

DEPRESSION IN ELDERLY PEOPLE WITH CHRONIC WOUNDS TREATED AT THE SKIN COMMISSION

DEPRESSÃO EM IDOSOS COM FERIDAS CRÔNICAS ATENDIDOS EM UMA COMISSÃO DE PELE

DEPRESIÓN EN ANCIANOS CON HERIDAS CRÓNICAS ATENDIDOS EN UNA COMISIÓN DE PIEL

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Objective: Verify the occurrence of depressive symptoms in the elderly with chronic wounds. **Methodology:** A descriptive, cross-sectional, quantitative study conducted with 40 elderly people at a University Hospital, using the Geriatric Depression Scale and a structured questionnaire with sociodemographic, clinical variables, lesion characteristics and a brief history of mental health. **Results:** There was a predominance of females (72.5%), brown (50.0%), Catholic (65.0%), married (50.0%), with incomplete primary education (55.0%), retired (92.5%), income between 1 and 2 minimum wages (62.5%), metabolic diseases (55.0%) and cardiac diseases (25.0%). The wounds were 55.0% venous ulcers, of which 85.0% are in the lower limb. Regarding the Scala scores, 40.0% presented symptoms suggestive of Depression. The elderly with venous wounds and located in the lower limb presented higher score of the depression median. **Conclusion:** Venous ulcers of the leg was a risk factor for the occurrence of Depression, which occurred in half of the elderly surveyed.

Descriptors: Depression. Wounds. Aged. Health of the Elderly. Mental Health.

Objetivo: Verificar a ocorrência de sintomas depressivos em idosos com feridas crônicas. *Metodologia:* Estudo descritivo, transversal, quantitativo, realizado com 40 idosos em um Hospital Universitário, utilizou-se a Escala de Depressão Geriátrica e um questionário estruturado com variáveis sociodemográficas, clínicas, características das lesões e um breve histórico de saúde mental. *Resultados:* Houve predomínio do sexo feminino (72,5%), parda (50,0%), católica (65,0%), casada (50,0%), com ensino fundamental incompleto (55,0%), aposentada (92,5%), rendimentos entre 1 a 2 salários mínimos (62,5%), doenças metabólicas (55,0%) e cardíacas (25,0%). As feridas foram em 55,0% úlceras venosas, dessas 85,0% localizam-se no membro inferior. Em relação aos escores da Escala, 40,0% apresentaram sintomas sugestivos de depressão. Idosos com feridas venosas e localizadas em membro inferior apresentaram maior escore da mediana de depressão. *Conclusão:* Úlcera venosa de perna figuraram como possível fator de risco para ocorrência de Depressão, que ocorreu em quase metade dos idosos estudados.

Descritores: Depressão. Feridas. Idosos. Saúde do idoso. Saúde Mental.

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Objetivo: Verificar la aparición de síntomas depresivos en ancianos con heridas crónicas. Metodología: Estudio descriptivo, transversal, cuantitativo, realizado con 40 ancianos en un Hospital Universitario, se utilizó la Escala de Depresión Geriátrica y un cuestionario estructurado con variables sociodemográficas, clínicas, características de la lesión y una breve historia de salud mental. Resultados: Predominó la de mujeres (72,5%), morenas (50,0%), católicas (65,0%), casadas (50,0%), con educación primaria incompleta (55,0%), jubiladas (92,5%), ingresos entre 1 y 2 salarios mínimos (62,5%), enfermedades metabólicas (55,0%) y enfermedades cardíacas (25,0%). Las heridas se encontraban en el 55,0% de las úlceras venosas, de estas el 85,0% se localizan en el miembro inferior. En cuanto a las puntuaciones Escala, el 40,0% presentó síntomas sugestivos de depresión. Los ancianos con heridas venosas y localizados en el miembro inferior presentaron mayor puntuación de la mediana de la depresión. Conclusión: La úlcera venosa de la pierna se situó como un posible factor de riesgo para la aparición de Depresión, que se produjo en casi la mitad de los ancianos estudiados.

