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## Depressive symptoms and quality of life in older adults' population: quantitative and qualitative approaches

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**PROJECTO ENVELHECIMENTO E VIOLÊNCIA**

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### Introduction

- Background
- Methods

### Results

- GDS5 – depressive symptoms
  - Prevalence
  - Association with socio demographic variables
  - Association with health variables
  - Association with social support
- Views of older people

### Discussion & Conclusions

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- Epidemiological studies have revealed that **depressive syndromes are one of the most common health disorders among elderly** in different settings.
- Depression is **associated with a higher prevalence and risk of disability** and with worse outcome of several diseases (cardiovascular diseases, stroke, and Parkinson's).
- Fewer than 50% of older depressed subjects receive a correct diagnosis, and even fewer are adequately treated (OMS, 2001):
  - Somatic and functional complaints **similar to other illnesses**
  - **be devalued as “normal” adjustment** to the changes that often come in later life (retirement, the death of loved ones, increased isolation, and medical problems).
- Screening for depressive symptoms should always be part of comprehensive geriatric assessment

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- **Geriatric Depression Scale**
  - ✓ Self-report screening scale
  - ✓ Assess mood and social behavior and does not include somatic complaints
  - ✓ Dichotomous response, where the elderly respond according to how they felt in the previous week
- Originally with 30 different items, a 15-item form has been validated and is now widely used.
- Hoyl et al. (1999) performed a thorough study to develop a five-item version:

The DGS5 has been validated in USA (Rinaldi et al., 2003) and Spain (Martinez et al. 2005): it screens for depressive symptoms and not for a depression diagnose

1. Are you basically satisfied with your life?
2. Do you often get bored?
3. Do you feel that your situation is hopeless?
4. Do you prefer to stay at home, rather than going out and doing new things?
5. Do you feel pretty worthless the way you are now?

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**Introduction**

Methods

**Secondary data analysis from “Ageing and violence study”**

- **Target population:**
  - Individuals aged 60 and over who had been living in Portugal in private households for at least 12 months.
- **Data collection:**
  - Cross-sectional population-based study (N =1123)
  - Qualitative in-depth interviews (N = 13) and Focus groups (N=60)
- **Analysis:**
  - Thematic analysis
  - GDS5:
    - Prevalence (weighted frequencies)
    - Chi-square test for complex samples was used to examine the association of depressive symptoms with other variables.
      - Significance level was set at 5%.

