Tracking depression in institutionalized older adults

ABSTRACT | Objective: to track depression in institutionalized older adults. Method: quantitative, exploratory and descriptive study, carried out in two nursing home, located in the state of São Paulo, in the year 2017. For data collection, two instruments were used: one to trace the profile of the elderly and the other, the Geriatric Depression Scale (GDS-15), for its psychometric properties and ease of application. Data treatment and analysis were performed using descriptive statistics. Approved by CEP under CAAE 65985917.2.0000.5431. Results: 31 elderly people participated, it was found that: 16 (94%) residents in nursing home A and six (43%) of B had a score equal to or greater than six points, thus characterizing signs of depression, and having male (68%) and divorced (36%) older adults were more likely to be predisposed. Conclusion: it is necessary to develop strategies to deal with signs of depression and improve the quality of life in nursing homes.
Keywords: Aging; Aged; Depression; Homes for the Aged; Nursing.

RESUMEN | Objetivo: detectar indicativos de depresión en ancianos institucionalizados. Método: estudio cuantitativo, exploratorio y descriptivo, realizado en dos asilos de ancianos, ubicados en el estado de São Paulo, en el año 2017. Para la recolección de datos se utilizaron dos instrumentos: uno para trazar el perfil del anciano y otro, la Escala de Depresión Geriátrica (GDS-15), por sus propiedades psicométricas y facilidad de aplicación. El tratamiento y análisis de los datos se realizó mediante estadística descriptiva. Aprobado por CEP bajo CAAE 65985917.2.0000.5431. Resultados: participaron 31 ancianos, se encontró que: 16 (94%) residentes del asilo A y seis (43%) del B tenían una puntuación igual o superior a seis puntos, caracterizando así signos de depresión, y tener (68%) y los adultos mayores divorciados (36%) tenían más probabilidades de estar predispuestos. Conclusión: es necesario desarrollar estrategias para enfrentar los signos de depresión y mejorar la calidad de vida en los hogares de ancianos.
Palabras claves: Envejecimiento; Anciano; Depresión; Hogares para ancianos; Enfermería.

RESUMO | Objetivo: rastrear indícios de depressão em idosos residentes em instituições de longa permanência (ILPI's). Método: estudo quantitativo, exploratório e descritivo, realizado em duas ILPI's, situadas no estado de São Paulo, no ano de 2017. Para a coleta de dados, empregou dois instrumentos, sendo: um para traçar o perfil dos idosos e o outro, a Escala de Depressão Geriátrica (EDG-15) pelas propriedades psicométricas e facilidade de aplicação. O tratamento e análise dos dados foram realizados pela estatística descritiva. Aprovado pelo CEP sob CAAE 65985917.2.0000.5431. Resultados: participaram 31 idosos, detectou-se que: 16 (94%) residentes na ILPI A e seis (43%) da ILPI B apresentaram escore igual ou superior a seis pontos, caracterizando-se assim, indícios para depressão, e tendo como maior predisposição, os idosos do sexo masculino (68%) e os divorciados (36%). Conclusão: torna-se necessário o desenvolvimento de estratégias no enfrentamento dos indícios de depressão e melhoria da qualidade de vida nas ILPI's.
Palavras-chaves: Envelhecimento; Idoso; Depressão; Instituição de longa permanência para idosos; Enfermagem.

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INTRODUCTION

The population aging scenario has attracted attention worldwide, pointing to a demographic with progressive variations in society, and also showing changes in the profile of health problems, thus highlighting a challenging social issue.

It is estimated that in the world by the year 2050, the number of elderly people will be two billion, thus representing 21,1% of the total population.[1] In Brazil, there is also a clear trend of inversion of the age pyramid, with the year 1980 as the mark of this beginning. [2]

Aging is a natural process of the organism, modifying its physiological, cognitive and even the performance of social roles. Coping with this new process must be healthy and effective for the elderly, as it can put their health, their functional and mental capacity at risk, in addition to interfering with interpersonal and family relationships.

