

Screening for common mental disorder in elderly residents in the countryside: a cross-sectional study

Rastreamento de transtorno mental comum em idosos residentes no interior: estudo transversal

Rastreo de trastorno mental común en ancianos residentes en el interior: estudio transversal

Tainara Catozzi Denardi¹

ORCID: 0000-0002-3744-0638

Roselma Lucchese¹

ORCID: 0000-0001-6722-2191

Graciele Cristina Silva¹

ORCID: 0000-0003-1108-306X

Moisés Fernandes Lemos¹

ORCID: 0000-0002-5307-2791

Valéria Pagotto¹

ORCID: 0000-0002-5590-2453

Johnatan Martins Sousa¹

ORCID: 0000-0002-1152-0795

Ivânia Vera¹

ORCID: 0000-0002-8974-7949

¹ Universidade Federal de Catalão. Catalão, Goiás, Brazil.

¹ Universidade Federal de Goiás. Goiânia, Goiás, Brazil.

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Corresponding author:

Ivânia Vera

E-mail: ivaniavera@gmail.com



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ASSOCIATE EDITOR: Alexandre Balsanelli

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ABSTRACT

Objective: To estimate the prevalence of common mental disorders and their associated factors in the elderly in a municipality in the countryside of the Brazilian Midwest. **Methods:** Quantitative, observational, cross-sectional approach research, conducted with 218 elderly people. **Results:** The prevalence of the common mental disorder among the elderly was 25.1%; in the univariate analysis, it was higher in females (35.4%), in the age group of 80 years or older (46.1%), brown skin color (30.2%), widowed (42.6%), illiterate (47.6%), and retired (27.6%). In the multiple analysis, the variables female gender ($p < 0.006$), age 80 years or older ($p < 0.036$), dissatisfaction with life ($p < 0.009$), lack of social interaction ($p = 0.017$), and dysfunctional family ($p = 0.021$) remained associated with CMD. **Conclusion:** The results revealed are helpful and contribute to the reinforcement of the need for mental health care in this population extract so growing worldwide.

Descriptors: Aged; Mental Disorders; Mental Health; Prevalence; Cross-Sectional Studies.

RESUMO

Objetivo: Estimar a prevalência de transtorno mental comum e seus fatores associados em idosos de um município do interior do Centro-Oeste brasileiro. **Métodos:** Pesquisa de abordagem quantitativa, observacional, transversal, realizada com 218 idosos. **Resultados:** A prevalência de transtorno mental comum entre os idosos foi de 25,1%; na análise univariada, foi superior no sexo feminino (35,4%), na faixa etária igual ou superior a 80 anos (46,1%), cor da pele parda (30,2%), viúvos (42,6%), analfabetos (47,6%) e aposentados (27,6%). Na análise múltipla, mantiveram-se associadas à TMC as variáveis sexo feminino ($p < 0,006$), idade igual ou superior a 80 anos ($p < 0,036$), insatisfação com a vida ($p < 0,009$), falta de interação social ($p = 0,017$) e família disfuncional ($p = 0,021$). **Conclusão:** Os resultados revelados são úteis e contribuem no reforço da necessidade de cuidados visando à saúde mental desse extrato populacional tão crescente mundialmente.

Descritores: Idoso; Transtornos Mentais; Saúde Mental; Prevalência; Estudos Transversais.

RESUMEN

Objetivo: Estimar la prevalencia de trastorno mental común y sus factores relacionados en ancianos de un municipio del interior del Medio Oeste brasileño. **Métodos:** Investigación de abordaje cuantitativo, observacional, transversal, realizada con 218 ancianos. **Resultados:** La prevalencia de trastorno mental común entre los ancianos fue de 25,1%; en el análisis univariado, fue superior en el sexo femenino (35,4%), en la franja etaria igual o superior a 80 años (46,1%), color de piel parda (30,2%), viudos (42,6%), analfabetos (47,6%) y jubilados (27,6%). En el análisis múltiple, se mantuvieron relacionados a la TMC las variables sexo femenino ($p < 0,006$), edad igual o superior a 80 años ($p < 0,036$), insatisfacción con la vida ($p < 0,009$), falta de interacción social ($p = 0,017$) y familia disfuncional ($p = 0,021$). **Conclusión:** Los resultados revelados son útiles y contribuyen en el refuerzo de la necesidad de cuidados visando a la salud mental de ese extracto poblacional tan creciente mundialmente.

