

Depression in Elderly and its Relationship to some Variables

Arkan B. Nagi, Ph D

Instructor, Community Health Nursing Department
College of Nursing, University of Baghdad

Shirooq M. Jacob, Ph D

professor, Psychiatric and Mental Health Nursing Department
College of Nursing, University of Baghdad

Abstract:

Objective: The study aims to assess depression in elderly and find out the relationship of depression with their demographic characteristics.

Methodology: A descriptive design study was carried out for elderly persons who attend to the Public Clinics in Baghdad City during 1st July 2010 to 1st June 2011. A purposive [non probability] sample of [50] persons was selected from the public clinics in Baghdad City. The data was collected through the constructed questionnaire and filling by interview. The data were analyzed by using descriptive statistical approach [frequency and percentage] and inferential data analysis approach [chi-square].

Results: The finding of the study was indicated that the large number of the elderly suffered from mild level of depression and it was a significant association between the depressed level and some variables.

Recommendation: The study is recommended that do more researches because of they need to recognize and understand all aspects of elderly people with depression and mentally ill for help those people and get treatment.

Key Words: Depression, Elderly, Variables

Introduction

Aging is not merely the passage of time. It is the manifestation of biological events that occur over a span of time⁽¹⁾.

Depression in old age is a pathological process, not a normal reaction to growing older.

The majority of people cope with aging, and many feel happy and fulfilled⁽²⁾.

The number of people aged over 65 years will increase by 43% between 1991 and 2001⁽³⁾.

Depression in Elderly and its Relationship to some Variables

Arkan B. Nagi, Ph D , Shirooq M. Jacob, Ph D

Increasingly, elderly patients with psychiatric illness are being managed in the community by their general practitioners; such as depression and anxiety ⁽⁴⁾.

Many older people are not used to speaking in psychological terms and may need to be coaxed to explain their feelings ⁽⁵⁾.

In the past, little attention was paid to psychiatric problems of geriatric patients. Depression in the elderly is a widespread problem that is often not diagnosed and frequently undertreated. Elderly adults are often isolated, with few around to notice their distress. Physician is more likely to ignore depression in older patients, concentrating instead on physical complaints. Many depressed seniors are reluctant to talk about their feelings or ask for help. Sometimes depression is difficult to recognize in seniors as many of these don't know that depression is an illness and that treatment is available that works well. One reason for this may be that little is known about the necessity and the dimension of psychiatric help in this population ⁽⁶⁾.

Depression is the most common psychiatric disorder among the elderly which can manifest as major depression or as minor depression characterized by a collection of depressive symptoms ⁽⁷⁾. Therefore, this study aims to identify the depression among the elderly.

Methodology

Study design:

Descriptive - analytical study is carried out in the public clinics by using assessment approach to determine the level of geriatric depression during the 1st July 2010 to 1st June 2011 in Baghdad City.

Sampling:

A purposive (non probability) sample of 50 elderly who attend the public clinics in Baghdad city at al-karkh sector (al- baya health care center and al-saydia health care center) was selected and invited to be respondents as key information's for semi-structured interviews.

Instruments:

A questionnaire format is consisted of two parts, which include:

Part 1: the questionnaire consisted of demographic data dealing with information such as

Age, sex, education, occupation, and marital status.

Part 2: Geriatric Depression Scale (GDS) is created by Yesavage et al., 1983 which contains 30 items ⁽⁸⁾. A short form of Geriatric Depression Scale (GDS) consisted of 15 questions was developed in 1986 ⁽⁹⁾. Of the 15 items, 10 indicated the presence of depression when answered positively,

Depression in Elderly and its Relationship to some Variables

Arkan B. Nagi, Ph D , Shirooq M. Jacob, Ph D

while the rest (question no.1, 5, 7, 11, 13) indicated depression when answered negatively. Score Of (0-4) are considered normal; (5-8) indicated mild depression; (9-11) indicated moderate depression; and (12-15) indicated severe depression⁽¹⁰⁾. The questions meant to answer both Yes or No; and scored based on (1, 0) respectively.

Data Collection:

Data was collected through the use of interview technique to fulfilled the questions after the agreement of the participant.

Data are analyzed through the application of descriptive statistical analysis such as;

[frequency, and percentage,] and inferential statistical analysis such as [chi-square].