All these events associated with financial income, housing, risk of loneliness and loss of loved ones, make the institutionalization process the only way out for these elderly people, [3] even in the face of legislative protection of protection. [4]

The Long-stay institution for the

elderly (LSIE) is defined as "residential spaces for collective housing for people over 60 years of age, with or without family support". Which can be classified into three modalities, namely: modality I - aimed at independent elderly people, modality II - with partial functional dependence, and modality III for dependent elderly people who require full assistance. [5]

Apparently, LSIE's seem to be a solution to meet this population demand, however, in practice, the reality found is quite different from what is recommended by the regulatory agency. A research, [6] evidenced partial compliance with current regulations for LSIE's, both in physical-structural and organizational aspects. The elderly studied were more exposed to an unhealthy environment and risk factors for health problems.

Many LSIEs are similar to large housing, marked by strict rules, predetermined routines and lack of perspectives for residents, affecting, even more, the physical and mental health and quality of life of its residents. [7]

The institutionalization of the elderly, in most cases, triggers a chronic process of loss of autonomy, isolation, illness, loss of motor and social functions, [3,8] and also, it can lead to boredom, apathy and even depression. [8]

Depression is defined as "the state of mood variations involving irritabili-ty, deep sadness, apathy, indisposition, loss of the ability to feel pleasure and also cognitive, motor and somatic alterations". [9] Its multifactorial nature involves numerous biological, psychological and social aspects. [8]

Finally, given the complexity and multidimensionality that involve the greatest longevity of human beings, the need to expand studies on this nature is evident, especially those that address the quality of life of elderly people in LSIEs. In this context, this study aims to: track signs of depression in elderly people living in long-term care facilities.

METHOD

This is a study with a quantitative, exploratory and descriptive approach, developed in two distinct LSIEs, called LSIE A and LSIE B (chart 1), located in the interior of the State of São Paulo. The selection of LSIE's was for convenience, taking into account the ease of access, willingness and interest of the management of these institutions to participate.

The studied population corresponded to 73 elderly people residing in LSIE's, 37 in LSIE A and 36 in LSIE B. Regarding the inclusion criteria were: elderly aged 60 years or over residing in these respective institutions, with clinical conditions and cognitive capacity to participate in the survey. And exclusion from the study: elderly people with no clinical conditions to answer the questionnaire and who scored below 18 on the MMSE, thus corresponding to cognitive deficit.

In order to assess the necessary cognition, the Mini Mental State Examination (MMSE) instrument was used. The MMSE is the most widely used cognitive screening instrument in Brazil and in the world. It assesses temporal and spatial orientation, short-term memory and recall, attention and calculation, language and visuospatial skills. This is classified into two stages, the first being related to memory, orientation and attention with a score of 21 points using speech skills, the second requires reading and writing for naming, obeying verbal and written commands, with a maximum score of 9 points, thus totaling a score of 30 points. It is suggested that the cutoff scores for cognitive deficit are according to the level of education of the participants, being 18/19 points for illiterate people and 24/25 for educated people. [10]

Of the elderly residing in LSIE's, 22 (10 from LSIE A and 11 from LSIE B) did not meet the cognitive ability criteria, 16 (9 from LSIE A and 7 from LSIE B) did not present clinical conditions due to neurological and psychiatric pathologies (verified through the medical record) and 5 (1 LSIE A and 4 LSIE B) refused to participate in the study. Thus, the

Chart 1: Profile of the LSIEs studied, according to care modalities and characteristics, in the interior of the state of São Paulo, Brazil, 2017.