Descriptores: Anciano; Trastornos Mentales; Salud Mental; Prevalencia; Estudios Transversales.

INTRODUCTION

Population aging is a worldwide phenomenon, and in Brazil and Latin America, the elderly population will triple in the next three decades⁽¹⁾. This demographic change brings challenges to Brazil, considering that, in addition to social inequalities, estimates from the Longitudinal Study on Elderly Health (ELSI-Brazil) show that a quarter of the interviewees presented difficulty in self-care activities⁽²⁾; and more than half (73.4%), two or more diseases⁽³⁾.

The presence of diseases, over time, contributes to the loss of autonomy and dependence of the elderly, leading to difficulties in basic daily tasks⁽²⁾. Both population surveys and clinical practice with the elderly have shown that mental disorders are frequent and have repercussions on the execution of these basic tasks and in the cultural, social, biological, economic, and political spheres.

Among them, the common mental disorder (CMD) is classified as a non-psychotic disorder, marked by anxiety, irritability, insomnia, fatigue, inability to concentrate, and memory and somatic complaints, which can bring repercussions for personal, family, and social well-being⁽⁴⁾. Most of the elderly, especially those at older ages, present a loss of autonomy and independence, which are conditions that lead to social isolation, sadness, psychological suffering, and, therefore, the occurrence of CMD⁽⁵⁾.

Despite its clinical importance for the elderly, families, and society, its recognition and monitoring are still challenging. Studies evaluating CMD in the elderly with the use of Self-Report Questionnaire 20 (SRQ-20)⁽⁶⁾ showed oscillating prevalence: 17.9% in Jacobina, State of Bahia⁽⁷⁾; 25.3% in people over 60 years of age in another investigation conducted in the urban area of a city of the State of São Paulo⁽⁸⁾; 28.3% in São Vicente, State of Rio Grande do Norte⁽⁹⁾; 29.7% in elderly residents in the city of Campinas, State of São Paulo⁽¹⁰⁾; 30.8% of elderly residents in Brazil who had an active Facebook account⁽¹¹⁾; and 55.8% in Ibicuí, State of Bahia⁽¹²⁾. Although there is a growing scientific production in the context of human aging, there is still a need for further research on the mental health of the elderly in developing countries, especially in small municipalities⁽¹²⁾.

Understanding the relevance of the theme on the agenda for care policies for people with mental disorders and the elderly, which are urgent in countries such as Brazil, which is marked by considerable regional disparities, this study aims to answer the following question: what is the prevalence and factors associated with the common mental disorder in elderly residents in the countryside of Brazil?

OBJECTIVE

To estimate the prevalence of CMD and their associated factors in the elderly in a municipality in the countryside of the Brazilian Midwest.

METHODS

Ethical aspects

The study complies with the precepts of Resolution 466/12 of the National Health Council⁽¹³⁾. It is linked to matrix research

entitled "Analysis of the Health Situation of the Adult and Elderly Population," and it was approved by the Research Ethics Committee of the Federal University of Goiás. All signed the Informed Consent Form (ICF).

Design, period, and place of study

Research of quantitative, observational, cross-sectional approach, guided by the STROBE tool⁽¹⁴⁾.

It was developed in the months of July 2018 to October 2019 and had a municipality in the countryside of the State of Goiás as the scenario, considered small and located in the Central Region of Brazil, 327 km from Brasília, the capital of Brazil. The region stands out as one of the largest producers of phosphate rock in Brazil, considered a mineral-chemical pole of international importance in the operation of phosphates (phosphoric, bicalcic phosphate (DiCalcium Phosphate - DCP), granulation and acidulation, derived from the phosphate rock produced by the company, used in the agricultural, food, beverage, chemical and animal nutrition industry⁽¹⁵⁾. It had a Gross Domestic Product (GDP) per capita of R\$ 100,768.75 in 2017, Municipal Human Development Index (MHDI) of 0.747 in 2010⁽¹⁶⁾. Concerning health, the municipality has a municipal hospital and two Family Health Strategy teams (FHS), giving the population 100% coverage of Primary Care Services⁽¹⁷⁾.

