# Physical Function, Pain, Depressive Symptoms, and Health-Related Quality of Life among Institutionalized Older Adults in Central Province, Sri Lanka: Preliminary Findings of a Cross-sectional Survey

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Rapid socio-economic transitions have increased the number of older adults residing in aged care homes in Sri Lanka. This population is vulnerable to age-related declines in physical function, chronic pain, depressive symptoms, and reduced quality of life (QOL). Evidence on these multidimensional health outcomes among institutionalized older adults in the Central Province, Sri Lanka remains limited. This study aimed to assess physical function, pain, depressive symptoms, and health related QOL (HRQOL) among older adults in aged care homes in the Central Province, Sri Lanka. A cross-sectional survey was conducted among residents aged ≥60 years. The calculated sample size was 484; preliminary findings are presented from 10 homes (n=80). Participants residing >3 months were included, while those with neurological disorders affecting motor function or severe cognitive impairment were excluded. Data were collected via structured interviewer-administered questionnaires and objective assessments. Physical function was measured across strength, flexibility, balance, and mobility using grip strength, Chair Sit-and-Reach, Back Scratch, One-Leg Stance, and Timed Up and Go (TUG) tests. Pain intensity was assessed with the Numeric Rating Scale, depressive symptoms with the Geriatric Depression Scale (GDS-15), and HRQOL with the EQ-5D instrument. Descriptive statistics were analyzed using SPSS version 25. Participants were predominantly female (78.8%), mean age 75.9 ± 5.5 years. Hypertension (46.3%) and diabetes (38.8%) were the most common comorbidities. Physical function was markedly reduced with low grip strength in dominant (66.3%) and non-dominant (70.0%) hands, poor upper limb flexibility (71%) and lower limb flexibility (27.5%), impaired balance in 75.0%, and impaired mobility in 41.3%. High pain was reported by 25%. Depressive symptoms were prevalent (57.5%), including mild (41.3%), moderate (10.0%), and severe (6.3%). HRQOL deficits were most evident in walking ability (48.8%), pain/discomfort (47.5%), and emotional well-being (46.3%), while self-care remained relatively preserved. The mean perceived overall health score was 66.43 ± 25.41, with 8.8% reporting poor and 26.3% fair health status. Overall, both physical and psychological health were substantially compromised, highlighting significant multidimensional health deficits and emphasizing the need for comprehensive multidisciplinary interventions to improve health and well-being among older adults in aged care homes in Sri Lanka.

**Keywords:** depressive symptoms**,** institutionalized older adults, physical function, quality of life

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