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Prevalence of depression among the elderly population who frequent community centers

ABSTRACT

The objective of the study was to establish the prevalence rate of depression among the elderly population (those 60 and older) who frequent community centers. From February to July of 2001, a cross-sectional survey was conducted with elderly people from community centers in Taguatinga, Brasília, FD (Federal District). The sample included 118 elderly people, distributed in five-year age brackets, who responded to a simplified version of the Yesavage Geriatric Depression Scale with 15 questions. Anova and the Tukey test were performed to analyze differences between the age groups with 95% confidence intervals. The sample was predominantly female (90%) with the majority reporting being in the age bracket of 60 to 64 years old (31%). Depression was reported by 36 respondents (31%) and severe depression was reported by 4% of those interviewed, all of whom were in the age bracket of 60 to 64 (representing 14% of this group). National programs should be developed in community centers focused on decreasing depression among the elderly population.

KEYWORDS: Aging health. Depression, epidemiology. Epidemiology, descriptive. Psychiatric status rating scales. Homes for aged. Sheltered aged.

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INTRODUCTION

Studies conducted in communities have shown a positive correlation between age (especially 65 and older) and the presence of symptoms of depression. Blazer & Williams³ found symptoms of depression in 14.7% of the elderly living in communities. In Brazil, in the state of Bahia, Aguiar & Dunningham¹ found a similar prevalence rate (15%) of symptoms of depression in elderly living in communities.

Veras & Murhpy⁵ evaluated the mental health of the elderly (older than 60) in three districts of Rio de Janeiro, among populations of different socioeconomic levels (high, middle, and low acquisition power). The percentage of symptomatic depression was 22.6%, 19.7% and 35.1% among those with high, middle, and low acquisition power respectively. These results show prevalence rates higher than those in found in similar studies, especially among the population with low acquisition power. For these authors, this difference was due to limitations of the instrument that they used, in addition to the lack of special assistance services directed at the elderly population as compared to developed countries (adequate transportation, domestic nursing aids, volunteer services dedicated to their wellbeing, among others).

Depression is the most common psychiatric disease among the elderly, and frequently goes without diagnosis and treatment. It affects their quality of life, increasing the economic burden due to its direct and indirect costs, and can lead to suicidal tendencies. Depressed patients have been shown to be unsatisfied with what is offered to them, experiencing disruptions in their lifestyle and a reduction in their socioeconomic standing when they are unable to continue working. In addition to this, there is personal hardship especially among those who isolate themselves as part of the depression and naturally, among those who cut short their life expectancies, either due to suicide or diseases symptomatic of depression.

The prevalence of depression among the elderly is relevant to clinical practice as it allows adequate investments to be made in how to prevent risk factors.

The objective of the present study was to determine the prevalence of depression among elderly who frequent community centers.

METHODS

Elderly, 60 years and older, who frequent five support groups at community centers in Taguatinga, suburb of

Brasilia, Federal District, were evaluated during the period of February to July of 2001. These elderly support groups were registered in the Management of Elderly Services (GAI) of the Federal District.

A stratified representative sample was defined using the percentage of 21% with an error of 5%. Of the 561 elderly registered in the five support groups, 118 were studied. The elderly were divided into stratified age groups of five year brackets and clearly informed regarding the objectives of the study and gave their informed consent to participate.

The instrument used to diagnose disruptive depression was a simplified version of the Yesavage Geriatric Depression Scale consisting of 15 questions which is recommended by the World Health Organization/CID-10.²

ANOVA was conducted taking the average score of each variable within each age bracket into account in addition to the Tukey test, with a 95% level of significance.

RESULTS

Within the sample of 118 subjects, the female sex was predominant with 106 women (90%). In terms of age, the majority of the elderly were in the age bracket between 60 and 64 years old (31%), which corresponded to 36 elderly.

In accordance with the results of the scoring system of the Geriatric Depression Scale, 31% (n=36) of the elderly were found to be depressed, scoring more than five points in the scale used. The rest of the 70% were not characterized as depressed, as their score varied between zero and five points. Among those who were depressed, 26% were characterized as having light or moderate depression (score of 6 to 10) and 4% as severely depressed (score of 11 or higher).

Light or moderate depression was observed in: 50% of the elderly 80 years and older, 29% of those between 75 and 79, 25% of those between 70 and 74, 22% of those between 60 and 64 and 20% between 65 and 69. All of the individuals who presented severe depression were between 60 and 64 years old, representing 14% of the elderly in this age bracket. As such, of the total of elderly with symptoms of depression in the age bracket of 60 to 64 was 36%.

An ANOVA analysis verified that there were no significant differences in the presence of depression among the age brackets studied.

DISCUSSION

Depression is associated with factors such as age, civil status, social class, and social conditions.⁴ The condition affects all individuals in some phase of their lives, be it mood swings due to feeling broken down or melancholy, or in more serious forms, that may damage physical and psychological performance.

The elderly, due to difficulties in inserting themselves in the job market, constitute a vulnerable part of the population potentially subject to poverty. Characteristics such as productivity and employability decline with age after a certain time, which leads to people depending more and more on the earnings of other household members to survive and maintain their standard of living.³

According to Camarano,⁴ 26.1% of elderly women have pensions. This infers that, at least part of the population of educated elderly women in their current jobs receive retirement from the social security system. Due primarily to the small participation of women in economic activities in the past, there is a lower percentage of retired women in relation to men with an average income lower than that of the male population. These results appear to reflect the situation of dependence in which a segment of the elderly female Brazilian population finds themselves. Such dependence appears to be related to the fact that these women were not married or did not form part of the job market. Nonetheless, while on one hand they are more dependent, they also give a large amount of support to their families, whether it be in the form of an older mother for children and grandchildren or

that of a daughter helping her elderly parents. This is reflected not only in women's affectionate nature, but also, the dissemination of traditional values, in which the responsibility for taking care of parents and children falls primarily with women.

Currently, older age is associated with a lack of strength, inability to feel pleasure, loneliness, and bitterness. In the past, some societies guaranteed power, honor, and respect to the elderly. However, in modern society, which is consumptive and instantaneous, the elderly are seen as a social burden, always receiving benefits and not offering anything in exchange. The values of youth, such as beauty, energy, and activism, are predominant.

In conclusion, the natural physical limitations of the elderly are exacerbated by those placed on them by society, which are an outcome of social stereotypes and stigma. Such facts may explain, in part, the high prevalence of depression found in the present study, of which the majority of the participants were women (90%).

It is necessary to create new national programs in elderly community centers, with the goal of promoting: participation in social and assistance movements; refining knowledge through specialty, extension, and refresher courses; and involvement in cultural, sporting, and relaxation activities. These programs should be compatible with the availability and interest of the elderly population involved and consider their possibilities and personal limits, and will lead to the reduction of symptomatic depression in this age group.

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