

Factors associated with anxiety and depression in the elderly: An integrative review

RESUMO | Objetivo: Conhecer os fatores associados à ansiedade e depressão em pessoas idosas. Método: estudo descritivo, exploratório com abordagem qualitativa do tipo revisão integrativa. Tendo como bases de dados as plataformas Scientific Electronic Library Online (SciELO), Google Acadêmico entre outros, incluindo artigos entre 2012 a 2022. Resultados: Foram selecionados para este estudo sete artigos que se adequavam a temática e posterior ao filtro dos critérios de inclusão, todos os artigos tinham uma abordagem quantitativa e a grande maioria era descritiva, os artigos citaram como fatores associados à depressão e ansiedade o sexo, a idade e estado civil. Conclusão: A literatura é vasta quando trata a respeito de depressão, porém ainda escassa quando se trata de ansiedade. Compreendeu-se, que os sentimentos e fatores relacionados à ansiedade e depressão, assim como a importância de uma equipe apta a lidar com as questões relacionadas à saúde mental de idosos é fundamental.

Descritores: Idosos, Ansiedade, Depressão, Saúde mental, Enfermagem geriátrica.

ABSTRACT | Objective: To know the factors associated with anxiety and depression in the elderly. Method: descriptive, exploratory study with a qualitative approach of the integrative review type. Using the Scientific Electronic Library Online (SciELO) and Google Scholar platforms as databases, including articles from 2012 to 2022. Results: Seven articles were selected for this study that suited the theme and after the inclusion criteria filter, all articles had a quantitative approach and the vast majority were descriptive, the articles cited sex, age and marital status as factors associated with depression and anxiety. Conclusion: The literature is vast when it comes to depression, but still scarce when it comes to anxiety. It was understood that the feelings and factors related to anxiety and depression, as well as the importance of a team able to deal with issues related to the mental health of the elderly, is fundamental.

Keywords: Elderly, Anxiety, Depression, Mental health, Geriatric nursing.

RESUMEN | Objetivo: Conocer los factores asociados a la ansiedad y depresión en el adulto mayor. Método: estudio descriptivo, exploratorio con abordaje cualitativo del tipo revisión integradora. Teniendo como bases de datos la Scientific Electronic Library Online (SciELO), Google Scholar, entre otras, incluyendo artículos entre 2012 y 2022. Resultados: Se seleccionaron para este estudio siete artículos que se adecuaban a la temática y después del filtro de los criterios de inclusión, todos los artículos tenían un enfoque cuantitativo y en su gran mayoría fueron descriptivos, los artículos citaron el sexo, la edad y el estado civil como factores asociados a la depresión y la ansiedad. Conclusión: La literatura es amplia cuando se trata de depresión, pero aún escasa cuando se trata de ansiedad. Se entendió que los sentimientos y factores relacionados con la ansiedad y la depresión, así como la importancia de un equipo capaz de tratar los problemas relacionados con la salud mental de los ancianos, es fundamental.

Palabras claves: Anciano, Ansiedad, Depresión, Salud mental, Enfermería geriátrica.

José de Ribamar Medeiros Lima Júnior

PhD in Health Sciences (Postgraduate Program in Health Sciences - UFMA)
Specialist in Pediatric ICU - Faculdade Cidade Verde Graduation in Nursing - Federal University of Maranhão
ORCID:0000-0001-9172-3682

Paula Fernanda Soares

Federal University of Maranhão. Pinheiro - MA.
ORCID: 0000-0001-7852-7601

Wildilene Leite Carvalho

Federal University of Maranhão/Ebserh
ORCID: 0000-0002-8847-1493

Leonel Lucas Smith de Mesquita

PhD in Collective Health- Universidade Federal do Maranhão- São Luís, Maranhão
ORCID: 0000-0002-8474-5450

Mayra Sharlenne Moraes Araújo

Graduate Program in Collective Health.
Federal University of Maranhão. São Luís, Maranhão.
ORCID: 0000-0002-9769-834X

Anália Vivanne Costa Del Castelo

Federal University of Maranhão. Pinheiro - MA.
ORCID: 0000-0002-8677-2911

Reivax Silva do Carmo

Master's student in Adult Health - UFMA
ORCID: 0000-0002-7767-4826

Bruna Rafaella Carvalho Andrade

Mastering of the Mastering Program in Nursing - UFMA
ORCID: 0000-0001-8819-6834

Recebido em: 11/12/2022

Aprovado em: 23/01/2023

INTRODUCTION

According to IBGE (2017)¹, the amount of elderly people has been increasing, exceeding 30 million. Between 2012 and 2017, the elderly population grew in all units of the federation. The increase in life expectancy is a worldwide phenomenon.

