

129 - EVALUATION OF DEPRESSION IN ELDERLY INSTITUTIONALIZED

LUIZ WILLIAM BARRETO WANDERLEY;
 KARLA FONSECA CAVALCANTI;
 JOÃO PESSOA – PB, BRASIL.
karlafcav@hotmail.com

doi:10.16887/86.a1.129

Introduction:

Ageing is not a unilateral process, but the sum of multiple processes, which involve aspects biopsicosociais. The psychological aspect is evidenced by a dynamic and complex process, influenced by individual factors that starts with the slow and progressive decline of individual skills (Meireles, 2010).

The elderly population has been growing sharply in developing countries in recent decades, due to factors such as the decrease in mortality and fertility rates and increasing life expectancy. This ageing population occurred differently between developed and underdeveloped and/or developing, generating profound impact on the way to see and treat that portion of the population. An adult who currently has 60 years will live on average 21.6 years more.

This way it is expected that in the year 2050 there will be two billion seniors over 60 in the world, six million in Chile and Brazil about 32 to 33 million (14% of the total population), putting Brazil in sixth place in the ranking of countries with the largest number of elderly (Rivera, 2012).

With the advancement of age there is greater likelihood of emergence of chronic-degenerative diseases and disorders of behavior. The depression, which is among the three most prevalent diseases in elderly age group along with dementia and delirium, being known as the 3 Ds of Geriatrics, according to the Ministry of health (Bruno, 2002). This way the care with this population parcel should be directed to maintaining functional capability, for independence, mobility and cognitive skills, especially for those living in Institutions of long stay (ILP) (Duncan, 2013).

The ILP is an establishment intended for people aged 60 and more, dependent or independent, which often has no way to stay with family or in your home and helpless. These institutions, known by various names – shelter, asylum, home, retirement home, geriatric clinic and ancionato – must provide services in the areas: social, medical, psychology, nursing, physiotherapy, occupational therapy, dentistry, and in other areas, as the needs of this age segment (Andrade, 2014).

The elderly in Institution of long stay, is separated from the family atmosphere and is taken to living with strangers, often isolated from the cultural topicality, besides being experiencing uncomfortable situation of abandonment, dependency and futility (Andrade, 2014).

Methodology:

This was a descriptive study of quanti-qualitative approach that was accomplished through field research, involving the search, the description and the exploitation of natural phenomena in scenarios where they usually happen (Polit, 2013).

In descriptive search if they observe, record, analyse and interpret the facts, without which the researcher make any kind of interference, i.e. the researcher studies the phenomena, but not the handles (About .2013).

Quanti-qualitative approach seeks to explore mixed methods, i.e. use concomitantly qualitative and quantitative techniques for understandings and explanation of certain phenomena and/or situations (Creswell, 2010).

The study was developed in a long stay for seniors, designed to shelter the elderly in alto sertão paraibano. The population was composed of seventeen elderly residents in that institution. The sample included 10 elderly chosen at random between those who make up the above-mentioned population who agreed to participate by signing of the deed of Enlightened consent. To conduct data collection was used the Geriatric Depression scale (EDG) reduced. This scale allows evaluation of 15 items that offer valid and reliable measures for assessing depressive disorders in the elderly. The scale of depression in geriatrics is being widely used in various countries, with indexes of reliability and validity considered suitable (Almeida, 1999).

Besides the Geriatric Depression scale were added to the data collection instrument three issues subjective, that allow the researcher greater understanding about depression in elderly institutionalized design. Subjective questions allow the interviewee expose your point of view any form from the interviewer tendenciamento (About .2013).

The data were analyses based on the literature relevant to the thematic evaluation scores were established for the existence of depressive disorders from items that comprise the Geriatric Depression scale. According to recommendations of the Ministry of health, each affirmative of the interviewee, adds a point. The evaluation was carried out by the following criteria: a score between 0 and 5 is considered normal, between 6 and 10 indicates mild depression and from 11 to 15 deemed severe depression (Brazil, 2006).

For analysis of subjective data was used the technique of speech Subject Collective (DSC)-shaped central ideas, which depict the expressions searched orchestrate keys, which enable the thought in summary form enabling the interpretation for formulation of results (Lefèvre and Lefèvre, 2000).

Analysis and discussion of results the elderly lodged the following characteristics: with respect to the variable age 6 (60%) of the sample was aged 81 to 90 years, 2 (20%) from 71 to 80 years, 1 (10%) between 61 and 70 years and 1 (10%) with age between 50 to 60 years. Although the national policy for the elderly to establish the age of 60 years or older to consider the elderly person, we include the age below this parameter because a sample of the population if autodefinia as elderly. Studies reveal that these data represent an important point in the elderly population at risk of becoming ill, and by the degree of dependency (Marin, 2012).

