

	Background
•	Depression is a common condition in older
	main health problem among seniors, causin
	emotional difficulties and a decreased quality
•	Social activity has been considered a benefi
	of healthy aging, potentially decreasing risk
	lead to depression, cognitive and motor dec
	and dementia <sup>3</sup> .
•	Physical activity is beneficial to prevent dep
	symptoms in older adults <sup>4</sup> .
	Purpose
•	To explore the following relationships amor
	residing in independent living facilities:
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- 1. Physical activity levels and self-reported depressive symptoms
- 2. Social activity levels and self-reported depressive symptoms

### Method

- Participants (N=22)
- Older adults living in assisted living facility (18 females and 4 males)
- Age (M = 87.50 years; SD = 7.50; Range = 67-96)
- Assessments
- Depressive symptoms: The Geriatric Depression Scale (GDS)
- Social activity level: The Revised Change in Activity and Interest Index (CAII-R)
- Physical activity level: Godin Leisure-Time Exercise Questionnaire (GLTEQ)
- Analysis
- Hierarchical regression analyses were conducted to examine the relationship between depressive symptoms and social and physical activities.

# **Depressive Symptoms, Social Activity, and Physical Activity in older adults** Hyeon Jung Kim, Wonjeong Haavisto, Sarah Hubner, Julie Blaskewicz Boron Department of Gerontology, University of Nebraska Omaha

adults<sup>1</sup> and the ng both ity of life<sup>2</sup>. ficial component k factors that cline, mortality,

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### ong older adults

# Table1.

	Dependent Variable   Social activity total score							
Predictor	Model 1			Model 2				
Variables	В	SE B	β	В	SE B	β		
Age	11	.13	19	08	.11	13		
Gender	2.80	2.55	.24	3.99	2.29	.35		
Education	.37	.75	.11	.47	.66	.14		
Depression				67	.26	50*		
level								

### Table2.

Relationship between going to new restaurants or places and depression level

		]	Depende	nt Variab	le		
		Going to new restaurants or places					
Predictor	Model 1	1 Model 2					
Variables	В	SE B	β	В	SE B	β	
Age	01	.02	14	01	.02	09	
Gender	36	.19	16	16	.16	07	
Education	.17	.14	27	.19	.13	.29	
Depression				11	.05	44*	
level							

*Note.* \**p* < .05. \*\**p* < .01

Table3.

		Γ	)epender	nt Variab	le	
		A	ttend me	eting gro	up	
Predictor		Model 1			Model 2	
Variables	В	SE B	β	В	SE B	β
Age	02	.02	21	01	.02	14
Gender	.43	.52	.19	.72	.43	.31
Education	.01	.15	01	.03	.12	.04
Depression				16	.05	60**
level						

### Results

- depressive symptoms.

- symptoms.
- functioning independently.
- activities.
- activity participation.

1. Williams et al. (2010). Australasian psychiatry, 18(3), 250-255. 2. Blazer & Hybels (2005). Psychological Medicine, 35(9), 1241–1252. 3. James et al. (2011). The Journals of Gerontology Series A: Biological Sciences and Medical Sciences, 66(4), 467-473. 4. Jung et al. (2016). Geriatrics & Gerontology International, 18(3), 421–427.

### Results

• No association was found between physical activities and

• Participation in social activities was related to lower depressive symptoms (Table 1).

• In particular, going to new restaurants/places (Table 2), and attend meeting groups (Table 3) were significantly correlated with lower depressive symptoms.

## Discussion

• Social activities that involved a shared purpose and socialization with some familiar individuals were more strongly associated with self-reported depressive

• Understanding that meeting with at least some familiar people in a social context that has a purpose (such as a group meeting and/or dining or exploring new places) may be particularly beneficial for older adults that choose to live in a retirement community and are still

## **Future Directions**

• Physical activity assessment needs to be expanded to explore the older adults' physical activity levels in daily

• Longitudinal research will be needed to understand changes in depression symptoms and social and physical

## References