In developing countries, such as Brazil, this process has occurred even faster due to access to health services, scientific advances, and, consequently, increased quality of life.

The aging phase is considered a natural process that has been happening since the moment of birth and becomes more evident

with the arrival of old age. It is observed that the quality of life the subject has undergone directly affects and influences the quality of aging.

There is the possibility of mood disorders development as the adult gets old, as well as cognitive impairment, resulting from the physical, emotional, and social limitations that they face. The elderly have well-known particularities, more chronic diseases and frailty, more costs, less social and financial resources. Aging, even without chronic diseases, involves some functional loss. With so many adverse situations, elderly care must be structured differently from the care provided to younger adults.

Taking into account the individuality of human beings, we understand that the way each one faces this phase is different, the feelings aroused by some may be of concern, and in the absence of care, especially from those around them, biological and psychological changes, such as depression, the feeling of the empty nest, menopause in women, or even external factors such as retirement can be triggered.

It is extremely important to emphasize that for many elderly people old age is faced with tranquility, since they seek to age healthfully by implementing in their lives the practice of physical exercises, greater contact with their families, social groups, and a better diet, thus promoting well-being and a better quality of life. It is known that changes will occur and it depends on each person how this phase will be faced.

We understand, however, that most elderly people are not in an adequate scenario for so many demands, since they survive monthly on a minimum wage, live in a house with many residents, take continuous medication, and need to maintain a healthy eating pattern. Therefore, the monthly monetary value destined to the elderly becomes insufficient for a minimally comfortable life.

By observing the reality, it was possible to notice that most of the elderly people present in the personal living environment had some negative feelings. The concern

with these people comes from the multiple physical, emotional, and social changes that make them more susceptible to the presence of several diseases and changes in health status that are characterized by their chronicity and complexity, which interferes with their quality of life, therefore requiring attention.

The aging process implies in specific health needs, due to the increased frequency and severity of problems, especially the chronic ones, which last throughout the individual's life. Moreover, it is a population that tends to lose its autonomy of care. Thus, the increase in the proportion of elderly people worldwide creates several challenges for society in general and the health system in particular.

Based on this observation, the interest in researching this subject arose. It is believed that this research may have great academic and social relevance.

The main objective is: to know the factors associated with anxiety and depression in the elderly, and the secondary objectives are to identify feelings related to anxiety and depression in the elderly, to describe the favorable conditions to the development of mental disorders in the elderly. And categorize the main factors regarding the outcome for anxiety and depression.

METHODOLOGY

This study is characterized as descriptive exploratory with a qualitative approach of the integrative literature review type, as it allows an analysis of previously conducted research, seeking a better understanding of the chosen theme, as well as receiving enrichment through studies.

The integrative review is a research method that in recent years has been used in the health field and has made it possible to give visibility to the contribution of Nursing to the improvement of care. It is called integrative because it provides ample information on a subject/problem, thus constituting a comprehensive body of knowledge of methodological rigor.

The synthesis of the results of relevant and globally recognized research studies facilitates the incorporation of evidence, that is, it allows the transfer of new knowledge into clinical practice to be expedited.

Important steps need to be followed to build an integrative review, as follows: 1) elaboration of the guiding question, 2) literature search or sampling, 3) data collection, 4) critical analysis of the included studies, 5) discussion of the results, and 6) presentation of the integrative review.

The question that will direct this work was outlined according to the PICo strategy - Population, Interest, Context, P- elderly, I- capture of risk factors, Co- depression and anxiety. The study will be developed from the search of indexed data in the Scientific Electronic Library Online (SciELO), Google Academic and Latin American and Caribbean Literature on Health Sciences (LILACS) bases.

