RECOGNIZING DEPRESSIVE SYMPTOMS IN THE ELDERLY:
A CROSS SECTIONAL STUDY

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ABSTRACT

This research investigated depressive symptoms in elderly people and followed the methodological procedure of a cross-sectional study, with a quantitative approach. Interviews were conducted with 30 elderly people from the Long-Term Care (LTC) Institution for the Elderly *Lar da Providência Carneiro da Cunha*, chosen at random, after following the inclusion criteria: being 60 years old or older; having cognitive conditions to respond to the collection instrument – Geriatric Depression Scale Short Form and a form with socio-demographic questions about the subjects. After collecting the data, the results analyzed by descriptive statistics showed high rates of depression in the elderly of the LTC institution in question. However, even in mild degree, the early diagnosis of depression is essential, especially in closed services, where the prevalence of this pathology is even greater. For this purpose, it is beneficial using instruments – such as the aforementioned scale – to help to identify the condition and for the therapeutics in a timely manner. Finally, the study pointed out the need for programs focusing on the institutionalized elderly, with the purpose of promoting participation in assistance and social movements, and in cultural, sportive and leisure activities, aiming to reduce depressive symptoms in this age group.
Keywords: Nursing; aged; depression; institutionalization.

INTRODUCTION

The discussions in internship fields organized by Centro Universitário de João Pessoa (UNIPÊ), in a LTC institution for the elderly, aroused the necessary attention on the issue "elderly care". In this context, it was possible to understand the indispensable role of nurses in using a clinical approach consistent with the physiological and pathological relation of ageing, depression and its influence on the quality of life.

Considering this, it is observed that the problem appears as a concern for adults, and even more for the elderly – population that already has specific frailties in their age group. Thus, it is important to consider that the approach of geriatric depression by the Nursing should go beyond a conventional work. This approach is supposed to aim at a more forceful concern and points out to the appropriate identification of risk factors and aggravation of this pathology, prioritizing humanitarian assistance, as well as promoting discussions on permanent education in health, actions regarding the theme and its activities in society, so that it is strengthened as a public policy to assist this part of the population. Thus, the following question emerged: What is the prevalence of depressive symptoms in the elderly

in the long-term care (LTC) Institution *Lar da Providência Carneiro da Cunha*? Our study is justified by the incipient literature on the subject and by the demand of reflections concerning the health care of institutionalized elderly.

METHODS

This study adopted a descriptive, cross-sectional, quantitative approach that enabled a macro view of the risk of mental illness in the elderly institutionalized in *Lar da Providência*.

The data were collected through semi-structured interviews and questionnaires during visits to the institution. In the opportunity, after becoming aware of the study objective, the elderly were asked to participate voluntarily, observing the inclusion criteria and ethical issues. We chose to apply the collection instruments individually in order to help the individuals' participation, since most of them had some visual impairment, which affected reading and writing the answers. It is worth noting that the interviewer did not interpret the questions at all.

For the data collection, we used a mental health assessment tool called Geriatric Depression Scale Short Form (GDS-SF), validated in Brazil, and a formulary with sociodemographic information to characterize the sample.

GDS-SF is used to investigate the presence of depressive symptoms, analyzing them through 15 questions with straightforward/closed answers (yes or no) concerning how the elderly person has felt over the last week. It is intended to be used by any professional and may also be used by laymen or even be self-applied. However, it is not a substitute for a diagnostic interview conducted by mental health professionals, but a useful tool for a quick assessment to identify depression in the elderly[1].

The study was carried out at an institution of long-term care called *Lar da Providência Carneiro da Cunha*, in João Pessoa, Paraíba, Brazil, in a partnership with Centro Universitário de João Pessoa (Unipê), which provides its physical and social space as a field for curricular internship, study and humanized follow-up to promote the health of residents.

The universe of this study comprehended all the elderly in the institution and was represented by a sample of 30 individuals, chosen at random. Inclusion criteria of subjects in the study were: being aged 60 or over as the World Health Organization (WHO) advocates; being a resident in the institution; male and female genders; having cognitive conditions at the time of interview to answer the questionnaire; agreeing with the participation in the research.

In turn, the exclusion criteria were: not being elderly, i.e., being aged less than 60; not residing in the institution; not having cognitive conditions at the time of interview to answer the questionnaire; not agreeing to participate in the research.

Then we built a database in Excel to encode the variables. For statistical analysis, we used the SPSS 20.0 software. Simple descriptive statistics allowed the data summary and, through association of the scale results (by score and the gender variable), we characterized the sample, comparing the results with the ones obtained by other published articles on the subject.

