

Assessment of depression Older Residents at Nursing Homes in Al-Najaf City

Hassam M. Zan Al-Amarei (MSc)¹

Abstract

Background: Depression is abnormal elaboration of sadness and grief. It ranges from short episodes of sadness to a full blower illness requiring psychiatric intervention.

Objectives: To assess depressive symptoms among the elderly residents in nursing homes in Al-Najaf city. As well as to find out the relationship between the depressive symptoms and socio-demographic characteristics.

Materials and Methods: A descriptive-analytic study is carried out at nursing home residence in Al-Najaf city from 1st November 2013 to 6th May 2014. A non-probability (convenience) sample of (30) elderly, were included in the study. The data are collected, by direct interview with each individual consists of two parts: First part socio-demographic data form that consist 9-items; two part Geriatric Depression Scale- Short Version. (GDS-15).

Results: The study shows elderly depression distributed differently among Geriatric Depression Scale (14) 46.7 % mild depression and (12) 40% had high depression. Also the study indicates that is no significant relation between variables and the depression symptoms.

Conclusion: The elderly suffering from mild depression according to the Geriatric Depression Scale.

Keywords: Assessment, Nursing home, Elderly, Geriatric, Depression.

Corresponding Author: Hussamm.alamarei@uokufa.edu.iq

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¹Mental Health Nursing - College of Nursing - University of Kufa – Al-Najaf – Iraq.

Introduction

World Health Organization (WHO) has ranked depression as the fourth most urgent health problem in the worldwide [1]. Depression is a common mental disorder among older people and particularly among those residing in nursing homes (NH) [2-3]. Depression is an important problem that may highly influence the quality of life of elderly people in different settings [4]. Depression is projected to be the leading cause of disease burden in older populations by the year 2020 [5]. Depression may range in severity from mild symptoms to more

severe forms, both of which can persist over longer periods of time with negative consequences for the older patient. Suicidal ideation, psychotic features (especially delusional thinking), and excessive somatic concerns frequently accompany more severe depression [6].

Depression is an abnormal elaboration of sadness and grief. It ranges from short episodes of sadness to a full blown illness requiring psychiatric intervention comparison with younger people older people under-report depressive symptoms and may not acknowledge being sad, down or depressed [7].



Depression is a common mental health problem among elderly persons, about 10–15% of elderly suffers depressive symptoms [8-9]. Depression is common in late life, affecting nearly 5 million of the 31 million Americans aged 65 and older with clinically significant depressive symptoms reaching 13% in older adults aged 80 and older [10]. Various studies show that the cost of depression among the elderly is very high and only few old people with depression are detected and/or treated. Elderly patients may not be aware of their symptoms [11]. The most common type of depression in old age which occurs in nearly 10% of older people is non-melancholic depression. When the onset of depression first occurs in earlier life, it is more likely that there are genetic, personality and life experience actors that have contributed to the depression [7].

The study aims to identification depressive symptoms of elder residents in nursing homes

Materials and Methods

A descriptive-analytic study is carried out at a nursing home residence in Al-Najaf city from 1st November 2013 to 6th May 2014. Study sample non probability (Convenience sample) of (30) elderly, were included in the study.

The study instrument consists two parts: Part I: the first section was socio demographic characteristics sheet consist

of 9 items, which included gender, age, marital status, income, education level, Engagement with activities, smoking, Job, Visit frequency of relatives .Part II: the instrument to measure depression in older adults, the geriatric depression scale (GDS), was created in 1983 by Yesavage *et al.*, [12]. The instrument has been tested and used extensively by the older population in many countries and translated into many languages [13]. The researcher used GDS-15 (Arabic version) [7].

The data are collected, by direct interview with elderly. The data collected process has been performed from March. 17th, 2014 until April.4th 2014. In order to achieve the early stated objectives, the data of the study were analyzed through the use of statistical package of social sciences (SPSS) version 16 through descriptive and inferential statistical analyses. The items have been rated and scores according to the following patterns. Two point liker scales is used for rating the Geriatric Depression Scale-15- scales items scored as (0)no, (1)yes but these scoring is reversed for the positive direction questions, the questions that number 2,3,4,6,8,9,10,14,15. Finally the rating cutoff point used to this scale(Less than 15 normal; 15-22 mild depression,>22 severe depression).

