Abstract

Unfortunately, more and more elderly people around us, of our acquaintances and sometimes of our families are starting to face depression. The depression is a serious mental illness which disrupts a person’s emotional balance bringing a low quality of life. The old age brings an increased vulnerability in a person’s life experience! Elderly are more sensitive and more attentive to the details of their lives and the environment that surrounds them. Some specialists from Bethesda Public Health Institute warns that in 2020, the depression will be the second cause of global suffering, calculated for all ages. The scientific studies have shown that depression damages deeply the life of individuals. This study has two purposes: to examine the psychosocial factors which are generating depression at older people and also to discover the intra-personal perspective concerning the action of the psychosocial factors on the occurrence of depression in the elderly! The main objectives of the study are: to identify and also analyze the most significant factors leading elderly people to depression; to prioritize these significant factors as a pyramid, from the perspective of those directly affected by depression.

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1. Introduction

*MOTTO* "Loneliness and the feeling of not being wanted is the most terrible poverty" (Mother Teresa). We live in a modern world, civilized and advanced, but still full of sickness and suffering! We live in times of reversed values, abnormal tends to become more and more normal, abandonment within relationships is more and more present, parents abandon their children in orphanages and the adults abandon their old age parents in homes for elderly!

Depression begins to install for elderly without they even realizing this. Unfortunately, they suffer the full consequences of depression in their own lives which approach the Grand Final!

In such a time when more and more emphasis is on youth, beauty, on welfare and social position, more people began to minimize the old age and even to denigrate and blame it.

Depression is a mental disorder characterized by serious disruption of emotional equilibrium and by significant reduction in quality of life, is affecting the work and interpersonal relations within different times (Beck, 1970).
Depression, being a feeling of suffering and profound sadness negatively affects sleep, appetite, quality of life, self-esteem and attitude regarding own ambiance (Carp, 2001). Depressed person live more in the past than for today. In fact, present and future no longer exists for depressive.

OMS (WHO, 2004) estimated in 2004 that worldwide, 121 million people were affected by depression. According to international statistics, between 15% and 25% of the general population suffers from depressive episodes at least once throughout their lives. Specialists from Bethesda Public Health Institute warns that in 2020, depression will be the second cause of global suffering, calculated for all ages, after hypertension. Scientific studies have shown that depression deeply damaged individuals’ life.

Within the E. Pamfil Psychiatric Clinic from Timisoara (Eduard, 2007), a total of 481 cases from the total of 1204 hospitalizations during 2007 were elderly diagnosed with depression. Also in 2008, from 1st of January until March 19 persons were hospitalized 254 cases of which 92 were elderly patients diagnosed with depression.

2. The purpose of the study and working hypotheses

In this study we intended to offer a subjective perspective on psycho-social factors that lead to depression’s emergence among elderly, by following the degree in which the issues the older people face are acknowledged. Initial working assumptions were:

a. Retirement moment is recognized by literature as a precipitating factor for depression’s development to elderly. We assumed that retirement causes depression by reducing secondary social importance.

b. Multiple losses (loss of spouse, loss of adult child, loss of social status, health’s weakening) are a risk factor for depression’s development to elderly.

c. Poverty is seen as a heavy burden to carry due to existential insecurity which generates the lack of hope to overcome it.

d. Loneliness (caused by losses, social isolation, lack of social support, etc.) could be a factor in the emergence of depression.

3. Methodology

3.1. Research stages

The research presented below was performed in 3 stages:

(1). Qualitative phase during which 7 semi-structured interviews (covering life events and psycho-social factors) were conducted with elderly hospitalized at Psychiatry Clinic from Timisoara and Psychiatric Hospital from Gataia. Eleven keywords were pointed out which occurred in the speech of more than 4 out of 7 patients interviewed. A 40 items survey on psychosocial factors that lead to elderly depression was developed based on keywords.

(2). Pre-test phase aimed to determine acceptance and questions’ relevance for the survey. It was done by testing 10 elderly in the community with unknown psychiatric diagnoses. After pre-tests the number of survey items was reduced to 22.

(3). Testing phase was the final stage which took place on the 3 groups by applying the 2 research tools:
- Survey on psycho-social factors that lead to elderly depression;
- Beck scale for measuring depression, short form.

3.2. Population, groups

The population considered was elderly population (aged 55-75 years). The groups on which the research took place were:

(1). Depressed group - 50 people aged 55-75 years with a diagnosis of recurrent depressive disorder, hospitalized at Psychiatry Clinic from Timisoara and Psychiatric Hospital from Gataia:
(2). **Institutionalized group** - 50 people aged 55-75 years without psychiatric diagnosis recognized institutionalized in Day Home for Elderly in Timisoara;

(3). **Non-institutionalized group** - 50 elderly people living in the community and attending a day center for the elderly in Timisoara.

3.1. Research duration

**Qualitative and pre-test phases** took place during January 2008. **Testing stage** was conducted between February and April 2008. **Data analysis** was done in May 2008 by using SPSS 16 and EPI6. **Statistical analysis** was descriptive (frequencies presentation) and comparison (using $\chi^2$ test with significant differences $p < 0.005$). In order to test the significance of a risk factor presence was used Odd ratio (OR) with 95% confidence interval.

