

DEPRESSION AND AFFECTING FACTORS IN THE OLD AT THE AGE OF 65 AND OVER*

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ABSTRACT

This research was performed as descriptive and cross-sectional to examine the depression widespread and affecting factors of 65 years of age and over, living in Erzincan. Population of the research was consisted of adults 65 years of age and over who are inhabitants of number 1st 2nd and 3rd primary health care centers located in the central district of Erzincan. The sample consisted of the study population and included all individuals 65 years of age and over (n=571) who applied for the primary health centers between February-May 2005. Data were collected by using the descriptive form prepared by the researchers for this study and by using the Geriatric Depression Scale (GDS) prepared by Yesevage et al. in 1983. In Turkey validity and reliability study of the scale was made by Ertan et al. in 1997. Descriptive form and GDS were carried out by face to face conversation. Obtained data were evaluated by using percentage values and chi-square tests. Depression was found in the 61.1 percent of the participants according to the results of the research. A meaningful relationship was found between depression, and gender, marital status, educational status, chronic illnesses and satisfaction with their environment (p<0.001).

Keywords: Depression, elderly individuals, depression in elderly.

ÖZET

65 Yaş ve Üzeri Yaşlılarda Depresyon ve Etkileyen Faktörler

Bu araştırma Erzincan ili merkezinde yaşayan 65 yaş ve üzeri yaşlılarda depresyon yaygınlığını ve etkileyen faktörleri belirlemek amacıyla tanımlayıcı ve kesitsel olarak yapılmıştır. Araştırmanın evrenini Erzincan İli 1, 2, ve 3 nolu sağlık ocağı bölgesinde yaşayan 65 yaş ve üzeri bireyler oluşturmuştur. Araştırmada örneklem seçilmemiş 2005 Şubat- Mayıs tarihleri arasında bu sağlık ocaklarına başvuran 65 yaş ve üzerindeki tüm bireyler (n=571) araştırmaya alınmıştır.

Araştırmanın verileri, araştırmacılar tarafından oluşturulan tanımlayıcı form ve Yaseve ve arkadaşları tarafından 1983 yılında geliştirilen Geriatrik Depresyon Ölçeği (GDÖ) kullanılarak toplanmıştır.

Ölçeğin ülkemizdeki geçerlilik ve güvenilirlik çalışması Ertan ve arkadaşları tarafından 1997 yılında yapılmıştır. Tanımlayıcı form ve GDÖ bireylerle yüzyüze görüşülerek uygulanmıştır. Araştırmadan elde edilen veriler yüzdeler hesapları ve ki-kare testi kullanılarak değerlendirilmiştir. Verilerin değerlendirilmesi sonucunda bireylerin %61.1'inde kesin depresyon olduğu belirlenmiştir. Bireylerin cinsiyetleri, medeni durumları, eğitim durumları, kronik hastalıklarının varlığı, yaşadıkları ortamdan memnuniyet durumları ile depresyon görülmesi arasında anlamlı bir ilişki olduğu saptanmıştır (P<0.001).

Anahtar Kelimeler: Depresyon, yaşlı bireyler, yaşlılıkta depresyon

INTRODUCTION

In recent years, mean human life span has been increasing due to the quality of life quality and improvement of technology. As a result of this, the rate of aging in the group of adults 65 years

or over, in the community has increased up to 15% in developed countries. Ageing is the period when individuals have changed their physical appearance, taken on new roles and changed life situation and is the period when

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individuals come to be dependent on other people. There may be concurrent physical diseases and loss of abilities (Tamam and Öner 2001). Elderly population has been increasing more and more and it is estimated that, by 2000, 22% of total population will be almost 65 years of age or over. Today, as parallel to the growing of the number of elderly population, their problems have also been clear in different dimensions (Yıldırım 2005, Kılıçoğlu 2006). According to the World Health Organization, depression is at the rank of the forth raw among the diseases leading to physical, emotional social and economic problems (Göktaş and Özkan 2006). Depression is the most important problem of ageing period (Yüksel 1998, Göktaş and Özkan 2006, Kılıçoğlu 2006) and it is the most commonly seen mental problem. Aging leads to significant loss of ability, and it reduced life quality considerably, and it induces the deaths resulting from diseases, and it increases the cost of health care (Göktaş and Özkan 2006). If depression is diagnosed early and the commencing of treatment in elderly individuals increases their life quality and the independent levels of their daily activities (Kaya 1999, Göktaş and Özkan 2006). The frequency of depression which is accepted as significant in elderly period is up to 15-20% (Yüksel 1998). In the studies carried out in our country, it is found out that the rate of depression is 3.8-58.3% in those who live at home (Keskinoğlu et al. 2006, Maral et al. 2001, Kerem et al. 2001, Şahin and Yalçın 2003, Ekinçi et al. 2004). When depression is seen in elderly and if its diagnosis or treatment becomes difficult, then there may be a suicide risk if left untreated, and that it influences the life quality negatively, means definite depression. The scores taken from the scale is minimum 1 and maximum 30. Mean score of Geriatrics

then depression is a crucial health problem (Amuk and Oğuzhanoğlu 2003).

