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Depression and engagement in pleasant events in elderly undergoing hemodialysis in a school hospital: a descriptive study*

Depressão e envolvimento em atividades prazerosas em idosos submetidos à hemodiálise em um hospital-escola: estudo descritivo

Depresión y envolvimiento en actividades placenteras en ancianos sometidos a la hemodiálisis en un hospital-escuela: estudio descriptivo

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This is a quantitative and qualitative study carried out in July and June of 2017 with the objective of investigating how the Practice of Pleasure Activities (PPA) manifests in elderly people with Chronic Kidney Disease (CKD) and to verify the presence of depressive symptoms in patients submitted to hemodialysis in a hospital-school of a medium-sized city in Minas Gerais, Brazil. The following tools were used: a sociodemographic questionnaire, the Brazilian version of the Older Person's Pleasant Events Schedule, the Geriatric Depression Scale-15, the Pfeffer's Instrumental Activities of Daily Living Scale and a semi-structured interview script. In the quantitative data we performed descriptive analysis and in the qualitative data we used content analysis. Seven elderly, four female people participated, all of whom with low schooling. Three elderly patients presented positive screening for depression. The mean of the sample (M = 1.1) indicated moderate PPA. Three categories emerged, namely Family as a source of care and mediation in the practice of activities; CKD and negative impacts on PPA in the elderly; and Adaptations in the routine of PPA by the elderly with CKD. We observed that the family of these elderly people acted as mediators, facilitating or hindering the PPA. Although there are many negative impacts for the elderly people to perform the PPA due to CKD, some participants also reported an ability to adapt to these losses. The implementation of interventions to ameliorate depressive symptoms and increase PPA in this population is a necessary action.
Descriptors: Mental health; Aged; Renal insufficiency, chronic.

Este é estudo quantiqualitativo realizado em julho e junho de 2017 com o objetivo investigar como se dá a manifestação da Prática de Atividades Prazerosas (PAP) em idosos com Doença Renal Crônica e verificar a presença de sintomas depressivos em usuários submetidos à hemodiálise num hospital escola de uma cidade de médio porte em Minas Gerais. Utilizaram-se: questionário sociodemográfico, Escala Brasileira de Atividades Prazerosas para idosos (PAP), Escala de Depressão Geriátrica-15, Escala de Atividades Instrumentais da Vida Diária de Pfeffer e, Roteiro de Entrevista semiestruturado. Nos dados quantitativos se fez análise descritiva e nas questões qualitativa se usou análise de conteúdo. Participaram sete idosos, das quais quatro do sexo feminino e todos com baixa escolaridade. Três idosos apresentaram triagem positiva para depressão. A média da amostra (M=1,1) indicou moderada PAP. Emergiram três categorias: *Família como fonte de cuidado e mediação na prática de atividades*; *A DRC e os impactos negativos na PAP em idosos*; e, *Adaptações na rotina de PAP por idosos com DRC*. Observou-se que a família desses idosos atuou como mediadora, facilitando ou dificultando a PAP. Apesar de existirem diversos impactos negativos para idosos na PAP acarretados pela DRC, alguns participantes relataram ainda uma capacidade de se adaptar frente a estas perdas. A implementação de intervenções que visem amenizar sintomas depressivos e aumentar a PAP nesta população é uma ação necessária.
Descritores: Saúde mental; Idoso; Insuficiência renal crônica.

Este es un estudio cuanti-cualitativo realizado en Julio y junio de 2017 con el objetivo de investigar cómo se da la manifestación de la Práctica de Actividades Placenteras (PAP) en ancianos con Enfermedad Renal Crónica y verificar la presencia de síntomas depresivos en usuarios sometidos a hemodiálisis en un hospital escuela de una ciudad de medio porte en Minas Gerais, Brasil. Se utilizaron: cuestionario sociodemográfico, Escala Brasilera de Actividades Placenteras para ancianos (PAP), Escala de Depresión Geriátrica-15, Escala de Actividades Instrumentales de la Vida Diaria de Pfeffer y, Itinerario de Entrevista semiestructurado. En los datos cuantitativos se hizo un análisis descriptivo y en las cuestiones cualitativas se usó análisis de contenido. Participaron siete ancianos, cuatro del sexo femenino y con baja escolaridad. Tres ancianos presentaron clasificación positiva para depresión. La media de la muestra (M=1,1) indicó moderada PAP. Surgieron tres categorías: Familia como fuente de cuidado y mediación en la práctica de actividades*; la DRC y los impactos negativos en la PAP en ancianos; y, Adaptaciones en la rutina de PAP por ancianos con DRC.* Se observó que la familia de esos ancianos actuó como mediadora, facilitando o dificultando la PAP. A pesar de existir diversos impactos negativos para ancianos en la PAP acarreados por la DRC, algunos participantes relataron síntomas depresivos y aumentar la PAP en esta población es una acción necesaria.
Descriptores: Salud mental; Anciano; Insuficiencia renal crónica.

