

# Self-Care and Quality of Life Evaluation and Depression and Fall Risk Screening in Aging with Chronic Illness, Sakaeo Community

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## Introduction and Background

Thailand has become an aging society. A study of the elderly situation in Thailand in 2021 found that the elderly population reached 18.8% (Thanasiri, 2021). Upon entering old age, there is physical deterioration, starting at the cellular level, tissues, organs, and the overall body system (Guo et al., 2022), resulting in reduced body functions, which leads to chronic illnesses. When combined with inappropriate behaviors, it becomes more difficult to control severity of chronic conditions. Healthcare provider teams have implemented guidelines, strategies, and resources in the form of various projects to care for elderly patients with chronic diseases. However, after these projects end, clinical outcome evaluations mostly show that goals were not achievement. One of the factors contributing to this is the level of self-care among patients. Another significant factor is depression, which is very high among elderly individuals with chronic diseases. Physical deterioration also increases the risk of falls. Therefore, this study will include evaluating self-care, quality of life, and screening for depression and fall risk in elderly individuals with chronic diseases in the Sakaeo community.

## Method and Results

To evaluate self-care using the Thai SC-CII vc.4, consist of 3 domains, includes self-care maintenance, self-care monitoring, and self-care management. Quality of life (QOL) plan to be measured using a percentage scale. Depression is screened using two tools: the Thai Geriatric Depression Scale (TGDS) and a visual-based depression screening tool. Balance-system tool is used to screen fall risk. The plan is to implement this in 20 elderly individuals with chronic diseases in Sakaeo province.

In the actual operation, a meeting with the health team from Ban Sanguan Subdistrict Health Promotion Hospital has been arranged for the target group services on September 25, 2024. However, since the data needed to be summarized before September 10, 2024, coordination with the health team was made again to conduct the evaluation and screening on September 6, 2024. Unfortunately, the target group was unavailable because most of the elderly had traveled for work and study trips outside the area. Therefore, adjustments were made. Most of the self-care evaluations were conducted outside the locality, with 17 people assessed. Depression and fall risk screening were conducted among the villagers attending a community meeting. The group assessed for depression The majority of the elderly participants were not fully evaluated (only 7 people were completely assessed), and most of them conducted to evaluate depression together as a group (the screening tools require a private setting for proper assessment). For the fall risk evaluation, both elderly and non-elderly individuals expressed interest in being assessed. A total of 54 participants involved in the fall risk screening.

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The findings demonstrated that self-care 17 patients, aged 59 to 93 years (mean = 70.12, SD  $\pm$  8.94). The majority were female (58.8%, n = 10), and 82.3% had two or more chronic conditions. For Self-care maintenance (maximum score of 35), the scores ranged from 18 to 33 (mean = 27.94, SD  $\pm$  5.26). Self-care monitoring (maximum score of 25) ranged from 14 to 25 (mean = 20.76, SD  $\pm$  3.31). Self-care management (maximum score of 30) had a mean score of 23.76 (SD  $\pm$  4.37). Regarding symptom perception, 3 individuals did not recognize that their symptoms were related to their disease, while 14 participants were aware of their symptoms, but 6 of them were delay to recognize them. The QOL was evaluated using a simple percentage scale (0-100%), with scores ranging from 15% to 95% (median = 70%). Notably, almost one-third of the participants scored 50% or lower. For depression screening, only 7 individuals completed the questionnaire. Almost all were female (6 participants). According to the TGDS, 5 participants were not depressed, while 2 were classified as having mild depression. Based on the visual screening tool, 3 participants selected a "non-smiling" face. Interestingly, one participant had a TGDS score of 0 (indicating no depression) but still chose the "non-smiling" face. For fall risk screening, 54 individuals were assessed, the majority of whom were female (n = 45). Most had a low to very low fall risk (46 participants), while 5 participants were found to have a high to very high fall risk.

### **Impacts**

The evaluation and screening findings indicate that, although the evaluations were not conducted with the same target group, the data suggest that the elderly should be monitored and supported in self-care, particularly in symptom perception and management. The findings on QOL highlight two key points: The first, using a percentage-based scale tool is convenient for initial screening and is appropriate for the elderly because it is easy to use. However, it provides only an overall picture and does not specify which aspects of QOL have worsened. Therefore, using this tool for preliminary screening should be followed by more specific tools to assess particular aspects, allowing for more targeted interventions. The second, nearly one-third of the participants had a relatively low QOL, indicating a need for intervention. This also brings attention to the overall problem in the community, where elderly individuals with chronic diseases may have significantly low QOL. Depression was not assessed properly due to the lack of privacy during the evaluations, meaning the scores may not accurately reflect the participants' mental health. However, observations revealed that most elderly individuals preferred the visual-based depression screening tool (adapted from the 9Q Depression Screening tool). This suggests that the health team should ensure a private environment for depression assessments and consider using visual tools, as they are convenient for preliminary evaluation. Regarding fall risk assessment, 5 participants were found to have high to very high fall risks. Interestingly, 3 of these participants were regarded as highly active and strong by the community, with no restrictions on their activities. This indicates a hidden risk, as these participants may be more prone to falls, potentially leading to severe injury and bed-bound conditions.

### **Stakeholders**

1. Ban Sanguan Subdistrict Health Promotion Hospital and village health volunteers
2. School of Nursing, Walailak University

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