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PERFIL SOCIODEMOGRÁFICO DA DEPRESSÃO EM IDOSOS NO BRASIL: REVISÃO INTEGRATIVA
SOCIODEMOGRAPHIC PROFILE OF DEPRESSION IN THE ELDERLY IN BRASIL: INTEGRATIVE REVIEW
PERFIL SOCIODEMOGRÁFICO DE LA DEPRESIÓN EN LOS ANCIANOS EN BRASIL: REVISIÓN INTEGRADORA

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RESUMO

Introdução: A prevalência de sintomas depressivos clinicamente significativos em idosos é elevada, sendo essencial que os profissionais de saúde conheçam o perfil dominante desta entidade nosológica.

Objetivos: Identificar na literatura, o perfil sócio-demográfico de idosos acometidos por depressão nos anos de 2002 a 2016.

Métodos: Revisão integrativa da literatura, realizada nas bases de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) e Scientific Electronic Library Online (SciELO), utilizando os descritores: depressão, idosos e geriatria.

Resultados: A prevalência da doença depressiva afeta significativamente o sexo feminino (90%), com idade acima de 60 anos. O perfil sócio demográfico, identifica idosos da cor branca, solteiros, católicos, analfabetos, de nível econômico médio, havendo procedência familiar. O uso de drogas ilícitas e lícitas e alto índice de déficit cognitivo, são também características prevalentes no perfil de um idoso com depressão.

Conclusões: No decorrer dos últimos anos a população idosa vem mostrando um aumento de doenças mentais, dentre elas a depressão, merecendo portanto, uma atenção mais qualificada e humanizada por parte da equipe de saúde, com o objetivo de diminuir os índices de transtornos mentais em idosos.

Palavras chave: depressão; idosos; geriatria.

ABSTRACT

Introduction: The prevalence of clinically significant depressive symptoms in the elderly is high. Therefore, it is essential that health professionals know the dominant profile of this nosological entity.

Objectives: To identify in the literature, the sociodemographic profile of elderly people affected by depression between 2002 and 2016.

Methods: Integrative literature review, carried out in the Latin American and Caribbean Health Sciences (LILACS) and Scientific Electronic Library Online (SciELO) databases, using the descriptors: depression, the elderly and geriatrics.

Results: The prevalence of depressive illness significantly affects females (90%), aged over 60. The socio-demographic profile identifies white elderly, single, Catholic, illiterate, of medium economic level, with a family history. The use of illicit and licit drugs and a high rate of cognitive deficit are also prevalent characteristics in the profile of an elderly person with depression.

Conclusions: Over the past few years, the elderly population has been showing an increase in mental illnesses, including depression. This, therefore, deserves more qualified and humanized attention by the health team, with the aim of reducing the rates of mental disorders in the elderly.

Keywords: depression; seniors; geriatrics.

RESUMEN

Introducción: La prevalencia de síntomas depresivos clínicamente significativos en los ancianos es alta y es esencial que los profesionales de la salud conozcan el perfil dominante de esta entidad nosológica.

Objetivos: Identificar en la literatura el perfil sociodemográfico de las personas mayores afectadas por la depresión en los años 2002 a 2016.

Métodos: Revisión de la literatura, realizada en las bases de datos de Literatura Latino-Americana y del Caribe en Ciencias de la Salud (LILACS) y Scientific Electronic Library Online (SciELO), utilizando los descriptores: depresión, ancianos y geriatría.

Resultados: La prevalencia de la enfermedad depresiva afecta significativamente a las mujeres (90%), mayores de 60 años. El perfil sociodemográfico identifica a los ancianos blancos, solteros, católicos, analfabetos, de nivel económico medio, con origen familiar. El uso de drogas ilícitas y lícitas y una alta tasa de déficit cognitivo también son características prevalentes en el perfil de una persona mayor con depresión.

Conclusiones: En los últimos años, la población de edad avanzada ha mostrado un aumento de las enfermedades mentales, incluida la depresión, que merece, por lo tanto, una atención más calificada y humanizada por parte del equipo de salud, con el objetivo de reducir las tasas de trastornos mentales en los ancianos.

