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Citation	The 2015 Spring Scientific Meeting of the British Geriatrics Society (BGS), Nottingham, UK., 29 April-1 May 2015. In Abstracts Book, 2015, p. 85
Issued Date	2015
URL	http://hdl.handle.net/10722/209996
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SCIENTIFIC RESEARCH (PSYCHIATRY AND MENTAL HEALTH)

DEPRESSION, NOT LETHARGY, MODERATES THE FRAILTY-SUBJECTIVE HEALTH RELATIONSHIP AMONG CENTENARIANS**J S K Kwan¹, B H P Lau², P Martin³, K S L Cheung⁴**

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Introduction

Very old people may be physically frail, but they may not necessarily experience poor subjective health after taking into account other dimensions of health, e.g. psychological well-being. We hypothesized that the frailty-subjective health relationship is moderated by depression and/or lethargy in very-old adults.

Methods

We conducted a cross-sectional community-based centenarian study of 153 Chinese near- and centenarians. We assessed a) FRAIL Questionnaire of the International Academy of Nutrition and Aging (FRAIL-IANA); b) Geriatric Depression Scale-Short Form (GDS-SF); and c) Subjective Health (1=very bad to 5=very good). Hierarchical regression was conducted to test the moderation effect of depression, adjusting for age, gender, living arrangement, socio-economic status and cognition. We then conducted another hierarchical regression analysis using only the "lethargy" items of the GDS-SF.

Results

According to FRAIL-IANA, 20% of the centenarians were non-frail, 56% were pre-frail, and 24% were frail. Mean scores (SD) for GDS-SF and Subjective Health were 2.6 (3.7) and 3.3 (0.9) respectively. Living with family (vs. living alone), favourable socio-economic status, and lower level of frailty were significant predictors of Subjective Health. The interaction term between frailty and depression was significant ($\beta = -0.21$, $P = 0.024$), and the overall model was significant, explaining 27.7% of the variance of Subjective Health. Inspection of the simple slopes confirmed those who were less depressed had a weaker frailty-subjective health relationship. There was no significant moderation effect with only the "lethargy" items of the GDS-SF.

Conclusions

Depression, not lethargy, moderates the frailty-subjective health relationship among centenarians. Our result therefore implies that a protective psychological mechanism may enable centenarians to maintain an optimistic view of their health despite their physical frailty. Future studies should explore the psychosocial mechanisms used by oldest-old adults to cope with their frailty and daily functional constraints.