Descriptores: Depresión. Heridas. Anciano. Salud del Anciano. Salud Mental.

Introduction

In recent years, Brazil has been following a change in its population profile, which shows an exponential growth of the elderly, due to an increase in the quality of life of Brazilians and a lower fertility rate among women in modernity⁽¹⁾, which is evident in the most current census percentages, in 2021, the absolute numbers of elderly people in the country reached the mark of 22 million, and this number tend to grow according to projections for 2030, when the elderly will reach 13.54% of the population, and, in 2060, 25.49%⁽²⁾.

This reality points to a new sociodemographic and epidemiological context, since, with an abundant elderly population, the health conditions inherent to this population will overload the health services of our Health Unic System – SUS^(1,3). Chronic health conditions such as diabetes mellitus, hypertension, cardiovascular and nutritional alterations, often found in the elderly, favor the development of tissue lesions that do not heal properly⁽⁴⁻⁵⁾.

In this context, chronic wounds are characterized as a rupture in the skin that has difficulty/retardation in the healing process, leading to a pathological inflammatory state, the literature diversifies the time for classification of the wound into chronic, ranging up to six weeks⁽⁶⁾. The present study considered as chronic wound the one that did not heal within four weeks, in addition to usually presenting symptoms such as pain, odor, itching, presence of secretions⁽⁷⁾

and physical, psychosocial and economic repercussions in the affected individuals⁽⁶⁾.

Regarding the prevalence of those lesions in the national and international context, there is a scarcity of consistent epidemiological data, and among the available data, there are large variations. In Brazil, statistical records are incipient, especially on chronic lesions⁽⁴⁾. Although the data are not well explored, the problem of wound chronicity has become a concern for health professionals and the health system, especially because its occurrence is associated with expensive and prolonged treatments, with inevitable consequences in the various dimensions of the patient's and family's lives, impacting on the mental health and quality of life of elderly patients⁽⁶⁾.

Moreover, they affect self-image, mobility and performance in daily life activities due to local changes from the lesion, such as pain and foul odor, which may result in isolation and social distancing that generates impacts on the patient's mental health^(4;5;8).

Among the damage to mental health in the elderly, Depression is a frequent disorder in this population, with a prevalence ranging from 1.4% to 30.6%, with its emergence associated with females, older elderly, with low education, low socioeconomic status, with compromised social network and the presence of chronic morbidities⁽⁹⁾, as is the case of wounds that do not heal in the expected time, as well as a low quality of

life, since depressive symptomatology produces a negative perception of health in the elderly⁽¹⁰⁾.

In this sense, by perceiving an increasingly large elderly population and understanding that their health needs are inherent to chronic illness processes that generate an impact on the mental health and quality of life of those individuals, especially for those who develop chronic wounds, the chances of mental suffering, anguish and concerns about wound resolution are greater, and this is the relevance of the present study, to pay attention to the biopsychosocial and spiritual aspects, which, added to the topical therapy of wounds, converge to a healing process. Therefore, the objective of the present study is to verify the occurrence of depressive symptoms in the elderly with chronic wounds.

Methodology

This is a descriptive, cross-sectional study, developed in the outpatient clinic of the Skin Commission of the University Hospital, located in the municipality of João Pessoa - Paraíba, Brazil.

It is noteworthy that the descriptive study seeks to describe the characteristics of a given phenomenon or population and for that, among others, it uses the technique of data collection through questionnaires, from which researchers cannot manipulate the variables, only present them as the paradigm raised in the research⁽¹¹⁾, in this study, it is about understanding the occurrence of Depression and Anxiety in the elderly in outpatient care, with or without chronic wounds, in order to clarify which variables exert influence on risk or protection for the mental health of these individuals and, therefore, directing health care according to the specificities of this audience.