The criteria for the inclusion of the selected articles are: articles in Portuguese language published in the years of 2012 to 2022 with full texts and abstracts available in nursing journals, and articles whose descriptors are: Mental Health; Elderly; Geriatric Nursing; Depression; Anxiety.

The criteria for the exclusion of articles will be articles published before 2012, or those that are not relevant to the work, for being of different themes. The articles will be filtered by keywords and organized in charts following the order of the year of publication. The benefit of this study consists in the improvement of the theme, thus contributing to the literature because it is a relevant theme.

RESULTS

The studies included in this research were organized by title, journal/year, objectives, authors, methodology, and results.

Given the analysis of studies conducted, the main feelings that were listed by the authors regarding the theme of depression and anxiety in the elderly were made known, as well as the favorable conditions for the development of mental disorders by

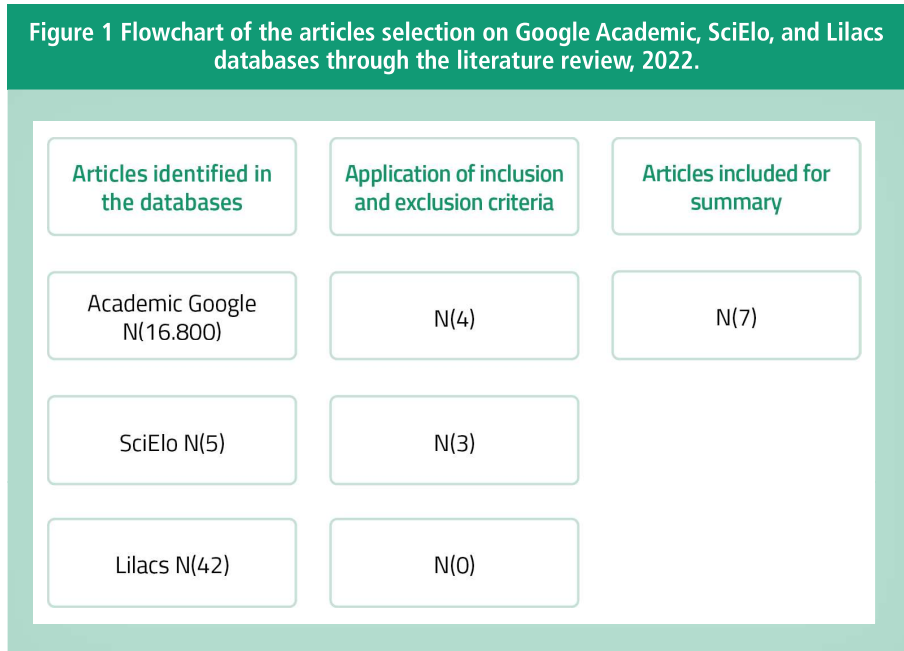
the authors, according to the table below.

Next, we have the main factors regarding the outcome for anxiety and depression found by the authors, subdivided into three types of factors: risk factors, epidemiological factors, and clinical factors, according to the following table:

DISCUSSION

In summary, the literature shows the high prevalence of elderly individuals with depression, especially institutionalized elderly individuals. The analyzed studies also evidence the relationship between depression and several socio-demographic factors and emotional aspects.

With the alterations in the bio psychosocial process during aging, the influences on mental health are notorious, added to the feeling of loss of autonomy over oneself and the environment, becoming corre-



Source: The author, 2022.

Table 1 Scientific studies according to Title, Journal/Year, Objectives, Methodology and Results, 2022.