Institution	Mode/operating regime	Characteristics
LSIE A	Care modality I, II and III in a closed regime.	Philanthropic character, it serves both low-income sexes, the physical structure is divided into a female and male wing, in the form of rooming-in. It has a nurse and two caregivers, hired by the institution, a nursing technician and a doctor, provided by the city's public service, and volunteer caregivers, who help daily with care.
LSIE B	Assistance modality I, II and III in an open regime.	Philanthropic character, serves both sexes, low income, It has a nurse and four nursing technicians hired by the institution, other professionals and caregivers are volunteers. In its physical structure - for the elderly in modality I: the accommodations are single and/or double, consisting of a kitchen, bedroom and bathroom; For modality II and III: the accommodations are joints, separated between male and female.

Source: Survey data (2017).

sample consisted of 31 elderly people.

Data collection was carried out between June and August 2017, through interviews, with the application of a questionnaire, divided into two parts: sociodemographic data and the Geriatric Depression Scale (GDS). The locations chosen for its realization were the LSIEs themselves.

One of the most used methods to identify depressive symptoms in the elderly is the use of GDS. It is an instrument capable of differentiating the population without depression from the population with a depressive condition, as well as, with regard to symptomatic subjects, whether they are mildly or severely depressed, based on the diagnostic criteria.[11]

Several concepts have been proposed by the GDS, however, the versions with 30 and 15 items are more employable by the scientific community, have translation and validation in several countries, and have good psychometric properties. In this study, the reduced version with 15 items was chosen (GDS-15),[12] both for ease of application and for the evidence listed above.

The GDS-15 consists of 15 questions with two alternative answers (yes or no) and the cutoff point varies considering, from zero to five points (no signs of depression), from six to 10 (mild to moderate depression), and between 11 and 15 (severe depression).[11-12]

Data treatment and analysis were performed in a descriptive and inferential manner, and presentation was made through tables, graphs and charts, using the microsoft Excel® 2013 program. This was followed by the elaboration and writing of the manuscript, and it was later submitted for consideration in a journal.

It should be noted that there was a bias in the publication of data, due to the time the article was processed in the chosen journal (18 months), and therefore, the obtaining of an unfavorable opinion, not taking into account the scope and area of the journal.

In compliance with Resolution No. 466 of 2012,[13] which regulates the conduct of research involving human beings, this research project was approved by the Research Ethics Committee under the protocol CAAE 65985917.2.0000.5431 and under opinion No. 1.979.949, on March 23rd, 2017.

RESULTS

Thirty-one elderly people participated (17 in LSIE A and 14 LSIE B), corresponding to 42% of the total institutionalized population, being: LSIE A - 9 (53%) men and 8 (47%) women, with a mean age of 72,4 years, divorced 6 (35%), no education 12 (70%), no children 9 (53%) and institutionalization for less than or equal to 1 year (82%). In LSIE B - 11 (78%) men and 3 (21%) women, with a mean age of 73,9 years, 5 divorced and single 5 (36%) in both, with elementary education (57%), 8 with children (57%) and 71% with institutionalization process less than or equal to 1 year.

In both LSIEs, it appears that 32% of the elderly took their own initiative for institutionalization, 26% came from family members, 19% from friends and 26% from social action.

From the application of GDS-15, it's observed that the elderly were dissatisfied with the decrease in daily activities of life. They feel useless, hopeless and prefer to stay in the institution instead of going out and doing new things and socializing, as shown in table 1.

Table 1: Evaluation of signs of depression in elderly people living in two LSIEs, located in the interior of the state of São Paulo, Brazil, 2017.

Questionnaire	LSIE A				LSIE B			
	Yes	%	No	%	Yes	%	No	%
Are you satisfied with your life?	11	65%	06	35%	09	64%	05	36%
Has most of your activities and interests been reduced?	16	94%	01	6%	10	71%	04	29%
Do you feel that life is empty?	07	41%	10	59%	06	43%	08	57%
Do you get irritated often?	07	41%	10	59%	04	29%	10	71%
Are you comfortable with life most of the time?	10	59%	07	41%	11	79%	03	21%
Are you afraid that something bad could happen to you?	06	35%	11	65%	04	29%	10	71%
Do you feel happy (joyful) most of the time?	09	53%	08	47%	12	86%	02	14%
Do you often feel helpless?	04	24%	13	76%	04	29%	10	71%
Prefer to stay at home than go out and do new things?	15	88%	02	12%	10	71%	04	29%
Do you think you have more memory problems than most other people?	03	18%	14	82%	02	14%	12	86%
Do you think it's wonderful to be alive now?	15	88%	02	12%	13	93%	01	7%
Is it worth living as you live now, do you feel useful?	04	24%	13	76%	05	36%	09	64%