The study population consisted of elderly people with chronic wounds who underwent treatment in the Skin Commission. During the study period, there were 40 registered elderly people. The sample was of the census type, which sought to include all participants, who agreed to participate voluntarily, present in the service at the time of data collection, with the

final number of 40 elderly people. The choice of the sample nature was made by the context of the data collection site, because, due to the character of care requiring prolonged time, it impacts the turnover of new patients in the service, and consequently on the availability of a greater number of potential study participants.

The study included elderly of both sexes, aged 60 years or more, who presented wounds with appearance of at least four weeks and be in care at the outpatient clinic for treatment of the Skin Commission of the University Hospital (UH). Those with medical diagnosis, such as dementia syndromes and/or psychiatric diseases that prevented the comprehension or expression of verbal language were excluded.

A pilot study was conducted with 20 participants during the four-month period in the vascular medical care outpatient clinic, with the elderly waiting for care, and individuals of both sexes, aged 60 years or more, who presented wounds with appearance of at least four weeks were included in the pilot study. The elderly with medical diagnosis such as dementia syndromes and/or psychiatric diseases that prevented the understanding or expression of verbal language were excluded, thus following the same criteria for participation in the main study. This phase of the research aimed to train and calibrate two researchers to continue the data collection of the main study.

For data collection that occurred in the outpatient clinic of the Skin Commission of the UH with the elderly who were waiting for care, using an interview guided by the structured questionnaire with sociodemographic, clinical data, wound characteristics, brief history on the mental health of the participant, prepared by the authors of the study, allowing testing its applicability regarding the elderly's compression, estimated time of response and acquisition of information pertinent to the study during the pilot study, and the Geriatric Depression Scale (GDS).

It is important to mention that there was no interference in the elderly's responses by their relatives and/or caregivers. In addition, the study

sought to respect the ethical assumptions during the collection, explaining to the elderly about their entirely voluntary participation, allowing their quitting at any time without any burden on the continuity and quality of their care in the UH Skin Commission, about the researchers' total availability for clarification even after the collection period.

The GDS is an instrument validated in Brazil by Almeida and Almeida (1999), which aims to identify depressive symptoms in the elderly. In view of this, it is structured in thirty, ten or fifteen questions, but the most used and chosen for the present study is the version with fifteen questions, GDS-15⁽¹²⁾. The GDS-15 is dichotomous with positive and negative responses related to the theme, the total score ranges from 0 to 15 points. Between 0 and 5 points, the elderly people are within normal limits, 6 to 10 points indicates depression, and 11 to 15 points indicates possible severe depression⁽¹²⁾.

For the analysis of the sociodemographic, clinical and score data of the GDS, the software used was the Statistical Package for the Social Sciences (SPSS), version 21.0. For sociodemographic and clinical characterization of the patients considered in the sample, a descriptive and exploratory data analysis was

performed. For the quantitative variables, position (mean, median, minimum, maximum) and dispersion (standard deviation) statistics were calculated.

It is emphasized that the study respected the norms related to ethical aspects recommended by Resolution of the National Health Board (CNS) n. 466/2012, so that the study was submitted and approved by the Research Ethics Committee under CAAE 18466919.5.0000.5183 and opinion n. 3.522.101.

Results

In the sample studied, there was prevalence of females (72.5%), brown (50.0%), Catholic (65.0%), married (50.0%), with incomplete primary education (55.0%), retired (92.5%), income between 1 and 2 minimum wages (62.5%). The clinical variables showed that the population studied declared to have metabolic (55.0%) and cardiac (25.0%) diseases.

Regarding the brief history of mental health, a small part of the sample is followed up with psychiatrist (12.50%) and psychologist (7.50%), 7.50% have some psychiatric diagnosis and 10.0% use psychotropic drugs. Data on depressive symptoms show descriptive measures of the GDS (Table 1) and classification (Table 2).

Table 1. Descriptive measures of the Geriatric Depression Scale of elderly patients with chronic wounds, João Pessoa/PB, 2020-2021. (N = 40)

Variable	N	Mean	Median	Minimum	Maximum	Standard deviation
Score	40	4.75	5	0	10	2.51

Source: created by the author, 2020.