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INTRODUCTION

The definition of chronic kidney disease (CKD) is based on the presence of parenchymal injury and/or changes in the glomerular filtration rate for at least three months[1]. As for the elderly, they are more likely to develop CKD, since the physiological decrease of glomerular filtration and renal injuries increase with age[2].

Chronic disease can be considered a long-term stressor, causing negative impacts to the life not only of the patient, but also of his/her family, directly affecting the routine of all, and may be related to the occurrence of depression[3]. In the case of the elderly, depression has high prevalence rates, being the most common psychological disorder, but it is often underdiagnosed[4].

The chronic disease progression is often marked by progressive reduction of functional capacity that makes it difficult to perform typical activities, such as brushing teeth, feeding, and other self-care activities[5]. In addition, one of the possible treatments of CKD is hemodialysis, and this changes the lifestyle of the patient and his/her family, as it demands time, changes in routines and in eating habits, which can change the activities of the patient in general, including activities that the patient used to enjoy[6,7].

Engagement in pleasant activities appears as a protective factor for the development of depression and other psychological disorders in the elderly and is associated with the expression of positive feelings and quality of life[8].

It is known that depressed elderly people present less engagement in pleasant activities[9]; however, investigations focused on depression and the practice of pleasant activities (PPA) in specific populations of the elderly, especially in elderly with CKD undergoing hemodialysis, are scarce. An aggravating factor for this profile of the elderly is a significant change in their daily routine and lifestyle due to hemodialysis treatment, besides the loss of functionality aggravated by CKD[10].

It is not yet clear how this whole condition can affect the elderly in the PPA. The hemodialysis treatment may affect the PPA, once it brings changes and limitations in one's daily life and, consequently, the experience of biopsychosocial losses and changes that directly interfere in the quality of life.

The investigation of depression levels in elderly patients undergoing hemodialysis, as well as their involvement in pleasant activities can bring relevant information to guide interventions aimed at improving the well-being of the elderly with CKD[6,7].

In situations where CKD is associated with depression, feelings of disability, restraint and distress can be strengthened. In this scenario, one of the possibilities to help the elderly to adapt to the difficult conditions imposed by the CKD would be to focus on the PPA, helping them to reorganize their routine so that it contemplates activities that they can still perform, but that imply in the subjective experience of pleasure and satisfaction. In this way, the PPA helps to prevent the development of depression and contributes to better adaptation to the conditions imposed by the CKD.

The objective of the present study was to investigate the Practice of Pleasant Activities (PPA) in elderly people with Chronic Kidney Disease (CKD) and to verify the presence of depressive symptoms in patients submitted to hemodialysis in a school hospital of a medium-sized city in Minas Gerais, Brazil.

METHOD

This is a cross-sectional, exploratory and descriptive study using quantitative and qualitative methodology. The instruments used were a sociodemographic questionnaire, the Geriatric Depression Scale - short version - GDS-15, the Brazilian version of the Older Person's Pleasant Events Schedule - OPPES-BR, the Pfeffer's Instrumental Activities of Daily Living Scale, and a semi-structured interview script.

The *sociodemographic questionnaire* included information on age, schooling, marital status, income, profession, the person who accompanies the elderly in the treatment, comorbidities, perception on health, and others. The *Geriatric Depression Scale - reduced version - EDG-15*, developed by Sheikh

and Yesavage[11] and translated and validated for Brazil by Almeida and Almeida[12], is composed of 15 items, being one of the most used instruments for the detection of severe and mild depressive symptoms in the elderly, both in research and clinical practice. Scores above 5 indicate the presence of depressive symptoms, with a sensitivity of 85.4% and specificity of 73.9%.

