

# RIASE

REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO  
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## **INSTRUMENT FOR NURSING CONSULTATION IN THE ELDERLY WITH DEPRESSION: AN INTEGRATIVE REVIEW**

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## ABSTRACT

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**Objective:** this work was intended to identify, in the scientific literature, which instruments are used by nurses to carry out nursing care for elderly people with depression and residents in Long Stay Institution for the Elderly (LSIE).

**Methodology:** an integrative revision of the literature was carried out, with a qualitative and quantitative approach. The databases used were: *Cumulative Index of Nursing and Allied Health Literature* (CINAHL), *Public Medline* (MEDLINE), *Publishers Weekly* (EBSCO), *Coleção Principal* (Clarivate Analytics) (Web of Science). The searches took place in the months of April and May of 2018. Articles were included in the period from 2009 to 2018 in the Portuguese, English and Spanish languages, with free texts, complete and available in the databases, free of charge, focusing on elderly people over 60 years old with depression.

**Results:** there were no instruments of the Systematization of Nursing Care (SNC) that assist the nurse in the nursing consultation for elderly people institutionalized with depression. It was found that there is a need to develop a qualified nursing assistance, creating instruments geared to nursing care, in order to meet the needs of institutionalized elders.

**Descriptors:** Elderly; nursing care; depression; homes for the aged; nursery.

## INTRODUCTION

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Population ageing occurs gradually and is configured as a change in the age structure of a given population. The perception of what it is and at what point in time the elderly begins is variable and changes according to the development index of a country<sup>(1)</sup>.

There are several situations experienced by elderly people, such as: cognitive, physical and/or mental losses and changes in personality, social and/or productive life, affecting in some way, autonomy and independence for daily living and quality of life<sup>(2)</sup>.

The insertion of the family in the labour market, the economic instability and the worsening of the health situation alienate the elderly from their relatives, mainly due to the lack of time and financial conditions that the family claims to have when facing a person in the elderly who needs more care. In view of this, many elderly people are taken to Long Stay Institution for the Elderly (LSIE)<sup>(3)</sup>.

According to the National Policy for the Elderly (NPE) - (Law 8.842, January 4, 1994)<sup>(4)</sup>, in order for the elderly person to remain in the family it is necessary to build a family support network. For Andrade et al.<sup>(2)</sup>, the public policies for the elderly recommend the dissemination of their guidelines for health professionals, managers and users of the SUS, in order to provide continued education and ensure the provision of health in a dignified manner and with quality.

In LSIE, the elderly person receives care according to their physical, mental and social needs. In addition, it should be a place that provides socialization<sup>(5)</sup>. Therefore, special attention is required to mental illnesses and especially to depression, which is a very common mental illness among the elderly and is among the most frequent chronic diseases that compromise the functionality of these people, thus becoming a public health problem<sup>(6)</sup>.

The diagnosis is based on the identification of symptoms that occur simultaneously, such as: depressive mood during most of the day; decrease in the performance of pleasurable activities; weight loss or gain; insomnia; agitation; fatigue or loss of energy; psychomotor agitation or retardation; excessive guilt; excessive fear of serious diseases; inability to concentrate and suicidal thinking<sup>(7)</sup>.

Depression is complex and is associated with factors such as heredity, alcoholism, organic failures, diseases of physical characteristics, endocrine function maladjustment, break in the sleep cycle, mourning and melancholy. This disorder can also be caused by: medication, alcohol, infectious neurological diseases, neoplasms, metabolic and endocrine diseases or cardiovascular diseases<sup>(8)</sup>. In view of this situation, it is likely that by 2020 depression will be considered the second most prevalent disease in the world<sup>(9)</sup>.

Some indicators reveal that depression will continue to be undiagnosed and untreated in institutionalized patients due to the lack of a qualified team, thus putting these residents at risk<sup>(10)</sup>. Health professionals, including nurses, are responsible for providing direct care to the institutionalized elderly person with depression, using the nursing process<sup>(11)</sup>.

In Brazil, the institutionalization of SAE in public and private Brazilian health institutions was implemented by the Brazil's Federal Council of Nursing (COFEN) Resolution – 272/2002<sup>(12)</sup>. The COFEN regulated, by means of Resolution 358/2009<sup>(13)</sup>, the nursing consultation as private to the nurse. The Systematization of Nursing Care (SNC) organizes the work of the professional in relation to the personal method and the instrument, making it possible to operationalize the nursing process (PE).