Results of The study:

Table 1. Distribution of Elderly Demographic Characteristics

No.	Demographic Characteristics	F	(%)
1	Age (year)		
	60 - 64	15	30.0
	65 - 69	20	40.0
	70 - 74	11	.022
	75 and >	4	8.0
2	gender		
	Male	23	46.0
	Female	27	54.0
3	Marital status		
	Single	2	4.0
	Married	28	56.0
	Divorced	2	4.0
	Separated	1	2.0
	Widowed	17	34.0
4	Educational level		
	Able to read and write	24	48.0
	Primary school graduate	12	24.0
	Intermediate school graduate	7	14.0
	High school graduate	1	2.0
	Institute graduate	4	8.0
	College graduate	2	4.0
5	Occupation		
	Unemployed (including housewife).	24	48.0
	Government employee	3	6.0
	Self-employed	4	8.0
	Retired	19	38.0
6	Living with		
	Family	30	60.0
	Son	12	24.0
	Daughter	4	8.0
	Relative	4	8.0
7	Responsibility of living		
	Family	8	16.0
	Son	15	30.0
	Daughter	1	2.0

Depression in Elderly and its Relationship to some Variables

Arkan B. Nagi, Ph D , Shirooq M. Jacob, Ph D

My self	26	52.0
---------	----	------

This table shows the socio-demographic characteristics of the elderly persons, it indicates that 40% of the sample were of age group (65-69)years old, 54% of the sample were female, 56% of them were married, 48% can read and write, 48% of them were unemployed, 60% of them lived with their family, and 52% of them were responsible for their living.

Table 2. Distribution of elderly clinical demographic data

No.	clinical demographic data	F	(%)
1	Chronic Diseases		
	No	28	56.0
	Yes	22	44.0
2	Type of Chronic Diseases		
	None	28	56.0
	Diabetic	7	14.0
	Hypertension	8	16.0
	Angina	2	4.0
	More than one disease	5	10.0
3	Activity of daily living		
	No	28	56.0
	Yes	22	44.0

Table (2) shows the elderly clinical diagnosis, it represent that 56% of them have not any chronic diseases ,and only 16% of them have hypertension, and 14% of them have diabetic.

Table 3. Distribution of depressed level among the elderly

No.	Depressed Level	F	(%)
	Normal	14	28.0
	Mild	22	44.0
	Moderate	11	22.0
	Sever	3	6.0
	Total	50	100.0

This table shows the level of depressed in elderly persons by Geriatric Depression Scale (GDS); the highest percentage was 44% at mild level of depression.

Table 4. Association between geriatric depressed level and their age distribution

Age (years)	geriatric depressed level				
	Normal	Mildly depression	Moderately depression	Severely depression	Total
60 - 64	30	135	45	15	225
65 -69	90	120	75	15	300
70 - 74	60	60	45	0	165
75 and >	30	15	0	15	60
Total	210	330	165	45	750

Depression in Elderly and its Relationship to some Variables

Arkan B. Nagi, Ph D , Shirooq M. Jacob, Ph D

$$X^2_{obs.} = 117.087 \quad df = 9$$

$$X^2_{crit.} = 16.92 \quad P \leq 0.05$$

This table represents significant association between geriatric depressed level and their age

Table 5. Association between geriatric depressed level and their gender distribution

Gender	geriatric depressed level				
	Normal	Mildly depression	Moderately depression	Severely depression	Total
Male	90	135	90	30	345
Female	120	195	75	15	405
Total	210	330	165	45	750

$$X^2_{obs.} = 66.535 \quad df = 3$$

$$X^2_{crit.} = 7.82 \quad P \leq 0.05$$

This table represents significant association between geriatric depressed level and their gender

Table 6. Association between geriatric depressed level and their educational level distribution

Educational level	geriatric depressed level				
	Normal	Mildly depression	Moderately depression	Severely depression	Total
Able to read and write	120	135	75	30	360
Primary school graduate	45	75	60	0	180
Intermediate school graduate	15	60	15	15	105
High school graduate	0	15	0	0	15
Institute graduate	15	30	15	0	60
College graduate	15	15	0	0	30
Total	210	330	165	45	750

$$X^2_{obs.} = 96.194 \quad df = 15$$

$$X^2_{crit.} = 25.00 \quad P \leq 0.05$$

This table represents significant association between geriatric depressed level and their educational level

Table 7. Association between geriatric depressed level and their marital status distribution