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Feeling full of energy?	13	76%	04	24%	11	79%	03	21%
Sente-se sem esperança?	08	47%	09	53%	09	64%	05	36%
Do you think others are luckier than you?	05	29%	12	71%	03	21%	11	79%

Source: Survey data (2017).

Graph 1: Scores of elderly people with or without signs of depression by EGD-15 residing in two LSIEs, located in the interior of the state of São Paulo, Brazil, 2017.
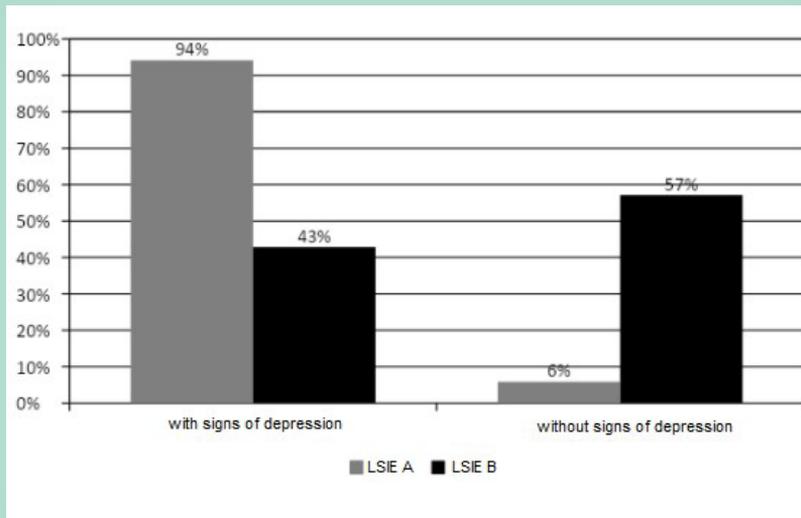
Source: Survey data (2017).

Graph 2: Scores of elderly people with or without signs of depression by EGD-15 residing in two LSIE's of different care modalities, located in the interior of the state of São Paulo, Brazil, 2017.
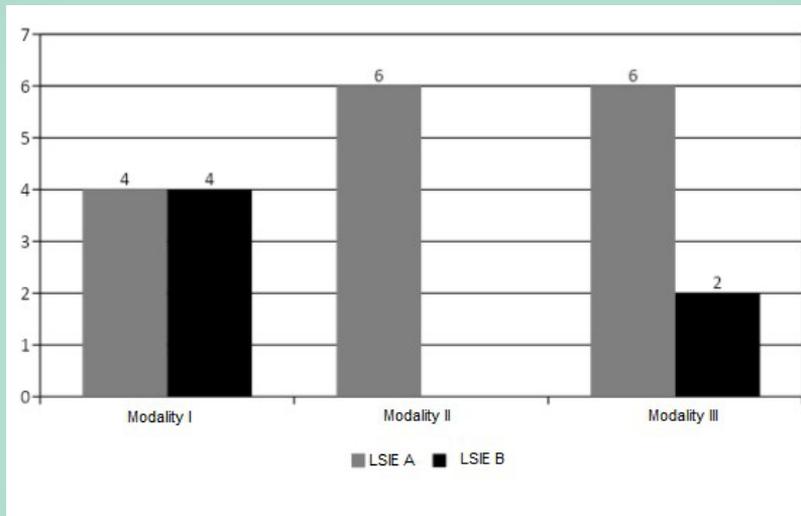
Source: Survey data (2017).