Population, criteria of inclusion and exclusion

The estimated population in the municipality was 6,667 people, demographic density of 13.21 hab./m²⁽¹⁶⁾. Of this total, 4,810 people lived in urban areas and 657 in rural areas, with an average of three residents per household, and the target population of the survey was composed of elderly residents in the place (834 people), that is, a proportion of 15.2% of the total, above the national average⁽¹⁸⁾.

Inclusion criteria were: 60 years of age or older; being a resident of the municipality and being able to answer the questionnaire after a brief examination of cognitive status. The study excluded the elderly who were in the condition of a visitor in the municipality. The interviews were conducted face to face, with a priority approach at home and in the elderly living center, with an average duration of 40 minutes, in a private place, ensuring the confidentiality of information.

Study protocol

Trained researchers collected the data after conducting a pilot test using a semi-structured questionnaire consisting of objective questions regarding sociodemographic aspects, self-reported health conditions, medication use, anthropometric measurements, and evaluation of common mental disorders⁽¹⁹⁾.

The outcome variable was the common mental disorder, assessed using the instrument Self-Reporting Questionnaire (SRQ-20) validated in 1986, in Brazil, which has been used in studies with the general population, the elderly, and people with chronic diseases in several different countries and cultures^(6,19). The SRQ-20 is an instrument recommended by the World Health

Organization (WHO) because it is easy to apply by professionals in primary care (PHC) and is low cost, with validation for the Brazilian population⁽⁶⁾. The instrument has 20 “yes” or “no” questions for the screening of CMD in the community, considering the experiences experienced in the last 30 days, whose result for affirmative answers equal to or above 7 points (≥ 7) points to a positive screening for CMD.

Analysis of results and statistics

Data were entered in double-entry using an electronic database. The STATA[®] software (Stata Corp LP) 12.0 performed the analysis. Cronbach's alpha (α) analyzed the reliability of the SRQ-20 considering it dependable when $\alpha \geq 0,7$. The prevalence of common mental disorders was described in frequency and their respective confidence interval (CI) according to age group. The study used the Poisson regression to compare the difference between the exposure and outcome variables, whose effect measure was the prevalence ratio (PR). Variables with the value of p equal to or less than 0.10 were submitted to the multiple regression model to obtain the adjusted prevalence ratio. The research considered those with value of p less than or equal to 0.05 statistically significant.

The variables considered as exposure were: sociodemographic (gender, age group, marital status, education, retirement), health conditions (self-rated health, satisfaction with life, diabetes *Mellitus*, arterial hypertension, musculoskeletal diseases, thyroid diseases), social interaction, problem solving and concern about death and the assessment of family functionality through family APGAR⁽²⁰⁻²²⁾.

RESULTS

Of the total of 834 elderly in the municipality, researchers invited 312 to participate in the study, obtaining a positive response rate

of 69.87%, 26.92% refusals, and 3.21% of the elderly did not meet the inclusion criterion regarding cognitive ability to answer the questionnaire. In the end, the sample consisted of 218 elderlies.

Their average age was 71.5 (± 15.2) years. Most of the participants were women (59.6%), white skin (55.4%), married (49.3%), with four years of schooling (55.8%) and retired (72.2%) (Table 1). Regarding health conditions, 17.4% reported poor/very poor health, 12% were dissatisfied with life, 27.1% reported diabetes *Mellitus*; 73.4% had arterial hypertension; and 33.9%, musculoskeletal diseases (Table 2).

The prevalence of CMD among the elderly was 25.1%. The distribution of SRQ-20 showed a mean score of 4.6 (± 4.5), ranging from 0 to 20. The scale showed good reliability (Cronbach's Alpha = 0.92). Table 1 describes the frequency of each SRQ-20 question. The most frequent questions were: getting easily tired (43.1%), losing interest in things (40.8%), and feeling nervous, tense, worried (40.8%).

In the univariate analysis, the prevalence of CMD was higher in females (35.4%), in the age group 80 years or older (46.1%), brown skin (30.2%), widowed (42.6%), illiterate (47.6%), and retired (27.6%). There were statistically significant differences for females ($p < 0.001$), age group equal to or greater than 80 years ($p < 0.001$), widowers ($p < 0.001$) and illiterate (0.013) (Table 2).