The *Brazilian version of the Older Person's Pleasant Events Schedule – OPPES-BR*[9] is an adapted version of the *California Older Person's Pleasant Events Schedule – COPPES*,[13] and an instrument developed after studies to evaluate the semantic, conceptual, cultural, idiomatic, operational and measurement equivalence between the original version and the Brazilian version. It is composed of 67 items that describe activities that seniors tend to find enjoyable. The respondent should indicate the frequency with which he/she had performed some activities in the last month, according to the following scoring scale: 0 (*not at all*); 1 (*1 - 6 times*), and 2 (*more than 7 times*).

The OPPES-BR[9] also measures the frequency in specific types of activities, namely (1) social activities and competence, which include interaction with the environment and other people, allow the experimentation of the sense of usefulness, self-confidence and autonomy; (2) contemplative activities involving contact with nature and expression of positive feelings for other people, from a more introverted perspective; (3) practical activities involving the community and also activities of the daily living; and (4) intellectual activities in which the elderly need to read or write to engage.

The research participant should also classify the subjective pleasure they experienced in performing each activity, or that they would experience if they had performed it, using the following scoring scale: 0 (*it was not or would not have been pleasant*), 1 (*it was or would have been somewhat pleasant*) and 2 (*it was or would have been very pleasant*). The instrument is composed of four areas of pleasant activities: (1) Social Activities and Competence (α = 0.94); (2) Contemplative Activities (α = 0.83); (3) Practical Activities (α = 0.72); and (4) - Intellectual Activities (α = 0.70)[9,13].

The *Pfeffer's Instrumental Activities of Daily Living Scale*[14] is composed of 10 items that evaluate the ability of the elderly to perform instrumental activities of daily living (IADL), such as preparing meals and shopping. Scores can range from 0 to 30, and the higher the score, the greater the dependence on the help of others to perform everyday activities. The scale presents excellent internal consistency (α = 0.91) as well as significant correlations with cognitive and behavioral variables that attest criterion validity[15].

The *semi-structured interview script* was developed by the authors with questions about the elderly's routine and the PPA. The questions address individuals' perception on their routine of activities before and after the CKD.

The sample consisted of individuals aged 60 years or older who had been undergone to hemodialysis treatment at the Renal Therapy Unit of the Hospital das Clínicas of a Federal University in the interior of Minas Gerais, Brazil, and who accepted to participate in the study. This unit was chosen because it is linked to the institution of origin of the researchers.

To contact the potential participants, a consultation was first made in the hospital charts and the psychologist responsible for the unit was contacted. The elderly were approached while undergoing hemodialysis, which had an average duration of four hours. All the elderly who were undergoing hemodialysis in the hospital were invited to participate at the time of data collection, which occurred in July and August 2017.

All participants achieved at least the minimum score in the Mini Mental State Examination (MMSE), according to their level of education[16], indicating that all had the cognitive ability to respond to the instruments. After medical support and preparation for hemodialysis, the researchers approached the patients to explain the research, its objectives and procedures, and invited them to participate. If the elderly

person agreed to participate, they received the Informed Consent Form to read and sign it. After this step, the instruments (MEEM, sociodemographic questionnaire, Pfeffer's Scale, GDS-15 and OPPES-BR) were applied. The interviews were then conducted and audio recorded.

The quantitative data obtained from the instruments were analyzed using descriptive statistical techniques (means, percentages, etc.) using the IBM SPSS software version 20. Although the sample was small, the quantitative analysis from the psychometric instruments is justified since it makes it possible to identify presence/absence of depression and dependence in the IADLs in the participants, besides identifying the frequency in pleasant activities.

The qualitative data obtained from the semi-structured interviews were analyzed through content analysis, following six steps: familiarization with data, generation of codes, search of themes, review of themes, definition and naming of themes, and production of the report[17]. The research protocol was approved by the Ethics Committee of the Federal University of the Triângulo Mineiro (CAE42499215.8.0000.5412).

RESULTS

Quantitative analyzes

Table 1 shows the main information regarding the sociodemographic characteristics of the sample. The study population consisted of seven elderly patients undergoing hemodialysis treatment.

The participants' ages ranged from 62 to 71 years, with a mean of 67.43 years. Among the subjects, three were male and four were female. There was a predominance of literate elderly living in the urban area.

Table 1. Sociodemographic data of elderly patients on hemodialysis. July to August 2017.

Variable	Category	N	%
Sex	Female	4	57.1
	Male	3	42.9
Schooling	Illiterate	1	14.3
	Literate	6	85.7
Marital status	Married	3	42.9
	Divorced/widowed	4	57.1
Housing	Urban area	5	71.4
	Rural area	2	28.6

Table 2 presents data on health-related variables, namely: depression, dependence on instrumental activities of daily living, self-assessment of health, and psychological and occupational therapy follow-up.

