

A Descriptive Study on Behavioral and Psychological Symptoms Among Older Adults in Punjab

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Abstract

The global rise in the aging population has led to increasing concern about the mental and emotional well-being of older adults. Behavioral and psychological symptoms, such as anxiety, depression, irritability, apathy, agitation, and sleep disturbances, are commonly observed among the elderly and can significantly affect their quality of life. This descriptive study aimed to assess the prevalence and pattern of behavioral and psychological symptoms among older adults in Punjab. The study adopted a descriptive research design and was conducted among elderly individuals residing in selected old age homes and community settings. A total of 60 participants aged 60 years and above were selected using a purposive sampling technique. Data were collected using a structured socio-demographic questionnaire and a standardized Behavioral and Psychological Symptom Assessment Scale. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to analyze the data. The findings revealed that most of the participants exhibited mild to moderate behavioral and psychological symptoms, with depression, irritability, and sleep disturbances being the most common. A smaller proportion showed severe symptoms such as aggression and hallucinations. The study highlights that emotional and behavioral issues are prevalent among elderly individuals and require early identification and supportive interventions. It emphasizes the need for health professionals and caregivers to incorporate routine psychological assessments and counseling in geriatric care to enhance mental well-being and overall quality of life among older adults.

Keywords: Behavioral symptoms, psychological health, older adults, Punjab, geriatric care

INTRODUCTION

Aging is an inevitable biological process accompanied by various physical, psychological, and social changes. As life expectancy increases globally, the elderly population is growing at an unprecedented rate, leading to new health challenges that extend beyond physical illnesses. Among these, behavioral and psychological symptoms represent a major concern, as they significantly affect the well-being, independence, and social relationships of older adults. In India, where cultural values traditionally emphasize family-based elderly care, the rapid modernization and disintegration of joint family systems have contributed to increased isolation, emotional distress, and psychological disorders among older adults [1].

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Behavioral and psychological symptoms in the elderly commonly include depression, anxiety, agitation, irritability, apathy, aggression, and sleep disturbances. These symptoms often coexist with chronic medical conditions, such as hypertension, diabetes, or dementia, further complicating diagnosis and care. Studies have shown that these symptoms not only reduce quality of life but also increase caregiver burden and healthcare costs. However, in many cases, they remain

underrecognized and undertreated due to stigma, lack of awareness, and insufficient mental health services for the aging population [2].

In the context of Punjab, demographic transitions, migration of younger family members, and socio-economic shifts have left many older individuals without adequate emotional and social support. Such changes can exacerbate feelings of loneliness, insecurity, and helplessness, which may manifest as behavioral or psychological symptoms. Despite the growing elderly population in the state, limited research has explored the prevalence and patterns of these symptoms within this specific cultural and social environment [3].

Therefore, this study aims to assess the behavioral and psychological symptoms among older adults in Punjab through a descriptive research design. The findings are expected to provide valuable insights for healthcare professionals, social workers, and policy-makers to develop targeted mental health programs, promote emotional well-being, and improve the overall quality of life for the elderly population [4].

NEED FOR THE STUDY

The process of aging brings several physical, emotional, and social changes that can lead to the development of behavioral and psychological symptoms among older adults. These symptoms, such as depression, anxiety, agitation, irritability, and sleep disturbances, often go unnoticed or are misinterpreted as a normal part of aging. However, when left unrecognized, they can lead to poor quality of life, social withdrawal, and increased dependency on caregivers. In India, the elderly population is rapidly increasing, and Punjab is no exception. Traditional family structures are changing, with more elderly people living alone or in institutional care settings, resulting in reduced emotional and social support.

Despite the growing number of older adults, there are limited research on the psychological and behavioral issues affecting this group, particularly in the cultural context of Punjab. Understanding the prevalence and pattern of these symptoms is essential for developing appropriate interventions and support systems. Early identification and management of behavioral and psychological symptoms can help prevent complications, enhance coping abilities, and promote positive aging. Hence, this study is needed to highlight the importance of mental health care among the elderly and to guide nursing professionals and caregivers in providing holistic geriatric care [5].