In this direction, this research was carried out the individuals, 65 years of age or over applying for 1,2,3 primary care center in Erzincan City Centre with the aim of determining depression level and related factors.

MATERIAL AND METHOD

The context of this research, descriptive and cross type, consists of the individuals, 65 years of age and over, and applying for 1., 2., 3. Primary Health Care Centers in Erzincan City Centre. Sampling choice wasn't applied in the research because all individuals, 65 years of age and over and applying for health houses between the date February 2005 and May 2005 were included in the study (n=571). The data of the study were collected by researchers by using a descriptive form prepared by research, and Geriatrics Depression Scale (GDS) tested validity and reliability by Ertan et al. (1997) in Turkey. Descriptive form and GDS were applied by using face to face interview in elderly individuals. Descriptive form consist of seven questions determining the age and gender of the individuals, marital situation, level of education, having chronic disease, the satisfaction with the environment they live and having social security. Geriatric Depression Scale, consisting of 30 questions based on self-reporting and easy for elderly people, is prepared as in the way yes or no. The 3., 4., 5., 6., 8., 10., 11., 12., 13., 14., 16., 17., 18., 20., 22., 23., 24., 25., 26., and 28. questions on the scale includes reverse expression. In the scoring of the scale, each answer given in favour of depression is 1 point, for the other answer is zero point, and the total is accepted total depression score. The scoring of scale: 0-10 point means no depression, 11-13 point possible depression, 14 and over point Depression scale is arranged as follows: For each "no" answer "given for 1., 2., 7., 9., 15., 19., 21., 27., 29. and 30. question

is 1 point; and for the answer "yes" is 0 point, and for each "yes" the answer given for 3., 4., 5., 6., 8., 10., 11., 12., 13., 14., 16., 17., 18., 20., 22., 23., 24., 25., 26., and 28. questions is 1 point, and for "no" answer is zero point. The scores or points elderly individuals took from all articles were collected and total scale score for each elderly individual was obtained. The least 2 point and the most 30 points were obtained from the Scale. For the gathering of the data,

required permissions were taken from the related organizations. In addition, before the forms were applied, the aim of the research was explained to the participants of the research, and wording consent was taken from the individuals, and the principal of privacy was followed. Filling out the forms took approximately 20 to 25 minutes. In the analysis of the findings of the research, percentage distribution and chi-square test were used.

RESULTS AND DISCUSSION

Table 1. The Distribution of Depression Intensity of Old Individual As Regards Gender

Gender	Incidence of Depression					
	No		Probable		Yes	
	N	%	N	%	N	%
Women	53	18.6	30	10.6	201	70.7
Men	105	36.6	34	11.8	148	51.6
TOTAL	158	27.7	64	11.2	349	61.1
	$X^2 = 25.398$		SD=2		p<0.001	

It was found out that 54.1% of the individuals participating in the research were between 64 and 69 years of age, and that 24.3% of them were between 70 and 74 years of age, and that 21.5% them were over 75 years of age, and that 49.7% of them were female and 50.3% of them were male. In addition, it was detected that 40.1% of elderly people were illiterate, 21.5% were literate, and 30.8% of the old people were primary school graduates, 2.8% were high school graduates, and 0.9% of them were college graduates, and 70.2% of them were married, 1.1% of them were divorced, 28.7% were widowed, and 95% of them had social security.

When depression incidence of the old people living in the Primary Health Care Centers region was examined, it was found out that there was depression in 61.1% of the old people. In other studies, when we consider the incidence of depression of old people living at home, Keskinoglu et al. (2006) found depression in 3.8% of old people, and Livingston et al., (1996)

found 11% of old people, Aksüllü and Doğan (2004) found in 27.9%, Dişçigil et al. found (2005) 56.6%, Ekinçi et al. (2004) found 58.3% of the old people.

According to the results of the research, it was found out that the women had more depression than men, and the distinction between them was statistically significant ($p < 0.001$) (Table 1). Gender is one of the risk agents in development of the depression. A number of studies have shown that being a woman was a basic risk factor in developing depression. Female biologic structure, mental properties, personality structure, coping with the problems, and social and cultural status of the women make the women prone to the depression (Ünal and Özcan 2000). The results of this study are in accordance with that of Kocataş et al. (2004), Ekinçi et al. (2004), Dişçigil et al. (2005), and Sabancıoğulları et al. (2006), it is reported that, in the studies carried out by Topbaş et al. (2004) and Keskinoglu et al. (2006), being female increased depressive demonstration score average.