Palabras Clave: depresión; ancianos; geriatría.

INTRODUCTION

There is a subjective emotion with a universal dimension among human feelings called sadness, which people experience at times throughout life, due to conflicts, frustrations, disappointments, failures and loss. Under certain circumstances, it is normal for the individual to have a feeling of sadness. However, if this sadness lasts a long time, a psychic illness associated with mood disorder, called depression, may arise. This constitutes a common mental illness and is very common in elderly people, due to the implications it has on the elderly's entire organism (Fonseca, Coutinho, & Azevedo, 2018; Tier, Lunardi, & Santos, 2008).

Depression has become a serious public health issue as demonstrated through consultations in primary care, accounting for approximately 10% of all consultations. It affects about 154 million people worldwide, and may grow in the coming years (Silva, Furegato, & Júnior, 2003; Lima, Ramos, Bezerra, Rocha, Batista, & Pinheiro, 2016).

The person with depression can be anywhere, but the depressed individual may not see a doctor due to the symptoms of depression themselves, such as lack of energy, indecision, insecurity and guilt (Silva, Furegato, & Júnior, 2003).

With the increase in the number of elderly people in the population, a geriatric approach has begun to be planned, focused on the problems involving this age group. The elderly person goes through situations of continuous losses for a significant decrease in mood (Ferrari, & Dalacorte, 2007; Silva, Silva, Lopes, & Silva, 2010).

In this context, depression has become the most common emotional and mental health issue for the elderly population with a negative impact on all aspects of life. Being a common mental illness in individuals in old age, it is associated with a high degree of psychological distress (Stella, Gobi, Corazza, & Costa, 2010).

Feelings of disappointment are present throughout life and the subject's own history is marked by progressive losses such as: the loss of a partner, affective bonds and the ability to work. Moreover, abandonment, social isolation, inability to re-engage in a productive activity, the absence of a social return on scholarly investment, a retirement that undermines the minimum resources for survival, are factors that compromise quality of life predisposing the elderly to the development of depression (Pacheco, 2002).

The main characteristic of depression is lasting sadness; however, depressed mood or sadness are not essential for health professionals to complete their diagnosis of depressive syndrome, especially in the elderly, as they have difficulty verbalizing sadness and may report symptoms such as irritability, lack of feelings and emotions, guilt, helplessness, loss of interest or pleasure in activities that were previously considered pleasurable (Ferrari, & Dalacorte, 2007).

Depression in old age is treatable, but diagnosis can be challenging, as it is commonly associated with a variety of physical disorders and cognitive impairments. People over 60 usually complain of difficulties with memory and other cognitive skills, especially when comparing their current performance with that of the past (Ferrari, & Dalacorte, 2007; Ávila, 2006).

The diagnosis of mental disorders requires a concern to favour and strengthen epidemiological research, in which it is found that depression is a very common syndrome that can cause several impacts on the life of the elderly, including suffering and damage to social performance (Garcia, Passos, Campo, Pinheiro, Barroso, Coutinho, Mesquita, Alves, & Franco, 2006).

Depressed elderly people become dissatisfied with life, and there is a decline in their lifestyles, as well as a reduction in their socioeconomic level when they are unable to work or become dependent on someone, affecting their quality of life. Despite their significant clinical relevance, depressive symptoms in the elderly are seldom assessed/verified and appreciated by health professionals (Oliveira, & Gomes Oliveira, 2006; Sousa, Medeiros, Moura, Souza, & Moreira, 2007).

Having set out the theoretical framework on the problem and what results from it, our aim is to: identify the socio-demographic profile of elderly people affected by depression in the literature between 2002 and 2016.

1. METHODS

1.1 Study type

This is an integrative literature review, carried out in the Latin American and Caribbean Literature in Health Sciences databases (LILACS); Google Scholar and the Scientific Electronic Library Online (SciELO), using the following descriptors: depression, the elderly and geriatrics. Articles, reviews and dissertations were the types of studies considered written in Portuguese, English and Spanish and published in the years 2002 to 2016. The collection of studies was carried out in the months of August/September 2017, using the instrument adapted from Ursi (2005) which includes the title of the study, the year, the main results and conclusions. This defines the data extracted and analysed with the aim of categorizing and organizing the information.