CONCEPTUAL FRAMEWORK

The conceptual framework presented below illustrates the dynamic relationship between environmental stimuli, coping mechanisms, behavioral responses, nursing interventions, and outcomes among older adults. Rooted in the Roy Adaptation Model, this framework emphasizes the adaptive processes individuals undergo in response to internal and external stressors such as aging, health decline, social isolation, and loneliness. These stimuli trigger both regulator (physiological) and cognator (psychological and social) subsystems that influence how individuals perceive and respond to challenges (Figure 1).

Effective coping mechanisms – such as emotional regulation, positive perception, and utilization of support systems – promote adaptive behavioral responses including calmness, positive mood, and social engagement. Conversely, ineffective coping can lead to maladaptive responses such as anxiety, depression, agitation, or irritability. The nursing role focuses on assessment, supportive Counselling, and therapeutic communication to enhance adaptation and foster psychological well-being. Ultimately, successful interventions lead to improved mental health outcomes and enhanced quality of life among older adults.

This framework provides a structured basis for assessing behavioral and psychological symptoms and guides the development of nursing strategies to promote adaptation among older adults.

OBJECTIVES OF THE STUDY

General Objective

To assess the behavioural and psychological symptoms among older adults residing in selected settings of Punjab.

Specific Objectives

- To determine the prevalence and pattern of behavioral and psychological symptoms among older adults.
- To identify the common behavioral manifestations such as agitation, irritability, and withdrawal among elderly individuals.
- To assess psychological symptoms including depression, anxiety, and sleep disturbances.
- To examine the association between behavioral and psychological symptoms and selected demographic variables such as age, gender, and living arrangement.
- To provide recommendations for nursing care and interventions to enhance psychological well-being among the elderly.

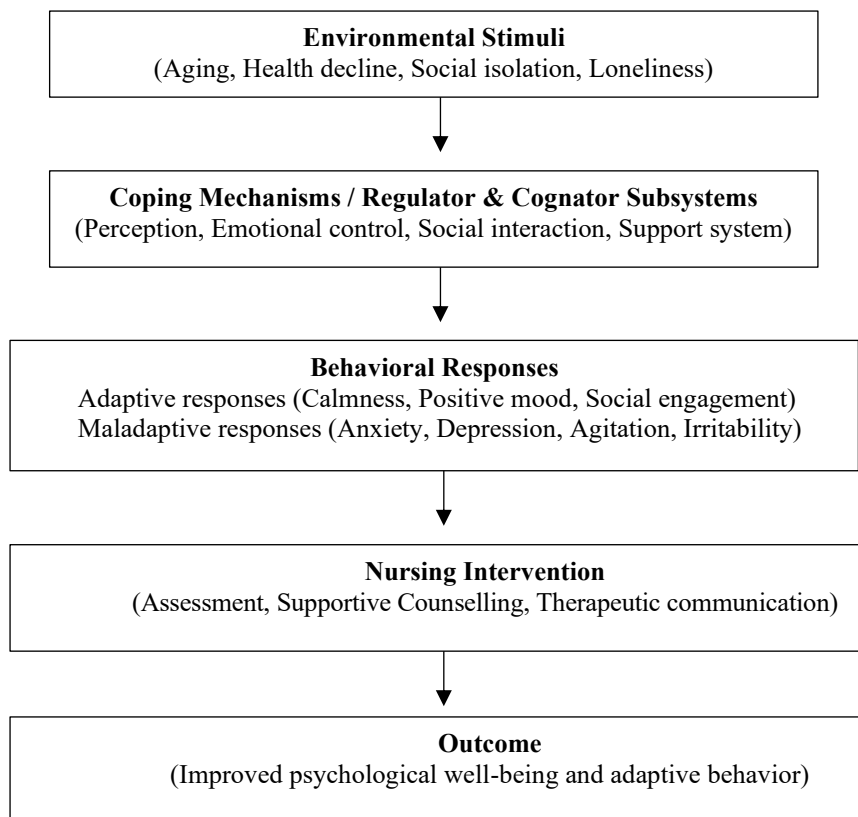


Figure 1. Conceptual framework on behavioral and psychological adaptation among older adults.

