EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES

http://www.ejbps.com

PREVALECE OF DEPRESSION IN THE ELDERLY

Amela Salihović[1,2*], Jasmina Mahmutović[1], Suada Branković[1], Ema Pindžo[1,2], Elmedina Mrkulić[2,3]

[1]Faculty of Health Studies, University of Sarajevo, Sarajevo, Bosnia and Herzegovina.
[2]PhD Student, Faculty of Health Studies, University of Sarajevo, Sarajevo, Bosnia and Herzegovina.
[3]Paediatric Clinic, Clinical Centre University of Sarajevo, Sarajevo, Bosnia and Herzegovina.

*Corresponding Author: Amela Salihović
Faculty of Health Studies, University of Sarajevo, Sarajevo, Bosnia and Herzegovina.
DOI: https://doi.org/10.17605/OSF.IO/F6SKV

ABSTRACT
Depression is an emotional state characterized by feelings of sadness, low mood, grief and sadness. Depression is often undiagnosed and untreated in the elderly, which is due to the myth that it is common for them as a natural reaction to the changes that old age brings. According to the World Health Organization (WHO), depression ranks fourth among diseases that cause physical, emotional, social and economic problems. Depression is a potential public health problem of the elderly population, associated with significant mortality and morbidity. Prolonged and untreated minor depression in the elderly can lead to serious neuropsychiatric disorders that will impair their quality of life. Geriatric depression is a multifactorial disorder, because it is caused by a combination of factors (genetic, biological, psychosocial) that contribute to the occurrence of the disorder to varying degrees. The high prevalence of depression in the elderly is recorded by the results of a study conducted in Slovenia 60.7%, a study conducted in Greece 84.3%, and a study conducted in Nepal 57.8 %. Depression is a serious public health problem. The results of the research show that significant predictors for the development of depression are: gender, age, marital status, level of education, financial dependence, place of residence, comorbidity and socio-economic status.

KEYWORDS: mental health, depression, geriatric depression, prevalence of depression.

INTRODUCTION

Mental health is an important indicator of the health status of the elderly and is of great importance in achieving successful aging and quality of life of the elderly in different communities.[1]

Depression is the most common mental health disorder in old age, and clinical depression is the most common mental disorder among the elderly. [2]

The word 'depression' encompasses a wide range of conditions, from transient malaise to a serious life-threatening psychiatric disorder, and is often used in everyday life to express emotions of sadness, dissatisfaction, frustration. However, in contrast to the 'normal' feeling of sadness that can occur in any person, depression in its strength, duration and degree of dysfunction deviates from everyday mood swings. In the future, the incidence of depressive disorders is expected to increase due to the following factors: life expectancy is extended, and thus the number of physical illnesses that are often accompanied by depressive disorders, the incidence of iatrogenic depression is increasing, the level of stress in developed countries, and especially in developing countries, is continuously increasing, and the accelerated changes of the modern age have caused changes in families and communities, resulting in a weakening of social support.[3]

Depression is an emotional state characterized by feelings of sadness, low mood, grief and sadness.[2]

Timely diagnosis and treatment of depression in the elderly significantly improves the quality of life of patients, but also their loved ones and reduces the risk of suicide.[4]

Gerontology and geriatrics deal with the problem of depression in old age. Gerontology (Greek: geron = old man, old person; logos = science) is a science that studies the biological processes of aging, physical and psychological changes in old age, and sociological problems related to old age. Geriatrics is a medical branch that investigates diseases whose prevalence is greatest in the third age, as well as methods of treating the elderly. The share of the elderly in the general population is constantly increasing, which leads to changes in the structure and functioning of society as a whole.[5] Depression is often undiagnosed and untreated in the elderly, which is due to the myth that it is common

for them as a natural reaction to the changes that old age brings.[6]

Depression as a public health problem
The family structure became smaller with increased industrialization and urbanization, and caring for older individuals within the family structure became more difficult. As a result, social support for older individuals is reduced. According to the World Health Organization (WHO), depression ranks fourth among diseases that cause physical, emotional, social and economic problems.[7]