In the univariate analysis according to health conditions, the prevalence of CMD was higher in people with poor health perception (28.9%), in elderly dissatisfied with life (53.8%), hypertensive (28.7%), with musculoskeletal diseases (28.4%), thyroid diseases (48.5), poor social interaction (47.4%), concern about death (35.9%), and dysfunctional family (42.1%) (Table 3).

In the multiple analysis, the following variables remained associated with CMD: female gender ($p < 0.006$), 80 years of age or older ($p < 0.036$), dissatisfaction with life ($p < 0.009$), lack of social interaction ($p = 0.017$) and dysfunctional family ($P = 0.021$) (Table 4).

Table 1 – Distribution of SRQ-20 responses in the elderly (n = 218), Ouvidor, Goiás, Brazil, 2018-2019

Questions of SRQ-20	n (%)	95% CI
Get easily tired	93 (43.1)	36.0-49.5
Have lost interest in things	89 (40.8)	34.2-47.7
Feel nervous, tense, worried	89 (40.8)	34.2-47.6
Scares easily	83 (38.1)	31.6-44.9
Unpleasant sensations in the stomach	83 (38.1)	31.6-44.8
Have poor digestion	79 (36.2)	29.8-43.0
Feel tired all the time	73 (33.5)	27.2-40.1
Have difficulty thinking clearly	72 (33.2)	26.8-39.6
Sleep badly	70 (32.1)	25.9-38.7
Feel sad lately	70 (32.3)	26.0-38.9
Difficulty making decisions	67 (30.7)	24.6-37.3
Frequent headaches	65 (29.8)	23.8-36.4
Cry more than usual	63 (28.9)	22.9-35.4
Difficulty performing daily activities with satisfaction	62 (28.4)	22.5-34.9
Inability to play a useful role in life	61 (28.0)	22.1-34.4
Have tremors in the hands	55 (25.3)	19.6-31.5
Feel like a useless person	56 (25.7)	20.2-32.0
Difficulty in service	56 (25.7)	20.0-32.0
Lack of appetite	45 (20.6)	15.4-26.6
Have ideas to end life	41 (19.0)	13.8-24.6

Table 2 - Prevalence of common mental disorders and association with demographic variables and health in the elderly (n = 218), Ouvidor, Goiás, Brazil, 2018

Variables	n (%)	Prevalence CMD		PR (95% CI)	p value
		Yes n (%)	No n (%)		
Sex					
Male	88 (40.4)	11 (12.5)	77 (87.5)	1.00	
Female	130 (59.6)	46 (35.4)	84 (64.6)	2.83 (1.55-5.16)	< 0.001
Age group					
< 80 years				1.00	
≥ 80 years old	39 (17.9)	18 (46.1)	21 (53.8)	3.08 (1.68-5.66)	< 0.001
Color					
White	117 (55.4)	29 (24.8)	88 (75.2)	1.98 (0.31-12.8)	0.472
Brownish	86 (40.8)	26 (30.2)	60 (69.8)	2.41 (0.37-15.7)	0.354
Black	8 (3.8)	1 (12.5)	7 (87.5)	1.00	
Marital status					
Live with a partner	106 (49.3)	19 (17.9)	87 (82.1)	1.00	
Live without a partner	109 (50.7)	37 (33.9)	72 (66.1)	1.89 (1.16-3.07)	0.010
Education (years of study)					
Illiterate	21 (9.7)	10 (47.6)	11 (52.4)	2.78 (1.23-6.28)	0.013
Up to 4 years	121 (55.8)	30 (24.8)	91 (75.2)	1.45 (0.68-3.05)	0.326
4 -7 years	34 (15.7)	9 (26.5)	25 (73.5)	1.55 (0.64-3.73)	0.328
≥ 8 years	41 (18.9)	7 (17.1)	34 (82.9)	1.00	
Retiree					
Yes	156 (72.2)	43 (27.6)	113(72.4)	1.27 (0.73-2.19)	0.387
No	60 (27.8)	13 (21.7)	47 (78.3)	1.00	

CMD - common mental disorder; PR - Prevalence ratio; CI - confidence interval.