Regarding gender, 70% of the sample were female and male 30%. These results confirm the trend related to studies focused on elderly population in Brazil, noting that the number of elderly women has been higher when compared with men (Davim, 2014).

With regard to marital 60% 40% were unmarried and widows. The situation of widowhood is already expected in elderly living in Institution of long stay, because often are forwarded to such institutions for being alone and/or doesn't have conditions to continue alone, after the death of the spouse.

Already the single condition, also directs the elderly institutionalization, by not submitting more conditions live alone and do not have children, so only remains long stay institutions. The level of education presented as follows: 50% had elementary

incomplete, 30% were 20% were literate and illiterate. These percentages show the large number of people with little or no degree of schooling because the illiteracy in the elderly is present in the reality of developing countries, as an example the Brazil, especially when it comes to seniors who during his childhood education wasn't priority, particularly with respect to the woman (Borini, 2012).

The Geriatric Depression scale is a tool used for quick evaluation and identification of depressive disorders in the elderly. The analysis of the EDG is done through checksum scores associated with responses. For evaluation of the results should be considered the following criteria: score between 0 and 5 is considered normal, between 6 and 10 indicates mild depression and between 11 and 15 suggests severe depression. In the result of applying the EDG (table 1) elderly participants stood out in the following negative aspects: 90% feel useless, 80% are not satisfied with their lives, 80% prefer staying at home (institution) than go out and see new things, 60% think their life empty, 50% say they are upset with frequency and 50% feel helpless.

Regarding the positive points of EDG, noted that: 100% of elderly study participants claim to have hope and believe that their lives will improve and 80% of the sample think it is wonderful to be alive. The results indicate that survey feel optimistic about the future and find their lives exciting and wonderful, despite prevail with symptoms such as: feel less useful with advancing age, being more boring and unsatisfied with life, by seeing that people are better able than them, making them uncomfortable with things without great importance and with an empty intense.

Table 1. Geriatric Depression scale (EDG) source: Brazil, Ministry of health, 2006.

Geriatric Depression scale (GDS)	Yes	%	Not	%
1. Are you satisfied with your life?	02	20	08	80
2. Interrupted many of your activities?	03	30	07	70
3. Acha sua vida vazia?	06	60	04	40
4. Think your life empty?	05	50	05	50
5. Feel good about life in most of the time?	03	30	07	70
6. Afraid that something bad will happen?	03	30	07	70
7. Feels happy most of the time?	03	30	07	70
8. Sit helpless frequently?	05	50	05	50
9. Prefers to stay at home to leave and new things?	08	80	02	20
10. Think you have more memory problems than other people?	06	60	04	40
11. Think it is wonderful to be alive?	08	80	02	20
12. Feel useless?	09	90	01	10
13. Feel full of joy?	02	20	08	80
14. Feel hopeless?	-	-	10	100
15. Think others have more luck than you?	01	10	09	90

Other relevant aspects obtained by EDG varied according to table 1. Total sample, 60% reported present problems of memory more than other people, 50% have frequent annoyance, 30% discontinued its activities, 30% feel well with life, 30% fear a bad event, 30% feel – whether helpless, 20% feel joy most of the time, 20% are satisfied with life, 10% think that the other has more luck than he and none of the respondents (0%) submitted no hope.

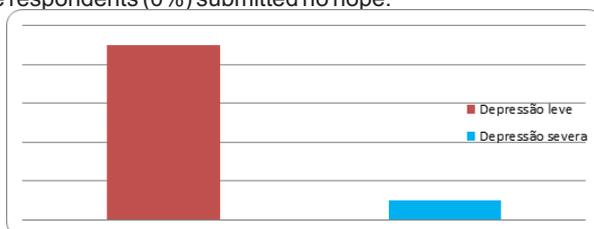


Figure 1. Distribution of the sample according to levels of depression from the EDG.

In accordance with the evaluation criteria of the Geriatric Depression scale, the following results were obtained: nine study participants, i.e. 90% of the sample showed signs of mild depression and one of them, which corresponds to 10% of the sample presented signs of severe depression, as shown in Figure 1. It was found that 100% of the sample studied submitted scores suggestive of some degree of depression. Note that use of EDG does not replace a diagnostic assessment performed by a mental health professional.

