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ABUSE AND SIGNS OF DEPRESSION IN ELDERLY PEOPLE IN PRIMARY HEALTH CARE IN RECIFE/PE: A POSSIBLE RELATIONSHIP

MAUS TRATOS E INDICATIVOS DE DEPRESSÃO EM PESSOAS IDOSAS NA ATENÇÃO PRIMÁRIA À SAÚDE DE RECIFE/PE: UMA POSSÍVEL RELAÇÃO

MALTRATO Y SIGNOS DE DEPRESIÓN EN ANCIANOS DE ATENCIÓN PRIMARIA EN RECIFE/PE: UNA POSIBLE RELACIÓN

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ABSTRACT

Introduction: Elder abuse is recognised as a serious public health problem because of the consequences it has for both the victim and society.

Objective: Analyze the relationship between ill-treatment and signs of depression in elderly people treated in primary care in Recife/PE.

Methods: This article is part of a multicenter research project in an international network entitled Vulnerability and social and health conditions of the elderly in primary care and long-term care institutions: a comparative study in Brazil, Portugal and Spain. Quantitative, cross-sectional, analytical, descriptive and correlational. Participants: 130 people over the age of 60, regardless of gender, level of education, profession, marital status, religion and social class. Data collection: carried out using a biosociodemographic questionnaire, the Geriatric Depression Scale (GDS 15) and the H-S/EAST to check participants' risk of situations involving violence. Data analysis: the data was tabulated and analyzed using IBM SPSS Statistics software.

Results: Most of the participants ranged in age from 60 to 80. The majority were female, self-declared brown, married, Catholic, with an elementary school education, retired and with an income of up to two minimum wages. The prevalence of abuse was no reports (55.7%), followed by only one (31.9%) and two (8.1%) reports in the last year. With regard to depression, 82.3% of the participants were within the normal range. Mild depression came in second with 14.6% and severe depression came in last with 3.0%.

Conclusion: There is a significant relationship between elder abuse and depressive symptoms, thus showing the presence of violence as a risk factor for depression.

Keywords: Aging; Depression; Elder Abuse; Primary Health Care.

RESUMO

Introdução: Os maus-tratos à pessoa idosa é reconhecido como um grave problema de saúde pública, pelas consequências que acarreta, tanto para a vítima, como para a sociedade.

Objetivo: Analisar a relação entre maus-tratos e indicativos de Depressão em pessoas idosas atendidas na Atenção Primária em Recife/PE.

Métodos: Este artigo é um recorte da pesquisa multicêntrica em Rede Internacional, intitulada Vulnerabilidade e condições sociais e de saúde da pessoa idosa na Atenção Primária e Instituições de Longa Permanência: estudo comparativo no Brasil, Portugal e Espanha de natureza quantitativa, transversal, analítico, descritivo e correlacional. Participantes: 130

pessoas acima de 60 anos, independente de género, grau de escolaridade, profissão, estado civil, religião e classe social. Coleta de dados: realizada por meio de um questionário biosociodemográfico, a Escala de Depressão Geriátrica (GDS 15) e o H-S/EAST para verificar o risco dos participantes para situações que envolvam violência. Análise de dados: estes foram tabulados e analisados no software IBM SPSS Statistics.

Resultados: A maioria dos participantes tinham idades variando de 60 a 80 anos. A maior parte do sexo feminino, de cor autodeclarada parda, casadas, católicas, com nível de escolaridade fundamental, aposentadas e com renda de até dois salários mínimos. A prevalência de maus-tratos foi de nenhum relato (55,7%), seguido de apenas um (31,9%) e dois (8,1%) relatos no último ano. Em referência à depressão, 82,3% dos participantes estavam dentro da normalidade. Em segundo, ficou o corte de depressão leve, com 14,6% e por último o corte de depressão severa com 3,0% de incidência.

Conclusão: Há relação significativa entre maus-tratos e os sintomas depressivos, portanto, se evidencia a presença da violência como fator de risco para a depressão.

Palavras-chave: Abuso de idosos; Atenção Primária à Saúde; Depressão; Envelhecimento.

RESUMEN

Introducción: El maltrato a las personas mayores está reconocido como un grave problema de salud pública por las consecuencias que tiene tanto para la víctima como para la sociedad.

