheimer's disease, vascular dementia, lewy body dementia, fronto-temporal dementia, mixed dementia and reversible causes that are named due to their causes of occurence. Dementia may occur due to changes in brain, stroke, high blood stream strain to cerebrum, diabetes, high tension level, and elevated cholesterol etc., and causes

impairment in individual's functioning.

Being female, having higher evaluations of self-percei-ved risk and considerate ageism, and lower social desir-ability explained higher scores of dementia related anxiety (DRA)1 (Yun, S. & Maxfield, M., 2020), further-more, people with hereditary exposure to dementia revealed more prominent DRA contrasted with those with no dementia exposure.[1,2]

As WHO (2017) elucidate that dementia does not solely influence older people, but also affect the young people who are below 65, age up to 9% of cases. Though age is the most grounded risk factor for the beginning of dementia, but there are other risk factors, include incor-porate actual dormancy, weight, uneven eating regimens, tobacco use and unsafe utilization of liquor just as dia-betes mellitus and midlife hypertension. Other poten-tially modifiable risk factors more explicit to dementia incorporate midlife depression, low educational fulfill-ment, social disengagement and intellectual latency. Moreover, non-modifiable hereditary risk factors exist that increment an individual's danger of creating de-mentia.[3]

Dementia likewise has an enthusiastic impact on patients. An individual with an ongoing analysis of dementia might have feelings like melancholy, outrage, misfor-tune, dread, and shock. Dementia might make indivi-duals feel shaky and lose trust in themselves and their capacities. As people could not perform their routine duties well, their life fulfillment and personal satisfac-tion are impacted.

Quality of life is the capacity of an individual to live according to the standards and expectations of the society. O'Rourke et al. argues that growing population of people with dementia (PWD) requires support to achieve good quality of life (QoL). Good QoL is a positive evaluation of one's life perspective. The feelings of connectedness have positively influenced QoL. Family relationships, cognitive function, behavioral dementia symptoms, ability to care for someone and functioning as though without diseases directly influenced QoL and indirectly dementia.[4]

Life satisfaction is a fundamental part of in general prosperity and is widely read for its relationship with advantageous physical, social, and mental variables.[5] It state that low life satisfaction is identified with nume-rous unfriendly wellbeing results including demise because of wounds, expanded self-destruction, dementia and all-cause passing, . For more old grown-ups, life satisfaction is not just prescient yet sharp decreases in life fulfillment more emphatically foresee closeness to death than age.

Happiness is a state of mind. It is a feeling of showing pleasure or contentment. Happy people feel positive, excited, energetic and away from worries. One is blissful when one encounters more delight than torment.

Many researches have been conducted on dementia. Many researchers find out the reasons, causes and influence of dementia on life. We also do work hard to explore the adverse impact of dementia on life satis-faction, quality of life and happiness among elderly people. We also study the articles and old studies which indicate these factors. As a study was conducted by Giebel in 2014, and the results of this study indicate that across all stages and nations, being less prepared to perform fundamental activities of daily livings, inclu-ding washing, control, dressing, dealing with, toileting, and move, reduce QoL in dementia, as the necessity for assist with these activities makes people with demen-tia dependent upon casual or formal care.[6]

In another study, conducted by Moyle et al. (2011), it was recognized that there are three key variables (family, individuals and things) that impact the QOL of indivi-duals living with dementia in long term care. The dimi-nishing QOL was due to their restricted control of the climate and hesitant of 'family, 'individuals' and 'things' to normal family visits, potential chances to lay out connections and to participate in significant social exer-cises that esteemed inhabitants.[7]

Zank & Leipold conducted a study in 2001, and the results of this study show that subjects with less severe disease revealed being more happy with life and less discouraged in the event that they were all the more intellectually debilitated. Members with gentle dementia revealed more burdensome side effects and less life fulfillment than people with more extreme dementia, assuming there were not many requirements on actual wellbeing.[8]

Sturm et al. conducted a study intends to inspect connec-tions between left-lateralized decay and positive enthu-siastic reactivity. Positive feelings cultivate social connections and propel thought and activity. The results recommends that left-lateralized fronto-striatal decay is specifically connected with joy dysregulation.[9]