N	TITLE	JOURNAL/ YEAR	OBJECTIVE	AUTHORS	METHODS	RESULT
1	Quality of life of elderly people with indications of depression: implications for nursing.	UERJ Nursing / 2012	To characterize 187 elderly with indicative of depression, residents in the rural area of Uberaba, and measure the quality of life (QoL) of these elderly.	Rodrigues; et al.	Descriptive, cross-sectional, observational study.	There was a predominance of female sex, housewives, 60-70 years old, married, living with a spouse and in a house
2	Depression in elderly people enrolled in the Program for the Control of hypertension and diabetes mellitus	Nursing Acta Paulista/ 2012	To identify the presence of depressive symptoms in elderly people enrolled in the hypertension and diabetes mellitus Control Program.	Sass; et al.	Cross-sectional descriptive study, with quantitative approach.	Female gender (82.0%). The prevalence of depressive symptoms was of 30.0%, Depressive symptoms were more frequent in women (31.7%); in elderly aged 80 years and over
3	Depression in the elderly in a long-stay institution.	Nursing Journal UFSM / 2012.	To determine the prevalence of depression in elderly residents in a Long-Stay Institution for the Elderly (ILPI).	Rossetto; et al.	This is a descriptive, cross-sectional, quantitative approach study.	25% of the elderly showed no signs of depression; 43.75% mild/moderate depression and 31.25% severe depression. The prevalence of depression was higher in women (55.5%).
4	Prevalence of depressive symptoms and associated factors among institutionalized elderly people.	Nursing Acta Paulista/ 2014	To know the prevalence of depressive symptomatology and associated factors in institutionalized elderly.	Leal; et al.	Cross-sectional study that included 211 Brazilian elderly and 342 elderly. The research instrument was the Geriatric Depression Scale.	The prevalence of depressive symptomatology was of 49.76% among Brazilian elderly and 61.40% in Portuguese. The main factors associated with depressive symptomatology among elderly Brazilians are factors such as single marital status, low number of years of schooling and gender.

5	Prevalence and factors associated to the indication of depression among elderly residents in rural areas.	School of nursing USP / 2013	To verify the prevalence of elderly with indicative of depression, according to sex and age group.	Ferreira et al;	Analytical study, observational, cross-sectional study, carried out with 850 elderly residents in the rural area of a	Depression in 22%, among female and in the age group between 60-70 years. The female gender, the higher number of comorbidities
6	Factors associated with depressive symptoms in elderly people inserted in a context of social vulnerability	Brazilian Journal of Nursing / 2020	To identify factors associated with depressive symptoms in elderly people inserted in a context of high social vulnerability	Didoné; et al	Cross-sectional study conducted with 302 community-dwelling elderly individuals registered at Family Health Units.	A good perception of quality of life and receiving emotional support were presented as protective factors to depression.
7	Depression, anxiety and quality of life in elderly at an open university for senior citizens	Current Nursing Journal In Derme / 2021.	To test the association between anxiety, depression and the quality of life of elderly participants of an Open University for the Third Age (UATI).	Lopes; et al.	This is a descriptive, cross-sectional, with a quantitative approach study.	Among the 28 elderly participants, a prevalence of 14.3% of depression and 17.9% of anxiety was observed. Quality of life correlated negatively and moderately with depression and anxiety.

Source: the authors' data, 2022.

lated to factors considered stressful.

The contributions of this review are related to the presentation of the relationship between loneliness and depressive symptoms, common phenomena in the existential reality of the elderly, contributing to the understanding of this context and being able to serve as guidelines for the planning and implementation of actions to promote mental health and the prevention of injuries to the general health of this clientele, based on the premises listed.

Still according to the author above, scientific evidence has shown that lonely elderly people have more depressive symptoms, and that loneliness is associated with feelings of emptiness and negative emotions. Thus, the relationship between these variables show that loneliness is considered a high-risk factor for depressive symptom, and thus for depression. In addition to highlighting that women and older seniors are more susceptible to feelings of loneliness and depressive symptoms.

It was observed that anxiety and depression correlate positively with each other and negatively with quality of life. The recognition of depression in the elderly should contribute to the development of strategies, favoring the effectiveness of treatment and, consequently, the improvement in the Quality of Life of the Elderly.

Table 2 Feelings and Favorable conditions for anxiety and depression in the elderly, 2022.

Article	Author	Feelings
Depression in older adults enrolled in the hypertension and diabetes mellitus Control Program.	SASS; et al 2012.	<ul style="list-style-type: none"> The feelings present in elderly people regarding anxiety and depression were: loneliness, worry, irritation, sadness, urge to cry, regrets and loss of interest in things as variables depressive symptoms.
Article	Author	Favorable conditions
Prevalence and factors associated with the indication of depression among elderly rural residents.	FERREIRA; et al 2013;	<ul style="list-style-type: none"> In the final multivariate model, the female gender, the higher number of morbidities and the higher number of functional incapacity to perform IADL remained as predictors for the indication of depression. The greater number of functional incapacity to perform IADL also showed a statistically significant association with depression (p=0.001).

