

Depression risk assessment among seniors in the Lublin province

Ocena ryzyka depresji wśród seniorów województwa lubelskiego

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Abstract

Introduction. Depression is the most common mental health problem in an elderly person and affects patients, their families and society. Factors predisposing to depression in the elderly are: widowhood, loss of employment, deterioration in financial situation, loss of physical fitness, dependence on others, use of institutional care. **Objective.** The aim of the study was to assess the risk of depression among seniors in the Lublin Province. **Material and method.** The study group consisted of 120 elderly people from the Lublin Province. Females constituted the majority of the study group (65.80%). The age of the respondents was in the range of 65-90 years. The Geriatric Depression Scale was used to assess the patients' condition. Yesavage's Geriatric Depression Scale-Short Form (GDS-SF) was used to measure the risk of developing symptoms of depression (15 questions – yes / no). **Results.** The surveyed group of seniors was assessed at the average level of 5.60 points. According to GDS scales. 56.00% of the respondents did not show symptoms of depression. Mild depression was found in 35.00% of people, and only 9.00% of seniors showed symptoms of severe depression. **Conclusions.** Depression is a major health problem for the elderly and their carers. A fairly large group of the surveyed seniors showed symptoms of depression. Marital status significantly differentiated the occurrence of depression in the studied group of seniors. (Gerontol Pol 2020; 28; 218-222)

Keywords: elderly, depression, Geriatric Depression Scale

Streszczenie

Wstęp. Depresja jest najczęstszym problemem zdrowia psychicznego osoby starszej i wpływa na pacjentów, ich rodziny i społeczeństwo. Czynniki predysponującymi do depresji w wieku podeszłym są: wdowieństwo, utrata zatrudnienia, pogorszenie sytuacji materialnej, utrata sprawności fizycznej, uzależnienie od innych, korzystanie z opieki instytucjonalnej. **Cel.** Celem badań była ocena ryzyka depresji wśród seniorów województwa lubelskiego. **Materiał i metoda.** Badaną grupę stanowiło 120 osób starszych mieszkających na terenie województwa lubelskiego. Kobiety stanowiły większość badanej grupy (65.80%). Wiek badanych zawierał się w przedziale 65-90 lat. Do oceny stanu pacjentów zastosowano Geriatryczną Skalę Depresji. Geriatryczna Skala Depresji Yesavage'a w wersji skróconej (Geriatric Depression Scale- Short Form – GDS-SF) służy do pomiaru stopnia zagrożenia wystąpieniem objawów depresji (15 pytań – tak/nie). **Wyniki.** Badana grupa seniorów oceniona została na poziomie średniej 5.60 pkt. wg skal GDS. 56.00% badanych nie wykazywało objawów depresji. U 35.00% osób stwierdzono depresję lekką, a tylko 9.00% seniorów wykazywało objawy ciężkiej depresji. **Wnioski.** Depresja stanowi duży problem zdrowotny osób w podeszłym wieku i ich opiekunów. Dość duża grupa badanych seniorów wykazywała objawy depresji. Stan cywilny istotnie różnicował występowanie depresji w badanej grupie seniorów. (Gerontol Pol 2020; 28; 218-222)

Słowa kluczowe: osoby starsze, depresja, Geriatryczna Skala Depresji

Introduction

Depression is the most common mental health problem in an elderly person and affects patients, their families and society. Research suggests that 14% to 20%

of elderly people exhibit depressive symptoms, the rate being higher among the elderly in hospital (12% to 45%) and an estimated 40% in long-term care facilities [1].

The results of the conducted studies indicate that depression that occurs for the first time in the elderly dif-

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fers from depression that appears at an early age in terms of clinical symptoms, etiology, response to treatment and prognosis. It is still uncertain whether these differences are the result of physiological changes depending on age, or whether late age depression is another type of disorder [2].