Being part of the phases of the SNC: the History of Nursing; the Diagnosis of Nursing; the Planning of Nursing; the Implementation and Evaluation of Nursing. The one endowed by Wanda de Aguiar Horta<sup>(14)</sup>, in the 70s, in a didactic way, these phases are described in sequential order, as well as correlated. Moreover, those phases apply to the Nursing Process (PE), which has a consecutive character.

Based on the above considerations, this study aimed to identify, in the scientific literature, the instruments used by nurses to perform nursing care in the elderly with depression and residents in Long Stay Institution for the Elderly (LSIE).

## METHODS

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It was an integrative review of the literature, considered a methodology of broad approach, allowing to search, evaluate and synthesize evidence according to the theme. This approach is used to combine the strengths of quantitative and qualitative methods to compensate for their respective limitations.

The following steps were used to build the research: 1) elaboration of the research question; 2) search in the literature of primary studies; 3) extraction of data; 4) evaluation of primary studies; 5) analysis and synthesis of results; and 6) presentation of the final work. Thus, the established research question was: which instruments are used by nurses to perform the consultation to the elderly institutionalized with depression?

The selection of primary studies took place in February 2018 in the following databases/virtual libraries: Cumulative Index of Nursing and Allied Health Literature (CINAHL), Publishers Weekly (EBSCO), Medical Literature Analysis and Retrieval System Online (MEDLINE). For the search, three cross-references of descriptors indexed in Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH), in Portuguese, English and Spanish, were used, separated by Boolean Operators AND and OR.

For the extraction of the articles that integrate the final sample, an instrument was used, validated and adapted to the study, which considers the following items: identification of the original article, institution where the study was developed and its methodological characteristics.

Exclusion criteria were considered studies that did not have as population: elderly (from 60 years old), depressive, living in LSIE, non-empirical studies, works in thesis format, dissertation, editorial, newspaper article, integrative or systematic review of literature, experience reports and studies that did not meet the objective of this review.

The PICO<sup>(15)</sup> strategy was used as a tool to elaborate the question of this study, and from each item of the PICO strategy, Health Sciences Descriptors (DeCS) were found to compose the search strategy: P (population), I (intervention) and CO (context), according to the Table shown in the sequence:

**Table 1 – List of descriptors and key words to identify the instruments used by nurses to consult the elderly institutionalised with depression.**

João Pessoa, PB, 2018.

Component	Definition	Descriptors (DECS)	Descriptors (MESH)
P: Population of interest	Elderly	Idoso, Idoso institucionalizado, Saúde do Idoso, Instituição de Longa Permanência para Idoso	<i>Elderly, Institutionalized elderly, Elderly Health, Homes for the Aged</i>
I: Intervention	Nursing Care	Cuidados de enfermagem, Enfermagem	<i>Nursing care, Nursery</i>
CO: Context	Depression	Depressão, Transtorno depressivo, Transtorno depressivo Maior	<i>Depression, Depressive disorder, Major Depressive Disorder</i>

PICO: Search strategy.

Once chosen, the descriptors were then combined, using the Boolean OR and AND operators, for application in the research bases, as shown in the following table:

**Table 2 – Search strategies used in the databases to identify the instruments used by nurses to consult the elderly institutionalised with depression.**

João Pessoa, PB, 2018.

Databases	Search strategies
WEB OF SCIENCE	Idoso OR Idoso institucionalizado OR Saúde do Idoso OR Instituição de Longa Permanência para Idoso AND Assistência de Enfermagem OR Cuidados de Enfermagem OR Enfermagem AND Depressão OR Transtorno Depressivo OR Transtorno Depressivo Maior
EBSCO	Idoso OR Idoso institucionalizado OR Saúde do Idoso OR Instituição de Longa Permanência para Idoso AND Assistência de Enfermagem OR Cuidados de Enfermagem OR Enfermagem AND Depressão OR Transtorno Depressivo OR Transtorno Depressivo Maior
MEDLINE	<i>Elderly OR Elderly Institutionalized OR Elderly Health OR Homes for the Aged AND Nursing Care OR Nursery AND Depression OR Depressive Disorder OR Major Depressive Disorder</i>
CINAHL	<i>Elderly OR Elderly Institutionalized OR Elderly Health OR Homes for the Aged AND Nursing Care OR Nursery AND Depression OR Depressive Disorder OR Major Depressive Disorder</i>

Search strategies.