The inclusion criteria were: articles published in the databases described in the years 2002 to 2017, available in English, Portuguese and Spanish, with specific research on the elderly population and focused on the topic of depression. Articles describing cases with more than one mental illness other than depression, which had little information about the disease, which did not address the elderly population, and articles without databases were excluded.

1.2 Sample Corpus

207 articles were found, but in the first analysis, considering their adequacy to the objectives of our review, only 52 were selected. After applying the inclusion and exclusion criteria, 41 were selected. After checking the conformity using the method used by URSI, 20 articles remained that served as support for the formulation of the review.

2. RESULTS

With regards to gender, the articles selected indicate a higher prevalence among females (equivalent to 90%) of elderly people affected by depression.

After retirement, men showed more depressive symptoms than women, who confront the life of unpaid work more positively than men. Black, poor and illiterate women did not show symptoms of depression. The subjects, men and women, who had a strict formal education and in line with family education, tended to attribute more value to salaried work and to present more depressive symptoms in its absence (Pacheco, 2002).

A survey revealed that health professionals report having knowledge about depression, however, in individual analyses, the results indicate that these professionals are not in direct contact and do not know how to identify depressed patients, do not observe indicators suggestive of depression in the patients they care for. nor do they understand that it is a function of their responsibility to perform this identification (Silva, Furegato, & Júnior, 2003).

There are several causes of depressive symptoms, which may be linked to biological, psychological or social factors. Some diseases, such as cancer or infectious diseases, alcohol abuse, the loss of close people or property. The use of some medications can also cause depressive symptoms. Treatment is carried out through psychotherapy and medications, which have undergone a significant evolution over the past few years (Ferreira, & Melo, 2017).

Depression is characterised by including a vast number of components, where genetic factors act, as well as events in their trajectory of life, such as mourning, abandonment and disabling diseases, highlighting the loss of quality of life associated with social isolation and the emergence of severe clinical diseases. As a consequence, loss of quality of life, interest in daily activities, impairment of the individual's functionality, the distancing of loved ones, and not having the contribution of a specific treatment, culminates in the final stage of depression: suicide (Stella, Gobi, Corazza, & Costa, 2010).

It was also observed that *life events* and marital status affect depressive symptoms. Being married contributes to a decrease in depressive symptoms, while not living with a spouse substantially increases the number of depressive symptoms. (Ramos, 2007). Depression, being a multifactorial disease, can help to increase the destructibility of other morbidities, which require the functional capacity of the elderly. Therefore, the health professional must be able to know the signs and symptoms of this pathology and perform treatment as early as possible (Matias, Fonseca, Gomes, & Matos, 2016).

The causes of depression arise from bio-psycho-social factors, which can affect any individual at any stage of life, especially in old age. The biological cause is the presence of depression in other family members. Predisposing factors considered from psychological causes: is the fact of becoming ill due to the death of a significant person. The social causes related to job loss, divorce in the family, quarrels and as a result of family abandonment (Coutinho, Gontiés, Araújo, & Sá, 2003).

3. DISCUSSION

Depression is a common condition in the elderly, especially in women, and its cause is multifactorial. In the study by Ferrari and Dalacorte (2007), with 50 patients, 16 (32%) were male and 34 (68%) female. Of the total number of patients, 19 (38%) reported sadness when asked and 31 (62%) denied the symptom. Depression in the elderly is a serious and growing public health problem evidenced in several studies, which reported several factors, suggesting it has multifactorial causes. (Ferrari, & Dalacorte, 2007).

Other studies conducted with 60 elderly people in the Chilean community found that 51.67% had depression and the elderly population studied were aged between 67 and 82 years, 53.3% were female 33.3% were illiterate and 70% were married. The fact that depression affects females to a greater extent, may stem from cultural aspects associated with gender, as women seek out assistance for their health problems more readily and more openly express their feelings. These are signs and characteristics that can lead to the causes and consequences of psychological illness (José Juárez, Angélica, & Vicky, 2012; Nogueira, Rubin, Giacobbo, Gomes, & Neto, 2014).