Almost half of the sample (N = 3) presented positive screening for depressive symptoms and the majority of the sample (N = 4) presented dependence on the IADLs, besides having reported health as fair or poor (N = 4). The minority of the elderly (N = 2) was undergoing psychological treatment, but the majority (N = 5) was being followed up by an occupational therapist (OT).

Table 2. Elderly patients on hemodialysis according to health conditions. July to August 2017.

Variable	Classification	N	%
Depression	Depressive	3	42.9%
	Non-depressive	4	57.1%
Dependence on IADLs	Dependent	4	57.1%
	Non-dependent	3	42.9%
Self-reported health	Very good/good	3	42.8%
	Fair/poor	4	57.2%
Psychological treatment	Yes	2	28.6%
	No	5	71.4%
Treatment with OT	Yes	5	71.4%
	No	2	28.6%

Table 3 shows the results of the application of the OPPES-BR instrument, which aims to investigate the elderly's engagement in pleasant activities, regarding the frequency of practice of potentially pleasant activities and the degree of pleasure experienced when the activity is performed, or that the elderly would have experienced if they had performed the activity.

Considering that the scale of the instrument ranges from 0 to 2, the mean of the sample points to a moderate frequency (M = 1.1) of potentially pleasant activities, while the average of subjective pleasure experienced or that would have been experienced if the activity had been performed is almost twice the average of the frequency (M = 1.9). These results indicate that the elderly in the sample reported doing less potentially pleasant activities than they actually would like to.

Table 3. Elderly patients on hemodialysis according to the practice of pleasurable activities. Uberaba, MG, from July to August 2017.

Participant	General frequency	Overall pleasure	Social activities and competence	Contemplative activities	Practical activities	Intellectual activities
P1	1.4	1.9	1.4	1.6	1.3	0.3
P2	1.1	1.8	1.0	1.2	1.0	0.3
P3	1.1	1.8	1.0	1.7	0.8	1.3
P4	1.0	1.8	0.9	1.3	1.0	1.6
P5	1.2	1.9	1.0	1.7	0.7	0.6
P6	1.1	1.9	1.0	1.7	0.8	0.0
P7	1.0	1.9	0..85	1.85	0.5	0.0
Mean	1.1	1.9	1.1	1.5	0.9	0.6

Qualitative analyzes

The following categories were derived from the qualitative analyzes of the interviews: (1) Family as a source of care and mediation in the practice of activities; (2) CKD and the negative impacts on PPA in the elderly; and (3) Adaptations in the routine of PPA by elderly with CKD.

Family as a source of care and mediation in the practice of activities

A frequently observed theme in the reports was related to the family, on how it represents the source of support. Also, the presence of family members was related to the possibility of practicing various types of activities, including pleasant activities:

It is a pleasure for me when I'm in peace with my family. P7

When my children are all with me, my grandchildren. It is my only pleasure that I have now, the other things I do not have pleasure at all, not anymore. P6

It was also observed that care was exercised excessively, causing deprivation of some activities, as reported in the speeches:

(...) my daughter does not let me work anymore, I had a lot of problems, right, high blood pressure, and I did not do anything. I miss work. P2

(...) I used to clean the house, wash the dishes for my daughter, do the laundry. Now she does it; she does not let me do anything! But I feel like doing it. P1

Yes, because we almost cannot do it. When I go on a birthday party, my children take me and take care of me, right? P3

CKD and the negative impacts on PPA in the elderly

The elderly brought some examples of activities they used to do and liked them, such as dancing and expressing affection. However, the changes in routine and consequently in the practice of activities, caused by CKD and hemodialysis treatment, are remarkable:

I used to drink soda; I liked to dance! P5

There are other things that give me pleasure, like kissing, dating. P6

Then the van is waiting for me at the door, and I leave to go home. But I come home and what am I going to do at six o'clock? Nothing! P1

I feel weak. And I cannot try too hard because this strange thing starts to bleed. P2

It has changed right? In the first place, I almost do not stop at home. On Mondays, Wednesdays and Fridays I have to come here. P1

I stay a lot more time laid down than on my feet, right? I watch TV. P2

On the day that I do hemodialysis, I get home, lie down and sleep and sleep. P4

And now I've had a surgery, and I'm forbidden to lift more weight than the dish I eat, you know? P1

It is noted from these reports that the conditions brought on by CKD and its treatment prevent the elderly from having the time and energy available to practice other activities, including pleasant activities. The treatment day seems to be described by some of the participants as a "dead day" to perform any other type of activity.