Objetivo: Analizar la relación entre malos tratos y signos de depresión en ancianos atendidos en atención primaria en Recife/PE.

Método: Este artículo es un extracto de la investigación de la Red Internacional multicéntrica titulada Vulnerabilidad y condiciones socio-sanitarias de las personas mayores en Atención Primaria e Instituciones de Larga Estancia: un estudio comparativo en Brasil, Portugal y España. Cuantitativo, transversal, analítico, descriptivo y correlacional. Participantes: 130 personas mayores de 60 años, independientemente del sexo, nivel de estudios, profesión, estado civil, religión y clase social. Recogida de datos: se realizó mediante un cuestionario biosociodemográfico, la Escala de Depresión Geriátrica (GDS 15) y el H-S/EAST para comprobar el riesgo de los participantes ante situaciones de violencia. Análisis de los datos: los datos se tabularon y analizaron mediante el programa IBM SPSS Statistics.

Resultados: La edad de la mayoría de los participantes oscilaba entre los 60 y los 80 años. La mayoría eran mujeres, autodeclaradas morenas, casadas, católicas, con estudios primarios, jubiladas y con ingresos de hasta dos salarios mínimos. La prevalencia de maltrato fue de ninguna denuncia (55,7%), seguida de sólo una (31,9%) y dos (8,1%) denuncias en el último año. En cuanto a la depresión, el 82,3% de los participantes se encontraba dentro del rango

normal. En segundo lugar se situó el corte de depresión leve, con un 14,6%, y por último el corte de depresión grave, con un 3,0% de incidencia.
Conclusión: Existe una relación significativa entre el maltrato al anciano y la sintomatología depresiva, mostrando así la presencia de violencia como factor de riesgo para la depresión.
Descriptores: Abuso de Ancianos; Atención Primaria de Salud; Depresión; Envejecimiento.

INTRODUCTION

According to data from the Brazilian Institute of Geography and Statistics (IBGE), life expectancy in Brazil in 2021 was estimated at 76 years[1]. It is important to clarify that this calculated average can vary depending on various factors, such as gender, region, socioeconomic level, among others. In the city of Recife, PE, the scenario is no different, with life expectancy estimated at around 74 years. A significant marker to consider is the fact that a large portion of the elderly population is currently victims of various forms of violence. Among the most common are physical abuse, sexual abuse, emotional or psychological abuse, financial or material exploitation, abandonment, and neglect[2].

According to information provided by Disque 100—a service for reporting human rights violations—over 41,000 reports were received via phone calls in 2020 alone, representing a 59% increase compared to the previous year. Unfortunately, this number is estimated to be even more alarming due to underreporting[3]. This phenomenon occurs for various reasons, especially when abuse takes place in a domestic context, as pointed out by Gondim and Costa, since the victim often has some form of dependency on the abuser, which creates fear of reporting them[4].

It is considered that mistreatment of the elderly is a violation of human rights and, moreover, is also a cause of numerous consequences. Among these are physical and mental injuries, which can result in hospitalizations, disabilities, and, consequently, a decline in productivity. Another loss related to violence is isolation and a lack of hope, which can become a triggering factor for depression.

Depression is characterized by psychological, functional, and relational changes, which may vary depending on symptoms, severity, course, and prognosis. It is marked by the presence of a depressed mood, reduced ability to feel pleasure or joy, feelings of tiredness or fatigue, accompanied by changes in sleep and appetite, disinterest, pessimism, slowness, and feelings of failure[5].

This condition constitutes a public health problem, affecting approximately 300 million people worldwide. In this context, the elderly account for 15% of the population[5]. According to data from the World Health Organization (WHO), it is estimated that about 7.7% of Brazilian elderly individuals suffer from depression. The incidence among them represents a significant challenge for healthcare systems due to the demand for care and high mortality rates, resulting in financial and emotional losses for the individual, the family, and the state.

The prognosis of depression in the elderly is negative, as the more persistent and prolonged the symptoms, the greater the impacts on cognition, functional capacity, and relationships. Additionally, this stage of life is also associated with higher rates of suicide[6]. Among the various factors associated with depression in the elderly, violence/mistreatment stands out, whether physical or psychological, often inflicted by family members who are usually closest to them[7]. When the family ceases to function as a source of support for the elderly, it becomes crucial to strengthen other protective networks, and the community is one of them.