Table 2. The Distribution of Depression Incidence of Old Individual in Terms of Marital Situation

Marital Situation	Incidence of depression					
	No		Possible		Yes	
	N	%	N	%	N	%
Married	128	31.9	52	13.0	221	55.1
Widowed	27	16.4	12	7.3	125	76.2
Divorced	3	50.0	-	-	3	50.0
TOTAL	158	27.6	64	11.2	349	61.1
	$X^2 = 25.748$		SD=6		p<0.001	

When we consider depression according to the social situation of the old people we detected depression in 55.1% of married old people, and in 76.2 % of widowed people (p<0.001) (Table 2). This result is in accordance with that of

Kocataş et al. (2004), and Dişçigil et al. (2005) and Sabancıoğulları et al. (2006). It is reported that being a divorced had a negative impact on depression (Amuk and Oğuzhanoğlu 2003).

Table 3. The Distribution of Depression Incidence of Old People in Terms Of Education Levels

Education Situation	Incidence of Depression					
	No		Probable		Yes	
	N	%	N	%	N	%
Illiterate	30	13.1	25	10.9	174	76.0
Literate	35	28.4	19	15.4	69	56.1
Primary school	69	39.2	17	9.7	90	51.1
Secondary	9	41.0	3	13.6	10	45.4
High school	10	62.5	-	-	6	37.5
Collage	5	100	-	-	-	-
TOTAL	158	27.7	64	11.2	349	61.1
	$X^2 = 65.808$		SD=10		p<0.001	

According to the results of the research, when we consider depression with regards to education levels of old individuals, it was observed that depression decreased as the level of education increased, and the distinction between these was statistically significant

(p<0.001) (Table 3). It is reported that depression occurs more in those whose education levels are low (Amuk and Oğuzhanoğlu 2003). The result of this study is in accordance with that of Ekinci et al. (2004), Topbaş et al. (2004), Sabancıoğulları et al. (2006).

Table 4. The Distribution of Depression Incidence of Old People in Terms of Chronic Diseases

Chronic Disease	Incidence of depression					
	No		Probable		Yes	
	N	%	N	%	N	%
Yes	89	21.1	50	11.9	282	67.0
No	69	46.0	14	9.3	67	44.6
TOTAL	158	27.7	64	11.2	349	61.1
	$X^2 = 34.351$		SD=2		p<0.001	

When we consider depression with regard to chronic diseases situations of old people, it was found out that 67.0% of the people having a chronic disease had depression, and that 44.6 %of old people who do not have any chronic disease had depression, and the distinction between two is statistically

significant ($p<0.001$) (Table 4). The diseases may lower either life quality or lead to depression by means of direct biologic impact. Some diseases may cause functional limitation and may drive people to depression (Kılıçoğlu 2006). The result of this study shows similarity that of Ekinçi et al. (2004).

Table 5. The Distribution of Depression Incidence of Old People in Terms of Satisfaction From the Environment They Live

Satisfaction	Incidence of depression					
	No		Probable		Yes	
	N	%	N	%	N	%
Satisfied	143	31.8	58	12.9	249	55.3
Dissatisfied	15	12.4	6	5.0	100	82.6
TOTAL	158	27.7	64	11.2	349	61.1

$X^2 = 29.933$

SD=2

$p<0.001$

According to the results of the research, when we consider depression incidence of old individuals with regard to satisfactions with their environment, it was found out that the rate of depression was higher in people who are not satisfied with their situation and the distinction was statistically significant ($p<0.001$). This result shows similarity with that of Ekinçi et al. (2004).

CONCLUSION AND SUGGESTIONS

According to the findings of this research,

Depression was found out in 61.1% of old individuals participating in the research

When depression incidence of old individuals participating in the research with regard to their gender was examined, it was detected that there was depression in 70.7% of the women and 51.6% of the men.

When depression incidence of the old individuals participating in the research with regard to level of education was examined, it was found out that there was depression in 76% of illiterate people

When depression incidence of the old individuals participating in the research with regard to having chronic

disease was examined, it was found out that there was depression in 67% of old people who have chronic disease

When we consider depression incidence of old people participating in the research with regard to satisfactions with the place they live, it was seen that there was depression in 82.6% of old people who are satisfied with the place they live.

In the direction of these results;

Since the risk of depression is higher at people living at home, those who give service in the first step should be more careful

Educational programmers directed to the nurse about aging, mental health, depression should be held on

The staff of Primary Health Centers should asses the old individuals as a whole, and those who have chronic disease or addiction to anything should be followed carefully, and those who live alone, or those who have low income level, those who have low level of education and those who aren't satisfied with their surrounding should be given priority.

The old individuals who have depression should be always followed;

and new treatment and health programmers should be formed,

Those in the high risk group should be directed to psychiatric services in the context of mental health services

In addition, each old person applying for the first step should be examined with regard to depression and thus become an important focus on Elderly health.

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