REVIEW OF LITERATURE

The review of literature provides a foundation for understanding the behavioral and psychological symptoms experienced by older adults and highlights the need for studies in this area. Aging is associated with various physical, emotional, and social changes that can lead to mental health challenges. As individuals grow older, the decline in physical abilities, loss of social roles, bereavement, and chronic illnesses often contribute to psychological distress [6].

Several studies conducted globally and in India have reported a high prevalence of behavioral and psychological symptoms among elderly populations. Depression and anxiety are the most reported symptoms, followed by irritability, agitation, and apathy. These symptoms significantly affect daily

functioning and interpersonal relationships. Many older adults experience feelings of loneliness and helplessness, especially those living in old age homes or separated from their families. Research has also shown that psychological symptoms in the elderly are often underrecognized due to overlapping physical illnesses or the misconception that such symptoms are a normal part of aging. Behavioral manifestations, like aggression, withdrawal, and restlessness, are sometimes misinterpreted as personality changes rather than indicators of psychological distress. Furthermore, studies suggest that elderly individuals with strong social networks, family support, and active participation in community activities exhibit fewer psychological symptoms [7].

Non-pharmacological interventions, such as counselling, recreational activities, and supportive communication, have been proven effective in improving mental well-being among older adults. Nursing professionals play a vital role in early identification, emotional support, and management of behavioral and psychological symptoms in geriatric care settings [8].

Overall, the reviewed literature emphasizes that behavioral and psychological symptoms are prevalent among the elderly yet often neglected in healthcare. There remains a pressing need for localized studies, especially in regions, like Punjab, to understand the psychosocial challenges faced by older adults and to develop culturally appropriate interventions, to enhance their quality of life [9].

METHODOLOGY

Research Design

A descriptive research design was adopted for this study to assess the behavioral and psychological symptoms among older adults residing in selected areas of Punjab. This design was chosen because it helps to describe existing conditions, explore relationships between variables, and identify patterns of symptoms without manipulating any factors.

Setting of the Study

The study was conducted in selected old age homes and community settings across Punjab. These settings were chosen because they provided access to elderly individuals from diverse backgrounds and living conditions, enabling a comprehensive assessment of their behavioral and psychological well-being.

Population

The population of the study consisted of older adults aged 60 years and above residing in the selected old age homes and community settings of Punjab.

Sample and Sampling Technique

A total of 60 elderly individuals were selected as the study sample using a non-probability purposive sampling technique based on inclusion criteria such as willingness to participate, ability to communicate, and availability during data collection.

CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria

- Older adults aged 60 years and above.
- Individuals who are willing to participate and can communicate effectively.
- Residents of the selected old age homes or communities in Punjab.

Exclusion Criteria

- Elderly individuals who are critically ill or cognitively impaired.
- Those unavailable during the data collection period.

Description of Tools

The study utilized two tools for data collection:

- *Socio-Demographic Data Sheet*: To collect background information such as age, gender, education, marital status, health status, and living arrangements.
- *Behavioral and Psychological Assessment Scale*: A structured questionnaire developed to assess symptoms like depression, anxiety, agitation, irritability, withdrawal, and sleep disturbance among elderly individuals. Each item was rated on a Likert scale indicating frequency and intensity of symptoms.

Method of Data Collection

Formal permission was obtained from the administrators of the selected old age homes. The purpose and procedure of the study were explained to the participants, and informed consent was obtained. Data were collected through face-to-face interviews to ensure clarity and completeness of responses. Privacy and confidentiality were maintained throughout the process.