Depression is a potential public health problem of the elderly population, associated with significant mortality and morbidity.[8]

Prolonged and untreated minor depression in the elderly can lead to serious neuropsychiatric disorders that will impair their quality of life. [9]

Depression in the elderly is often untreated because people think it is a normal part of the aging process and a natural reaction to chronic illness, loss and social changes. Immobility, poor medical compliance, and self-neglect that accompany depression can exacerbate associated medical illnesses.[10]

Depression is not a normal part of the aging process. In the elderly, depression is a treatable medical condition. Better recognition and treatment of depression in old age brings great potential for improving physical and mental health, reducing disability in old age and improving quality of life.[6]

Factors influencing the development of depression
Depression among the elderly is a global public health issue and has a significant impact on the well-being and quality of life of the elderly, resulting in increased demand for health services and higher health care costs. Geriatric depression is a multifactorial disorder, because it is caused by a combination of factors (genetic, biological, psychosocial) that contribute to the occurrence of the disorder to varying degrees. [11]

In the elderly, many changes in life can increase the risk of depression, or worsen an existing depressive disorder, such as: relocation, retirement, chronic illness or pain, departure of children, death of a loved one or spouse, loss of independence.[6]

In addition to the usual symptoms of depressive disorder, there are: symptoms of fatigue, inappetence and sleep disorders that can accompany the physiological aging process, but also some physical diseases (e.g. angina pectoris, chronic obstructive pulmonary disease, digestive diseases, tumours). Biological factors that can influence the development of depression are genetic (female gender, neuronal loss and impaired neurotransmission, endocrinological changes (long-term elevated cortisol levels), cerebrovascular disease (subcortical vascular changes in the brain), physical illness (cardiovascular disease) and other mental disorders (long-term anxiety disorder).[4]

Psychological factors that can influence the onset of depression are: personality traits (ambivalence, impotence, passively dependent personalities), low self-esteem, loss of intimacy capacity, cognitive distortions (e.g. feeling abandoned when left alone even for a short time). Social factors that can influence the onset of depression are: stressful life events (loss of friends, spouse, relocation), grief, loneliness, chronic stress (living in an inappropriate environment) and low socio-economic status.[4]

Depression as the most common mental health disorder
Many studies have found that the prevalence of depression in the elderly ranges from 13 to 40% for those who visit outpatient clinics and live at home, from 10% to 45% for those hospitalized in medical wards, and from 30% to 44% for those who receive health care in institutions for the elderly. The burden of depression is growing globally. In Greece, the number of pensioners (≥ 65 years of age) is estimated to double by 2050 (from 16.6% in 2000 to 32.1% in 2050), which is a challenge to the increased demand for health services.[11]

According to meta-analyses, two years after the diagnosis of the disease, 1/3 of elderly patients feel well, 1/3 are still depressed, and 1/3 die. Depression is often undiagnosed and untreated in the elderly. According to the latest data, six million Americans over the age of 65 suffer from depression, and only 10% of them are treated. Since more than 80% of people over the age of 65 have a single chronic illness, and about 20% of people over the age of 75 suffer from diabetes, comorbidity (psychiatric or physical) is the rule, not the exception in old age. Symptoms of depression and other physical illnesses are often replaced, symptoms of depression, such as feelings of fatigue, general weakness, somatization, etc., especially contribute to this. [4] Furthermore, studies show that "depressed people, including the elderly with depression, use two to three times more medical services than people who are not depressed." Other research estimates that "older people with depressive symptoms have 50% higher health care costs due to more frequent use of medical services" than other older adults who do not suffer from depression.[12]
The high prevalence of depression in the elderly is recorded by the results of a study conducted in Slovenia 60.7% [13], a study conducted in Greece 84.3%,[11] and a study conducted in Nepal 57.8 %.[12] Based on the geriatric depression scale (GDS), the prevalence of geriatric depression in the population of rural Kannur was 72.4%. [9]