It was found that 16 elderly (94%) from LSIE A and 6 (43%) from LSIE B had a score equal to or greater than six points on the GDS-15, characterizing a depressive symptomatology, as shown in graph 1, the other elderly were not characterized with evidence of depression, as their scores ranged between 0 and 5 points.

Of the elderly who showed signs of depression, it was noticed that in LSIE A (16) there was a greater predominance of males 9 (56%) and 7 (44%) females, while in LSIE B the 6 (100 %) cases were in men.

With regard to the age group in the studied sample, it was found that the elderly between 60 and 70 years old had greater signs of depression in LSIE A, with 7 (41%), while in LSIE B, 2 (14%) .

The categorization of the elderly in terms of degree of dependence, care modality and signs of depression revealed that those classified in modality II (38%) and III (38%) in LSIE A had a higher percentage, thus corresponding to residents with functional dependence in any self--care activity, which need specific help and care, and those with total dependence for care. On the other hand, at LSIE B, the greatest indication was for the elderly in modality I (68%), being independent and with an open institutionalization process (Graph 2).

Receiving visits can be an important depressive factor, thus, 32% reported receiving visits from their children, 10% from friends, 13% from siblings, 19% from other relatives and 26% do not receive them from anyone. Correlating this relevant factor with the signs of depression, it is clear that the elderly who did not receive a visit at LSIE A showed greater evidence 10 (63%) of depressive signs than those who received them at LSIE B 5 (43%), as shown in graph 3.

Graph 3: Scores of elderly people with or without signs of depression by EGD-15 residing in two LSIE's, related to receiving or not visiting, located in the interior of the state of São Paulo, Brazil, 2017.
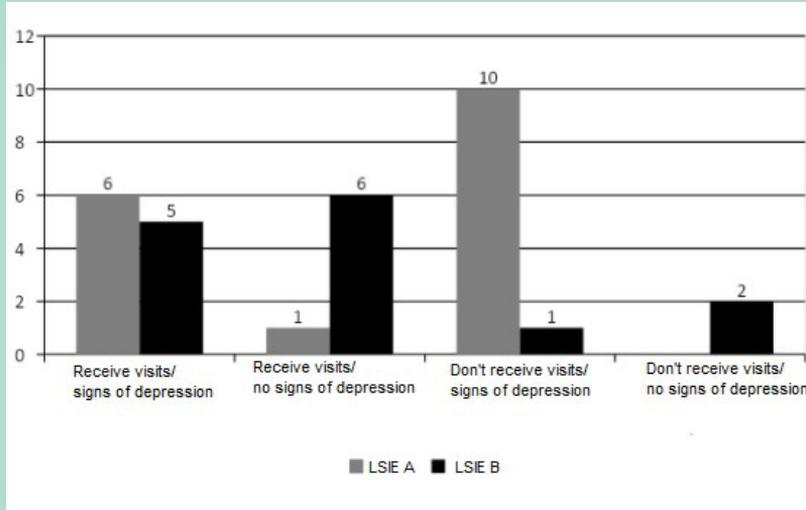
Source: Survey data (2017).

In view of these results after the application of the test, the high prevalence of depression in the institutionalized elderly studied is notorious. It was also noticed that the different degrees of dependence and care modalities, the different types of functioning regimes and the lack of social interactions in the LSIE's contributed to high scores indicative of depressive symptoms.

DISCUSSION

The aging process is conditioned to the individual's own characteristics, their physiological changes, their personal options, their economic conditions, and also their social bond. Consequently, the results of this segment can contribute to the course of institutionalization.