A study conducted by Shaw et al. (2021), the results revealed that the individuals living with a kind of dementia can't feel as blissful as they did prior to foste-ring the sickness.[10] It was inferred that the deficiency of happiness among PwD was connected the deterio-ration of their mind delight framework. Such individuals become incredibly withdrawn and very aloof and mis-fortune, and might hinder their capacity to produce pleasurable minutes and thus decline their positive effect.[10]

A study presented the aftereffect of this study is that the social connections, sorrow, and exercises of day-by-day living fundamentally affected life fulfillment

for the typical gathering, while social connections and discouragement profoundly affected life fulfillment for the dubious gathering, and social connections exceptionally affected life fulfillment for the high-hazard bunch.[2]

Methods

The current research is based on a qualitative research approach. Random sampling technique was used for the collection of data. A questionnaire was used to collect data from elderly people above 65 years, that was based on four scales; dementia severity rating scale (Christopher M Clark), quality of life scale (Flanagan; Schünemann, H. , 2003), subjective happiness scale (Lyubomirsky, S., & Lepper, H. S. ,1999) and satisfaction with life scale (Diener, Emmons, Larson, & Griffin, 1985). This questionnaire was administered on 45 males and 45 females, both with age 65 and above of Sialkot. Statistical package for social sciences was used for data analysis; descriptive analysis and Pearson Product Moment Correlation Coefficient of computer relationship between variables were used. In addition, the one-way multivariate analysis (one-way MANOVA) was used to find the impact of independent variable (dementia) on dependent variables (life satisfaction, quality of life and happiness) among elderly people in Sialkot.

Inclusion & Exclusion Criteria

People with age of 65 and above with impaired memory were included and others were excluded.

It is hypothesized that:

- There would be negative relationship between life satisfaction and dementia among elderly people.
- There would be negative relationship between quality of life and dementia among elderly people.
- There would be negative relationship between happiness and dementia among elderly people.
- There would be positive relationship between life satisfaction and dementia among elderly people.
- There would be positive relationship between quality of life and dementia among elderly people.
- There would be positive relationship between happiness and dementia among elderly people.

Results

In this research, the data of 90 elder people was collec-

Table 1: *Descriptive Statistics of all the Variables of the Current Study*

		total. swls	total . Qol	total. DSRS	Total. shs
N	Valid	90	90	90	90
	Missing	0	0	0	0
Mean		22.5111	65.2889	20.6000	16.0444
Std. Deviation		6.29115	18.46116	14.39241	5.42758

Table 2: *Pearson Product-Moment Coefficient Correlation Analysis for Model Variables of Current Study Among Elderly People*

Correlations		total.swls	total.Qol	total.DSRS	Total.shs
total.swls	Pearson Correlation	1	.724**	-.632**	.705**
	Sig. (2-tailed)		.000	.000	.000
	N	90	90	90	90
total.Qol	Pearson Correlation	.724**	1	-.760**	.667**
	Sig. (2-tailed)	.000		.000	.000
	N	90	90	90	90
total.DSRS	Pearson Correlation	-.632**	-.760**	1	-.588**
	Sig. (2-tailed)	.000	.000		.000
	N	90	90	90	90
Total.shs	Pearson Correlation	.705**	.667**	-.588**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	90	90	90	90
**. Correlation is significant at the 0.01 level (2-tailed).					

Note: From the above table, it is concluded that there is a negative correlation between dementia and happiness, quality of life and satisfaction with life, as in the table Pearson Correlation Coefficient is -.632 (for life satisfaction), -.760 (for Quality of Life) and -.588 (for Happiness), where negative sign show that when dementia increases, the level of life satisfaction, quality of life and happiness decreases. As in the table 3, Sig. (2-tailed) value or p value is p<0.05, so correlation is significant between dementia, life satisfaction, quality of life and happiness.

Table 3: *One-way MANOVA Results, Multivariate Tests Table for Model Variables of Current Study*

	Effect	Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Intercept	Pillai's Trace	.976	619.869[b]	3.000	46.000	.000	.976
	Wilks' Lambda	.024	619.869[b]	3.000	46.000	.000	.976
	Hotelling's Trace	40.426	619.869[b]	3.000	46.000	.000	.976
	Roy's Largest Root	40.426	619.869[b]	3.000	46.000	.000	.976
total.DSRS	Pillai's Trace	1.700	1.530	123.000	144.000	.007	.567
	Wilks' Lambda	.064	1.699	123.000	138.737	.001	.601
	Hotelling's Trace	5.249	1.906	123.000	134.000	.000	.636
	Roy's Largest Root	3.468	4.060[c]	41.000	48.000	.000	.776

a. Design: Intercept + total.DSRS

b. Exact statistic

c. The statistic is an upper bound on F that yields a lower bound on the significance level.