Predisposing factors to depression in the elderly are: widowhood, loss of employment, deterioration in financial situation, loss of physical fitness, dependence on others, use of institutional care. Elderly people often suffer from chronic diseases that are burdensome for them, cause unpleasant ailments and difficulties in everyday functioning, which decrease the mood, make them feel worse and, consequently, predispose them to depression [3].

Objective of the study

The aim of the study was to assess the risk of depression among seniors in the Lublin Province.

Material and method

The study group consisted of 120 elderly people living in the Lublin Province. The respondents submitted their informed and voluntary consent to participate in the research. The research was conducted in compliance with the principles of ethics and personal data protection. Females constituted the majority of the study group (65.80%). The age of the respondents was in the range of 65-90 years. Detailed characteristics of the study group are presented in Table I.

Table I. Characteristics of the study group

Variable		%
Sex	women	65.80
	men	34.20
Age	65-69 y. old	23.30
	70-79 y. old	55.70
	80-90 y. old	21.00
Marital status	married	53.00
	widowed	47.00
Education	primary	60.00
	occupational	15.80
	middle	20.00
	higher	4.20
Lives	alone	15.00
	With family	85.00

The Geriatric Depression Scale was used to assess the patients' condition. Yesavage's Geriatric Depression

Scale-Short Form (GDS-SF) is used to measure the risk of developing symptoms of depression (15 questions – yes / no). Interpretation of the short version is based on the number of points scored: 0-5 points no risk of depression, 6-10 points moderate depression, 11-15 points severe depression. It is a screening tool that is widely used around the world to assess the intensity of depression symptoms in the elderly. The questions answered by the respondents concern the assessment of both positive and negative aspects of life. The higher the score, the greater the intensity of depression symptoms [4-6].

The obtained material was statistically analyzed. The level of significance which indicated a statistically significant difference or relationship was $p \leq 0.05$.

Results

The surveyed group of seniors was assessed at the average level of 5.60 points. According to GDS scales 56.00% of the respondents did not show symptoms of depression. Mild depression was found in 35.00% of people, and only 9.00% of seniors showed symptoms of severe depression.

Symptoms of depression were found more often in women than in men 10.1% of women and 7.32% of men had severe depression. No depression was found in 68.29% of men and 49.37% of women. However, this difference was not statistically significant.

The greatest number of people without depression was in the age group of 65-69 (60.72%). At the same time, the oldest age group (80-90 years) most often showed symptoms of severe depression 20.00% the conducted analysis did not show any significant difference between the analyzed groups.

When analyzing the occurrence of depression depending on marital status, it was found that it significantly differentiated the condition of seniors. Widowed people more frequently showed symptoms of severe depression (14.04%) compared to married people (4.76%).

People with primary education in the highest percentage (11.27%) showed signs of severe depression. On the other hand, the largest group of seniors without depression symptoms were people with higher education (67.00%). However, this difference was not statistically significant.

The last analyzed issue was the assessment of the condition of seniors depending on the housing situation. People living with their family most often did not have symptoms of depression (57.84%). Severe depression was more common among people living alone (16.67%) compared to those living with a family (7.84%). Statisti-

Table II. Sociodemographic variables and the Geriatric Depression Scale (GDS) assessment

variable		GDS			Statistical analysis
		Lack of depression (%)	Slight depression (%)	Severe depression (%)	
sex	women	49.37	40.50	10.13	Ch ² =3.966 p=0.137
	men	68.29	24.39	7.32	
age	65-69 y. old	60.72	28.57	10.71	Ch ² =6.288 p=0.178
	70-79 y. old	55.22	40.30	4.48	
	80-90 y. old	52.00	28.00	20.00	
marital status	married	66.67	28.57	4.76	Ch ² =7.161 p=0.027
	widowed	43.86	42.10	14.04	
education	primary	50.70	38.03	11.27	Ch ² =2.408 p=0.661
	occupational	60.00	35.00	5.00	
	middle	65.51	27.59	6.90	
	higher	67.00	27.00	6.00	
housing situation	alone	44.44	38.89	16.67	Ch ² =1.882 p=0.390
	with family	57.84	34.32	7.84	

cal analysis showed no significant difference between the analyzed groups.