Participants also reported other losses and difficulties arising from hemodialysis treatment that restricted their eating habits, which translates into reports of activities that used to be pleasant and are now no longer allowed:

I cannot eat desert, why should I do it? P1
I miss drinking cachaça*. P6*
I liked to drink a soda. P5

Participants reported that conditions brought on by CKD and its treatment changed their entire lifestyle, since the time spent with treatment and medical consultations is now great. This new condition may be accompanied by negative feelings and impotence, presenting a risk for developing depression, which can be observed from the reports of the participants who presented positive screening for depression according to the Geriatric Depression Scale:

Today I'm uglier, thinner and with this thing that bleeds. P7
I do not think there's any way to get better. P7
My life is over now. P2

Another impact on the routine of activities generated by the CKD is that elderly people with this condition may be forced to retire, which was verified in this study. Since work is also an activity where the individual experiences positive feelings, early retirement may represent another event that deprives the elderly of PPA:

I used to work with rice for many years; my crops of corn, soy, cassava. I have always had a little factory, you know? I liked a cassava crop, because in this dry season, I used to have truck and it was a truck with sacks of cassava powder, you know? And I liked this too much. P2

Adaptations in the routine of PPA by elderly with CKD

The reports expressed by some participants showed ways to seek resources to adapt to the losses brought by the CKD in the aging period, in relation to PPA.

Some of the participants were able to select, optimize and compensate their resources in some way. The speeches expressed that there were elderly people who managed to maintain their activities even in the face of the conditions brought by the CKD, with some adaptations, as in the case of the participant who sewed and of the cook who started to sell her products inside the hospital:

Now I sew, I knit, I crochet, I embroider in hand and in the machine. P1
Since I can't bear to be idle, I do little shoes all day long... little shoes that we are donating to the children's hospital. It's what makes me happy now... I turn on the TV and I work with the needle all day. P4
I used to cook in a big restaurant, now I make snacks and sell here in the hospital. P3

Another participant went blind as a result of diabetes, but also demonstrated a good adaptation to the conditions brought about by the disease, regarding the PPA. This participant was part of the Blind People Institute, where he performed a series of activities:

Depending on the day, I go to the blind people institute and I have classes, I do guitar class, computer class. P5

DISCUSSION

From the quantitative data, one can observe that three participants presented positive screening for depression, representing almost half of the total sample, corroborating with another study that pointed out a high prevalence of depression among elderly people with CKD who undergo hemodialysis treatment[18].

The unit where the research was conducted offered follow-up with a psychologist and occupational therapist. However, this study revealed that the elderly patients who did not undergo psychological follow-up presented positive screening for depression, which is in line with another study that showed that depression is not treated in the elderly with treatments other than pharmacological ones[4].

Most participants rated their health as "fair" or "poor," and there was a predominance of older people who scored for some dependence on the instrumental activities of daily living. These data also confirm another study that had lower

functionality and worse health evaluation in the elderly with CKD[19].

In the case of elderly people with CKD, depression may arise, as there are many changes brought about by the treatment[2]. It also significantly affects the elderly's routine of activities, resulting in a decreased frequency of practice of these activities, either due to the unavailability because of the treatment schedules or due to lack of sufficient physical conditions that allow the PPA, as expressed in the quantitative and qualitative analyzes carried out in this study.

Therefore, that the elderly with CKD presented great changes in their routine, causing several restrictions (food, time, energy and motivation) to practice activities, including the pleasant ones.

The quantitative and qualitative analyzes showed that the elderly with CKD presented little frequency of pleasant activities, and that they did less potentially pleasant activities than they would like to do. These data corroborate other studies that found that the elderly with depression and dependence in the IADLs engage less often in PPA[20], and the elderly with reduced functionality are less involved in activities that indicate social participation[21], which suggests the great need to invest in PPA as a possible way to protect the elderly from functional losses and psychological disorders, such as depression.

In turn, one of the risk factors for the development of depression in the elderly, in addition to the presence of chronic diseases, is a low engagement in pleasant activities[9.]

