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Prevalence of depression Indexes among the elders of a unit for the care of senior citizens

Prevalência de indicativos de depressão em idosos de uma unidade de atenção ao idoso

Prevalencia de indicativo de depresión en ancianos de una unidad de atención al anciano

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This is a cross-sectional, observational and quantitative study, conducted in the city of Uberaba (MG), Brazil, with the objective of outlining the sociodemographic profile and estimating the prevalence of depression indexes among elders. 60-year-old or older people from both genders, who regularly attend the UAI, were included in the research. From the 317 participants, most were female, between 60 and 70 years of age, widows, retired, with low education and low income. The prevalence of depression indexes was 30.9%. These data show that it is necessary to conduct actions to diagnose and treat depression, and to make psychosocial and emotional support mechanisms available for the elders.
Descriptors: Depression; Aged; Centers of connivance and leisure.

Este é um estudo transversal, observacional e de abordagem quantitativa, realizado em Uberaba (MG), com o objetivo de traçar o perfil sociodemográfico e estimar a prevalência de indicativos de depressão em idosos. Foram incluídas na pesquisa pessoas com 60 anos ou mais, de ambos os sexos, que frequentam periodicamente a UAI. Dos 317 participantes, a maioria foi representada pelo sexo feminino, com 60-70 anos, viúvos, aposentados, com baixa escolaridade e baixa renda. A prevalência de indicativos de depressão foi de 30,9%. Estes dados mostram a necessidade de realizarem-se ações de diagnóstico e tratamento para a depressão, bem como de disponibilização de suportes para os aspectos psicossociais e emocionais dos idosos.
Descritores: Depressão; Idoso; Centros de convivência e lazer.

Este es un estudio transversal, observacional y de abordaje cuantitativo, realizado en Uberaba (MG), Brasil, con el objetivo de trazar el perfil sociodemográfico y estimar la prevalencia de indicativos de depresión en ancianos. Fueron incluidas en la investigación personas con 60 años o más, de ambos sexos, que frecuentan periódicamente la UAI. De los 317 participantes, la mayoría fue representada por el sexo femenino, con 60-70 años, viudos, jubilados, con baja escolaridad e ingresos bajos. La prevalencia de indicativos de depresión fue de 30,9%. Estos datos muestran la necesidad de realizarse acciones de diagnóstico y tratamiento para la depresión, así como de disponibilidad de soportes para los aspectos psicosociales y emocionales de los ancianos.
Descriptores: Depresión; Anciano; Centros de ocio y convivencia.

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INTRODUCTION

Psychiatric illnesses act together to diminish the functional capabilities and the quality of life of elders[1]. Among these illnesses, depression stands out, since it involves biological and psychosocial factors, and, among the elders, presents singular characteristics, and occurs frequently[2].

Current researches have shown concern regarding the relationship between depressive symptoms and risk of morbimortalities that increases with the age of people affected. In addition, they highlight that depressive people can get older much faster, when compared to those who are not affected by this condition[3].

The depressive person presents signs and symptoms that go beyond a period of sadness, pessimism, low self-esteem or drastic life changes, not to mention that these resurface constantly and can act in conjunction[2].

The prevalence of depression among Brazilian elders varies according to the target population and the analyzed location, with a general predominance of females and institutionalized elders[4].

Among the possible causes for depression are the lack of daily activities in adequate places that encourage and stimulate the elders. Feelings of uselessness, living with solitude and the lack of purpose, meaning in life, autonomy and social participation, can all lead to the incidence of depressive symptoms[5,6].

Therefore, it is necessary to insert the elder in places where they can socialize, participate in activities and occupy themselves. Considering this concept, the centers for the socializing of elders (CCI) are a source of interaction, experience and knowledge exchange, recovering of autonomy, self-esteem improvement, quality of life, sense of humor and social inclusion[7].

Researches involving elders who attend socialization centers, however, have demonstrated a high prevalence of depressive symptoms among this population, a result found in such states as São Paulo[8], Bahia[9], and Minas Gerais[10].

A research conducted in four CCIs in the state of São Paulo has found that, in spite of sustained depression index levels, the socialization centers and old age programs have shown to contribute for the cognitive status and for the satisfaction of participants with their lives[11].