Marital Status	geriatric depression level				
	Normal	Mildly depression	Moderately depression	Severely depression	Total
Single	15	0	15	0	30
Married	105	180	105	30	420
Divorced	15	15	0	0	30
Separated	0	15	0	0	15
Widowed	75	120	45	15	255
Total	210	330	165	45	750

$$X^2_{obs.} = 70.831 \quad df = 9$$

$$X^2_{crit.} = 16.92 \quad P \leq 0.05$$

Depression in Elderly and its Relationship to some Variables

Arkan B. Nagi, Ph D , Shirooq M. Jacob, Ph D

This table represents significant association between geriatric depressed level and their marital status

Table 8. Association between geriatric depression levels and their occupation

Occupation	geriatric depressed level				Total
	Normal	Mildly depression	Moderately depression	Severely depression	
Unemployed (including housewife).	105	135	90	30	360
Government employee	30	15	0	0	45
Self-employed	15	30	15	0	60
Retired	60	150	60	15	285
Total	210	330	165	45	750
$X^2_{obs.} = 60.805$ $df = 9$ $X^2_{crit.} = 16.92$ $P \leq 0.05$					

This table represents significant association between geriatric depressed level and their occupation

Discussion:

The result of this study shows that the highest percentage of age group of the sample was between (65-69) years old (40%) table (1). This result is in line with Joseph et.al. (1994) who stated that depression was likely to be endorsed by persons 65 years of age and older⁽¹¹⁾.

Also Taqui et al. (2007) found that most of the elderly experience depression were between the ages of 60- 74⁽¹²⁾.

Related to the gender also table (1) shows that (54%) of the sample were female. This result is agreed with Cole et al., which indicate that women experiencing depression about twice as often as men. The life time risk of depression in women is about 20%-26% compared to about 8% -12% for men^(13, 14).

Related to marital status 56% of the sample were married table (1). This result is supported by Cnataricins and Bayne (1991) who mentioned that although most of the elderly men are married, two – thirds of elderly women are widowed⁽¹⁵⁾.

According to the educational level 48% of them were only read and write (table 1). This result was in line of result reported by Gorgies (1998) who found that (60%) of the elderly can read and write only, and only 4% of them where at high educational level⁽¹⁶⁾.

In regard to occupation also table (1) showed that 48% of the samples were unemployed. In regard to occupation, Age stated that retired persons

Depression in Elderly and its Relationship to some Variables

Arkan B. Nagi, Ph D , Shirooq M. Jacob, Ph D

were twice more likely to suffer from depression than those who were employed⁽¹⁷⁾.

According to living with family 60% of them were lived with their family; and 30% of them; their son was responsible for them table (1).

In the study done by Jhingan (2001) who found that the elderly living in a nuclear family system were four times more likely to suffer from depression than those living in a joint family system. A joint family is much better able to provide support to the elderly than a nuclear family system, especially physical, social and emotional support. Financial support

of the elderly can still be ensured by children or relatives even if they reside elsewhere⁽¹⁸⁾. Another study done in India showed that living in a joint family system was associated with a favorable outcome in elderly suffering from depression⁽¹⁹⁾.

Table (2) shows that 56% of the sample has no any disease. According to Abramson et al, (2001) who, stated that there was positive relationship between poor physical health and depression. One of these physical conditions that can adversely affect elderly is high blood pressure, heart disease and diabetes mellitus⁽²⁰⁾.

Approximately 80% of older adults with depression improve when they have received treatment⁽²¹⁾.

The result of the study revealed that the majority of the sample had a mild form of depression (44%) and (22%) had a moderate level table (3).

Depression is the most common psychiatric disorder among the elderly which can manifest as major depression or as minor depression characterized by a collection of depressive symptoms. Symptoms of depression may not be easy to identify in older adults. There symptoms are often ignored, or confused with other elements common in the elderly.

Depression in the elderly may be hard to detect because symptoms such as fatigue, appetite loss, and trouble sleeping also can be part of the aging process or medical condition⁽⁷⁾.

While Robert et. al. (1997) stated that patients may complain of sleep or appetite disturbances, loss of energy and other somatic symptoms; usually they will acknowledge a loss of interest or pleasure in their daily activities. An elderly person may have a decrease in the ability to perform every day activities. Also depressed person has feelings of sadness, discouragement and a lack of self worth⁽²²⁾.

Depression in Elderly and its Relationship to some Variables

Arkan B. Nagi, Ph D , Shirooq M. Jacob, Ph D

Studies revealed that insomnia is a risk factor for depression onset and recurrence particularly in the elderly. Insomnia is usually a symptom of depression⁽²³⁾.

Evans and Motrran (2000) stated that degree of depression is seen in approximately 10 – 15% of community-living elderly, the prevalence rising in those attending their general practitioners (15–30%), and those in residential (30–40%) or hospital (15–50%) care⁽²⁴⁾.