Source: the authors' data, 2022.

Sass; et al 2012¹³ evidenced that the main feelings present in elderly people are loneliness, worry, irritation, sadness, urge to cry, and regrets.

Finally, we compared the intensity

of the relationship between the evolution of depression and the evolution of feelings of loneliness, anxiety symptoms, and affections, and we found that the elderly who maintained depression were the ones who



worsened the most in loneliness, anxiety symptoms, and negative affections.

Finally, regarding the factors that relate to the evolution of depression, we found that there was an association between the evolution of all emotional aspects (except positive affections) and the evolution of depression. More specifically, we found that the elderly who maintained depression were the ones who worsened the most in feelings of loneliness, anxious symptoms, and negative and positive affect.

On the other hand, the presence of an anxious attachment style may contribute to a difficulty in regulating emotions and relationships with others and, consequently, loneliness. This result corroborates the literature on attachment in that it evidences that an insecure attachment style or with anxiety levels has an impact on feelings of loneliness and psychological state. Thus, the important role of attachment as a protective factor against loneliness is highlighted.

The analysis of the results on the scientific evidence on the relationship between loneliness and depressive symptoms in the elderly shows a positive relationship between the two phenomena, i.e., the more evident the feeling of loneliness and less social interaction, the greater the report of depressive symptoms, as well as higher levels of psychological distress. In addition, women and older seniors were found to be more susceptible to feelings of loneliness and depressive symptoms.

Pfutzenreutere collaborators in 2021¹⁸ evidenced that the main feelings associated with the experience of depression were irritability and discouragement, which usually involve interpersonal conflicts and social isolation. Irritability was referred to by the participants as an uncontrollable feeling with no specific cause, but involving worries and incessant thoughts.

More than sadness, loneliness is dangerous to the health of the elderly; it is as harmful to the body as obesity in the elderly. There may be a greater sensitivity to pain, predisposition to infection, and greater discontentment because loneliness is

Table 3- Associated factors for the emergence of anxiety and depression in the elderly, 2022.

Article	Author	Risk Factors
Quality of life of elderly people with indications of depression: implications for nursing.	RODRIGUES; et al 2012	<ul style="list-style-type: none"> ● The majority of the elderly with indicative of depression were female (63.6%). ● The largest group (58.8%) were between 60-70 years old;
Depression in the elderly from a long-stay institution.	ROSSETO; et al 2012.	<ul style="list-style-type: none"> ● The prevalence of mild/moderate to severe depression was higher in women, being 55.5% (20 women) and 44.5% (16 men);
Depression in elderly people enrolled in the Program for the Control of hypertension and diabetes mellitus	SASS; et al 2012.	<ul style="list-style-type: none"> ● The highest proportion was female (82%), being in the age group from 60 to 69 years.
Article	Author	Epidemiological Factors
Quality of life of elderly people with indications of depression: implications for nursing.	RODRIGUES; et al 2012	<ul style="list-style-type: none"> ● The elderly with 4-9 years of education predominated (34.7%), followed by those with no education (31.6%); ● Most of the elderly were married or living with a partner (59.9%). It is noteworthy that 27.8% were widowed; ● The highest percentage of elderly individuals had an individual monthly income of one minimum wage (47.6%), and for 47.6% the income came only from retirement;
Depression in older adults enrolled in the hypertension and diabetes mellitus Control Program.	SASS; et al 2012.	<ul style="list-style-type: none"> ● As for education, 23.0% were illiterate and 66.0% attended the 1st cycle of elementary school. ● Of the people who lived with the elderly it was observed that 60.0% were the spouse; 49.0% the children and 19.0% the grandchildren and only 8.0% reported living with parents, siblings or other relatives;
Depression, anxiety and quality of life in elderly at an open university for senior citizens.	LOPES; et al 2021.	<ul style="list-style-type: none"> ● The majority were widows (n = 14; 50.0%), with elementary school education (n = 16; 57.1%) and with a monthly income of up to one minimum wage (n = 15; 53.6%).
Article	Author	Clinical Factors
Prevalence and factors associated with the indication of depression among elderly rural residents.	FERREIRA; et al 2013;	<ul style="list-style-type: none"> ● The greater number of morbidities was associated with indicative depression (p<0.001). The elderly with a higher number of self-reported morbidities were 24% more likely to be indicative of depression.

an exacerbator of these conditions, making them more evident¹⁹. Regarding the perception of the mentioned authors, the feelings of loneliness and sadness, related to depression stand out.