The identification of depression cases among the elderly is relevant in clinical practice, as it can contribute for the development of adequate interventions and prevent possible risk factors associated to the disease[12]. Thus, due to both its prevalence and its consequences, depression is an important public health problem[13].

The socialization centers represent a modality of elder health care that is different from institutionalization and is relatively recent in the country. Scientific production regarding socialization centers for elders is still modest, and it focuses on describing the profile of the participants[14]. Therefore, it becomes necessary to know more about the profile of these elders, aiming at directing, in these environments, activities of health promotion, and for the prevention of illnesses and grievances such as depression.

Considering the growth of the elder population and the high prevalence of depression among elders, this research aims objective of outlining the sociodemographic profile and estimating the prevalence of depression indexes among elders.

METHOD

Cross-sectional, observational and quantitative study, developed with elders from the Unit for Elder Health Care (UAI) in the municipality of Uberaba, in the state of Minas Gerais.

Data collection happened between January and February 2013. The management of the UAI offered a list of the elders registered there; most of them, however, were no longer attending the service, and some had passed away. Therefore, the researchers contacted the elders via telephone calls in order to register them in the unit again, and spoke personally to the elders present in activities at the UAI. Thus, it was possible to build a new and updated list with 735 individuals who were

50 years old or older, and attended the UAI. Among these, 458 were 60 years old or older.

The interviews were previously scheduled with the elders, and they were approached inside the unit, before or after participating in any activities, according to their availability. Data was collected in a dedicated space inside the UAI.

The following inclusion criteria were used: 60-year-old or older people, from both genders, who periodically attend the UAI and agreed to participate in the study. The exclusion criterion was: people who did not attend the UAI during the data collection period. 316 seniors fit the research criteria and participated in the research. The following were the reason of losses and exclusions: deaths (2); hospitalizations during the period of data collection (5); refusal or disinterest in participating in the research (25); trips or absence from previous scheduling (22); the person was not found at the UAI after three attempts (88), to a total of 142 losses.

The measurement of sociodemographic and economic data was conducted through a structured questionnaire built by the researchers, and the depression index was measured through the Geriatric Depression Scale (GDS) - short form[15].

The variables included in this study were: gender (male or female); age group, in years (60 ⊢ 70; 70 ⊢ 80; >80); marital status (married/lives with a partner; separated/divorced/legally separated; widow and single/never got married); housing arrangement (own household; own household still being paid in installments; pays rent in the house of a family member; pays rent; their house is provided free of charge); education, in years of study (zero years of study; 1 to 5; 6 to 10; 11 to 15; 16 to 20); activity/profession (housewife; maid; manual labor; rural labor; autonomous work; entrepreneur; does not work; other); individual income, in minimum wages (no income; <1; 1; 1⊣ 3; 3⊣ 5; >5); origin of financial resources (retirement; pension; rent from family members; donations; continuous work; occasional work; lifetime monthly income; financial application; no personal income); and indicative of depression: yes or no.

12 interviewers were selected, all with previous experience and trained in filling the data collection instruments. They were guided as to the correct way to approach the elder, and regarding ethical questions regarding the research and the methodological criteria.

After data collection and the correction of the interviews by field supervisors, an electronic spreadsheet was made in the software *Microsoft Office Excel*®, 2010. Data was processed in a computer, after being double input. Later, a consistency analysis was carried out between data bases and, when necessary, corrections were made, according to information in the original interview.

Data were imported to the software *Statistical Package for the Social Sciences* (SPSS), version 20.0, and analyzed through descriptive statistics, using absolute and relative frequencies.

The project was approved by the Committee of Ethics in Research with Human Beings at the UFTM, under the protocol 2316/2012, and authorized by the Municipal Secretariat of Health of Uberaba. Each elder received the Free and Informed Consent form (TCLE), according to resolution 466/12, and was clarified regarding the objectives of the study. They were also informed that their anonymity and freedom to abandon the research at any time were guaranteed.