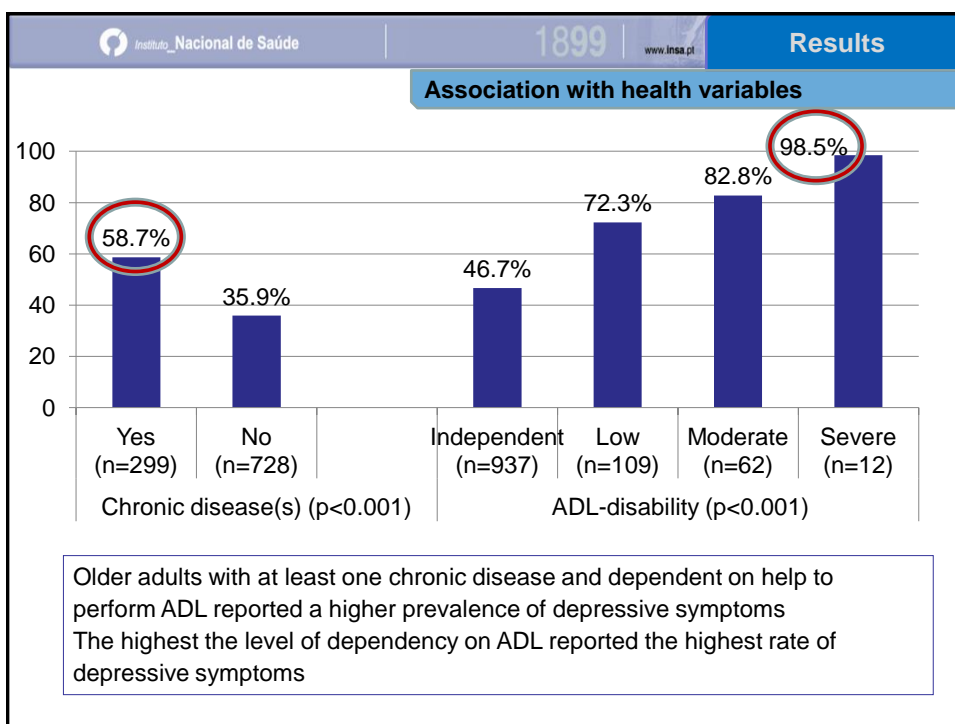
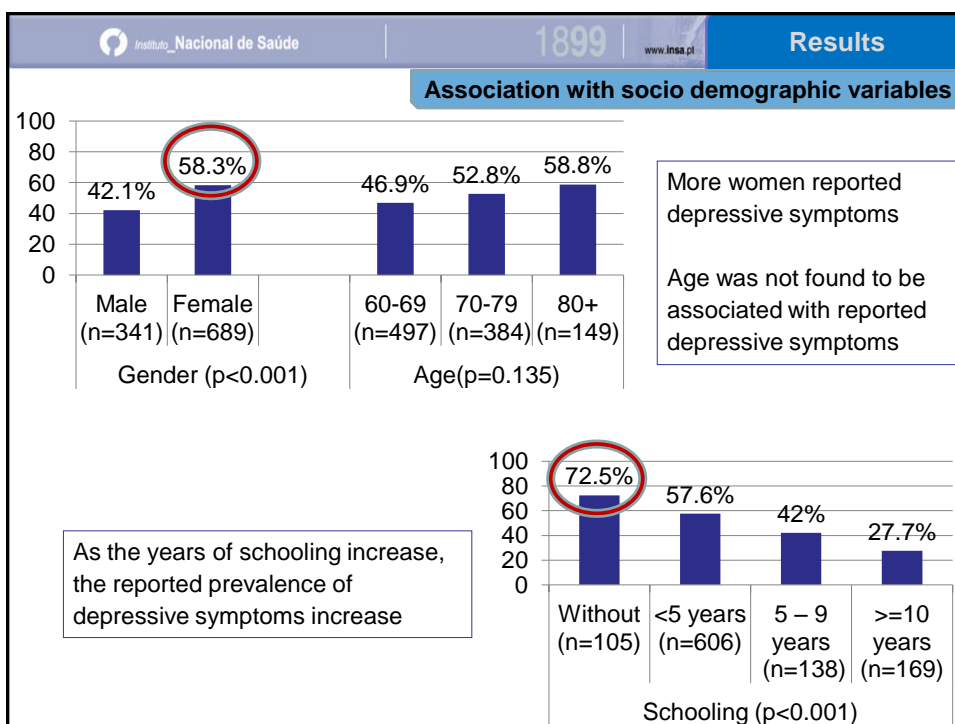
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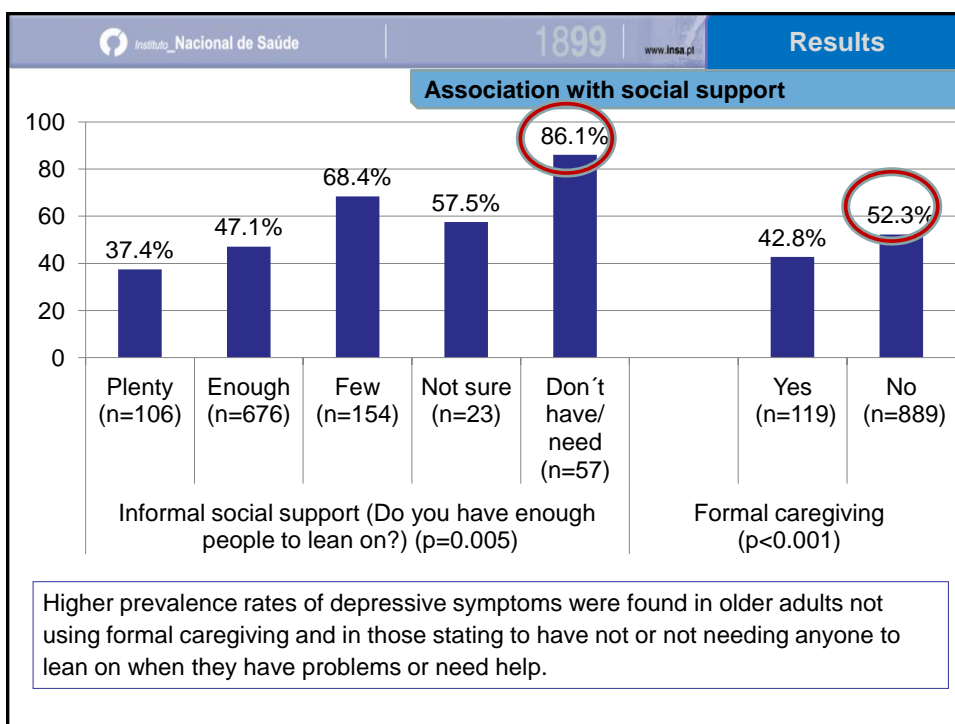
**Results**