The activities involving reading and writing skills, followed by practical activities, were the least practiced, which can be related to the impaired autonomy. Routine changes due to hemodialysis treatment described from the qualitative analyzes also appear as another hypothesis to explain the low PPA observed in the sample.

The type of pleasant activity most performed by the elderly consisted of contemplative activities, probably because this category includes activities that require less physical effort, less help from third parties and practically no financial expense, i.e., activities with a lower cost of response and easier to be performed by elderly people with CKD.

Considering the various limitations in physical, psychological and health aspects, engaging in contemplative-type potentially pleasant activities seems to be possible, even in the face of the limitations brought by CKD and hemodialytic treatment.

Participants reported feeling a lack of routine activities apart from the disease and expressed missing the pleasure obtained through work. Historically and socially, work is part of human history. Therefore, deprivation of work activities can also have negative consequences for the individual[22].

In general, the elderly may face some physical and mental frailties, even with efforts towards an active old age, and may experience feelings of frailty and some level of dependence. This dependence can be caused by the presence of CKD, which due to its chronicity, causes situations in which the elderly needs the help of other people, and the family is their main source of care[23,24].

The family predominated as an alternative in the informal support system for the elderly, according to another study[25]. However, some reports revealed that care was exercised in a way that deprived the elderly of their autonomy and individuality, impacting their routine of activities and causing the elderly to deprive themselves of activities that they used to enjoy[26].

According to the Theory of Selection, Optimization and Compensation (SOC)[27], successful aging depends on the individual's ability to reorganize and adapt to conditions brought about by old age. Adaptation alleviates the stress resulting from the negative consequences of aging. The adapted individual is be the one that can select their crucial domains, facing the inherent limitations of aging, while optimizing internal and external resources, in order to compensate for the loss of other resources[28].

According to the theory of SOC[27], the elderly tend to decrease their activities as they age due to the physical and psychological changes that may be attached or not to aging. However, this decrease in the practice of

activities can occur as a way to seek greater accommodation to the new life conditions.

In this sense, even in the face of adversities, such as the CKD, the elderly can still invest in themselves to live an active life through adaptations and adjustments, which translate into new activities appropriate to their physical and health conditions. This fact could be observed from the reports of some participants who reported still practicing pleasant activities that were adapted to their new condition, as in the case of the old seamstress and the old cook, who started to make and sell their products in the hospital environment.

Although aging and CKD bring limitations and losses to the elderly with regard to the practice of activities, there are still some adaptive ways of dealing with these limitations in order to explore the potential of these elderly people, as illustrated by the reports that corroborate the assumptions of the theory of SOC[27], widely used in gerontology.

CONCLUSION

This study aimed to explore how the elderly with CKD perform the PPA, in addition to verify the presence of depressive symptoms in the elderly undergoing hemodialysis in a school hospital. It was observed that: (1) the participants presented moderate PPA, and they stopped doing various activities that were pleasant to them; (2) almost half of the sample presented positive screening for depressive symptoms.

Although the study does not identify whether depression is caused by low PPA, CKD, routine changes due to treatment or compromised functionality and autonomy, it is clear that such variables are related. Future studies could focus on investigating the predictors of depression for elderly with CKD and undergoing hemodialysis.

Although CKD and hemodialysis can signal a series of negative impacts on the individual's routine regarding PPA, it is also noted that some elderly people are able to adapt and compensate for these losses through the selection and optimization of resources still available in their environment. This corroborates the assumptions of the theory of SOC and provides relevant subsidies to support interventions that seek to help the elderly to better adapt to their health conditions.

The finding of the role of the family in mediating PPA among the elderly with CKD is also another important factor to be taken into account in the formulation of interventions aimed at increasing PPA in this specific population.

Although the combination of the qualitative and quantitative methods of research favors a more detailed and deep investigation, it is important to emphasize that the results of this study cannot be generalized because it used a small and specific sample.

Further studies with more broad samples should be performed to better elucidate the relationships between PPA, CKD, functionality and depression. However, the present study adopted quantitative and qualitative methods to investigate the proposed theme, obtaining relevant results to the specific context in which it is inserted (city of the interior of Minas Gerais, Brazil, in a hospital linked to SUS), regarding the provision of relevant subsidies for the planning and implementation of models of interventions that can increase the well-being and quality of life of elderly people with CKD.

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CONTRIBUITIONS

Ana Luiza Rosa Lucas was responsible for data analysis and writing. **Heloísa Gonçalves Ferreira** worked on guidance and supervision, data analysis and writing.

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