Thus, the Primary Health Care System represents the community and, therefore, can be considered part of the support network, as the elderly individual turns to the healthcare unit when in need. Lima and other authors identified strategies to improve the treatment of geriatric depression in primary care, including patient activation and engagement, the implementation of non-pharmacological methods such as therapies—since these do not produce harmful effects on the body—and the promotion of precision cognitive activities[5].

Given the presented context, the general objective of this study was to analyze the relationship between mistreatment and indicators of depression in elderly individuals receiving care in Primary Health Care in Recife, PE. More specifically, the objectives were: 1) To verify the prevalence of mistreatment using the Questionnaire for Assessing the Presence of Violence and Mistreatment Against the Elderly; 2) To assess the tendency toward depression using the Geriatric Depression Scale (GDS-15); 3) To characterize the relationship between these two variables.

The research was submitted and approved by the Ethics Committee of the Federal University of Rio Grande do Norte (UFRN), in compliance with Resolution 510/2016 of the National Health Council, under CAAE registration number 36278120.0.1001.5292.

MATERIALS AND METHODS

The study conducted was a cross-sectional, descriptive, and correlational research with a quantitative approach, aiming to analyze the relationship between mistreatment and indicators of depression in elderly individuals receiving care in Primary Health Care in Recife, PE.

This research is part of a multicenter study conducted in Brazil, Portugal, and Spain with elderly individuals receiving care in primary health care and residing in Long-Term Care Institutions (LTCI). In Brazil, using an estimated target population of 1,802,390 elderly individuals, considering a confidence level of 95% (Z = 1.96), a sampling error (e = 0.08), an estimated proportion of expected accuracy (P) of 50%, and an expected error (Q) of 50% for elderly individuals receiving care in primary health care and/or residing in LTCI in the 24 pre-selected cities as research settings, the estimated sample size was 3,534 elderly individuals. Data were collected at two Basic Health Units (UBS) located in the southern region of Recife, Pernambuco.

Specifically, in the city of Recife, the minimum number of participants was estimated at 150 individuals, with 130 coming from primary health care services and 20 from LTCI. Thus, the study included 130 elderly participants, aged 60 to 69 years (70.8%), 70 to 79 years (23.8%), and 80 years or older (5.4%). The majority were female (80%), self-declared as mixed-race (58.1%), married (31.5%), Catholic (45.4%), with elementary education (62.3%), retired (48.5%), and with an income of up to two minimum wages (88.5%).

The scales that were used for this research where the GDS-15: To assess depression, the Geriatric Depression Scale (GDS) was used. It is a screening tool for depressive disorders. In this study, the GDS-15 was chosen[8,9,10]. This scale consists of 15 items, where participants scoring between 0 and 5 points are considered to have a normal psychological condition, those scoring between 6 and 10 are considered to have mild depression, and those scoring above 10 are considered to have severe depression. In our study, the GDS showed a satisfactory internal consistency with a Cronbach's alpha of 0.79. The HS-EAST: To assess the risk of participants for situations involving violence, the H-S/EAST was used. This instrument was developed in the United States. The items in the H-S/EAST cover aspects such as the risk of psychological and physical abuse, violation of personal rights, isolation, or financial abuse by third parties. The instrument consists of 15 dichotomous items selected from over a thousand questions derived from various protocols for identifying domestic violence against the elderly used in the United States. One point is assigned for each affirmative answer, except for items 1, 6, 12, and 14, where a point is given for a negative answer. Previous studies suggest that, in a clinical context, a score of three or more may indicate an

increased risk of some type of violence[11]. In this study, the HS-EAST showed an adequate internal consistency for research with a Cronbach's alpha of 0.56.

The inclusion criteria were: being over 60 years old; being registered or a user of a primary health care unit; and scoring at least 17 points on the Mini-Mental State Examination (MMSE), as suggested in its validation[12,13]. The exclusion criteria were: a medical diagnosis of intellectual, neurological, or mental disability that could hinder the application of the instruments; or refusal to continue participating in the research.

Data collection took place in the second half of 2021, between July and December, by a team previously trained to use the instruments employed in this study. Participants who agreed to participate read and signed the Free and Informed Consent Form (FICF).