Table 2. Classification of the elderly with chronic wounds, João Pessoa/PB, 2020-2021. (N = 40)

Classification	n	%
Normal	24	60.00
Depression	16	40.00

Source: created by the author, 2020.

Regarding the lesions that the patients present, the majority is of venous etiology (55.0%), located in the lower limbs (85.0%), which arose more than 1 year (52.5%), feeling pain (55.0%). The elderly perform the change of dressings

weekly (90.0%), when the relatives perform the dressing (47.5%), had no other wounds (67.5%) and who had no previous lesions (67.5%), according to table 3.

Table 3 – Absolute and relative frequency of characteristics related to injuries. Joao Pessoa, PB, 2020-2021. (N=40)

Variables	n	%
Wound etiology		
Arterial	1	2.5
Venous	22	55.0
Mixed	0	0.0
Diabetic	4	10.0
Accident/trauma	2	5.0
Surgical complications	4	10.0
PU	1	2.5
Others	6	15.0
Wound place		
LL	34	85.0
UL	0	0.0
Head	2	5.0
Abdomen	0	0.0
Trunk	1	2.5
Other	3	7.5
Time since appearance		
Up to 1 year	19	47.5
Over 1 year	21	52.5
Symptoms		
Pain	22	55.0
Edema	1	2.5
Pruritus	7	17.5
Odor	0	0.0
None	10	25.0
Pain intensity		
None	18	45.0
Mild	3	7.5
Moderate	8	20.0
Intense	11	27.5
Period of change of dressings		
Weekly	36	90.0
Biweekly	4	10.0
Monthly	0	0.0
Main caregiver		
Relatives (children, grandchildren, others)	19	47.5
Husband/wife	3	7.5
The patient him/herself	8	20.0
PSF/professional	10	25.0
Previous wounds		
Yes	13	32.5
No	27	67.5
How many previous wounds		
0	27	67.5
1	9	22.5
2	2	5.0
3	0	0.0
4	1	2.5
5 or more	1	2.5

Note: PU: Pressure Ulcer; LL: Lower Limbs; UL: Upper Limbs.

The relationship between the median geriatric depression score among the elderly and the etiology of the wounds showed that those with venous wounds located in the lower limb had a higher score of the depression median.

Discussion

The present study aimed to identify the occurrence of Depression in the elderly with chronic wounds. In this sense, the participants presented a profile of female, brown, Catholic, married, low education, retired, income of one to two minimum wages and living with family members, a similar profile observed in other studies^(4,13).

The marked presence of women in the study confirms the phenomenon of feminization of longevity in Brazil and worldwide, for every 100 sexagenarian women, there are 84 men of equal age, which is related to the better behavior of women's self-care, physiological differences between the sexes, such as low estrogen, men die earlier, from behaviors of exposure to greater risk and lack of attention to health, increasing widowhood among women⁽¹⁴⁻¹⁶⁾.

There was a predominance of women in the present study. Half of the participants were identified with depressive symptoms according to the GDS-15, which converges with scientific evidence that points to a high prevalence of depression among older women, due to several factors, but the longer life expectancy, which contributes to a greater presence of morbidities that affect mental health⁽¹⁷⁾.

The other sociodemographic variables were like the studies by Miranda-Castillo⁽¹⁸⁾ and Oliveira⁽¹⁵⁾, except for the declaration of color, because whites were the majority in the study by Oliveira⁽¹⁵⁾. In this sense, the lower percentage of Afro-descendants may be associated with the anatomophysiological characteristics, because the stratum corneum of the black skin consists of more layers of cells than the white skin, thus conferring a more effective barrier to external stimuli and, consequently, less vulnerable to the development of lesions⁽¹⁹⁾.