Plan for Data Analysis

The collected data were organized, tabulated, and analyzed using both descriptive and inferential statistics.

- *Descriptive statistics*: Statistics, such as frequency, percentage, mean, and standard deviation, were used to describe demographic characteristics and symptom distribution.
- *Inferential statistics*: Statistics, such as the chi-square test, were applied to determine the association between behavioral and psychological symptoms and selected demographic variables.

RESULTS

Table 1 shows that most participants were aged 60–69 years (46.7%) and slightly more males (53.3%) than females (46.7%). Nearly half of the participants were widowed (46.7%) and a majority had only primary or secondary education.

Table 1. Distribution of participants by socio-demographic characteristics.

Variables	Category	Frequency (f)	Percentage (%)
Age (years)	60–69	28	46.7
	70–79	20	33.3
	80+	12	20
Gender	Male	32	53.3
	Female	28	46.7
Marital Status	Married	25	41.7
	Widowed	28	46.7
	Single/Divorced	7	11.6
Education	Illiterate	15	25
	Primary	20	33.3
	Secondary	18	30
	Graduate	7	11.7

Note: N = 60.

Table 2 indicates that most participants experienced moderate levels of behavioral symptoms, with agitation and sleep disturbance being particularly prominent.

Table 2. Distribution of behavioral symptoms.

Behavioral Symptoms	Mild (f, %)	Moderate (f, %)	Severe (f, %)
Agitation	15 (25)	30 (50)	15 (25)
Irritability	18 (30)	28 (46.7)	14 (23.3)
Withdrawal	20 (33.3)	25 (41.7)	15 (25)
Sleep Disturbance	12 (20)	32 (53.3)	16 (26.7)

Table 3 demonstrates that most participants had moderate psychological symptoms, particularly depression and anxiety.

Table 3. Distribution of psychological symptoms.

Psychological Symptoms	Mild (f, %)	Moderate (f, %)	Severe (f, %)
Anxiety	14 (23.3)	32 (53.3)	14 (23.3)
Depression	12 (20)	35 (58.3)	13 (21.7)
Mood Swings	16 (26.7)	30 (50)	14 (23.3)

Table 4 shows a significant association between age and severity of psychological symptoms ($p < 0.05$), indicating older participants are more likely to experience moderate to severe symptoms.

Table 4. Association between psychological symptoms and age.

Age (years)	Mild (f)	Moderate (f)	Severe (f)	Chi-square (χ^2)	p-value
60–69	10	12	6	8.23	0.041*
70–79	8	15	7	–	
80+	8	12	7	–	

DISCUSSION

The present study examined behavioral and psychological symptoms among 60 elderly adults in Punjab. The findings revealed that moderate levels of both behavioral and psychological symptoms were most common, with agitation, sleep disturbances, depression, and anxiety being the predominant concerns. This aligns with global observations that aging is frequently associated with emotional instability and behavioral changes.

The socio-demographic data indicated that widowed participants and those in the 70–79 age group were more susceptible to moderate psychological symptoms, suggesting that social support and aging-related stressors play a key role. The Chi-square analysis confirmed a significant association between age and severity of symptoms, reinforcing that older adults are at higher risk for psychological distress.

Behavioral symptoms, such as agitation and irritability, were also prevalent, highlighting the need for interventions that address both mental and emotional health. These findings underscore the importance of regular psychological screening and supportive interventions for elderly populations in institutional and community settings [10].

CONCLUSIONS

The study concludes that behavioral and psychological symptoms are common among elderly adults in Punjab, with moderate severity being most frequent. Age and marital status were associated with increased psychological vulnerability. These findings emphasize the need for targeted mental health programs, counseling, and recreational activities to promote well-being among older adults. Early identification and intervention could help reduce the burden of psychological distress and improve the quality of life in this population.

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