The mild depression, also known as depression subsindrômica, constitutes one of the major concerns of today. According to the authors, depressed patients do not present depressive symptoms light which fulfils the criteria for the diagnosis of a depressive framework, but have high risk of evolution for disorders of greater intensity and chronicity (Bruno, 2012).

This way it becomes apparent the need for periodic psychological assessment of this population group, as the early identification of depressive disorders may decrease the consequences and impacts generated by them in quality of life.

Table 1. Speech of Collective Subject in response to question: in your opinion, what factors influence in the development of depression in old age?

Idea central 1	Speech of Collective Subject
Lack of family structure	<i>[...] never had the affection and attention of my family, my children nor remember me visi t[...]oque me deixam a triste é não está perto da minha família [...]</i>
Idea central 1	Speech of Collective Subject
Loneliness	<i>[...] loneliness and death of close relatives is very sad [...]</i> <i>[...] loneliness, not have nobody to tal k [...]</i>

Through observation of the speeches we realized that to survey, the factors that most influence in the development of depressive frames in old age are related to the lack of a family structure that offers a suitable support to elderly and loneliness. The elderly have reported not receiving visits from family and occasionally strange people who go to collective institution for visits.

Table 2. Speech of Collective Subject in response to question: report an episode of his life that more brought sorrow.

Idea central 1	Speech of Collective Subject
Death in the family	<i>[...] What else brought sorrow for my life was the death of my parents and then I lost three brother s[...]I lost my only daughter in a car accident, has no more sorrow for a mother [...]</i>
Idea central 2	Speech of Collective Subject
Desprezo dos parentes	<i>[...]I was scorned by my parents when I was a child and now I was scorned by my two sons [...] Nobody wants to know if I am alive or if already died, both makes [...]</i>

More about the episode that brought sorrow for the life of survey participants, the situations involving death in the family and desprezos were the most raised. Older people say that these episodes were decisive, and even today reflect in their quality of life.

Quadro 3. Discurso do Sujeito Coletivo em resposta a questão: em sua opinião, qual o principal motivo o que levou a sua família a colocá-lo em uma instituição de longa permanência?

Idea central 1	Speech of Collective Subject
Falta de um cuidador	<i>[...] não tive filhos e por isso, não tem quem cuide de mim [...] tenho três filhos, mas nenhum deles quis cuidar de mim, por isso estou aqui [...]</i>
Idea central 2	Speech of Collective Subject
Financial difficulties	<i>[...]When we cannot afford to pay someone to take care of everybody, the shelter is the only solution [...]don't have a home, and the retirement money can not pay rent, food, medicine and someone to take care of people [...]</i>

Many of the elderly living in institutions of long stay claim does not have any known, responsible and good portion of them was abandoned by the family with the claim that would not have financial resources to provide them the necessary assistance. Thus it was found that the lack of a caregiver and financial problems were indicated as main causes leading to institutionalise the elderly.

Conclusions

During the realization of this study we were able to detect the presence of some degree of depression in all the institutionalized elderly, which relate to the removal of familiar conviviality and solitude. The results show that the death and contempt for family relatives were the reports that more prevailed in the collective discourse. Meet some characteristics of depression in this population doesn't mean being able to extrapolate the results to the ageing population in General, but you can set yourself up as a contribution to better know the depression, while a relevant epidemiological problem between the elderly living in institutions of long stay. On the basis of data obtained, it is possible to say that this study reinforces results of previous studies, where he observed that the issues concerning the development of depressive disorders in elderly institutionalized is superior compared to seniors who maintains the family and social acquaintances.

It is important to remember that this study reflects a local reality of an institution of long stay for seniors of the municipality of Cajazeiras-PB, but presents commonalities with studies in different cities and/or regions of the country in relation to the theme addressed. It also Suggests that other works are undertaken with the intent to develop prevention programmes and protecting the health of elderly who live in shelters, to avoid such a high prevalence of depression. It is believed that this study can act as a source of information for developing professional training strategies and implementations that improve the quality of life of the population studied and minimize the impacts of depression among them.