The study followed Resolution 466/2012/MS/National Health Council/National Commission of Ethics in Research and the Guidelines and Standards governing research involving human beings, and only started after the approval by the Research Ethics Committee of the Federal Institute of Education, Science and Technology of Paraíba (IFPB), with opinion no. 1,055,338 and CAE No. 43888115.5.0000.5185[2].

The elderly were informed of the right – when needed – to have a follow-up and the right of refusing to participate in at any stage of the research, without any penalty, guaranteeing confidentiality and privacy. Furthermore, the participation in the study was strictly voluntary without remuneration.

RESULTS AND DISCUSSION

All 30 subjects who participated in the study attended the research criteria.

Regarding gender distribution, most of them, 23 (76.7%) volunteers were female and only 7 (23.3%) were male – women were outnumbered among residents in the institution, and they were more collaborative. One can infer that the higher number of women is due to factors such as cardiovascular protection by female hormones, adoption of less aggressive conduct in their daily lives and less exposure to risk at work, besides having a greater concern with health[3].

Regarding the GDS-SF application, the results detected the level of depression in the elderly varied between non-depression to mild depression rates – the score ranged from 0 to 10 points. Thus, 25 individuals assessed (83%) had mild depression. No one presented the most severe form of the disorder. This result is corroborated by other similar studies, in which there is a high rate of the disorder in the senescent population[4].

Concomitantly with progression of the ageing process in the country, the number of psychiatric disorder cases in old age is increasing – among them we have depression. Some studies score the disorder prevalence rate between 5 and 35%, considering different forms and severity. Although many cases of depression in the elderly present a clinical profile similar to that of other age groups, these individuals have atypical profiles, with clinical and social problems, which may lead to diagnostic difficulties[4].

The analysis of associations between depression and sociodemographic characteristics, such as gender, showed there was a predominance of the disorder in men, 6 (86%) of the 7 elderly men presented the mild form of the disorder. Although slightly lower, the number of elderly women who suffer from mild depression in old age is significant – 19 (76%) among 25 respondents. The gender factor did not allow to establish a correlation with the depression predisposition in institutionalized elderly, since there was a negligible difference between men and women. However, we found no case with the most severe form of the disorder in the sample.

Based on the variables listed in the GDS-SF and presented in the following Table 1, when it comes to satisfaction with life itself, 76.7% of them reported being satisfied, and also most of them (84.3%) do not consider their life empty. Moreover, most of them do not get upset frequently, 73.3% and 73.7% feel good about the life they are leading, and only 11 (36.3%) of them fear that something bad will happen.

Table 1 – Distribution of elderly residents at LTC institution *Lar da Providência Carneiro da Cunha*, according to the depression diagnosis indicated by GDS-SF, João Pessoa, 2015.

Question		Absolute frequency (*f*)	Percentage frequency (%)
Are you basically satisfied with your life?	Yes	23	76,7
	No	7	23,3
Have you dropped many of your activities and interests?	Yes	19	63,3
	No	11	36,7
Do you feel that your life is empty?	Yes	8	26,7
	No	22	73,3
Do you often get bored?	Yes	8	26,7
	No	22	73,3
Are you in good spirits most of the time?	Yes	22	73,3
	No	8	26,7
Are you afraid that something bad is going to happen to you?	Yes	11	36,7
	No	19	63,3
Do you feel happy most of the time?	Yes	19	63,3
	No	11	36,7
Do you often feel helpless?	Yes	5	16,7
	No	25	83,3
Do you prefer to stay at home, rather than going out and doing new things?	Yes	8	26,7
	No	22	73,3
Do you feel you have more problems with memory than most?	Yes	7	23,3
	No	23	76,3
Do you think it is wonderful to be alive now?	Yes	26	86,7
	No	4	13,3
Do you feel pretty worthless the way you are now?	Yes	6	20,0
	No	24	80,0
Do you feel full of energy?	Yes	17	56,7
	No	13	43,3
Do you feel that your situations is hopeless?	Yes	14	46,7
	No	16	53,3
Do you think that most people are better off than you are?	Yes	8	26,7
	No	22	73,3

Source: The Geriatric Depression Scale (GDS), 2012. Available from: https://consultgeri.org/try-this/general-assessment/issue-4.pdf .