The findings of table (4) show significant association between depressed level and age. The depressed older adults are more likely to report somatic symptoms, including fatigue, difficulty sleeping and lose of interest in usual activities. Clinically significant depression is common in old age⁽²⁵⁾.

The findings of table (5) show significant association between depressed level and gender. Kockler,(2002) found that women suffer more frequently from major depression than men. Elderly depressed women presented with more appetite disturbances and elderly depressed men with more agitation. Depression is less common among men because men are just less likely than women to recognize, acknowledge, and seek help for depression so female gender is consistently a significant risk factor for depression in the elderly⁽²⁶⁾.

The burden of depression, however, is disproportionately higher among older women than men⁽²⁷⁾.

Table (6) represents significant association between geriatric depressed level and their educational level. In our study, a low level of education was directly associated with depression in the elderly subjects. Many studies have reported this finding including studies in developing countries⁽²⁸⁾.

Table (7) represents significant association between geriatric depressed level and their marital status. Bruce and kim (1992) found that widowhood be strongly associated with depression in several instances. They showed that marital disruption was associated with a higher prevalence of major depression in both men and women⁽²⁹⁾.

Table (8) shows significant association between geriatric depressed level and their occupation. Stankunas et.al. (2006) shows the association of unemployment and depressive symptoms has been agreed with our study because that unemployment can give rise to reduced hope and financial problem⁽³⁰⁾.

Recommendations:

Depression in Elderly and its Relationship to some Variables

Arkan B. Nagi, Ph D , Shirooq M. Jacob, Ph D

1. More adequate level of attention to the conditions under which the elderly mentally ill live.
2. Collaboration between psychiatrists and geriatrics should therefore be a necessity and not an exception.
3. More research is needed to understand all aspects of depression in elderly persons.
4. Emphasis on profession to play important roles in recognizing depressive symptoms in elderly people and help them to get treatment.

References:

1. Stolee P, Le Claire JK, Kessler L: Geriatric Psychiatry Consultation in the Community, **Can J Psychiatry**, Vol 39 suppl 1, 1994, PP: S27-S32.
2. Alexopoulos, G: Geriatric depression reaches maturity. **International Psychiatry, Journal of Geriatric**, 7,1992,PP: 305-306.
3. Nicols B and Czirr R: Post-traumatic stress disorders; hidden syndrome in elders, **Clin gerontology**, 5, 1986, PP: 417-33.
4. Blazer, D: The diagnosis of depression in the elderly, **J Am Geriat Soc**, 28, 1980, PP: 52-58.
5. Draper, B: Suicidal behavior in the elderly, **Int J Geriat Psychiatry**,9,1994, PP: 655-61.
6. Creamer, M and Parslow, R: Trauma Exposure and Posttraumatic Stress Disorder in the Elderly, **American Journal of Geriatric Psychiatry (AJGP)**,916, 2008, PP: 853-56.
7. Satcher, D: Mental health: A report of the Surgeon, **General Executive summary**, 31, 2000, PP:15-23.
8. Yesavage, J., Brink, T., Rose, T., Lum, O., Huang, V., Adey, M., and Leirer, V. : Development and validation of a geriatric depression screening scale, A preliminary report, **Journal of Psychiatric Research**, 17, 1983, PP: 37-49.
9. Sheikh, J.I., and Yesavage, J.A: Geriatric Depression Scale (GDS), **Recent evidence and Clinical Gerontology**, NY, The Haworth Press, Inc, 1986, PP: 165-173.
10. Kurlowicz, L., and Greenberg, S.: The Geriatric Depression Scale (GDS) Short Form, **Hartford Institute for Geriatric Nursing**, NYU College of Nursing, 4, 2007.
11. Joseph J. and Gallo, B.: Age differences in the symptoms of depression, **journal of Gerontology**, 1994, 49(6), 1994, PP: 251- 64.
12. Taqui A., Itrat A., Qidwai W., and Qadri Z.: Depression in the elderly: Does family system play a role? A cross-sectional study, **BMC Psychiatry**, 57(7), 2007.
13. Cole MG, Dendukuri N: Risk factors for depression among elderly community subjects, **Am J Psychiatry**, 160(6), 2003, PP: 1147-1156.
14. Djernes JK: Prevalence and predictors of depression in populations of elderly, **Acta Psychiatr Scand**, 113(5), 2006, PP: 372-387.
15. Cnatavicius D. and Bayne M.: **Medical - surgical nursing**, a nursing Process Approach, Philadelphia, and Saunders company, 1991, PP: 71-83.
16. Gorgies, S.: Evaluation of basically constructed self care educational program for elderly population in Baghdad geriatric home, **A dissertation**, University of Baghdad, college of nursing,1998.
17. Age R.: Retirement age declines again in 1990s, **Monthly Labor Review**, 13, 2001.
18. Jhingan HP, Sagar R, Pandey RM: Prognosis of late-onset depression in the elderly, a study from India, **Int Psychogeriatr**, 13(1), 2001, PP: 51- 61.
19. Mumford DB, Minhas FA, Akhtar I, Akhter S, Mubbashar MH: Stress and psychiatric disorder in urban Rawalpindi. Community survey, **Br J Psychiatry**,177, 2000, PP:557-562.