Results

Table 1 portrays the demographic characteristic of the study population. Almost (36.7%) were elderly 69-77 yearsold and (6.7%) were among the age group <= 60years. (73.3%) are males. This table shows that the majority of the study samples (36.7%) are married. The general education level of the student population is shown in the table. Most of elderly fall in illiterate (46.7%). This table

shows that the highest percentage of the study sample (60.0%) is within the insufficient. Shows that the majority of the study samples (53.3%) are no activities. About habits this table showed (53.3%) are no smoker. About the job of elderly the results showed (93.3%) no work. Finally, the study result shows that the majority of the study sample (70%) visit one year.

Table (1): The socio-Demographic Profile of the study population (n=30).

Demographic data		No	%
Age	<60	2	6.7
	60---69	11	36.7
	70---79	11	36.7
	=>80	6	20.0
Gender	Male	22	73.3
	Female	8	26.7
Marital status	Married	11	36.7
	Single	8	26.7
	Divorced	7	23.3
	Widow	4	13.3
Education	No education	14	46.7
	Primary	9	30
	Intermediate	6	20
	Institution	1	3.3
Income	Sufficient	5	16.7
	Barely Insufficient	7	23.3
	Insufficient	18	60
Engagement with activities	No	16	53.3
	Sometime	4	13.3
	Often	5	16.7
	Always	5	16.7
Smoking	Yes	14	46.7
	No	16	53.3
Job	Employment	2	6.7
	No work	28	93.3
Visit frequency of relatives	One/year	21	70
	Weekly	1	3.3
	One/month	8	26.7

Table 2 Based on the statistical mean of score according to the binomial rating of the studied items. This table shows that the study subjects responses to the depression scale items are failure at all items, except at the items number (2, 8, 9, and 12) the study subjects responses are pass. Which indicate that the (26.7%) from the study subjects are not depressed, while (73.3%) of them are depressed.

Table (2): The sample responses to the Geriatric Depression Scale.

Depression scale items	No	%
Are you basically satisfied with your life?	4	13.3
Have you dropped many of your activities and interests?	20	66.7
Do you feel that your life is empty?	11	36.7
Do you often get bored?	19	63.3
Are you in good spirits most of the time?	13	43.3
Are you afraid that something bad is going to happen to you?	11	36.7
Do you feel happy most of the time?	13	43.3
Do you often feel helpless?	17	56.7
Do you prefer to stay at home, rather than going out and doing new things?	18	60.0
Do you feel you have more problems with memory than most?	9	30.0
Do you think it is wonderful to be alive now?	11	36.7
Do you feel pretty worthless the way you are now?	13	43.3
Do you feel full of energy?	11	36.7
Do you feel that your situation is hopeless?	8	26.7
Do you think that most people are better off than you are?	12	40.0

Table 3 shows that the total no. of respondents is 30. Out of them (4) 13.3 % did not have Depression, (14) 46.7 % mild depression and (12) 40% had high

depression. That indicates that elderly were mild depressed, according to the Geriatric Depression Scale.

Table (3): The number and percentage of elderly on the measure of the Impact of Geriatric Depression scale.

Main domain	Range Cut off point GDS	No	%
Geriatric Depression Scale (GDS)	Normal (<15)	4	13.3
	Mild Depression (15---22)	14	46.7
	High to severe depression (>22)	12	40
	Total	30	100

Table 4 shows the relation between GDS score and demographic variables. The percentage of elders with scores that were suggestive or indicative of depression were higher among those aged 60-69 years (63.6%); among female (75.0 %); in single (62.5%). Most of elderly fall in illiterate (71.4%). this table shows that the highest percentage

of the study sample (57.1) barely Insufficient; among no activities (60.0%). About habits this table showed (57.1%) are smoker. About the job of elderly the results showed (50.0 %) no work. The study result shows that the majority of the study sample (62.5 %) visit one/month .Finally also shows that there is no significant relationship

between the resident's depressive symptoms and socio-demographic

characteristics data, at p-value more than 0.05.

Table (4): The relation between depression on the Geriatric Depression Scale and the studied variables in the study sample of elders (n = 30).

