

PREVALENCE OF DEPRESSIVE SYMPTOMS IN INSTITUTIONALIZED ELDERLY IN A MUNICIPALITY IN THE INTERIOR OF THE STATE OF GOIÁS

Ana Paula Felix Arantes ¹

Fabiana Machado Pires ²

Abílio José de Oliveira Neto ³

Maria Eduarda Ribeiro dos Santos ⁴

Renato Canevari Dutra da Silva ⁵

Deise Aparecida de Almeida Pires Oliveira ⁶

ABSTRACT

The presence of depressive symptoms in the elderly, especially those residing in long-term care facilities (LTCFs), allows for an understanding of how the institutionalized environment, marked by physical inactivity, functional decline, loss of personal autonomy, and reflection on one's own death, can affect the mood and life and future perspective of these individuals. This study aims to investigate the prevalence of depressive symptoms in institutionalized elderly individuals in a municipality in the interior of the state of Goiás. This cross-sectional study was conducted in the only ILPI in the municipality of Rio Verde – GO. The study population consisted of the 100 elderly residents of the ILPI during the data collection period, and those over 60 years of age and with more than six months of institutionalization were included in the study, while those with a medical diagnosis of mental disorder recorded in their records were excluded. Sociodemographic, economic, general health, institutionalization, functional dependency (Functional Independence Measure), and depressive symptom assessment (15-item Geriatric Depression Scale) information were collected. It was observed that (n=9; 30.3%) of the evaluated elderly presented depressive symptoms, reflecting the need for significant attention to the mental well-being of this vulnerable population, such as early identification and appropriate treatment of these symptoms.

Keywords: Depressive symptoms; Long-Term Care Facility for the Elderly; Elderly Health.

INTRODUCTION

Depression is a significant health issue faced by many elderly people residing in long-term care facilities. This disorder manifests through symptoms such as sadness, loss of pleasure or interest in activities, and feelings of hopelessness. (OLIVEIRA et al., 2014)

¹ PhD student in the Graduate Program in Human Movement and Rehabilitation, UniEvangélica, Email: ana_paula_arantes@hotmail.com

² Master's student in the Graduate Program in Human Movement and Rehabilitation, UniEvangélica, Email: fabianamachado@univ.edu.br

³ Undergraduate Student in the Medicine Program, University of Rio Verde, Rio Verde Campus, Email: abilioneto014@gmail.com

⁴ Undergraduate Student in the Physiotherapy Program, UniEvangélica, Email: dudaribeiro620123@gmail.com

⁵ Assistant Professor at the Faculty of Medicine, University of Rio Verde, Rio Verde Campus, Email: renatocanevari@univ.edu.br

⁶ Advisor. Professor Doctor of the Graduate Program in Human Movement and Rehabilitation, UniEvangélica, Email: deiseypyres@gmail.com

The World Health Organization (2017) recognizes depression in the elderly as a public health concern that negatively impacts the quality of life of older adults, potentially leading to cognitive decline, poor self-rated health, and considerable suffering. Depression is even more prevalent in populations with declining physical capacity, with rates almost twice as high in elder care institutions compared to the general elderly population (TAN et al., 2023).

Among those living in residential care homes for the elderly, loneliness and social isolation are the main factors contributing to depression, especially if residents feel isolated from family and friends. Family connection through personalized care and visits reduces loneliness and social isolation (LINNEMANN AND LANG, 2020).

Therefore, assessing the presence of depressive symptoms in the elderly, especially those residing in long-term care institutions, allows us to understand how the institutional environment, marked by inactivity, functional decline, loss of personal autonomy, and reflection on one's own death, can affect the mood and life and future perspective of these individuals (KUO et al., 2021).

Thus, this study aims to investigate the prevalence of depressive symptoms in institutionalized elderly individuals in a municipality in the interior of the state of Goiás.

METHODOLOGY

Cross-sectional study conducted at the only Long-Term Care Facility for the Elderly (ILPI) in the municipality of Rio Verde - GO, in September 2014.

The study population consisted of 100 elderly residents of the ILPI during the data collection period, and those over 60 years old and with more than six months of institutionalization were included in the study, while those with a medical diagnosis of mental disorder recorded in their files were excluded.

Sociodemographic, economic, general health, institutionalization, and depressive symptom assessment information were collected.

The presence of depressive symptoms was assessed using the Geriatric Depression Scale with 15 questions (GDS-15), which must be answered with "Yes" or

"No," receiving a score of 1 point or no points, respectively (SHEIKH AND YESAVAGE, 1986). The GDS-15 score ranges from 0 to 15, and the elderly who scored more than six points after the application of the scale were classified as having depressive symptoms.

The study is in accordance with Resolution 466/2012 and was approved by the Ethics and Research Committee of the Pontifical Catholic University of Goiás on February 26, 2014, through opinion 537.642 and CAAE number 26946014.3.0000.0037.

The data were subjected to descriptive statistical analysis, and the categorical variables were analyzed through absolute and relative frequencies.

RESULTS

Among the 100 elderly residents in the ILPI, 33 met the inclusion criteria. It was observed that 30.3% (n=9) of the evaluated elderly showed depressive symptoms. The characteristics of the sample are in Table 1.

Table 1 – Distribution of institutionalized elderly individuals analyzed in relation to sociodemographic, economic, institutionalization, and general health characteristics (n=33).
 Rio Verde, GO, Brazil, 2023.

| Variables | n | % |
|------------------------|----|------|
| Age (in years) | | |
| 60 --- 79 | 23 | 69,7 |
| ≥ 80 | 10 | 30,3 |
| Sex | | |
| Female | 8 | 24,2 |
| Male | 25 | 75,8 |
| Marital Status | | |
| Without a companion | 29 | 87,9 |
| With a companion | 4 | 12,1 |
| Education | | |
| With instruction | 14 | 42,4 |
| Without instruction | 19 | 57,6 |
| Income | | |
| Yes | 31 | 93,9 |
| No | 2 | 6,1 |
| Number of medications | | |
| <5 | 19 | 57,6 |
| ≥5 | 14 | 42,4 |
| Reported comorbidities | | |
| <3 | 4 | 12,1 |
| | 29 | 87,9 |

≥ 3

Depressive symptoms

Presence

9

30,3

Absence

24

69,7

Source: prepared by the authors

CONCLUSION

Approximately one-third of the institutionalized elderly analyzed in this study exhibited depressive symptoms. The results of this study highlight the concerning presence of depressive symptoms among institutionalized elderly individuals. This finding reflects the need for significant attention to the mental well-being of this vulnerable population, such as early identification and appropriate treatment of these symptoms.

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