The institutionalized elderly in this study had a mean age between 72,4 years (LSIE A) and 73,9 years (LSI B), differentiating the national projection of 76,3 years in 2018. [14] Chronological age is a triggering factor for the development of disabilities, and every ten years this risk doubles. [15]

At LSIE A, there was a predominance of male elderly, divorced, without education, without children and with an institutionalization process of less than or equal to 1 year. At LSIE B, on the other hand, there was also a prominence of elderly men, with complete primary education, with children, with institutionalization less than or equal to 1 year and similarity between divorced and single. These findings were different from the characteristics of the aging Brazilian population. [16]

The results revealed that 32% of the elderly had their own initiative for institutionalization, diverging from other studies, whose institutionalization process was carried out by family and friends [3, 17]. The decision is not an objective of the elderly person, there is a difference, marked by acceptance. The losses lead him to adapt to the condition of institutionalization, which is "a space directed towards him", thus, revealing itself as conformism, therefore, he ends up resigning, submitting and isolating. [3]

With regard to the signs of depression from the application of the GDS-15

in the studied LSIEs, it was found that 16 elderly (94%) from LSIE A and six (43%) from LSIE B had scores equal to or greater than six , characterizing depressive symptoms. Since, elderly men (68%) and divorced (36%) were more predisposed. Depression is more prevalent in women, but this contrast may not be that extensive, since men manage to hide depressive symptoms. [18]

Another factor that proved to be prevalent for signs of depression in this study was its association with the degree of dependence of the elderly and the institution's care modalities.

The signs of depression were more evident in partially dependent elderly classified in modality II and totally dependent considered in modality III, corresponding to 38% of those institutionalized in LSIE A. Differently from previous data, in LSIE B, the predominance of signs was in the independent elderly reported in modality I (68%). Some researches [7-9] report that the institutionalization process can contribute to a worsening of the general health status, increased dependence and the development of depression. The changes experienced by the elderly, such as: loss of a partner, illness, physical dependence and institutionalization; they can be the starting point for the psychic disruption. [19]

Regarding the operating regime, there was a greater predisposition to depressive symptoms in the elderly of LSIE A (94%), whose regulation is reclusive and closed. The culture of Brazilian LSIEs is characterized by strict rules. [20] The elderly's lack of control over the environment and stimuli in the institution are pointed out as triggers of boredom, anxiety, apathy, and even depression. [3]

The fact of being visited at the LSIEs pointed to important reflections in this study. It was noticed that the elderly who did not receive it at LSIE A, showed greater evidence 10 (63%) of depressive signs. As we get older, we are suscep-

tible to developing a process of vulnerability, whether of a social nature, which implies the stigmas attributed to the elderly, or family vulnerability in the face of disruptions imposed by the loss of autonomy and the process of being cared for, when affected by geriatric syndromes. [21]

The institutionalization process must assume steps that promote and guarantee the integrity, privacy and independence of the elderly. Thus, LSIE's should encourage their integration, the acquisition of new social roles and provide social support networks that contribute to the well-being of their elderly. [22]

CONCLUSION

Institutionalization and depression have gradually become more present in the lives of elderly people, thus affecting their habits and customs, and disrupting their quality of life in an intense and profound way.

In this study, it was evidenced that the elderly from LSIE's A (94%) and B (43%) showed signs indicative of depression, and men (68%) and divorced (36%) showed greater predisposition.

Other interesting factors pointed out in the results were shown in terms of signs of depression and the relationship with the degree of dependence of the elderly, being more evident in the partially and totally dependent. As for the functioning of the institutions studied, the greatest evidence of depression was in the closed and recluse mode.

It is necessary to apply multi and interprofessional work processes and collaborative actions that are essential for the reduction and/or prevention of this problem in the LSIE's studied, thus allowing a careful and detailed anamnesis, clinical and psychological evaluation, allowing for a better diagnosis and design of a therapeutic plan centered on the needs of these elderly people.

It should be noted that this study, despite representing a relevant sample of institutionalized elderly from these two LSIEs, located in the interior of the State of São Paulo, is still limited due to the size, the characteristics of the subjects, the type of sampling and the impossibility of an inferential analysis.

It is believed that further research involving a larger sample and different characteristics is needed so that the variables studied can be more accurately correlated. 🐦

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