4. Results and Discussions

a. **Age** - groups’ distribution by age range is shown in Table 1.

Two age range has been established: 55-64 years and 65-74 years. The breakdown of age groups is: 41 depressed persons between 55 and 64 years old; 9 institutionalized persons between 55 and 64 years old, 12 non-institutionalized persons between 55 and 64 years old.

<table>
<thead>
<tr>
<th>Groups compared</th>
<th>$\chi^2$</th>
<th>$p$</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed - institutionalized</td>
<td>40.96 *</td>
<td>&lt;0.001 *</td>
<td>20.75 *</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6.76 &lt;OR &lt;66.90</td>
</tr>
<tr>
<td>Depressed - non-institutionalized</td>
<td>33.76 *</td>
<td>&lt;0.001 *</td>
<td>14.43 *</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4.98 &lt;OR &lt;43.45</td>
</tr>
<tr>
<td>Institutionalized - non-institutionalized</td>
<td>0.54</td>
<td>0.46</td>
<td>0.70</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0.24 &lt;OR &lt;1.41</td>
</tr>
</tbody>
</table>

We can distinguish that the batch of depressed persons found in psychiatric hospitals has a high proportion of age group between 55-64 years old, age which is still considered as an active one. It is likely that this is an expression of different attitude towards the depressive disorders at various ages, being more likely the depression to be treated in hospital at working age while tending to ambulatory treatment or ignoring it when the individual is older.

b. **Sex** – significance of differences in groups’ distribution by gender is shown in Table 2.

Composition of groups based on gender is: depressed women = 25 persons; institutionalized women = 38 persons, non-institutionalized women = 25 persons.

We observe the existence of an increased share of female population in the group of institutionalized patients, females being 3 times more affected by the risk of institutionalization.

<table>
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<th>$\chi^2$</th>
<th>$p$</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed - institutionalized</td>
<td>7.25 *</td>
<td>0.007 *</td>
<td>3.17 *</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.25 &lt;OR &lt;8.61</td>
</tr>
<tr>
<td>Depressed - non-institutionalized</td>
<td>0.00</td>
<td>1</td>
<td>0.42 &lt;OR &lt;2.36</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.17 *</td>
</tr>
<tr>
<td>Institutionalized - non-institutionalized</td>
<td>7.25 *</td>
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</tr>
</tbody>
</table>
c. Marital Status

There are differences between depressed persons groups, institutionalized groups and non-institutionalized, in terms of an increased percentage of married people within depressed group and a high proportion of widows within institutionalized and non-institutionalized groups. This is in relation to age group distribution of the lots.

d. The level of depression

depression’s levels in the 3 groups were determined by applying the Beck scale as shown in Figure No. 1.

![Chart no.1: Depression level for 3 groups](image)

We noticed that people institutionalized, although none of them were diagnosed with depression, levels of depression were similar to those hospitalized in psychiatric clinics. Comparing non-institutionalized persons with similar distributions by age group and marital status, institutionalized persons have an increased risk for the existence of moderate to severe depression - OR = 85.09 (16.11 <OR <602.16). This is explained by the institutionalization’s effects. According to depression’s level, people in the depressed and institutionalized groups declare more frequently the presence of suicidal thoughts than the ones in the non-institutionalized group ($\chi^2 = 15.76, p <0.001$, respectively $\chi^2 = 22.17, p <0.001$).

We have noticed significant deficits of coping mechanisms to institutionalized persons. 50% of them confirmed the lack of interest in any activity, while the allegation was made by 20% of depressive group and 2% by non-institutionalized group. For depressive persons spending time with family is an important coping mechanism, which is insufficiently considered by institutionalized persons. In a relatively balanced distribution, the non-institutionalized persons choose first of all to meet friends and neighbors and after to spend time with family and travel.

Regarding future expectations, almost 70% of institutionalized people want 'a smooth death', while the depressive persons’ rate is 22%. Non-institutionalized group did not choose any of the alternatives. Depressive persons and non-institutionalized want to be healthy significantly in a higher proportion compared with the institutionalized group. This shows a lack of desire to live, much more emphasized by institutionalized persons, even more than depressive group. We can assume that among institutionalized persons the lack of desire to live is not just a symptom of depression.

Another observation is related to the perception of depression as a current problem, which is absent in most people in the institutionalized batch, however, appear at the Beck depression questionnaire.

e. Retirement as a risk factor

The negative perception of retirement (‘burden’, ‘period with more hardships’) is more common in the depressed and institutionalized group. We may conclude that it constitutes a risk factor for the development of depression - OR = 3.81 (1.53 <OR <9.58) and OR = 11.96 (3.91 <OR <38.48).
In case of forced retirement, most people estimate to have negative impact ("depression", "status deprivation"). Only 20% of those not institutionalized and around 15% of depressed persons see positive aspects even in this situation ("a state of freedom"). Most people among all 3 groups define a person who is “ready for retirement” as “a person who understands that retirement is a normal stage of life”, in expense of positive feelings (“is looking forward to retiring “) or negative feelings (“still not reconciled to the idea of retirement”). This attitude shows that before retirement the individual goes through a resignation process, while the differences in attitude towards pension occurring in a later stage. Regarding the reasons that some people do not want to retire are relatively similar distributed within those 3 lots, in descending scale being: financial reasons, desire to be forever young and social status.