Among the elderly who remained with depression, there were significantly more feelings of loneliness than in those who got better, but less than in those who developed depression. We also found that in the elderly who remained with depression there was more negative affect and less positive affect than those who remained without depression. Those who developed depression had significantly more anxiety symptoms and less positive affect than those who remained without depression²⁰.

Ferreira¹⁵, also highlights that functional incapacities to perform daily activities are favorable to the development of disorders in the elderly, once the elderly see themselves as incapable. Even though the elderly present functional limitations, they need to be stimulated to develop their daily activities, in order to improve their self-confidence, helping with the rehabilitation or contributing to potentiate the performance of the IADL²¹.

However, it is fundamental that the treatment for depression occurs concomitantly with the rehabilitation process of the functional capacity. It is also important to point out that the rehabilitation process of the elderly, who presents functional incapacity and depression, requires support from family members and the healthcare team, as it is a gradual process. Thus, each achievement of the elderly individual must be acknowledged, in order to make him/her feel valued^{17, 21}.

Lopes and collaborators²¹ suggest that social interaction reduces isolation and offers the elderly the stimulation of cognitive performance, increasing their satisfaction and improving their quality of life.

The gender that is more affected by this type of disorder is female, due to biological, genetic, and hormonal factors, as well as situations of personal conflicts, which are more prevalent in this gender²².

From this perspective, the nurse, espe-

Depression in older adults enrolled in the hypertension and diabetes mellitus Control Program.

SASS; et al 2012.

- And also among those with inadequate nutritional status, i.e., underweight (33.3%) or obesity (32.5%)

Factors associated with depressive symptoms in elderly people inserted in a context of social vulnerability.

DIDONÉ et al 2020.

- Risk of malnutrition (52.3%) and report of pain for more than 6 months (74.1%).

Source: the authors' data, 2022.

cially in primary care, must be aware of the complaints reported by women. The nursing appointment can favor the identification of depressive symptoms, of the causal factors, and of the health problems related to this morbidity²³.

It was verified that the representations of the elderly women are related to the way they live, with their marital status, with the information they have or have not had about depression, considering that some of them reported having had depression at some point in their lives and/or living with other people who had the disease²².

With these results, we see the need for early detection of depressive symptoms, contributing to prevent its negative effects on the health and quality of life of these elderly women²³.

The socioeconomic level is a possible influence on quality of life, since, as the results show, the socioeconomic characterization of the subjects identified that their incomes do not allow them to meet their basic survival needs^{23, 24}.

We observed that there was no significant association between any socio-demographic variable and the evolution of depression. Even so, the group that developed depression had a slightly older age and the proportion of elderly people who had no schooling was higher¹⁴.

Moreover, it was observed that marital status has an influence in the way depression is represented, with the ability to deal with the disease seen in a more negative manner and linked to loneliness by women with widowed or separated marital status, who in turn live alone¹⁰.

In Brazil and in other countries arou-

nd the world, this panorama repeats itself, with low levels of education establishing a strong association with a higher incidence of mental diseases in the elderly. However, when this factor is associated with other comorbidities or physical limitations, the risk is even higher¹⁶.

In general, the influence of the level of education is highlighted, and its implications are not only related to psychiatric or psychopathological disorders; it also has as possible consequences the decrease in quality of life, difficulty in accessing health care, difficulty in handling medication, and others. It is also considered that this can be configured as another factor that generates Anxiety and Depression in this community¹⁴.

The lack of reading ability and text interpretation, combined with the low access to information, can make it impossible for many of these elderly people to get the minimum knowledge to demand the fulfillment of the basic rights they are guaranteed by the Elderly Statute, the public health policies directed to their age group, and even the other policies created to ensure a good QL¹⁸.

