Depression risk assessment among elderly women

Ocena ryzyka depresji wśród kobiet w podeszłym wieku

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Abstract

Introduction. *Specific 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.* ***Aim.*** *The aim of the study was to determine the risk of depression in a group of elderly women.* ***Material and method.*** *The research was carried out on a group of 108 women from the Lublin province. The age of the respondents ranged from 63-95 years (mean 74.6 years).* ***Results.*** *In the evaluation using the DGS scale, the mean value was at the level of 5.87 ± 4.00 points. In the studied group, as many as 58.00% of women did not show symptoms of depression. Symptoms of moderate depression were found in 24.00% of respondents, and only 18.00% of seniors showed symptoms of severe depression.* ***Conclusions.*** *The majority of the examined group of elderly women did not show symptoms of depression. The age of the respondents, education and self-esteem of health condition significantly differentiated the risk of depression. (Gerontol Pol 2021; 29; 64-67). doi: 10.53139/GP.20212908*

Keywords: *elderly women, depression, Geriatric Depression Scale*

Streszczenie

Wstęp. *Specyficznymi czynnikami 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 było określenie ryzyka wystąpienia depresji w grupie kobiet w podeszłym wieku.* ***Materiał i metoda.*** *Badania przeprowadzono w grupie 108 kobiet województwa lubelskiego. Wiek badanych zawierał się w przedziale 63-95 lat (średnia 74,6 lat).* ***Wyniki.*** *W ocenie skalą DGS średnia oceny była na poziomie 5.87±4.00 pkt. W badanej grupie aż 58.00% kobiet nie wykazywało objawów depresji. Objawy depresji miarkowanej wykazano u 24.00% badanych, a tylko u 18.00% seniorek stwierdzono objawy ciężkiej depresji.* ***Wnioski.*** *Badana grupa kobiet w podeszłym wieku w większości nie przejawiała objawów depresji. Wiek badanych, wykształcenie oraz samoocena stanu zdrowia istotnie różnicowały ryzyko wystąpienia u nich depresji. (Gerontol Pol 2021; 29; 64-67). doi: 10.53139/GP.20212908s*

Słowa kluczowe: *kobiety w podeszłym wieku, depresja, Geriatryczna Skala Depresji*

Introduction

A characteristic feature of depression in the elderly is its diversity. There is depression of somatogenic, endogenous and psychogenic etiology. The causes of endogenous depression result from a malfunction of the nervous system, genetic diseases, organic changes in the brain. Social factors that influence the development of depression include the loss of relatives, deterioration of the economic situation, and reduced self-esteem [1].

Diagnosing depression in the elderly is often quite difficult, even for healthcare professionals. Symptoms reported by the patient or caregivers may indicate depression as well as dementia. Dementia changes may mask the symptoms of depression or aggravate it [2]

Specific 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. Elderly people often suffer from chronic diseases that are burdensome for them, cause unpleasant ailments and difficulties in everyday functioning, which lower mood, make them feel worse and, consequently, predispose them to depression [3].

Aim

The aim of the study was to determine the risk of depression in the group of elderly women.

Material and method

The research was carried out on a group of 108 women from the Lubelskie Voivodeship. The respondents gave their informed and voluntary consent to participate in the study. The age of the respondents ranged from 63-95 years (mean 74.6 years). Detailed characteristics of the group are presented in Table I.

Table I. Characteristics of the studied group

Variable		%
Age	63-69	33.30
	70-79	40.00
	80-95	26.70
Marital status	married	40.00
	widow	47.00
	single	13.00
Education	primary	26.00
	occupational	25.00
	middle	40.70
	higher	8.30
Place of residence	city	55.00
	rural areas	45.00
Self-assessment of health	good	31.00
	average	43.00
	bad	26.00

Patients were assessed using the Yesavage Geriatric Depression Scale-Short Form (GDS-SF) to measure the risk of developing symptoms of depression (15 questions - yes/no). The interpretation of the short version is based on the number of points obtained: 0-5 points. no risk of depression, 6-10 points moderate depression, 11-15 points severe depression. It is a screening tool widely used all over the world to assess the intensity of symptoms of depression 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 [4,5].

The collected material was statistically analyzed. The values of the analyzed measurable parameters were presented by means of the mean value and standard deviation, and for non-measurable ones - by the number and percentage. A significance level of $p < 0.05$ was adopted, indicating the existence of statistically significant differences or relationships.

Results

In the evaluation using the DGS scale, the mean value was at the level of 5.87 ± 4.00 points. In the studied group, as many as 58.00% of women did not show symptoms of depression. Symptoms of moderate depression were found in 24.00% of respondents, and only 18.00% of seniors showed symptoms of severe depression.

In the authors' own research it was found that age significantly differentiated the risk of depression in the group of older women. The lowest score was assessed by women aged 63-69 (mean 4.27 points). The highest risk of depression was observed in women aged 80-95 (mean 6.82 points).

Our study found that married women were more likely to be at risk of depression (mean 5.95 points) compared to virgins and widows (mean 5.82 points). However, this difference was not statistically significant.

In the next stage of the research, the occurrence of depression was analyzed depending on the education of the respondents. Women with higher and secondary education showed the lowest risk of depression (mean 4.86 points). The highest risk of depression was observed in women with primary education (mean 7.82 points). The conducted analysis allowed to observe statistically significant differences between the studied groups.