The selection of the studies was made by two researchers, independently, in four stages. In the first (1), there was an initial screening of the articles, involving only the titles of the studies according to the inclusion criteria. In the second stage (2), a screening was performed based on the reading of titles and abstracts. In the third stage (3), the full text was read. In the fourth stage (4), we selected original articles published from 2009 to 2018, written in Portuguese, English or Spanish, available free of charge in the selected databases and focusing on elderly people over 60 years of age with depression living in LSIE.

In the initial screening, 5,732 articles were found by the descriptors. Then, a careful reading according to the title and abstract followed. A total of 5,642 articles were excluded due to the duplicity in the databases and because they did not meet the inclusion criteria, leaving 90 articles for full text reading and selection of those that would meet the research question. After that, a total of 7 articles were presented through a flowchart, in Figure 1:

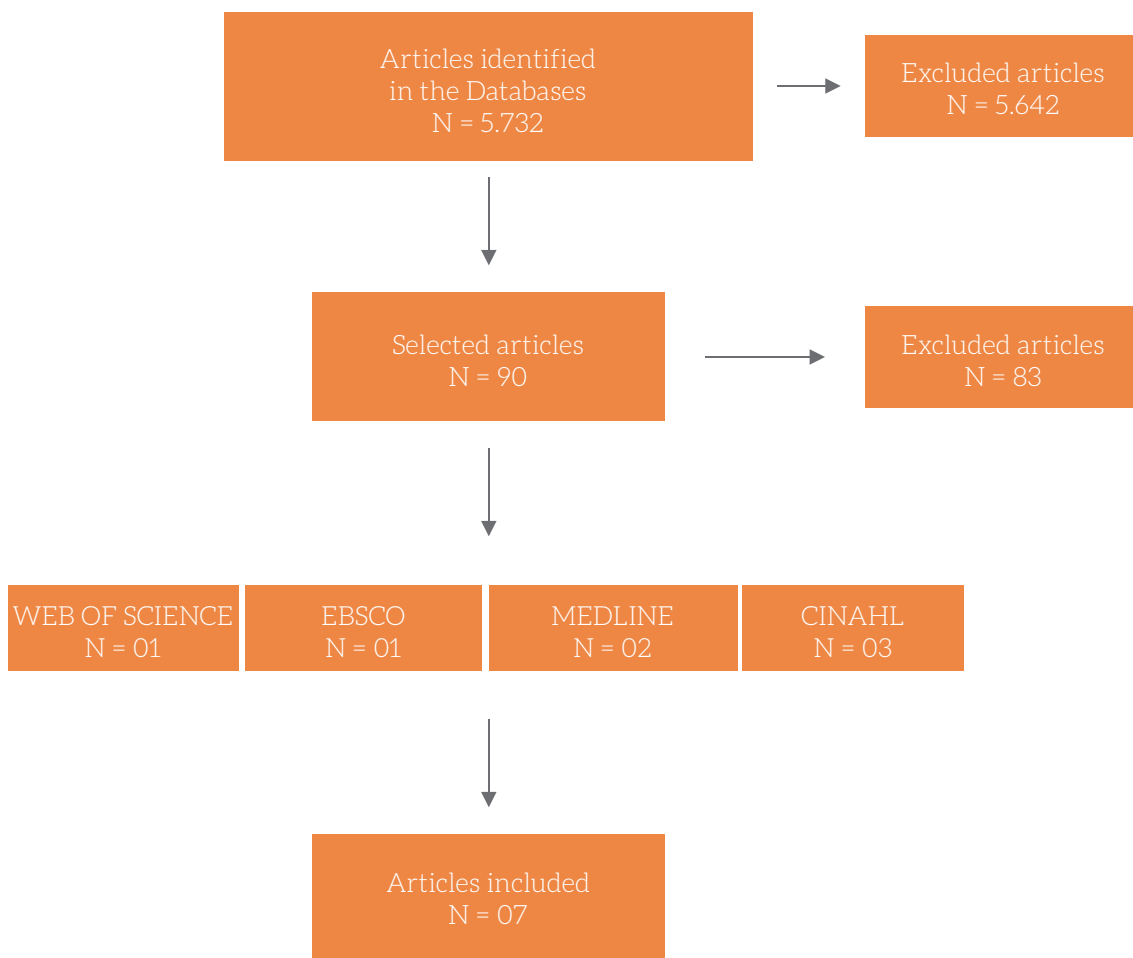


Figure 1 - Explanatory flowchart of search strategy and selection of studies in the databases to identify the instruments used by nurses to consult the elderly institutionalized with depression. João Pessoa, PB, 2018.

Among the selected articles, the following information was extracted: authorship, journal, year of publication, instruments used and main results of the study.

## RESULTS

The analysis and synthesis of the results of the articles were presented in accordance with the data collection instrument, allowing verification of the following characteristics of each research: title, authorship, journal, country of origin, language, research design, year of publication, instruments used and factors related to depression. In addition, from now on, reference will be made to the studies analyzed according to the numbering established in Table 3:

**Table 3 - Distribution of the articles included in the integrative review on the instruments used by nurses to consult the elderly institutionalized with depression according to title, author, journal, country of origin, research design and year of publication.**

João Pessoa, PB, 2018.

No.	Title	Author	Newspaper	Year
1	Functional capacity and depression in the elderly	Araújo GK, Sousa RG, Souto RQ, Silva Jr EG, Eulalio MC, Alves FA, et al. <sup>(16)</sup>	Revista de Enfermagem UFPE Online	2017
2	Prevalence of depressive symptoms in the elderly	Verçosa VS, Cavalcanti SL, Freitas DA. <sup>(17)</sup>	Revista de Enfermagem UFPE Online	2016
3	Depressive Symptoms and Functional Capacity in Institutionalised Elderly People	Silva JK, Albuquerque MC, Souza EM, Monteiro FS, Esteves GG. <sup>(18)</sup>	<i>Cultura de los Cuidados</i>	2015
4	The performance of institutionalized elderly women in minimal state examination	Lenardt MH, Michel T, Wachholz PA, Borghi ÂS, Seima MD. <sup>(19)</sup>	Acta Paulista de Enfermagem	2009
5	Prevalence and factors associated with depression among the elderly institutionalised: nursing care allowance	Silva ER, Sousa AR, Ferreira LB, Peixoto HM. <sup>(20)</sup>	Revista da Escola de Enfermagem da USP	2012
6	Effect of clown intervention on the pattern of depression of elderly people in a long-stay institution	Pires WG, Pessalacia JD, Mata LR, Kuznier TP, Panitz GE. <sup>(21)</sup>	<i>Ciencia y Enfermería XXI</i>	2015
7	Quality of life in institutionalised elderly people in the municipality Suzano	Hoshaki CF, Gonçalves JM, Santos DC, Braga C, Rodrigues CC. <sup>(22)</sup>	Revista Científica de Enfermagem	2011



Table 4 presents the instruments used in the identification of depressive symptoms, as well as the results of the association tests made for the investigated sources:

**Tabela 4 - Distribution of the articles included in the integrative review according to the instruments used in the collection of data on the performance of the consultation to the institutionalized elderly with depression.**

João Pessoa, PB, 2018.