**Prevalence**

**Overall, 51.3% of the older adults living in private households reported depressive symptoms**

	Choose the best answer for how you felt over the past week	N	$\hat{p}$
13.9%	1. Are you basically satisfied with your life? (No)	1090	35.7
12.9%	2. Do you often get bored? (Yes)	1101	58.3
11.6%	3. Do you feel that your situation is hopeless? (Yes)	1116	22.7
10.7%	4. Do you prefer to stay at home, rather than going out and doing new things? (Yes)	1102	43.8
10.3%	5. Do you feel pretty worthless the way you are now? (Yes)	1090	16.4





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### What affects quality of life in older age?

#### Views of older people

Focus Groups and in-depth interviews

#### Independency in ADL

“Growing old is healthy, as long as one has health and an occupation. My problem is not to know where I can go, when I need to.” (Interviewer 11. FG4)



“[the problem] to me is that I don't want to depend on anyone” (Interviewer 10. FG1)



“While I'm independent, I manage to move forward. If I start to depend on my son or daughter-in-law, when I see to it, I will hang myself” (Interviewer 7. FG3)


#### (Physical and mental) Activity


[in older age] “there are those who can't find anything to do and that can be very bad” (Interviewer 5. FG3)

[It's important to] “have physical activity” (Interviewer 5. FG1); “keep the mind occupied” (Interviewer 11. FG1)

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<b>What affects quality of life in older age?</b> Focus Groups and in-depth interviews		<b>Views of older people</b>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Socialization and informal support</b> </div>		
<p>“It’s important for a person to talk and to know with whom they can count on”          (Interviewer 2. In-depth interviews)</p>		
<p>“The children grow up, get married and the grandchildren the same thing and we get to a point where we are all alone. When we need it most. When we need it most we are all alone.” (Interviewer 15. FG3)</p>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Loneliness</b> </div>		
<p>“We see so many people complaining about loneliness” (Interviewer 3. FG4)</p>		
<p>“In my hometown, there are villages where the elderly get to be completely alone”          (Interviewer 10. FG1)</p>		
<p>“The hardest thing is to be alone” (Interviewer 11. FG2)</p>		
<p>“Its a loneliness that kills, that kills. I don’t know how is going to be if, one day, when I’m the one who needs help, if that will ever happen to me too.” (Interviewer 6, In-depth interviews)</p>		









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<ul style="list-style-type: none"> <li>▪ Depression is not an inevitable part of ageing          Depressive symptoms weren’t associated with age</li>   <li>▪ The <b>high prevalence rate (51.3%)</b> obtained do not allow us to talk about depression          The presence of depressive symptoms can be a good indicator of psychological well-being and indicate a risk factor to clinical depression</li>   <li>▪ Depressive symptoms were associated with <b>having a chronic disease</b> and with a <b>higher degree of dependency on ADL</b>          Older adults highlighted independency and autonomy as crucial to maintain quality of life in older age</li> </ul>		

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<ul style="list-style-type: none"> <li>▪ The qualitative data highlights activity as a key aspect to quality of life.           <p style="margin-left: 40px;">Item 2 of GDS5 (<i>Do you often get bored?</i>) was found in all combinations of items indicating depressive symptoms</p> </li> <li>▪ Depressive symptoms were associated with the <b>lack of informal social support</b> <p style="margin-left: 40px;">Isolation and loneliness was highlighted as the most significant factor to interfere with quality of life in older age</p> <p>The experience of loneliness may be a risk factor for depression, particularly for the low-level, or subclinical depression that continues to be a leading mental health problem within this age group (Blazer, 2002).</p> </li> </ul>		

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<p>“As I see to it, what causes demoralization in old age is, among other things the following aspects: inadequate diet, lack of physical activity, strong emotions and loneliness</p> <p style="text-align: center;">[...]</p> <p>I consider strong emotions to be the family deaths, that can make us go into depression, and the lack of emotional support” (Interviewer 14. FG1)</p>		

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Thank you for your attention

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