Analyzing the self-assessment of health condition and the risk of depression in older women, it was shown that the lowest risk was shown by people assessing their health as good (4.47 points). On the other hand, women with poor self-esteem of health (7.67 points) were most at risk of developing depression. However, this difference was not statistically significant.

The last analyzed issue was the determination of the risk of depression depending on the place of residence. City residents showed a lower risk of depression (5.38 points) compared to women from the rural envi-

Table II. Socio-demographic variables and the assessment with the GDS scale

Variable		Mean	Statistical analysis
Age	63-69	4.27±3.51	H=9.066 p=0.010
	70-79	6.58±3.80	
	80-95	6.82±4.35	
Marital status	married	5.954±3.83	Z=-0.222 p=0.823
	widow	5.82±4.13	
	single	5.82±4.13	
Education	primary	7.82±4.43	H=8.966 p=0.011
	occupational	5.85±3.38	
	middle	4.86±3.73	
	higher	4.86±3.73	
Self-assessment of health condition	good	4.47±3.69	H=9.816 p=0.007
	average	5.69±3.65	
	bad	7.67±4.21	
Place o residence	city	5.38±3.93	Z=-0.847 p=0.396
	villages	6.46±4.04	

ronment (6.46 points). However, this difference was not statistically significant)

Table II presents a detailed analysis of the seniors' assessment depending on sociodemographic variables.

Discussion

Diagnosing depression in the elderly often requires a great deal 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 [2].

There was a relatively low risk of depression in the studied group of women. The vast majority of women did not show such symptoms. In the studies by Głowacka and Lemanowicz, it was found that 66.7% of elderly women did not show symptoms of depression [6]. The research of Fidecki et al. conducted among the elderly hospitalized in internal medicine departments showed slightly worse results. 44.16% of women did not have symptoms of depression, and the average GDS score was 6.96 points [7].

Human age may be a risk factor for depression, especially in combination with unfavorable social factors and the presence of somatic diseases (including the nervous system) [8]. Own research has shown that the risk of depression increases with age, the older women, the greater the risk of depression. The studies by Pacian et al. also found that the risk of depression increases with age [9].

Married women showed a higher risk of depression compared to married people. Other results were obtained by Broczek et al., where in married seniors symptoms of depression were observed less frequently than in single patients [10].

Our research also found that the risk of depression decreases with the level of education. People with primary education showed the highest risk, and people with higher education were the least exposed to depression. Similar results were obtained by Broczek et al. and in their case it was also a statistically significant difference [10].

The relationship between symptoms of depression and physical illness is very complex. They often modify each other's course. Many studies prove the diagnosis or observation of its individual symptoms in particular somatic diseases. Depression may also exacerbate disease symptoms [1].

The authors' own research showed a relationship between the health condition and the risk of depression. As health deteriorates, the risk of developing depressive disorders increases.

In our study, people from a rural environment had a slightly higher risk of depression. In the studies by Broczek et al., no difference was found in the risk of depression in people from the city or the rural areas, and the results of the assessment were at a similar level [10].

Conclusions

The majority of the examined group of elderly women did not show symptoms of depression. The age of the respondents, education and self-assessment of their health condition significantly differentiated the risk of depression.

Conflict of interest
None

References

1. Filipska K, Anna Antczak A, Kornelia Kędziora-Kornatowska K, Natalia Ciesielska N. Współwystępowanie chorób somatycznych i zaburzeń depresyjnych u osób w podeszłym wieku. Gerontol Pol. 2016;24(1):58-63.

2. Bidzan L. Depresyjne zaburzenia nastroju u osób w wieku podeszłym. Medycyna Wieku Podeszłego 2011;1(1):31-41.

3. Andersson D, Magnusson H, Carstensen J, Borgquist L. Co-morbidity and health care utilization five years prior to diagnosis for depression. A register-based study in a Swedish population. BMC Public Health, 2011;11:552

4. Yesavage JA, Brink TL, Rose TL, Lum O, Huang V, Adey M, Leirer VO. Development andvalidation of a geriatric depression screening scale: a preliminary report. J. Psychiatr. Res.1983;17:37–49.

5. Albiński R, Kleszczewska-Albińska A, Bedyńska S. Geriatryczna Skala Depresji (GDS). Trafność i rzetelność różnych wersji tego narzędzia – przegląd badań. Psychiatr Pol 2011;45(4):555-62.

6. Głowacka M, Lemanowicz Z. Ocena ryzyka depresji u pacjentów geriatrycznych. Gerontol Pol. 2020;3:148-53.

7. Fidecki W, Wysokiński M, Książkiewicz-Cwyl i wsp. Ocena ryzyka depresji wśród starszych pacjentów hospitalizowanych w oddziałach chorób wewnętrznych. Geriatria 2017;11:177-182.

8. Unsar S, Sut N. Depression and health status in elderly hospitalized patients with chronic illness. Arch Gerontol Geriatr 2010;50:6–10.

9. Pacian A, Kulik TB, Chruściel P i wsp. Jakość życia a ryzyko depresji wśród osób starszych. Hygeia Public Health 2014;49(4):820-4.

10. Broczek K, Mossakowska M, Szybalska A, Kozak-Szkopek E, Ślusarczyk P, Wieczorowska-Tobis K. Występowanie objawów depresyjnych u osób starszych. W: Mossakowska M, Wiecek A, Błędowski P. Aspekty medyczne, psychologiczne, socjologiczne i ekonomiczne starzenia się ludzi w Polsce. Termedia, Poznań 2012:123-37.