The clinical profile of the study participants shows a predominance of cardiovascular and metabolic diseases. The literature mentions an association between these conditions and the appearance of depressive symptoms⁽¹⁸⁾, while the mental health history revealed that most do not attend frequently a psychiatrist and/or psychologist, although almost half of the participants presented symptoms suggestive of Depression according to GDS-15, which may be related to the stigma that has persisted since antiquity in relation to psychiatric diagnoses, linked to discrimination in society, further hindering the interest in the search for help and social insertion that is already weakened due to the occurrence of chronic wound⁽²⁰⁾.

The level of education of the elderly should be valued by health professionals for interfering in the care process of those people, including the management of the therapeutic regimen, in addition to low schooling being related to depressive symptoms. This finding corroborates the literature, which shows that the elderly with venous ulcers also had low schooling, which is relevant because it characterizes the lifestyle of the participants, since the way those elderly people exercise their self-care and adopt healthy behaviors, as well as have the capacity to understand the guidance provided by health professionals about their treatments in order to apprehend and use them in their daily lives, is linked to the knowledge they acquire and accumulate throughout their lives⁽¹⁹⁾.

Moreover, low purchasing power and retirement as the main source of income imply another problem for elderly people with chronic wounds because insufficient income is related to inadequate nutrition, and insufficient nutrient intake impacts the wound healing process, thus, it is a socioeconomic reality that contributes to the prolongation of the presence of the wound in the elderly's life⁽⁴⁾.

In this sense, it was possible to affirm in a recent study a statistical association between socioeconomic and clinical variables and chronic wounds⁽⁴⁾. Concerning wound characteristics, venous ulcers of the lower limbs stood out, as

well as in other studies ⁽⁴⁾, with intense painful symptomatology, those elderly people perform the change of dressings weekly in the Skin Commission of the UH, and at home they have the help of their relatives. Regarding the occurrence of other injuries to the body, a smaller part of the elderly presented other wounds, but again venous ulcers stand out, confirming that, for some elderly people, the suffering brought by the venous wound occurred more than once.

Other studies also portray pain as one of the main problems affecting individuals with venous ulcers of LL, the mean obtained by the visual pain scale was 5.96 (moderate). This complaint is recurrent, related to the routine of performing topical dressings repeatedly in the week, and affects the quality of life of those people. Therefore, it is essential that the nursing professionals involved in this treatment perform pain assessment during the care provided, to help control this symptomatology and find coping strategies on the part of the elderly, with the possibility of minimizing psychological suffering ⁽¹⁹⁾.

Additionally, the presence of chronic venous ulcers of Lower Limbs (LL) implies difficulty and decreased physical mobility of the elderly, physical alterations in the lower limbs that compromise the performance of activities of daily living and consequently altering the autonomy of those individuals. This reality corroborates for an impairment in leisure activities and social interaction, generating impacts on the mental health of older people ⁽⁴⁾. These changes interfere in self-esteem, and cause emotional, physical and spiritual disorders, contributing to the emergence of depression, sleep changes and substance abuse ⁽²¹⁾. Moreover, there is a relationship between a deficient healing of venous ulcers with negative emotions ⁽²²⁾.

Although the present study does not evaluate the impairment of the functional capacity of the sample, the literature emphasizes that the presence of chronic wounds can contribute to the elderly's dependence, negatively affecting the physical, social and psychological dimensions of those individuals ⁽¹⁵⁾.

This reality portrays one of the major public health problems in our country, since venous ulcers of LL cause socioeconomic repercussions for the affected patients and their families, besides being pointed out as one of the major causes of mortality and morbidity in the world, due to its chronicity, recurrent episodes and healing difficulties ⁽²³⁾.

Despite the difficulty in finding studies that evaluated the occurrence of Depression in the elderly with chronic wounds, which hinders comparing the results of the present study, there was a percentage like Pereira's study ⁽²⁴⁾, in which 41.82% of the elderly with venous ulcer had a mild or moderate level of depression and 47.28%, severe depression.