With this study, 63.3% said they feel cheerful and only 16.7% frequently helpless. In this context, concerning the individual finding wonderful to be alive, 83.7% said YES. The feeling of happiness is one of the well-being indicators that has recently received attention in the field of health scientific research. It can be a key to complete the objectives of quality of life indicators, such as the Human Development Index (HDI) and healthy life expectancy.

Similar to this result, we can cite the research that assessed the health status and behaviors, sleep duration and sense of happiness of the elderly in Campinas and from other three regions of the state of São Paulo. In terms of happiness, 77.2% of seniors stated they were feeling happy. Health was the aspect that weighed more in the sense of happiness of men and women with more than 60 years[5].

This research showed that the elderly like to perform various activities, like going out and doing new things (73.3%). Despite that the study by Silva[6] revealed that for most elderly people, quality of life is directly related to the practice of different activities.

However, although the disposition for activities, a counterpoint in the study was that 43.3% of the senescent population reported lack of enough energy to do leisure activities developed by *Lar da Providência*, such as walks, swimming and water aerobics. Initially, 63.3% of the elderly reported having stopped the performance of daily activities.

This leads to the conception that, even though the nursing home context partially meets basic needs of the elderly, on the other hand, it does not always stimulate their activity, and they tend to become more introspective and isolated from the social conviviality, as interpersonal relationships are fundamental to the quality of life and preservation of mental health[7].

The data also revealed that 23.3% of the elderly suffer from memory problems; and one can interpret that they are concerned with the loss of memory because it is considered an alarm signal for cognitive decline. The idea of ageing as a single and inexorable determinant in the memory decline has been demystified, leading the elderly to realize that memory problems do not occur only with them; also, they can act on their ageing process, giving it their own meanings, and not simply suffering the effects of this process. They corroborated with the study data because 76.3% believe their memory problems are not worse than those of other people.

Thus, we stress the importance of behavioral factors as co-determinants of memory and a healthy lifestyle for a proper life[8].

The study also revealed that 20% of the elderly feel useless. This is because institutionalized elders deal with situations they were not used previously: besides being separated from the family environment, they have to live with unknown people, becoming dependent and feeling useless[9].

It is important to highlight that although mental illnesses do not show high rates of mortality, they represent a heavy burden of disability and last for a long time – people with

advanced age, depressed and untreated have higher disability and use more health services, with more probability of premature death[10].

When asked about the feeling of hope, 16 (53.3%) reported not having that feeling. However, despite having little hope, the majority – 22 out of the 25 – claimed to feel they are as lucky as other people. In addition to the prefixed aspects that corroborate this state, there is still interpersonal deprivation in those who prefer to isolate themselves, as a result of depression, and in those who shorten their life expectancy, either by suicide or by somatic diseases related to this disorder[7].

Therefore, the study data draw the attention to the fact that knowing the symptoms of depression in the elderly is a relevant issue in the clinical practice of health professionals who attend this population, so that they can intervene appropriately and prevent risk factors associated with the disorder and detect cases earlier.

FINAL CONSIDERATIONS

Although there is little indication in other studies, ours showed a higher incidence of the pathology in men. These data prove the need for a more targeted work for this group of people who historically has always been alien to the care of their own health.

For a quick and easy diagnosis of this disorder (depression), the GDS–SF, when applied, offers reliable and safe measurements, as we have proved before from its application. Henceforth, even with its limitations, the scale serves as *screening in* the assessment of the senescent population. To this end, when using such instruments, the nursing professional is empowered with essential data for the planning of their assistance.

More than that, the study draws the attention from health care professionals for the prior knowledge of their mental state when implementing any activity.

Thus, promoting the health of the elderly in long-term care institutions is a matter to be carefully reflected by professionals who deal with this population, especially nurses, in order to produce and use data on determinant depressive symptoms in the old age for early identification and therapeutics to ensure the quality of life of older populations.

In addition, we stress the need of creating programs for the institutionalized elderly, in order to continue to develop their physical and cognitive abilities – for instance, conversations about subjects chosen by them. These actions motivate them to keep having certain

autonomy, and also give them privacy when needed. There should be constant qualification of the multidisciplinary team to identify change in the elderly clinical condition, in order to attenuate depressive symptoms in this age group and to train nursing professionals regarding a quick and easy diagnosis through the GDS–SF.

Thus, even before limiting factors, such as the application of some instruments in a minority of elderly people with low cognition level, we emphasize the great learning experience achieved with this project.

We suggest the development of studies to collect other data to be correlated with depressive symptoms in the elderly of the aforementioned LTC institution, since we believe that such researchers may provide to professionals who deal directly with this age group essential information concerning better elderly care.

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