REFERENCES

- Almeida, O.P.; Almeida S. A. Confiabilidade da versão brasileira da Escala de Depressão em Geriatria (GDS) versão reduzida. *Rev de Psiquiatria Clínica*. 1999; 57(2): 85-91.
- Andrade, A. C. A. de, Lima FRA de, Silva LFA e, Santos SSC. Depressão em idosos de uma instituição de longa permanência (ILP): proposta de ação de enfermagem. *Rev Gaúcha Enfermagem*. 2014; 26(1): 57-66.
- Borini, M. L.O.; Cintra F. A. Representações sociais da participação em atividades de lazer em grupos da terceira idade. *Rev Bras Enfermagem*. 2002 55(5): 568-74.
- Brasil, Ministério da Saúde. Portaria 687/GM, de 30 de março de 2006. Política nacional de promoção da saúde. Brasília, 2012.
- Bruno, C.T. da S, Marques MB, Silva MJ da. Transtornos depressivos em idosos : o contexto social e ambiente como geradores. *Rev RENE*. 2012; 7(1): 263-67.
- Creswell, J. W. Projeto de pesquisa: métodos qualitativo, quantitativo e misto. 2 ed. Porto Alegre: Artmed, 2010.
- Davim, R. M. B.; Torres G. V. Dantas S. M. M. L.; Estudo com idosos de instituições asilares no município de Natal/RN: características socioeconômicas e de saúde. *Rev Latino-Am. Enfermagem*. 2004 12(3): 518-24.
- Duncan, B. B. et al. Medicina ambulatorial: condutas de atenção primária baseadas em evidências. 3 ed. Porto Alegre: Artmed, 2014.
- Lefèvre F, Lefèvre A.M.C. Princípios básicos e conceitos fundamentais do sujeito coletivo. Caxias do Sul: EDVSS, 2000.
- Marin, M. J. S.; Angerani E. L. S. Caracterização de um grupo de idosas hospitalizadas e seus cuidadores visando o cuidado pós-alta hospitalar. *Rev Esc Enfermagem USP*. 2012; 36(1): 33-41.
- Meireles, M. E. Atividade física na terceira idade. 3 ed. Rio de Janeiro: SPRINT, 2010.
- Polit, F.P, Beck C. T, Hungler BP. Fundamentos de pesquisa em Enfermagem: métodos, avaliação e utilização. 5 ed. Porto Alegre: Artmed, 2013.
- Prestes, M. L. M. A pesquisa e a construção do conhecimento: do planejamento aos textos, da escola a academia. 2 ed. São Paulo: Rêspel, 2013.
- Rivera, C. D. Depressión geriátrica y trastornos cognitivos. *Rev Hosp Clín Univ Chile*. 2012; 19 : 339-46.

LUIZ WILLIAM BARRETO WANDERLEY - ENDEREÇO: Avenida Maria Rosa nº 1661 apto. 102,

Manaira; Ed. Fairmont - CEP: 58038 – 461 João Pessoa-PB

EVALUATION OF DEPRESSION IN ELDERLY INSTITUTIONALIZED ABSTRACT

Depression is defined as a common response to health problems and is often a problem subdiagnosticado in patient population. People may become depressed as a result of injury or illness may be suffering due to a previous or loss can browse healthcare for treating somatic complaints, which constitute the bodily manifestations of depression. The objective of this study was to verify the prevalence of depressive disorders in elderly institutionalized and identify the factors that influence in the development of depression among this population group. This is a descriptive study with a quantitative-qualitative approach. The same study site had as an institution of long stay in alto sertão paraibano. The data obtained were analyzed from the assessment of the Geriatric Depression scale and technique of speech Subject collective. The results showed that all study participants had some degree of depression and what factors as loneliness and death of loved ones directly influenced the development of such condition. This way, we emphasize the need for an ongoing evaluation of elderly residents in these institutions, by professionals qualified to identify potential affective disorders. Concluded on the basis of data obtained the studied population presents with a mild depression (90%) and only 10% has a severe depression. The factors that most influence in the development of depression are: lack of family structure, loneliness, death in the family, contempt of relatives, lack of a caregiver and financial difficulties.

KEYWORDS: depression; elderly; institutionalization.