f. Losses as a risk factor

The losses considered were: loss of life partner, adult child loss, loss of social status and health weakening. Although all are recognized as important factors in generating depression by over 90% among the 3 groups, their hierarchy leads to differences between batches. Thus, those who think that the most important factor is the loss of life partner is the group of depressed and institutionalized persons - OR = 3.50 (1.04 <OR <12.41), meaning that a vulnerability is developing for depressive disorder at people who consider this loss as the most traumatic. Perhaps this is related to personality structure-dependent model, which is recognized as one of the risk factors for the development of depression. The loss of adult child is motivated as the main cause by the majority of people from all 3 groups (around 50%). Loss of social status is justified only by non-institutionalized and depressive persons, while the same groups claims more frequently the lost of health, but these differences are not enough to reach a statistical significance.

c. Poverty as a risk factor

Although over 90% of elderly in all groups indicates poverty as a risk factor for development of depression, despair or suicide and over 80% of them recognize the danger of impoverishment in old age, only 50% of institutionalized indicates difficulties materials such as a loss mental balance, the rest are attributed to losses at this age. The indication is significantly increased to depressive group, 75% accusing material difficulties. The perception for the entire lot of depressives is the need of help to overcome poverty and it is significantly higher (42 %), while among institutionalized and non-institutionalized people only 20% perceive this need. We assumed that this may be related to the age group of those lots, but this was not confirmed, due to similar proportions of help need by the age groups. In this situation, it is assumed that once the depression and psychiatric treatment are accepted, people begin to have an increased acceptance for other types of help.

d. Loneliness as a risk factor

32% of institutionalized persons and 40% of non-institutionalized established that loneliness is the main issue which affects their lives. The percentage is higher only for those who say that health problems are the main problem. For depressive group, the main problem recorder was depression. As causes of loneliness, depressives and institutionalized persons indicated predominantly as being the limitation of social relations, while non-institutionalized persons indicated the retirement and only after they considered the limitation of social relations. For depressive and institutionalized groups, another cause of loneliness is the absence of emotional relationships with family (either due to indifference or to the lack of it). Inside non-institutionalized group there is a significant percentage (over 70%) that has good relationships with family, compared to around 20% of depressive and institutionalized groups which have good relations with family. After testing the risk that persons with depression to have poor family relations, we obtained a clear meaning - OR = 12.53 (4.80 <OR <33.74).

5. Conclusions

- Institutionalization leads to depression, bringing limitation of social relations, loss of interest in various activities, thoughts being oriented toward death and even to suicide.
- Non-institutionalized persons (living with the family and attending a day center), are more optimistic than those institutionalized.
- Depressed elderly prefer the company of family and not multiple social relations.
• Retirement, particularly the forced retirement is perceived by old people as psycho-traumatic event. However, non-institutionalized persons are able to overcome and to consider this step as a freedom stage, as a rest period.
• The losses are widely regarded by all 3 groups as generators of depression. However, the ranking of their importance seem to indicate a common predisposing factor for development of depressive disorder and the type of loss indicated predominantly by people with depression is loss of spouse. A possible common factor for both it can be a dependent pattern of personality structure, but this feature has not been studied specifically in our research.
• Poverty is indicated as a risk factor for depression by over 90% of the studied persons. However there are differences between groups. While for people with advanced age the main reason for loss consists in loss of balance, for the depressed group, difficulties are in first place. Still, depressed people are seeking help to overcome the state of poverty and are not content with the negative impact of it.
• Loneliness is the second major problem of the older people’s existence due to retirement, limitation of social relations and bad emotional relationships with family. Regarding relations with family, we found a risk of 12 times higher for depressed persons to have poor relations with family. This indicates the important role of family in supporting the elderly who are subject to a sum of psycho-traumatized factors.

6. Recommendations

• Starting from the fact that institutionalized elderly suffer from depression without they indicate the presence of depression, we propose systematic actions for early detection to be carried out in homes for elderly, their drug treatment and group activities designed to keep elderly person as far away as possible from depression, or to reduce its level. We propose also prevention programs developing for depression of people over 55 years old that have the subject of risk factors for depression;
• Starting from the fact that older people living in the community and attending day care centers are not suffering from depression, we propose the adoption of some measures to avoid institutionalization of the elderly:
  • Support of families who take care for their old age members with risk of depression’s developing, in order to avoid erosion of their tolerance and abandonment of care;
  • Enactment of family type homes for elderly where the ones with no family to find a family atmosphere;
  • Establishment of new day care centers for elderly, so they are accessible to a large number of people;
• In order to identify factors which contribute to depression’s occurrence of persons institutionalized in public system, we plan a comparative research upon persons institutionalized in public asylum and persons institutionalized in private asylum, by following their quality of life, depression’s level and risk factors for depression.

References