Didem Arslantas D. and other authors in their study conducted in Turkey found that the prevalence of depression in respondents was 45.8% (n = 93).[14]

A study conducted in the Kathmandu Valley indicates that depression in elderly people living in geriatric homes is present in 51.3% of respondents, with severe depression in 15.4%, and with mild depression in 35.9% of respondents. The prevalence and associated factors of depression in the elderly population living in geriatric homes in the Kathmandu Valley were investigated by a group of authors where they found that the majority of severely depressed respondents (75%) were widows/widowers; the majority of mildly depressed respondents (85.7%) were illiterate; three-quarters (75%) of severely depressed respondents had no children.[15]

That loneliness is one of the factors influencing the development of depression is confirmed by a study conducted in Slovenia, the results of which show that loneliness is one of the most common risk factors leading to depression in the elderly. The loss of a spouse is a major contributor to loneliness in old age. There was a statistically significant difference (p = 0.003) in the occurrence of depression between single, married, and elderly widows, with widows having the highest GDS score. On the other hand, married respondents had the lowest GDS score.[13]

According to the classification of the World Health Organization, the elderly are divided into three categories, which makes it possible to assess in which age group the elderly show signs of depression. In a study conducted by the author Pracheth R. in India, we can observe that as many as 80.95% of people aged ≥80 were depressed, compared to 25.20% and 21.40% among those aged between 70 and 80 years of age and 60 and 69 years of age. Also, it was found that the prevalence of depression in the elderly urban population is 27.71%, while it is 24.46% among the elderly rural population. The results show that 17.93% of respondents in rural and urban areas had a mild depressive state according to the GDS with a score of 10 to 19, with 9.79% in urban and 6.53% in rural areas. The urban area was found to show severe depression with a score of 20–30.

Depression is higher in the elderly population aged ≥80 living in rural areas (28.89%), compared to people aged ≥80 living in urban areas (7.85%).[8]

A study conducted in Croatia in 2017, analysing the collected data according to the Geriatric Depression Scale, concludes that of the total number of respondents placed in the geriatric homes, 56% had no symptoms of depression, 42% showed milder symptoms of depression, while 2% had stronger symptoms of depression. Of the total number of respondents living at their home, with their family members, 94% of them did not have symptoms of depression, while 6% had milder symptoms of depression.[6]

Examining the comparison of the prevalence of depression in urban and rural areas in India, the author Pracheth R. came to data showing that depression is present in respondents living in urban area (27.71%) and rural area (24.46%).[8]

Place of residence is not the only factor that is a predictor of depression in the elderly. The study showed that depression was statistically significantly higher among women (51.3%) compared to males (38.6%), with disturbed married life or singles (58.5%), those living alone (65.7%), those who are financially dependent (55.0%) and persons of lower socio-economic status (56.2%).[10]

That women are more prone to depressive symptoms is also proven by a study conducted in India, where it was found that depression in women is 1.78 times higher compared to male respondents (p = 0.04). In addition to gender, which is a predictor for the development of depression in the elderly, other predictors of depression have been proven. Older people over the age of 70 were 3.8 times more likely to develop depression than people younger than 70 (p <0.001), and people with lower primary education were 2.32 times more likely to develop depression than people with a higher level of education from primary school (p = 0.004). Depression was 3.3 times more prevalent among people who were financially dependent on others compared to people who were financially independent (p <0.001). Having one or more comorbidities increases the probability of depression by 4.2 times compared to the absence of comorbidities (p = 0.003). Geriatric depression was 6.2-fold lower in people who were married than in people who were never married or divorced or living apart from their spouses or are widows (p <0.001).[9]

Babatsikou S. and colleagues in their research also prove that marital status and gender are a predictor of depression. Research results show that women (56.92%) tend to outperform men (43.08%) in depressive symptoms. Interestingly, married subjects did not show any symptoms of depression at a rate of 74.5%.[11]

CONCLUSION
Based on the analysis of the results of research studies, we can conclude that depression in people of the third age is very common. In a large number of studies, the prevalence of depression was over 50%, which is a serious public health problem.