Note: In the table 4 shown above, as F (123,138.737) = 1.699 and Wilks' Lambda sig. value is .001, which means p<0.05, so it is concluded that there is a statistically significant impact of dementia on Life satisfaction, Quality of Life and Happiness.

Table 4: *Difference between Independent and Dependent Variables of the Current Study*

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	total.swls	2163.889[a]	41	52.778	1.865	.019	.614
	total.Qol	22982.356[b]	41	560.545	3.661	.000	.758
	Total.shs	1763.656[c]	41	43.016	2.406	.002	.673
Intercept	total.swls	31896.762	1	31896.762	1126.928	.000	.959
	total.Qol	251348.018	1	251348.018	1641.427	.000	.972
	Total.shs	16248.482	1	16248.482	908.829	.000	.950
total.DSRS	total.swls	2163.889	41	52.778	1.865	.019	.614
	total.Qol	22982.356	41	560.545	3.661	.000	.758
	Total.shs	1763.656	41	43.016	2.406	.002	.673
Error	total.swls	1358.600	48	28.304			
	total.Qol	7350.133	48	153.128			
	Total.shs	858.167	48	17.878			
Total	total.swls	49130.000	90				
	total.Qol	413970.000	90				
	Total.shs	25790.000	90				
Corrected Total	total.swls	3522.489	89				
	total.Qol	30332.489	89				
	Total.shs	2621.822	89				

a. R Squared = .614 (Adjusted R Squared = .285)

b. R Squared = .758 (Adjusted R Squared = .551)

c. R Squared = .673 (Adjusted R Squared = .393)

Note: From the table 5, it is shown that dementia has a statistically significant effect on two dependent variables, Quality of Life (F (41,29) = 3.661 ; sig. value is 0.000 which means that p < 0.025) and Happiness (F (41,29) = 2.406 ; sig. value is 0.002 which means that p < 0.025), But dementia do not have statistically significant effect on Life satisfaction (F (41,49) = 1.865 ; sig. value is 0.19 which means that p > 0.025).

ted from Sialkot. The number of male and female were equal. Sample was collected from both urban and rural areas, 37 and 53 respectively. People of age 90 to 110 years, showed severe dementia stage, moderate dementia more common in 80 to 90 years elder people while people with age of 60-70 years mostly have very mild dementia stage.

In this research, four scales were used; Dementia Severity Rating Scale (Christopher M Clark) which is a brief informant-rated, multiple-choice questionnaire made up of 12-items that assesses severity from the mildest to the most severe stages, Satisfaction with Life Scale (SWLS; Diener, Emmons, Larson, & Griffin, 1985) that is a 7-points Likert type scale with five items, The Subjective Happiness Scale (SHS by Lyubomirsky, S., & Lepper, H. S. ,1999) which is a 4-item scale of global subjective happiness, and The Quality of Life Scale (QOLS by Flanagan; Schünemann, H. , 2003) which has 16 items rather than the 15 found in the original Flanagan version.

To check the impact of dementia on quality of life, happiness and life satisfaction; Pearson Product-Moment Coefficient Correlation Analysis and Multivariate analysis of variance (one-way MANOVA) were used for model variables of current study.

Discussion

Results support the hypothesis 1,2 and 3 of the current research. Results are clear indication that dementia decrease the quality of life, life satisfaction and happiness among elderly people. It is most evident that with dementia, people are not able to remember their daily life activities even eating, feeding, cleaning and family recognition etc., so a person's satisfaction with his/ her life decreases. As dementia people are mostly dependent on others and need assistance to perform their daily life activities, so they lose a sense of control and ownership in their life and ultimately quality of life decreases. It is a common observation that people who could not achieve their goals, life fulfillment and peaceful relationship, are not satisfied and happy with their life.

As this was a qualitative research hence, it was time consuming and taken a lot of time in completion. Sample could be increased. Results could not be generalized outside the Sialkot City.

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