Table 3 - Prevalence of common mental disorders and association with health variables in the elderly (n = 218), Ouvidor, Goiás, Brazil, 2018

Variables	n (%)	Prevalence CMD		PR (95% CI)	p value
		Yes n (%)	No n (%)		
Self-assessment of Health					
Excellent/good/very good	180 (82.6)	46 (25.6)	134(74.4)	1.00	
bad/very bad	38 (17.4)	11 (28.9)	27 (71.0)	1.13 (0.64-1.97)	0.662
Satisfaction with life					
Satisfied	191 (88.0)	43 (22.5)	148 (77.5)	1.00	
Unsatisfied	26 (12.0)	14 (53.8)	14 (53.8)	2.39 (1.53-3.72)	< 0.001
Diabetes Mellitus					
Yes	59 (27.1)	19 (32.2)	40 (67.8)	1.34 (0.84-2.14)	0.207
No	159 (72.9)	38 (23.9)	121 (76.1)	1.00	
High blood pressure					
Yes	160 (73.4)	46 (28.7)	114 (71.2)	1.51 (0.84-2.72)	0.165
No	58 (26.6)	11 (19.0)	47 (81.0)	1.00	
Musculoskeletal diseases					
Yes	74 (33.9)	21 (28.4)	53 (71.6)	1.13 (0.71-1.79)	0.590
No	144(66.1)	36 (25.0)	108 (75.0)	1.00	
Thyroid diseases					
Yes	33 (15.2)	16 (48.5)	17 (51.5)	2.17 (1.39-3.39)	< 0.001
No	184 (84.8)	41 (22.3)	143 (77.7)	1.00	
Social interaction					
Normal	199 (91.3)	48 (24.1)	151 (78.9)	1.00	
Do not adapt/do not make friends/prefer to be alone	19 (8.7)	9 (47.4)	10 (52.6)	1.96 (1.14-3.35)	0.013
Worry about death					
Yes	39 (17.9)	14 (35.9)	25 (64.1)	1.49 (0.91-2.45)	0.112
No	179 (82.1)	43 (24.0)	136 (76.0)	1.00	
Family APGAR					
Functional family	199 (91.3)	49 (24.6)	150 (75.4)	1.00	0.071
Dysfunctional family	19 (8.7)	8 (42.1)	11 (57.9)	1.70 (0.95-3.06)	

CMD - common mental disorder; PR - Prevalence ratio; CI - confidence interval.

Table 4 - Multiple regression analysis of factors associated with common mental disorders in a municipality in the countryside of Brazil (n = 218), Goiás, Brazil, 2018

Variables	RPbr (95% CI)	RPaj (95% CI)	p value
Sex			
Male	1.00	1.00	
Female	2.83 (1.55-5.16)	2.37 (1.27-4.39)	0.006
Age group			
< 80 years	1.00	1.00	
≥ 80 years old	3.08 (1.68-5.66)	1.80 (1.03-3.11)	0.036
Marital status			
Live with a partner	1.00	1.00	
Live without a partner	1.89 (1.16-3.07)	1.33 (0.83-2.14)	0.240
Years of study			
Illiterate	2.78 (1.23-6.28)	1.43 (0.73-2.81)	0.291
Up to 4 years	1.45 (0.68-3.05)	1.82 (0.80-4.13)	0.147
4-7 years	1.55 (0.64-3.73)	1.91 (0.87-4.18)	0.102
≥ 8 years	1.00	1.00	
Satisfaction with life			
Satisfied	1.00	1.00	
Unsatisfied	2.39 (1.53-3.72)	1.90 (1.17-3.08)	0.009
Thyroid diseases			
Yes	2.17 (1.39-3.39)	1.50 (0.94-2.40)	0.088
No	1.00	1.00	
Social interaction			
Normal	1.00	1.00	
Do not adapt/do not make friends/ prefers to be alone	1.96 (1.14-3.35)	2.04 (1.13-3.69)	0.017
Family APGAR			
Functional family	1.00	1.00	
Dysfunctional family	1.70 (0.95-3.06)	1.87 (1.09-3.19)	0.021

RPbr – crude prevalence ratio; RPaj – adjusted prevalence ratio; CI – confidence interval. RPaj: adjusted for gender, age group, marital status, years of education, life satisfaction, thyroid disease, social interaction, family APGAR.