The results of the research show that significant predictors for the development of depression are: gender, age, marital status, level of education, financial dependence, place of residence, comorbidity and socio-economic status.

LITERATURE
1. Babazadeh T, Sarkhoshi R, Bahadori F, Moradi F, Shariat F, Sherizadeh Y. Prevalence of depression,

anxiety and stress disorders in elderly people residing in Khoy, Iran (2014-2015). J Anal Res Clin Med., 2016; 4: 122-126.

2. Ajduković M, Ručvić S, Majdenović M. Odnos depresivnosti, zdravlja i funkcionalne sposobnosti korisnika domova za starije i nemoćne osobe/The relationship between depression, health and functional abilities of beneficiaries of the homes for the elderly and infirm. Rev. soc. polit., 2013; 2: 149-165.

3. Harhaji S. Socijalno-medicinski aspekti depresivnih poremećaja u Vojvodini/Socio-medical aspects of depressive disorders in Vojvodina. Novi Sad: University of Novi Sad, Faculty of Medicine, Novi Sad., 2016; Doctoral dissertation.

4. Ninoslav M, Kušan-Jukić M. Depresija u osoba starije životne dobi: specifičnosti kliničke slike i smjernice za liječenje/Depression in the elderly: specifics of the clinical picture and guidelines for treatment. MEDIX., 2013; 106: 213-217.

5. Budimir A. Učestalost depresije u starijoj životnoj dobi na području grada Dubrovnika/Frequency of depression in old age in the area of the city of Dubrovnik. SG/NJ., 2016; 21: 145-147.

6. Bošnjak S, Uzun S, Kozumplik O, Kalinić D, Ninoslav M. Depresivni poremećaj kod osoba starije dobi smještenih u domu i kod kuće/Depressive disorder in the elderly placed at geriatric homes and those living in their own homes. SG/NJ., 2019; 24: 15-19.

7. Unsar S, Dindar I, Kurt S. Activities of daily living, quality of life, social support and depression levels of elderly individuals in Turkish society. Jpak Med Assoc., 2015; 65: 642- 645.

8. Pracheth R. Urban–rural comparison of depression among the elderly population: a cross-sectional study. International Journal of Medical Science and Public Health, 2016; Vol 5: 867-871.

9. Thilak S. A, Sarada A. K, Sushrit A. Neloopant. Prevalence and factors associated with depression among the elderly in rural areas of Kannur, North Kerala, India: a cross sectional study. Int J Community Med Public Health, 2016; 3: 1986-1991.

10. El-Gilany A. H, Elkhawaga G. H, Sarraf B. B. Depression and its associated factors among elderly: A community-based study in Egypt. Archives of Gerontology and Geriatrics, 2018; 77: 103–107.

11. Babatsikou F, Konsolaki E, Notara V, Kouri M, Zyga S, Koutis C. Depression in the Elderly: A Descriptive Study of Urban and Semi-Urban Greek Population. International Journal of Caring Sciences, 2017; 10: 1286-1292.

12. Chalise H. N. Depression among elderly living in Briddashram (old age home). Advances in Aging Research, 2014; 3: 6-11.

13. Kabátová O, Uríčková A, Botíková A. Faktors affecting the incidence of depression in the elderly. Cent Eur J Nurs Midw., 2014; 5: 105-111.

14. Arslantas D, Ünsal A, Ozbabalık D. Prevalence of depression and associated risk factors among the elderly in Middle Anatolia, Turkey. Geriatr Gerontol Int., 2014; 14: 100–108.

15. Choulagai P.S, Sharma C.K, Choulagai B.P. Prevalence and Associated Factors of Depression among Elderly Population Living in Geriatric Homes in Kathmandu Valley. Journal of Institute of Medicine, 2013; 35: 39-44.