No.		Results
01	Lawton and Brody scales, from Katz, the Mini State Exam Mental Health (MEEM) and the Geriatric Depression - EDG-15	A negative correlation was identified between the presence of depression and the basic, instrumental and advanced activities of daily life.
02	Geriatric Depression Scale - EDG-15	Early detection of symptoms is necessary to prevent the development of depression and minimize damage to the health and quality of life of the elderly.
03	Yesavage Geriatric Depression Scale, long version, Katz Index and Sociodemographic Questionnaire	The importance of early detection of depression and the need to prevent worsening of its symptoms is stressed.
04	Mini Mental State Examination (MEEM)	High number of elderly women with cognitive decline according to the mini-examination in the sample studied (26.5%). The low schooling and the more advanced ages correlated with the lower score.
05	The Geriatric Depression Scale in a reduced version of Yesavage (EDG-15)	There was a correlation between symptoms of depression and increased age, female gender, limitation/dependence and dissatisfaction with the institution. There was also a significant association between depression and insomnia, tachycardia, paresthesia, dizziness and excessive sweating.
06	Geriatric Depression Scale, Yesavage (GDS-15)	The results were presented in two moments, (control and experimental group) in which at first it was demonstrated that in the control group 40% were depressed and after activities 50% presented such a picture. In the experimental group no changes were observed on the number of individuals with depressive disorder before and after the interventions.
07	Medical Outcomes Study 36 - Item short form health survey (SF36)	The high level obtained through the results, was the result of a good infrastructure, adapted to the special needs, with characteristics of housing, relatives present, recreation and assistance of health professionals, promoting the elderly participation in the biopsychosocial process.

During the analysis of the selected articles, it was not verified instruments of the CNS to assist the nurse in the nursing consultation, on the contrary. There was only the concern of identifying, through scales, the presence or absence of depression in the elderly.

## DISCUSSION

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The selected studies are written in Portuguese. Regarding the periodicals in which these texts were published, the seven were from the Nursing area. In the delineation of the researches carried out, 3 articles with quantitative approach were found, 1 of qualitative character, 1 experimental and 1 comparative. The most used instruments in the analyzed articles were: the Geriatric Depression Scale (GDS), as in the articles; the GDS developed by Yesavage (in articles 3, 5 and 6); the Mini Mental State Exam (MEEM), used by articles 1 and 4; Lawton and Brody Scales, as in article 1 and the Katz Index (in article 3). In addition, a Sociodemographic Questionnaire was used in Article 3 and the SF-36 Vita Quality Questionnaire in Article 7.

The GDS is one of the most applied surveys because it includes a small variation of the clear answers (yes/no), and there is no need for a mental health professional to be applied, just having a trained interviewer. Something similar occurred with a study developed by Nóbrega et al.<sup>(23)</sup>, who performed an integrative review, which aimed to identify, in the scientific literature, how factors related to depressive symptoms in institutionalized elderly were conceived.

The Mini Mental State Examination (MEEM) was also used by studies of this review. It consists of two parts, one that encompasses orientation, memory and attention, with a maximum score of 21 points and the second that incorporates specific skills such as: naming and understanding, with a maximum score of 9 points, totaling a score of 30 points.

In addition to the MEEM, the Katz Index was utilized, evaluating the functional capacity of the elderly in their dependence and independence, from bathing and feeding as simple tasks, as well as the function of sphincter continence, mainly urinary incontinence<sup>(24)</sup>.

In order to evaluate the instrumental functionality, one of the most used scales in the world is the one developed by Lawton and Brody in 1969, which allows to evaluate the degree of independence of the elderly person in instrumental activities of daily life (AIVD), such as: using the telephone, shopping, preparing food, taking care of the house, washing clothes, using transportation, preparing medication and managing money, by assigning a score according to the ability of the assessed subject to perform these tasks<sup>(19)</sup>.

The study carried out aims to contribute to the nurse's reflection on the need to implement the SNC as a strategy for care management. In Pernambuco, recent research corroborates this discussion, showing that there is, due to difficulties in the operationalization of the SNC, a workload of nurses in the LSIE, which is directly associated with the decrease of professionals in the area in the exercise of their functions<sup>(23)</sup>.

Thus, and according to the results assessed herein, it is essential that health professionals, especially nurses, incorporate actions aiming at early identification of depressive signs and symptoms, which will allow the development and adoption of appropriate measures to prevent the initial appearance or worsening of depressive conditions in the institutionalized elderly population.

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## CONCLUSION

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It can be concluded from the above that, in the articles analyzed, no specific instruments were identified to assist the nurse in the nursing consultation to institutionalized elderly with depression. The instruments used count for identify depression in institutionalized elderly.

This way, it is necessary to construct and validate instruments for nursing consultation for this population, seeing that, more than simply verify the existence of depression in elderly, it is necessary to act effectively on the problem. For this, it is essential to offer professionals in the area the means to perform the best possible care for the treatment of elderly people who find themselves in depressive conditions.

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