RESULTS

Among the 316 elders interviewed, most were female (76.6%), between 60 and 70 years of age (47.8%), followed by those between 70 and 80 years of age (38.6%); widowers (36.7%), followed by those who were married (33.2%); had their own house already paid (79.1%); from one to 5 years of regular education (59.8%), though a relevant number of participants had between 11 and 15 years of study (16.8%). Most elders worked as housekeepers (56.6%), followed by those who do not have a work/profession; their individual income was of one minimum wage (40.8%), followed by those who received from one to

three minimum wages (37.4%). Regarding the origin of their financial resources, most got them from retirement (77.5%), followed by pensions (14.6%) (Table 1).

Table 1. Sociodemographic and economical characteristics of the elders who attend the UAI, Uberaba/MG, 2013.

VARIABLES		N	%
Gender	Male	74	23.4
	Female	242	76.6
Age group	60 ⊦70	151	47.8
	70 ⊦80	122	38.6
	80 or more	43	13.6
Marital status	Married/lives with a companion	105	33.2
	Separated/legaly separated/divorced	57	18.1
	Widower	116	36.7
	Single/Never married	38	12.0
Education (years)	No schooling	24	7.6
	1 to 5	189	59.8
	6 to 10 years	40	12.7
	11 to 15 years	53	16.8
	16 to 20 years	10	3.1
Individual income	No income	38	12.0
	<1	8	2.6
	1	129	40.8
	1⊣ 3	118	37.4
	3⊣ 5	20	6.3
	>5	3	0.9
Activity/Profession	Housekeeper	179	56.6
	Domestic	7	2.2
	Manual labor	4	1.3
	Liberal professional	19	6.0
	Businessperson	2	0.6
	Does not work	83	26.3
	Other	22	7,0
Origin of financial resources	Retirement	245	77.5
	Pension	46	14.6
	Continuous work	13	4.1
	Occasional work	6	1.9
	No personal income	6	1.9

Regarding the estimates of depression indexes prevalence, it was noted that 30.9% of the interviewed elders who attended the UAI presented them, reaching a score above 5 points on the scale. Among those affected by depression, 23.6% presented a score of 10 points or more.

DISCUSSION

The results of the study show a higher prevalence of females among the elders who attend the UAI in Uberaba (MG). This corroborates other studies conducted in centers for the socialization of seniors in different states. They are higher than those found in Vitória da Conquista (BA), where the percentage was 65.5%[8], similar to those in Ermelindo Matarazzo (SP)[10] - 70.0%, and inferior to those in Coronel Fabriciano (MG) - 88.6%[12].

A research conducted with elders in similar contexts in Brazil and Spain showed a greater participation of Spanish men (50.4%), while in Brazil, women predominated (78.2%). Thus, it can be noted that the profile of the elder who participates in centers of socialization in Brazil is composed mostly of women, and that men,

when present, are most often just accompanying their wife[7].

The greater presence of females in this setting can be attributed to cultural and gender related issues, since women tend to seek ways to improve their quality of life, and worry more about their health and their physical, psychic and social well-being[4].

Regarding the predominance of people in the age group from 60 to 70, other studies with the same target population identified results that were either convergent or superior to those found in this study. People from this age group represented 51.0% of the elders in Teresina (PI)[4], 58.7% of those who attended the Project Sol e Cia, in Coronel Fabriciano (MG)[9], and 70.8% of those who participated in the Program Vivendo a Terceira Idade, in Vitória da Conquista (BA)[9].

The greater percentage of young elders in this study may be justified due to the greater autonomy they have in this age, combined with the free time they have after retiring[10]. It also needs to be highlighted that many elders in this age group are still healthy and functionally capable, which allows them to come and go independently, and to participate in socialization centers, to promote their health and prevent illnesses.

The most common marital status was that of widowers, followed by those who are married - a result similar to that found in São Paulo (SP), where 40.3% of the elders were widowers and 37.3% were married[8]. However, in Teresina (PI), in 2015, a survey conducted in the same municipality in 2012[16] diverges from these results, as it indicates that most elders were married, to a total of 36.2%, when compared to the widowers, who were 30.7%[4].

Recent surveys have shown a predominance of married elders [1,4,7,13,17], data possibly justified by the increase in life expectancy and the improvement of health conditions.

This divergence from other studies might be due to the different samples, since the tendency generally found in researches and socialization centers, communities and long-permanence institutions, is that of widower elders[8,11,12].