DISCUSSION

The present study identified that a quarter of the elderly living in a countryside municipality showed positive screening for CMD. Findings that stood out were female gender, advanced age, dissatisfaction with life, lack of social interaction, and family dysfunctionality.

The prevalence of CMD in this study was 25.1%. Previous research has revealed an oscillation in the prevalence values of CMD in the elderly among 28.3%⁽⁹⁻¹⁰⁾ and 55.8%⁽¹²⁾. The Longitudinal Study of the Health of the Brazilian Elderly (ELSI-Brazil), conducted with a nationally representative sample of the non-institutionalized population aged 50 years or older, showed the prevalence of depression in the Brazilian elderly was 18.6%, although it did not assess BMI. It is a health problem within the same disease classification as CMTs, evidencing that mental health-related issues in the elderly have become increasingly frequent in the population⁽³⁾. Comparing these findings, the prevalence of CMD was high in the studied group, which requires screening and early interventions as care demands generated are not always accessible to elderly populations living in small municipalities such as the one in this study.

The responses obtained through the SRQ-20 assessment instrument for screening for CMT that stood out were: “getting tired easily (43.1%),” “feeling nervous, tense, worried (40.8%),” and “losing interest in things (40.8%).” Research conducted to identify the presence of common mental disorders by SRQ-20 in elderly people treated in a school clinic showed that most of the participants were from cities in the countryside of Brazil, and 58.3% indicated “they felt tired all the time (70.8%),” “they

felt nervous, tense, worried,” and (48.8%) have lost interest in things⁽²³⁾,” data with a proportion above 40%, corroborated by the findings of this study.

Women presented a higher number of CMD cases, a result already evidenced by previous studies^(12,24-26). An investigation that aimed to evaluate the socioeconomic, demographic, behavioral factors, and morbidities associated with CMD in adult women identified a prevalence of 18.7% and showed that those with older age, widows or separated, having experienced an episode of violence, with impaired sleep and food quality and the presence of chronic diseases were more susceptible to CMD⁽²⁷⁾. Although they have a longer life expectancy than men, women live with diseases for a prolonged period, so they can be more exposed to diseases that generate disabilities, such as mental illnesses⁽²⁴⁾. In addition, women’s social vulnerability and exposure to stressful events are greater. They face, in the aging process, the difficulty in performing household tasks, emotional frustration in the face of what was not possible to accomplish (such as financial independence), as well as the passage of life culminating in the absence of social contact and lack of autonomy, because of the dedication to children and household tasks⁽²⁵⁻²⁶⁾.

The older elderly (≥ 80 years old) had a higher probability of CMD, a result consistent with previous research, which showed that longer-lived people had a prevalence 2.86 times higher than those aged 60 to 69 years old⁽¹⁰⁾. Negative perception about one’s health, having suffered falls, diagnosis of frailty, presenting functional inability to perform instrumental activities of daily living (IADL), and living alone is associated with a higher prevalence of depressive symptoms⁽²⁸⁾.

Regarding the conditions of social and health relations, the presence of CMD was higher among the elderly who reported dissatisfaction with life. A study conducted in a small-population Brazilian city found equivalent results, in which the elderly dissatisfied with life showed a 2.08 times greater chance of CMD than satisfied elderly⁽²⁹⁾. Another study, conducted with 573 elderly people from central Brazil to analyze the prevalence of dissatisfaction with life and associated sociodemographic factors, revealed a rate of 15.53%, associated with the factors "female sex," low level of education and/or illiteracy," and "fragile financial situation⁽³⁰⁾," which can negatively impact both the physical and emotional health of this population. This association is understood as something expected in the face of the consequences caused by this disorder since satisfaction with life in old age can be linked to a feeling of comfort, well-being, health, and personal and social relationships⁽²⁹⁾. Thus, strategies that can redefine the perspective of the elderly's life so that they feel more satisfied and safer are fundamental for the planning of care for them in primary care in small Brazilian municipalities.