The data were tabulated and analyzed using IBM SPSS Statistics, version 21. Specifically, we conducted descriptive statistics, measures of central tendency, and frequency analyses for a general and exploratory overview of the data. Inferential analyses were also performed, including group comparisons using Student's t-test and Pearson's product-moment correlation, as well as additional analyses of the internal consistency of the measures used and Cohen's effect size[14,15].

RESULTS

Based on the analysis of the HS-EAST scale results, the majority of elderly individuals in the study did not report any mistreatment (55.7%), followed by only one (31.9%) and two (8.1%) reports of mistreatment in the past year. Despite a non-equivalent sample size between genders, male participants had a higher average number of mistreatment incidents than female participants.

However, this difference was not statistically significant [t(1, 120) = -0.425; p = 0.672; d = -0.09)]. These results are summarized in Table 1↗. Among the most frequently reported forms of mistreatment were being yelled at without reason, which was reported to have occurred a cumulative total of 55 times, and being called unwanted nicknames, which occurred 14 times. The only form not reported was being threatened. These results are presented in Figure 1↗.

Next, we sought to verify the incidence of dispositional symptoms of geriatric depression using the GDS-15. The total score of this measure ranges from 0 to 15 and has three cutoff points (0 to 5 = normal; 6 to 10 = mild depression; 11 to 15 = severe depression). Overall, the

mean incidence was within the normal range (M = 3.05; SD = 2.78; SE = 0.24), representing 82.3% of participants. The mild depression cutoff came in second, with 14.6%, followed by the severe depression cutoff, with an incidence of 3.0%. We also analyzed whether these results differed between participants by gender.

Here, female participants had higher mean incidences of depression than male participants, and this difference was significant [t(1, 128) = 2.441; p = 0.016; d = 0.53)]. These differences are presented in Table 2↗.

Based on the descriptive analyses, we proceeded to examine the potential relationships between the main variables of the study (HS-EAST and GDS-15) and the demographic characteristics of the participants. To this end, we conducted a Pearson linear correlation analysis with all variables of interest. The main results are presented in Table 3↗.

Based on the correlation analysis conducted with our sample, we found that mistreatment is positively correlated with depressive symptoms (r = 0.19; p < 0.05). In other words, the higher the mistreatment scores, the higher the depressive symptoms. We also found a negative correlation between the participant's gender and depressive symptoms (r = -0.21; p < 0.05). Based on dummy coding (0 = female, 1 = male), this indicates that female participants reported more depressive symptoms than male elderly individuals. Finally, we also observed that the number of people the elderly live with is negatively correlated with reported depressive symptoms (r = -0.23; p < 0.001), meaning that living with others is associated with fewer depressive symptoms.

DISCUSSION

This study clearly and succinctly presents the possible correlation between the presence of mistreatment and indicators of depression in the elderly. With the phenomenon of population aging, the elderly have become increasingly present in Brazilian daily life. Consequently, the prevalence of mistreatment against this group has also increased, currently being considered an important public health issue and, since 2006, a subject of epidemiological surveillance in Brazil, in compliance with Law No. 10.741/2003 – the Elderly Statute.

As shown in the results, the population in question did not report a significant number of mistreatment cases in the past year. However, one notable finding is that, when analyzing the epidemiological profile by gender, even though females were the majority in the study (80%), the highest prevalence of reported cases came from males.

The data found in this study corroborate several previous studies, although some do not validate a statistically significant difference between genders[16,17]. However, they diverge from the findings of Pinto, Barham, and Albuquerque in a cross-sectional study conducted in São Carlos, SP[18]. Another study, conducted in 2018, highlights that women are more likely to be victims of physical violence, psychological violence, neglect, torture, and sexual violence[19].

Although there is no consensus on this gender comparison, men are also victims of aggression. According to Mascarenhas, Andrade, Pedrosa, Neves, Silva, and Malta, the number of cases of violence against elderly men is higher when it comes to physical violence, perpetrated by aggressors who do not live with the elderly individual and are involved in alcohol consumption[20].

In this context, regarding the most prevalent type of violence, our study identified that among the most frequently reported forms of mistreatment are being yelled at without reason, which characterizes verbal and psychological violence. Minayo corroborates this finding by stating that psychological aggression is the most common[21]. Moreover, it is considered the least visible and most associated with silence, as the elderly individual may not feel comfortable reporting it, a factor that may contribute to underreporting of violence against the elderly, according to Mascarenhas and other authors[20].