The results obtained by Silva, Silva Lopes e Silva (2010), showed that health professionals have little knowledge about depressive disorder, which may make early and qualified treatment by the health team difficult, causing serious consequences to patients, as treatment requires drug therapy, in order to control depressive symptoms, with the aid of rehabilitation in the social context and the subsequent improvement to quality of life.

The aim of treatment is to reduce psychological distress caused by depression, reducing the risk of suicide and improving the general condition of the elderly person. Psychotherapy and psychopharmacological intervention stand out as treatment strategies (Silva, Silva, Lopes, & Silva, 2010).

The causes of depression in the elderly are multifactorial and its consequences are disastrous. The lack of physical activity, being unmarried, loss of family life, chronic diseases, among others, are factors that can trigger the appearance of depressive signs and symptoms. The elderly can develop the following as causes of depression: their existential condition, which becomes problematic; the depression that occurs as a reaction to a traumatic situation; depression related with personality; endogenous depression, in this case the individual ages and remains depressed; pathological and degenerative states, typical of age, called reactive depression to the organic condition, facilitate the development of depression (Silva, Silva, Lopes, & Silva, 2010).

When identifying the socio-demographic profile of the elderly with depression, the following is found: predominance in the female sex, aged over 60, white, unmarried, catholic, illiterate, having an average economic level, with a family history of the condition and illicit and licit drug use, with a high incidence of cognitive deficit.

Depression is one of the main mental health problems, characterised by symptoms such as sadness, hopelessness, apathy, indifference, disinterest, in addition to physical symptoms, such as changes in sleep and appetite. This disease can affect people of all age groups; however, the elderly require special attention when compared to younger people, due to the risks that advanced age can bring (Ferreira, & Melo, 2017).

The prevalence of clinically significant depressive symptoms in the elderly during hospitalization is high. They have an adjustment reaction due to the hospitalisation itself, the greater severity of their disease and the possible threat of death. For this adaptation, the elderly go through several stages up to acceptance (Sousa-Muñoz, Junior, Nascimento, Garcia, & Moreira, 2013). Based on this premise, health professionals have started to adopt a different perspective on mental disorders in the elderly population, since they constitute a vulnerable public for pathological disorders.

Consequently, studies on the aging population generally focus on demographic, socioeconomic, social security and physical health aspects, but do not pay attention to the emotional health and the wealth of feelings in the elderly.

In this sense, it is of fundamental importance to know possible comorbidities that may be associated with depression, guaranteeing health professionals an effective and quality service, preventing exacerbations and promoting the health of the elderly (Lima, Ramos, Bezerra, Rocha, Batista, & Pinheiro 2016).

When identifying the elderly patient with depression, the multidisciplinary team must be informed so that treatment can be established. By establishing goals, listening, interacting in order to make the elderly aware of their role in the treatment, in the elimination or alleviation of symptoms, the perceptual coexistence relationship between the professional and the patient during the treatment, will enable the individual understand the intentions of the health professionals and perceive them as allies (Silva, Sousa, Ferreira, & Peixoto, 2012).

Treatment is mainly through medication. Since each medication has its own specificity, therefore, each patient must be examined and diagnosed through previous evaluations by trained professionals for later provision of the correct type of medication for an effective treatment (Ferreira, & Melo, 2017).

CONCLUSIONS

This study presents depression in the elderly as a highly important clinical situation, showing the predominance of the disease in the aged population. As it is the main mental illness among the elderly, it has social and individual repercussions, affects social life, prevents a satisfactory life routine and affects the individuals' functional capacity.

From the research carried out, it appears that the majority of studies on the elderly population are centred on the aging process and generally focus on demographic and socio-economic aspects, social security and physical health, leaving aside the elderly's emotional health and feelings. Based on this premise, we concluded that there is a lack of attention on the part of the health team towards the elderly. Therefore, since depression is an increasingly emerging disease in the elderly, it is necessary to operationalize health plans aimed at promoting the mental health of the elderly as a priority.

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CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

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