The lack of social interaction was also associated with the occurrence of CMD in the elderly. A previous study with 202 elderly using SRQ-20 showed that 21.5% had no leisure activity, and 23.1% preferred to stay at home⁽³¹⁾. The study Health, Well-Being, and Aging (SABE), conducted with 1,413 elderly, identified that their network consisted, on average, of 8.15 people (predominantly family members) and that this quantity reduced with increasing age (60-69 years = 8.7 people; 70-79 years = 7.65; ≥ 80 years = 6.61 people). It is relevant to have someone to count on, someone who can offer social support⁽³²⁾. Relationships established throughout life, as well as social networks present in old age need to be stimulated, given the increasing demands for care and its relationship with the presence of mental disorders, such as CMD⁽³²⁾. These findings reinforce the need for actions to stimulate interpersonal relationships and socialization of the elderly through diversified leisure activities, which can be inserted or agreed upon through intersectoral actions, favoring a better quality in the interpersonal competence of this group.

Therefore, another contemporary situation that can also interfere with the socialization and interpersonal relationships of the elderly is the need for isolation to minimize the risk of contagion from COVID-19. An integrative review of the literature that aimed to investigate the risk of this isolation in the health of the elderly population pointed out that, despite the importance of this behavior, social isolation can bring psychosocial losses to this group, such as the appearance of depression, anxiety, and feelings of loneliness and fear⁽³³⁾, what can influence the development of CMD in this group.

Also, regarding the associated factors, elderly living in dysfunctional families (measured by APGAR) were more likely to have CMD than those in functional families. Previous studies show that the relationship of the elderly with their family is connected to socioeconomic and health conditions^(28,34-37). Socioeconomic factors, such as female gender, age group less than 80 years, marital status (Married, single/widowed), living in multi-person homes, regular health, presence of pain⁽³⁴⁻³⁵⁾, low education and low income⁽³⁵⁾ and fragility⁽²⁸⁾ are prevalent in families classified as dysfunctional. In addition, the presence of cognitive deficit, as well as the absence of children and grandchildren, increase

by 70% the chance of family dysfunctionality in the elderly in the community⁽³⁵⁾ in a population similar to that of this study.

In addition, concerning events that occurred and self-reported health, previous events of acute myocardial infarction and falls⁽³⁴⁾ have been associated with family dysfunctionality pointed out by the elderly⁽³⁴⁾. Other investigations show that family dysfunctionality is associated with the development of CMD, especially in the female public⁽³⁶⁻³⁷⁾. A study conducted with women experiencing domestic violence showed that 76.7% had symptoms related to CMD⁽³⁶⁾. This reality is similar to that of another research conducted with women linked to the Family Health Program from the Northeast region of Brazil: it pointed out that violence committed by intimate partners is related to the appearance of CMD in this population⁽³⁷⁾. Considering that the public-primary health care target is made up of individuals and their families and, in municipalities similar to the present research, are the first access services of this population, it is important that the assessment of family functionality integrates the care routine, as a risk factor for CMD.

Study Limitations

Even with relevant results, the study has limitations. The first is that a cross-sectional study prevents the assessment of causal relationships between the variables studied. The second is that the questionnaire applied is an instrument of self-report of the participants, so it is subject to distortions due to the interviewee's memory. In addition, the study proposes to conduct equivalent studies in other Brazilian municipalities with elderly users and non-users of basic health units to compare the results. In addition, the study sought to minimize the influence of limitations through the experience of field researchers.

Contributions to fields of Nursing and Health

The results revealed are valuable and contribute to the reinforcement of the need for mental health care for this population, so growing worldwide. They also emphasize the importance of developing skills (knowledge, skills, and attitudes) for the accomplishment of a welcoming and sensitive approach of primary health care professionals and other levels of complexity (especially nursing staff) that work in the direct care of the elderly population. The objective is to offer comprehensive care that includes the emotional and relational aspects influencing the psychosocial well-being of the elderly.

CONCLUSION

The prevalence of CMD estimated in the elderly in this study is close to that of other studies, presenting a growth trend of this phenomenon in the population. The study draws attention to sociodemographic variables (female gender, age 80 years or older) of perception (dissatisfaction with life) and relationships (lack of social interaction and dysfunctional family) that were associated with CMD in this group.

To that end, there is a need for prevention strategies aimed at this public to minimize mental suffering. Care related to the aspects of social interaction and family care for this age group

of the population also deserves to be seen by multidisciplinary teams and managers in the field of health, encouraging the strengthening of social networks in old age.

SUPPLEMENTARY MATERIAL

<https://doi.org/10.48331/scielodata.WCMFOH>

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