For Minayo, this occurs because victims are involved in affective and familial relationships. In turn, this mistreatment is characterized by chronic verbal aggression, yelling, and derogatory words that may disrespect the identity, dignity, and self-esteem of the elderly, as also found in our study, which identified unwanted nicknames as the second most reported form of mistreatment[22].

In this same context, a study also conducted in Recife by Silva and Dias confirmed that situations of violence often begin with verbal aggression, which contrasts with the results of our study. However, the authors also state that such aggression often culminates in physical mistreatment directed at the elderly[23].

Regarding the environment in which mistreatment occurs, Santana, Vasconcelos, and Coutinho state that the main aggressors reside in the same household as the elderly individual[24]. In this sense, the cited study is not the only one to highlight this fact, as other research also supports this information, including Gaioli *et al*[16], Silva and Dias[23], and an integrative review conducted in 2018 by Lopes *et al*[25], which states that 60% of violence cases occur in the place of residence. However, our study contradicts this finding by identifying that the more people living in the same space, the lower the likelihood of mistreatment.

In contrast to the findings regarding mistreatment, female participants reported a higher presence of depressive symptoms. In the field of Psychology, this result raises the possibility of questioning why women feel more comfortable discussing depression, unlike men, who often refrain from sharing their thoughts, feelings, and vulnerabilities.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR), the term depression is frequently used to describe one of several depressive disorders, characterized by sadness severe or persistent enough to interfere with functioning and often to diminish interest or pleasure in activities. Its cause is considered unknown but is believed to be multifactorial, influenced by genetic and environmental factors. In this context, given its association with sadness and lack of pleasure, a social stigma has been created around depression, as highlighted by Nascimento and Leão in their study[26].

Tavares adds that individuals who admit to being depressed are often labeled as weak and blamed for their lack of success in life. It is in this dimension that suffering—or even feeling—has become synonymous with shame[27]. Paraphrasing the author, individuals suffer twice: first, due to their own subjective, particular, and unique conditions inherent to each person, and second, due to the weight of guilt and stigma for finding themselves in such a situation.

Continuing in this vein and understanding that the elderly have lived and continue to live in a predominantly patriarchal and sexist socio-historical context, it is possible to correlate why men speak less about their emotions, as it involves assuming a role of vulnerability[28]. For Corsi, Dohmen, and Soténs, the repression of the emotional sphere is a constitutive part of male identity. According to the authors, this repression is characterized by not speaking about one's feelings, especially with other men[29].

Furthermore, as pointed out by Nascimento *et al*, there is still an association between mental disorders and incapacity[26]. This social perception makes it even more difficult for men to feel fully free to express their anguish, as Pimenta and Natividade highlight that masculinity has historically been associated with autonomy, independence, capability, and, above all, power. According to the authors, it is obvious that the exercise of power requires the suppression of feelings[30].

Regarding depression, as previously mentioned, our data analysis found that the more people living in the household, the fewer depressive symptoms were reported. Gonçalves corroborates this finding when, in their quantitative study, they suggest that elderly individuals who establish close relationships and receive more affection from those around them tend to be more sociable, feel safer, and exhibit fewer tendencies toward depression[31].

In a recent study on the relationship between loneliness and depression, Santos *et al* were able to demonstrate that both constructs have a directly proportional connection, as among elderly individuals who reported feelings of loneliness, approximately 67% exhibited depressive symptoms[32]. In this regard, the study conducted in Teresópolis aligns with the findings of our research.

Finally, regarding the last relationship analyzed between the variables of mistreatment and depression, our research identified that the higher the mistreatment scores, the greater the depressive symptoms. This indicates that the presence of violence is considered a risk factor for depression. Although the literature has not yet extensively explored such correlations in the same context analyzed by us, it was possible to find, among other studies, the systematic review conducted by Ribeiro *et al*, which refutes our results and states that violence is a major public health issue and that a significant portion of mental health problems, including depression, may have violence as a risk factor[33].

CONCLUSION

This study represents preliminary research, as it opens doors for further studies to be conducted, including in the city of Recife, since the elderly participants were being served in only one region (south zone) of the city. In response to the main objective of the research, it was concluded that there is a significant relationship between mistreatment and depressive symptoms, thus highlighting the presence of violence as a risk factor for depression. Regarding the specific objectives, the prevalence of mistreatment was as follows: no reports (55.7%), followed by only one report (31.9%), and two reports (8.1%) in the past year. Regarding depression, 82.3% of participants were within the normal range. The mild depression cutoff came in second, with 14.6%, followed by the severe depression cutoff, with an incidence of 3.0%.