Nurses must evaluate the presence of depressive symptoms among elderly women through their complaints, identifying the causal factors that may be related to the onset of the disease. Thus, proposing intervention in these factors, favoring early treatment²⁰.

Therefore, the intrinsic relationship between psychological disorders and their effects on the health of the elderly becomes understandable, once they start seeking health services more often. The proper

diagnosis and treatment of depression and anxiety can improve the quality of life of the elderly¹¹.

Interventions to change the nutritional status of this population are necessary in order to prevent depression resulting from nutritional disorders¹³.

The quantity and quality of the psychosocial support network the elderly receive are essential for the reduction of risk factors for mental disorders, such as the presence of chronic diseases and low education. Therefore, it is important to emphasize the importance of the articulation between health services for the elderly and mental health, so that they act both in the prevention and monitoring of the elderly who have a

history of psychiatric treatment²⁴.

CONCLUSION

In view of the above, the scientific evidence produced can contribute to the improvement of activities implemented for the elderly regarding the early detection of possible findings that may determine the onset of problems such as anxiety and depression in them.

For the elderly to maintain their mental health, it is necessary to face the future with hope, maintaining a positive attitude toward life, living one day at a time without worrying too much about the future, having a good relationship with family and

social groups, and maintaining activities that provide psychological stimulation for a healthier life in old age.

Therefore, it is of utmost importance that the practice of health professionals, especially nursing, be permeated with strategies that facilitate access to the feelings experienced by the elderly, as well as assess the entire context linked to their lives, facilitating the implementation of care for them.

The limitations of the study showed that the issue of anxiety in the elderly is still little explored and discussed, with the need for further research on the subject, while when it comes to depression, the literature provides a broad content.

Referências

1-IBGE – Instituto Brasileiro De Geografia E Estatística . Censo Brasileiro de 2014. Rio de Janeiro: IBGE, 2017.

2-ANTUNES, Marcos Henrique; MORÉ, Carmen Leontina Ojeda Ocampo. Aposentadoria, saúde do idoso e saúde do trabalhador: Revisão integrativa da produção brasileira. *REVISTA PSICOLOGIA: ORGANIZAÇÕES E TRABALHO*, 16(3), jul-set 2016, pp. 248-258

3-ROCHA, Jorge Afonso da. O envelhecimento humano e seus aspectos psicossociais. – Rolim de Moura – RO, v. 6, n. 6, p. 77-89, jan./2018.

4-LIPPERT, Aline Knevez. Avaliação de depressão, ansiedade e nível cognitivo em idosos de uma instituição no município de Criciúma, Santa Catarina. *Revista Inova Saúde, Criciúma*, vol. 6, n. 2, dez. 2017. 35 ISSN 2317-2460.

5-VERAS, Renato Peixoto; OLIVEIRA, Martha. Envelhecer no Brasil: a construção de um modelo de cuidado. *REVISTA Ciência & Saúde Coletiva*, 23(6):1929-1936, 2018v.

6-ESCORTEGANHA, Janaina Pereira da Silva; SACCOL, Marilda, Nível de ansiedade e depressão presentes em um grupo de idosos aposentados do município de capinzal, SC, Joaçaba: Editora Unoesc, 2017.

7-SOUZA, Aline Pereira de; et al. Ações de promoção e proteção à saúde mental do idoso na atenção primária à saúde: uma revisão integrativa. *Ver. Ciência & Saúde Coletiva*, 27(5):1741-1752, 2022. DOI: 10.1590/1413-81232022275.23112021.

8-TORRES, Kellem Raquel Brandão de Oliveira; et al. Evolução das políticas públicas para a saúde Do idoso no contexto do Sistema Único de Saúde. *Revista de Saúde Coletiva*, Rio de Janeiro, v. 30(1), e300113, 2020.

9-VICENTE, Filomena; et al. Estudo longitudinal dos fatores associados à evolução de sintomas depressivos em idosos institucionalizados. *Jornal Brasileiro de Psiquiatria*. 2014;63(4):308-16.

10-OLIVEIRA, Leticia Menezes de; et al. Solidão na senescência e sua relação com sintomas depressivos: revisão integrativa. *Revista Brasileira de Geriatria e Gerontologia*. 2019;22(6):e190241

11-LEAL, Márcia Carrera Campos; et al. Prevalência de sintomatologia depressiva e fatores associados e idosos institucionalizados. *Revista Acta Paulista de Enfermagem*. 2014; 27(3):208-14. DOI <http://dx.doi.org/10.1590/1982-0194201400036>.