Different percentages of symptoms suggestive of Depression found by GDS-15 were identified in another study, although the samples were different from the one studied in this study, thus, El-Gilany ⁽¹⁷⁾ found a percentage of 44.4% with depressive symptoms. These data become important to reflect how specific each sample can be, confirming the heterogeneity of the context of life, general and mental health in which the elderly live in Brazil, and that, in general, present similar percentages of GDS-15, despite the different variables studied in each study.

Most of the elderly included in the sample live with their relatives, who help in the maintenance and change of dressings in a home environment. It is worth mentioning that care is usually provided to the elderly by their relatives, but in the contemporary period, the family structure has undergone changes in its dynamics and arrangements, which include individuals choosing to remain alone, single parenthood, couples who choose not to have children, among others, which will generate future repercussions in the health system, since those people will need formal caregivers, health professionals and health services, since the new rearrangements may not have a support network ⁽²⁵⁾.

There are protective factors in relation to the mental illness of those individuals, such as the family. It should be emphasized

that, in the sample studied in this study, venous ulcers of LL appear as an additional risk factor for the suffering and mental illness of those elderly people, since chronic conditions, such as venous ulcers, negatively affect the elderly's quality of life, and Depression is a risk factor for gloomy prognosis on chronic conditions and vice versa ⁽¹⁵⁾.

Mental suffering caused by depressive disorder, in the short or long term, can contribute to suicidal behavior, a growing phenomenon among older people ⁽¹⁵⁾. This reality requires the competencies and skills of the health professionals responsible for the care of the elderly patient at any stage of their care process from the first contact to the continuity of wound treatment, since depression can cause numerous losses to the healing and clinical evolution of those lesions, while the long healing of wounds can also potentiate depressive episodes in the elderly.

Conclusion

The sample studied allowed tracing a sociodemographic, clinical profile, a brief history of mental health and the characteristics of the chronic wounds of the elderly participants, in addition to verifying the occurrence of Depression in those individuals. In this sense, the participants were mostly women, brown, Catholic, with low level of education, low economic conditions, retired and living with their families.

The relationship between the median Geriatric Depression Score among the elderly and the etiology of wounds showed that those with venous wounds located in the lower limb presented higher Depression median score, and these elderly did not attend or do not attend psychiatrist and/or psychologist throughout their lives, although half presented symptoms suggestive of Depression according to GDS-15.

These data contribute to outpatient clinical practice, since professionals need to plan their health care based on scientific evidence. In this sense, outpatient care, screening and/or embracement should be attentive to the elderly

with wounds, especially those with venous etiology of LL, since studies increasingly show their important relationship for the onset of Depression or other emotional disorders. Moreover, it is expected to contribute to the scientific community since there are incipient studies that address the Mental Health of the elderly affected by chronic wounds. It is worth mentioning that the treatment of wounds needs to consider the context of life and the psychosocial and spiritual aspects of patients cared for, because it is believed in the correlation between these variables.

The limitations of this study were related to the small sample size, influenced by two factors: first to the data collection site, since the nature of the care offered requires prolonged time, often the elderly remain for weeks or months in wound treatment, which hinders the turnover of new patients in the service, so the number of elderly people in monthly care becomes low. Secondly, due to the Covid-19 Pandemic, it was necessary to interrupt data collection. Both situations limited the generalization of the population and hindered establishing the causal relationships between exposure and outcome, also due to the cross-sectional design, thus the importance of conducting other studies involving the theme, given its relevance to the elder health and the incipience of national data.

Collaborations:

1 – conception and planning of the project: Analine de Souza Bandeira Correia and Selene Cordeiro Vasconcelos;

2 – analysis and interpretation of data: Analine de Souza Bandeira Correia; Selene Cordeiro Vasconcelos and Camila Arruda de Queiroz Lombardi;

3 – writing and/or critical review: Analine de Souza Bandeira Correia; Selene Cordeiro Vasconcelos; Camila Arruda de Queiroz Lombardi; Amanda Trindade Pereira and Nilza Maria Cunha;

4 – approval of the final version: Analine de Souza Bandeira Correia; Selene Cordeiro

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