Finally, as previously mentioned, it is important to emphasize the relevance of future research, considering that a larger and more diverse sample could enrich the study's data, given that social, economic, and geographical contexts may alter the elderly's perception of the analyzed variables. Additionally, the study's limitations include a predominantly female sample (80%), which also restricts comparative analysis between genders. Another point to highlight is that the total number of participants may be considered insufficient for generalizations.

Furthermore, it is essential to emphasize the need and importance of conducting data collection in different regions of the city to encompass varied sociocultural aspects. It is pertinent to clarify that there is room for public interventions in these populations, focusing on promoting actions to combat mistreatment and providing mental health support to the studied population as a way to reduce risk factors associated with depressive symptoms.

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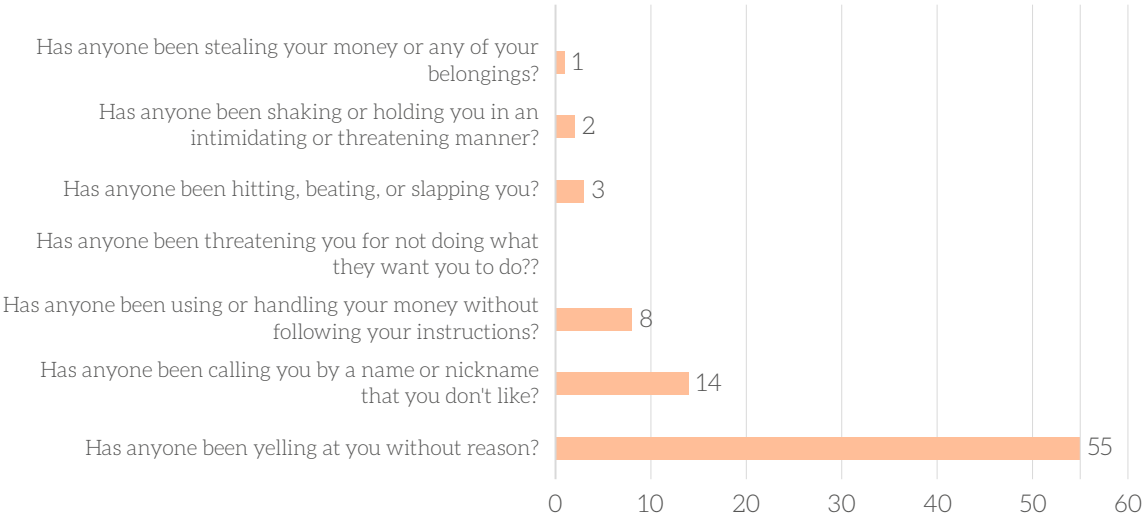

Figure 1 – Cumulative Frequency of HS-EAST.↖

Table 1 – Mean Reports of Mistreatment (HS-EAST).

	HS-EAST total score		
	Overall	Female	Male
Number of participants	122	97	25
Absentees	8	7	1
Average	0.648	0.629	0.720
Standard Error	0.086	0.094	0.212
Standard Deviation	0.953	0.928	1.061
Minimum	0	0	0
Maximum	5	5	4

Table 2 – Mean Dispositional Symptoms of Depression (GDS-15).

	GDS-15 total score		
	Overall	Female	Male
Number of participants	130	104	26
Absentees	0	0	0
Average	3.054	3.346	1.885
Standard Error	0.244	0.290	0.285
Standard Deviation	2.782	2.959	1.451
Minimum	0	0	0
Maximum	14	14	5

Table 3 – Pearson correlations between variables.

Variable		HD-EAST	GDS-15	Gender	Who is living with
1. HD-EAST	Pearson's r	–			
	p-value	–			
2. GDS-15	Pearson's r	0.195*	–		
	p-value	0.032	–		
3. Gender	Pearson's r	0.039	-0,211*	–	
	p-value	0.672	0.016	–	
4. Who is living with	Pearson's r	-0.097	-0.235**	0.066	–
	p-value	0.287	0.007	0.453	–

*p < .05; **p < .01; ***p < .001.