This study found that most elders had a low educational level, which corroborates the studies conducted in other socialization centers.[8,10,11,16].

The people who today are elders lived in a period of financial difficulties, in which many stopped studying to work and help maintaining their houses. Moreover, public education was even more precarious than today, resulting in the low educational level of Brazilian seniors[4].

Low educational levels among elders are commonly found in studies based on this population, and the same is true for socialization groups, since they do not require a minimum educational level for participation. Activities to improve the educational levels of elders, therefore, become essential, as well as the implementation of programs that allow their access to formal and informal education, with a methodology which is pertinent to the needs of this public[16].

The greatest prevalence of individual monthly income was that of one minimum wage, in most cases originated from retirement. This result is similar to that found by other studies conducted in the same context[4,8,16]. The retirement, however, is frequently insufficient to meet the basic needs of the elder, who cannot afford all the necessary medicine, foods, utensils, clothes and leisure[5]. Thus, for most of the population, retirement may mean the loss of income and the imposition of a new life standard[8].

This transition period from an active working life to retirement can leave the elders idle, depreciated and sad[18]. Thus, socializing centers can be used as support networks, limiting these feelings in favor of socialization, consequently offering happiness, pleasure and satisfaction to the elders[4].

Most participants referred to work as housekeepers, which corroborates other studies[8]. This can be attributed to an elevated number of women[4].

Regarding the prevalence of depression indexes, it was found that 30.9% of elders who attend the UAI in Uberaba (MG) presented depression symptoms. Recent

national studies have directed depression tracking in the context of the socializing centers for seniors. In the city of Vitória da Conquista (BA), an inquiry was conducted in 2014, studying a sample of 137 elders, among which 52.6%[8] presented signs of depression.

The idea that the depressive symptoms are irrelevant among elders who visit socialization centers becomes invalid when we find the high percentage of depressive symptoms found in this context. Another investigation conducted in the city of São Paulo (SP), among 166 elders, found the lower but expressive percentage of 19.9% of elders with depression symptoms[8].

Considering the international landscape, in 31 cities of Japan, a research with 78002 65-year-old or older elders found that 23% presented symptoms of depression[29]; in the United States, an inquiry showed the same result for 19.7% of them[20].

Considering other settings, such as the day-centers, communities and geriatric homes, the percentage of depression indicatives grows to 52.7%, as it was found among the elders in Coimbra, Portugal[21].

The predominance of depression indexes is highly variable both in national and international literatures. Even in similar settings and with similar scoring systems, different percentages are found. This can be a result of the different profiles of those who attend these environments, and of the different activities each city and country offers. Differences in human development also stand out.

It should be highlighted that, the sooner the depressive symptoms are found, the better it is for reaching a professional diagnostic and treatment. These professionals, in turn, should be trained to identify this disorder early and effectively[22].

CONCLUSION

According to the results of this study, elders who attend the UAI can present relevant emotional problems and do not receive a type of care which contemplates with quality these needs, offering support not only to physical health needs, but also emphasizing psychosocial and emotional aspects.

This can be explained by the fact that many elders attend the UAI due to medical/psychologic recommendations, as a strategy to overcome depressive symptoms and signs - which demystifies the idea that in the UAI there are only healthy elders. Therefore, many of the elders who attend the unit are looking for interpersonal relationships, distraction and occupation, all of which are strategies to dealing with depressive symptoms. This is a limitation of the study, since a relevant number of those who attend the UAI are already clinically diagnosed as depressed.

Therefore, there is a need to invest in strategies and activities that contemplate the mental health needs presented by the elders, such as therapeutic groups, psychotherapeutic activities, careful and constant psychological follow-up, guaranteed continued mental health assistance, as well as the training of health professionals to detect the symptoms of depression and conduct the adequate interventions or referrals.

Also stands out the importance of encouraging the elders to participate in the health practices offered by the unit, as well as to promote their active participation in cultural, sporting and leisure activities, stimulating interpersonal relationships, and therefore, acting to prevent and/or minimize depressive symptoms.

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CONTRIBUTIONS

All authors contributed equally to the design of the study, the data analysis and the writing of the article.

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