A detailed assessment of the respondents with the Geriatric Depression Scale is presented in Table II.

Discussion

Depression, along with dementia, is the most common mental problem in old age. Diagnosing depression in old age is more complex than in younger people. The patient's somatic health is of great importance in the risk of depression. Any chronic disease, mainly related to pain, may predispose to the onset or recurrence of depression [7].

Seniors are more likely to report somatic complaints and less often to describe a feeling of sadness. The most frequently reported complaints by elderly people suffering from depression include: persistent pain, agitation, apathy, withdrawal, numerous nonspecific somatic complaints, loss of body weight or appetite, excessive disability, anxiety, memory and concentration disorders, getting tired fast, sleep disturbances, interpersonal difficulties [8,9].

Diagnosing depression in the elderly often requires a lot of knowledge and skills from the therapeutic team. The complaints reported by the patient or the family may indicate dementia or depression. At the same time, dementia may increase the occurrence of depression, and also act as its mask [10].

Our research found that nearly half of the respondents (44.00%) showed symptoms of depression to a varying degree. In the studies by Fidecki et al. [11] on patients of internal medicine departments, the percentage of elderly

people showing symptoms of depression was even greater (52.80%). On the other hand, a lower risk of depression was found in the Indian studies. The authors showed that 29.36% of the studied group of seniors showed symptoms of depression [12]. A similar group of elderly people with symptoms of depression (23.00%) was also diagnosed in the study by Starczewska et al. [13].

The results of own research showed that women had symptoms of depression more often. In 50.63% of the examined women, mild or severe depression was diagnosed. Studies by other authors also indicate that women experience this disease more often. This is consistent with the research of the WOBASZ project, where depression was found in 34.00% of the surveyed women [14]. In the results of the PolSenior project, it was observed that in early old age depressive symptoms occur in 31% of women and 20.7% of men, while in late old age in more than 40% of women and about 30% of men [15]. A study by Mamplekou et al. [16] showed significantly greater differences in the incidence of depression between the sexes, in which symptoms of depression were found in 70% of women and 54% of men.

In the group of elderly people, specific risk factors for depression include: brain aging, psychosocial situation (loneliness, financial factors), somatic diseases, additional medications and disability [17]. Own research shows that the risk of depression increases with age. The highest percentage of people with depression was diagnosed in the group of the oldest seniors (80-90 years old). This is confirmed by the research of Weterle and Sołtyśiak, in which also the largest group of people with depression were seniors aged 80 and more [18].

Our studies showed that marital status differentiated the risk of depression. Widowed seniors were much more likely to develop depression than married people. Other studies also show the same relationship, loneliness favors the occurrence of depression in the elderly [11,15,19].

In the authors' own research it was found that people with primary education were most exposed to depression. This risk decreased with the degree of education. A study by Starczewska et al. [13] found a statistically significant correlation between the occurrence of the risk of depression according to GDS and the education of the respondents. The possibility of depression in this group of people with primary education was found in 44.9% of the respondents. On the other hand, 20% of seniors with higher education showed the risk of depression.

People living with their spouse showed the lowest risk of depression. The greatest number of respondents exposed to depression was in the group of people living alone.

This is consistent with the research by Starczewska et al. [13], where a statistically significant correlation was shown between the risk of depression according to the GDS scale and the way of living by the respondents. In seniors living alone, moderate depression was found in 26.7%, and severe in 13.3% of respondents, while in the group living with a family, moderate depression occurred in 12.6%, and severe at 5.1%.

Conclusions

Depression is a major health problem for the elderly and their carers. A fairly large group of the surveyed seniors showed symptoms of depression. Marital status significantly differentiated the occurrence of depression in the studied group of seniors.

Conflict of interest

None

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