Demographic data		Normal		Mild depression		Mod-Severe Depression		P value
		No	%	No	%	No	%	
Age	<60	1	33.3	1	33.3	1	33.3	0.250 (N.S)
	60---69	1	9.1	3	27.3	7	63.6	
	70---79	2	14.3	8	57.1	4	28.6	
	=>80	-	-	2	100	-	-	
Gender	Male	3	13.6	8	36.4	11	50.0	0.139 (N.S)
	Female	1	12.5	6	75.0	1	12.5	
Marital status	Married	1	20.0	3	60.0	1	20.0	0.178 (N.S)
	Single	2	25.0	5	62.5	1	12.5	
	Divorced	-	-	3	42.9	4	57.1	
	Widow	1	10.0	3	30.0	6	60.0	
Education	No education	2	14.3	10	71.4	2	14.3	0.093 (N.S)
	Primary	1	11.1	2	22.2	6	66.7	
	Intermediate	-	-	2	33.3	4	66.7	
	Institution	1	100	-	-	-	-	
Income	Sufficient	2	40.0	1	20.0	2	40.0	0.311 (N.S)
	Barely Insufficient	1	14.3	4	57.1	2	28.6	
	Insufficient	1	5.6	9	50.0	8	44.4	
engagement with activities	No	2	12.5	9	56.3	5	31.3	0.509 (N.S)
	Sometime	-	-	2	50.0	2	50.0	
	Often	-	-	3	60.0	2	40.0	
	Always	2	40.0	-	-	3	60.0	
Smoking	Yes	-	-	8	57.1	6	42.9	0.124 (N.S)
	No	4	25.0	6	37.5	6	37.5	
Job	Employment	1	50.0	-	-	1	50.0	0.200 (N.S)
	No work	3	10.7	14	50.0	11	39.3	
Visit frequency of relatives	One/year	4	19.0	8	38.1	9	42.9	0.228 (N.S)
	Weekly	-	-	1	100	-	-	
	One/month	-	-	5	62.5	3	37.5	

*Significant difference in proportions using Pearson Chi-square test at 0.05 level.

Discussion

Depression is a major contributor to health care costs associated with older populations, and is projected to be the leading cause of disease burden in older populations by the year 2020 [5]. It has been known out of such characteristics.

The age distribution of the sample in this study indicated that 36.7% of them were fall in the age group of elderly 69–77 years old in table 1. This finding was congruent with the results of [14-15], who found that the average age of their elderly was 65-70 years older.



According to gender distribution the findings of the present study showed that the majority of the study sample that greater than half of the elderly were males (73.3%). The gender distribution is supported by [5], who reported that 64.7% of the elders were males as represented in their study.

The marital status of the present sample [Table 1], revealed that 36.7% of the elderly were married and 26.7% of them were unmarried (single). This finding was consistent with [16-8], who founded that 51.43% were married.

The general education level of the student population is shown in table 1. Most of elderly fall in illiterate 46.7% this finding was consistent with [11]. The majority of respondents were from illiterate.

The study results show that the highest percentage of the study sample (60%) is within the insufficient level this finding was consistent with [5] who founded that 50% insufficient level income.

The study results show that the majority of the study samples, 53.3% are no smoke. This finding was consistent with [7], who found that 60% no smoker.

The visit frequency of relatives of the present sample, 70 % visit one year. This finding was consistent with [17]. In regarding to the levels of elderly depression, the study results indicate that the majority of elderly (46%) are suffering from mild depression. This result agrees with [7-11]. Their findings indicate that most of the elderly are suffering from mild depression. Several factors are related to the causes of depression. Some researchers have focused on socioeconomic variables such as advanced age, low education, poor economic status, manual occupation and current living situation as causes of depression, and demonstrated that these variables had a relationship with

depression [5-18]. Also the study results indicate that there is no significant relationship between the levels of depression and demographic variables. This result agrees with Rahman and Abdulateef [7-5]; in Mosul city who found that there is no significant relationship between resident's depressive symptoms and socio- demographic characteristics data, at p-value more than 0.05.

In conclusion. The study documented that the sampled elderly were suffering from mild depression that highlighted the need to work on early discovery to the symptoms of mental depression, because of negligence in this aspect may result in delayed cases to suicide in addition to the involvement of the elderly social activities as much as possible and take advantage of their expertise, as this leads to the promotion of self-esteem as well as to reduce the degree of pessimism and isolation they have and this would alleviate depressive symptoms.

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