ÉVALUATION DE LA DÉPRESSION CHEZ LES PERSONNES ÂGÉES INSTITUTIONNALISÉES RÉSUMÉ

La dépression est définie comme une réponse commune aux problèmes de santé et, souvent, est un problème subdiagnosticado sur la population de patients. Les gens peuvent devenir déprimés en raison de la blessure ou maladie peut être la souffrance due à une perte précédente ou pouvez rechercher des soins de santé traiter les plaintes somatiques, qui sont les manifestations physiques de la dépression. Le but de cette étude était de vérifier la prévalence des troubles dépressifs chez les personnes âgées institutionnalisées et d'identifier les facteurs qui influencent le développement de la dépression parmi ce groupe de population. Il s'agit d'une étude descriptive à une approche quantitative et qualitative. Le même site de l'étude avait une institution de longues permanences dans paraibano haute. Les données obtenues ont été analysées à partir de l'évaluation de l'échelle de dépression gériatrique et la technique du discours sujet collectif. Les résultats ont montré que tous étudient des participants ont montré une certaine dépression et que des facteurs tels que la solitude et la mort de leurs proches directement influencé le développement de cette condition. Par conséquent, nous insistons sur la nécessité d'une évaluation continue des personnes âgées vivant dans ces établissements, par des professionnels qualifiés pour identifier de possibles troubles affectifs. Nous concluons sur la base de données obtenues à partir de la présente étude de population avec une dépression légère (90 %) et seulement 10 % présente une dépression sévère. Les facteurs que la plupart d'influencer le développement de la dépression sont : manque de structure de la famille, solitude, mort dans la famille, le mépris pour les parents, le manque d'aide familiale et les difficultés financières.

MOTS-CLÉS : dépression ; personnes âgées ; institutionnalisation.

EVALUACIÓN DE LA DEPRESIÓN EN ANCIANOS INSTITUCIONALIZADOS RESUMEN

La depresión se define como una respuesta común a los problemas de salud y, frecuentemente, es un problema subdiagnosticado en población de pacientes. Personas pueden deprimirse como resultado de lesión o enfermedad puede estar sufriendo debido a una pérdida anterior o puede buscar atención médica tratar las quejas somáticas, que son las manifestaciones corporales de la depresión. El objetivo de este estudio fue comprobar la prevalencia de trastornos depresivos en ancianos institucionalizados e identificar los factores que influyen en el desarrollo de depresión en este grupo de población. Se trata de un estudio descriptivo con enfoque cuantitativo y cualitativo. El mismo sitio de estudio tenía una institución de larga permanencia en alta paraibano. Se analizaron los datos obtenidos de la evaluación de la escala de depresión geriátrica y la técnica del discurso del sujeto colectivo. Los resultados mostraron que todos los participantes mostraban algún grado de depresión del estudio y que factores como la soledad y la muerte de sus seres queridos directamente influyeron en el desarrollo de esta condición. Por lo tanto, hacemos hincapié en la necesidad de una evaluación continua de las personas mayores que viven en dichas instituciones, de profesionales capacitados para identificar posibles trastornos afectivos. Se concluye sobre la base de datos obtenidos de los registros de la población de estudio con una depresión leve (90%) y sólo el 10% presenta una depresión severa. Los factores que más influyen en el desarrollo de la depresión son: falta de estructura familiar, soledad, muerte en la familia, desprecio por familiares, la falta de un cuidador y dificultades financieras.

PALABRAS CLAVE: depresión; personas de edad avanzada; institucionalización.

AVALIAÇÃO DA DEPRESSÃO EM IDOSOS INSTITUCIONALIZADOS RESUMO

A depressão é definida como uma resposta comum aos problemas de saúde e, com frequência, é um problema subdiagnosticado na população de pacientes. As pessoas podem se tornar deprimidas em consequência de lesão ou doença pode estar sofrendo devido a uma perda anterior ou podem procurar os cuidados de saúde para tratar queixas somáticas, que constituem as manifestações corporais da depressão. O objetivo desse estudo foi verificar a prevalência de transtornos depressivos em idosos institucionalizados e identificar os fatores que influenciam no desenvolvimento da depressão entre esse grupo populacional. Trata-se de um estudo descritivo com abordagem quanti-qualitativa. O mesmo teve como local de estudo uma instituição de longa permanência no alto sertão paraibano. Os dados obtidos foram analisados a partir da avaliação da Escala de Depressão Geriátrica e da técnica do Discurso de Sujeito Coletivo. Os resultados alcançados demonstraram que todos os participantes do estudo apresentavam algum grau de depressão e que fatores como solidão e morte de pessoas queridas influenciaram diretamente no desenvolvimento de tal condição. Desse modo, ressaltamos a necessidade de uma avaliação contínua dos idosos residentes nessas instituições, por profissionais habilitados a identificar possíveis transtornos afetivos. Concluímos com base nos dados obtidos a população estudada se apresenta com uma leve depressão (90%) e apenas 10% apresenta uma depressão severa. Os fatores que mais influenciam no desenvolvimento da depressão são: falta de estrutura familiar, solidão, morte na família, desprezo dos parentes, falta de um cuidador e dificuldades financeiras.

PALAVRAS-CHAVE: depressão; idoso; institucionalização.