12-RAPOSO, José Nuno Pereira. Vinculação e Solidão em Pessoas Idosas. Dissertação de Mestrado. Mestrado Integrado em Psicologia. 2018, Portugal.

13-SASS, Arethuzia; et al. Depressão em idosos inscritos no Programa de Controle de Hipertensão arterial e diabetes mellitus. *Revista Acta Paulista de Enfermagem*. 2012;25(1):80-85.

14-RODRIGUES, Leiner Resende; et al. QUALIDADE DE VIDA DE IDOSOS COM INDICATIVO DE DEPRESSÃO: IMPLICAÇÕES PARA A ENFERMAGEM. *Revista de Enfermagem UERJ*, Rio de Janeiro, 2012 dez; 20(esp.2):777-83.

15-FERREIRA, Pollyana Cristina dos Santos; TAVARES, Darlene Mara dos Santos. Prevalência e fatores associados ao indicativo de depressão entre idosos residentes na zona rural. *Revista Escola de Enfermagem USP*. 2013; 47(2):401-7

16-ROSSETO, Maíra; et al. Depressão em idosos de uma instituição de longa permanência. *Revista de Enfermagem da UFSM* 2012 Mai/Ago;2(2):347-352. DIDONÉ, Leticia Souza. Fatores associados a sintomas depressivos em idosos Inseridos em contexto de vulnerabilidade social. *Revista Brasileira de Enfermagem*. 2020;73(Suppl 1): e20190107. <http://dx.doi.org/10.1590/0034-7167-2019-0107>.

17-RAMOS, Fabiana Pinheiro; et al. Fatores associados à depressão em idoso. *Revista Eletrônica Acervo Saúde / Electronic Journal Collection Health | ISSN 2178-2091*.

18-PFUTZENREUTER, Katia Carreira; DUARTE, Itala Villaça; CELEBRONE, Regina Celia. Sentidos de viver com depressão na velhice. *Revista PsicolArgum*. 2021 abr/jun 39(104), 246 – 260

19-CAMELO, Lana Carine Soares Dias; ARAÚJO, Ludgleydson Fernandes de. Depressão em mulheres idosas: representações sociais por meio de grupos focais. *Revista Psicologia, Portugal Alegre*, v. 52, n. 4, p. 1-10, jul.-set. 2021 e-ISSN: 1980-8623 | ISSN-L: 0103-5371.

20-LARA, Hellen Cristina Almeida Abreu de; et al. Prevalência de depressão em mulheres idosas assistidas na atenção básica. *Revista de Atenção à Saúde | São Caetano do Sul, SP | v.18 | n. 64 | p.42-51 | abr./jun. 2020 | ISSN 2359-4330*.

21-LOPES, Bruno Felipe Ferreira; et al. Depressão, ansiedade e qualidade de vida em idosos de uma universidade aberta à terceira idade. *Revista de Enfermagem Atual In Derme* v. 95, n. 35, 2021 e-021116. Disponível em: <https://doi.org/10.31011/reaid-2021-v.95-n.35-art.1172>.

22-BARRETO, Madson Alan Maximiano; FERMOSELI, André Fernando de Oliveira. Prevalência de ansiedade e depressão em idosos de baixa escolaridade em maeció/al. *Revista Psicologia, Saúde e Doenças*, vol. 18, núm. 3, 2017, pp. 801-813 Sociedade Portuguesa de Psicologia da Saúde Lisboa, Portugal. DOI: <http://dx.doi.org/10.15309/17psd180314>.

23-BIASOLI, Tiago Rodrigo; MORETTO, Maria Clara; GUARIENTO, Maria Elena. Baixa escolaridade e doenças mentais em idosos: possíveis correlações. *Rev. Ciênc. Méd., Campinas*, 25(1):1-10, jan./abr., 2016.

24-SOBRINHO, Francisco Tavares. Risco de depressão em idosos cadastrados na atenção primária a saúde. Monografia. Cajazeiras, Paraíba, 2017.