Depression in Elderly and its Relationship to some Variables

Arkan B. Nagi, Ph D , Shirooq M. Jacob, Ph D

20. Abramson J. and Berger A.: Depression and risk of heart failure among elder persons, **Archives of internal medicine**, 161(14), 2001, PP: 1725-30.
21. Nierenberg A.: Current perspectives on the diagnosis and treatment of major depressive disorder, **Am J Manag Care**, 11(7), 2001, PP: s353-66.
22. Roberts R, Kaplan G, Shema S and Strawbridge W : Does growing old increase the risk for depression ? **American Journal Psychiatry**,154, 1997, PP: 1384-90.
23. American Psychiatric Association (APA): The ICD–10 Classification of Mental and Behavioral Disorders. Washington, DC, 1994.
24. Evans M. and Mottram P.: Advances in psychiatric treatment, **journal of continuing professional development**, Diagnosis of depression in elderly patients Adv. Psychiatr. Treat. 6, 2000, PP: 49-56.
25. Snowdon J : How high is the prevalence of depression in old age? Department of Psychological Medicine, University of Sydney, Rozelle Hospital, Australia, 24(1),2002, PP: 42-47.
26. Kockler, M.: Gender differences of depression symptom in elderly persons, **Geriatric Psychiatry**, Jan, 17(1), 2002, PP: 65-72.
27. Barry L., Allore H., Guo Z., Bruce M., and Gill T.: Higher Burden of Depression Among Older Women, The Effect of Onset, Persistence, and Mortality Over Time, **Gen Psychiatry Arch** , 65(2), 2008, PP: 172 – 78.
28. Abolfotouh M, Daffallah A, Khan M, Khatlab M, and AbdulmoneimI: Psychosocial assessment of geriatric subjects in Abha City, Saudi Arabia, **East Mediterr Health J**, 7(3), 2001, PP : 481- 91.
29. Bruce M., Kim K.: Differences in the effects of divorce on major depression in men and women, **Am J Psychiatry**, 149(7), 1992, PP: 914-917.
30. Stankunas M, Kalediene R, Starkuviene S, and Kapustinskiene V: Duration of unemployment and depression: a cross-sectional survey in Lithuania, **BMC Public Health**, 6, 2006, PP: 174.

الاكتئاب لدى المسنين وعلاقته ببعض المتغيرات

الخلاصة:

الهدف: تهدف الدراسة الى تقييم مستوى الاكتئاب لدى المسنين وكذلك ايجاد العلاقة مع بعض المواصفات الديموغرافية لهم.

المنهجية: دراسة وصفية - تحليلية أجريت على المسنين المراجعين الى العيادات الشعبية في مدينة بغداد للفترة من الاول من تموز / 2010 الى الاول من حزيران /2011. اختيرت عينة البحث بالطريقة العشوائية والمتكونة من(50) مسن من المراجعين الى العيادات الشعبية في مدينة بغداد.تم جمع المعلومات بأستخدام الاستمارات الاستثنائية وملئها عن طريق المقابلة. تم تحليل البيانات بأستخدام الوسائل الاحصائية الوصفية (التكرارات و النسب المئوية) والتحليل الاستنتاجي (مربع كاي).

Depression in Elderly and its Relationship to some Variables

Arkan B. Nagi, Ph D , Shirooq M. Jacob, Ph D

النتائج: أظهرت نتائج البحث بأن غالبية المسنين يعانون من اكتئاب بسيط وكذلك هناك علاقة ذات دلالة احصائية بين الاكتئاب وبعض المتغيرات.

التوصيات: اوصت الدراسة بأجراء مزيد من البحوث للحاجة الى التعرف وفهم كل جوانب الاكتئاب عند كبار السن لمساعدتهم وعلاجهم.