

PREVALENCE OF GERIATRIC DEPRESSION IN SHKODRA DISTRICT

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Abstract

Aim: Geriatric Depression is a mental and emotional disorder that affects the elderly. The aim of this study is to measure the degree of depression (GDS) and if are relations between age, gender, education, socio-economic level, place of residence, civil status with depression level.

Material and methods: this is a transversal, cross-sectional study developed during June 2017-October 2017. The populations that have attended our study were 200 people older than 60 years. A Short Form GDS consisting of 15 questions was developed in 1986. All data collected were analyzed using SPSS Version19 and Microsoft Office Excel 2010.

Conclusions: From the data analysis, 28% of the elderly did not have depression, 49% of them had mild depression, 16% had moderate depression and 7% had severe depression. Most elderly people experienced some of the major symptoms of depression such as: withdrawal, stuttering, feelings of invalidity, pessimism, and a sense of distress.

Key words: depression, geriatrics, GDS, prevalence, Shkoder.

Conflict of interest: None.

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INTRODUCTION

Geriatric Depression is a mental and emotional disorder that affects the elderly. (Timothy, J. Legg, 2017) Because of its destructive consequences, end-of-life depression is an important public health problem. Biological, social and psychological factors play a depressing role in the elderly. The World Health Organization estimated that the overall prevalence rate of depressive disorders among the elderly generally varies from 10 to 20%. (WHO 2004). The depression is accompanied by increased risk of morbidity, increased risk of suicide, reduced physical, cognitive and social functioning, as well as greater self-neglect, all associated with rising mortality. (Blazer DG. 2003). At the same time, contrary to ordinary perception, major depression appears to be less frequent in older adults than at early ages. (Hasin *et al.*, 2005).

In Albania a study in 2016 evidence that 1 of 4 geriatrics people have problems with depression. The female were more risked than male from depression. (ishp.gov.al.2016). Retirement, abandonment by children or lack of physical activity are some of the factors that have affected this type of mental disorder.

From the research it appears that the most vulnerable in our country are the elderly who do not live with their children and who have long since not belong to them. The data show that in

Albania, compared with Western countries, the number of elderly people affected by depression is almost four times higher, indicating an alarming situation.

Within the importance and weight that this mental disorder affecting the elderly, we thought to conducted a transverse study to assess the prevalence of depression in the elderly and its determinants in the Shkodra district.

MATERIAL AND METHODS

We realized a transversal study 200 elderly people have attended our study. Their age was older than 60 years. The study was conducted in Shkodra district on June 2017-October 2017. The elderly underwent a questionnaire with 15 short closed questions. The purpose of this questionnaire was to measure the degree of depression (GDS). The Geriatric Depression Scale (GDS), first created by Yesavage *et al.*, (1986) has been tested and used extensively with the older population. The GDS Long Form is a brief, 30-item questionnaire in which participants are asked to respond by answering yes or no in reference to how they felt over the past week. A Short Form GDS consisting of 15 questions was developed in 1986. Scores of 0-4 are considered normal, depending on age, education, and complaints; 5-8 indicate mild depression; 9-11 indicate moderate depression; and 12-15 indicate severe depression. We analyzed data using SPSS vs. 19 and Excel to determine the prevalence of depression and to analyze the distribution of independent and dependent variables. Also we analyzed the relationship between depression (dependent variables) and age, gender, education, civil status, economic status, residence.

RESULTS AND DISCUSSION

In our study 60% were women and 40% men, 4% of respondents have had higher education, 19% primary education, 29% secondary education and the majority of them, 48% have had eight years of education. The socio-economic level was concerned in this way: 9% high, 29% low and 62% medium. The civil status was distributed in this way: 2% of interviewers were single, 40% widowed and 58% married.

Table 1. Answer distribution

	Yes	No
1. Are you basically satisfied with your life?	139(69%)	61(31%)
2. Have you dropped many of your activities and interests?	134(67%)	66(33%)
3. Do you feel that your life is empty?	61(31%)	139(69%)
4. Do you often get bored?	117(59%)	83(41%)
5. Are you in good spirits most of the time?	120(60%)	80(40%)
6. Are you afraid that something bad is going to happen to you?	85(43%)	115(57%)
7. Do you feel happy most of the time?	93(46%)	107(54%)
8. Do you often feel helpless?	116(58%)	84(42%)
9. Do you prefer to stay at home, rather than going out and doing new things?	89(45%)	111(55%)
10. Do you feel you have more problems with memory than most?	56(28%)	144(72%)
11. Do you think it is wonderful to be alive now?	156(78%)	44(22%)
12. Do you feel pretty worthless the way you are now?	64(32%)	136(68%)
13. Do you feel full of energy?	73(36%)	127(64%)
14. Do you feel that your situation is hopeless?	79(40%)	121(60%)
15. Do you think that most people are better off than you are?	101(51%)	99(49%)

As to the first question whether they were generally satisfied with life we see that 69% responded that they were happy with their lives and 31% answered they were not happy with their life. The question about activities and interests if they had given up as a result of the age 67% said they had given up and 33% said they had not given up on their activities. As we may see, most of them experienced the withdrawal symptom, one of the major symptoms associated with geriatric depression. 69% of the elderly responded that they did not feel their life was empty and 31% of them replied that they felt as if their life was empty.

From the data analysis, 28% of the elderly did not have depression, 49% of them had mild depression, 16% had moderate depression and 7% had severe depression.

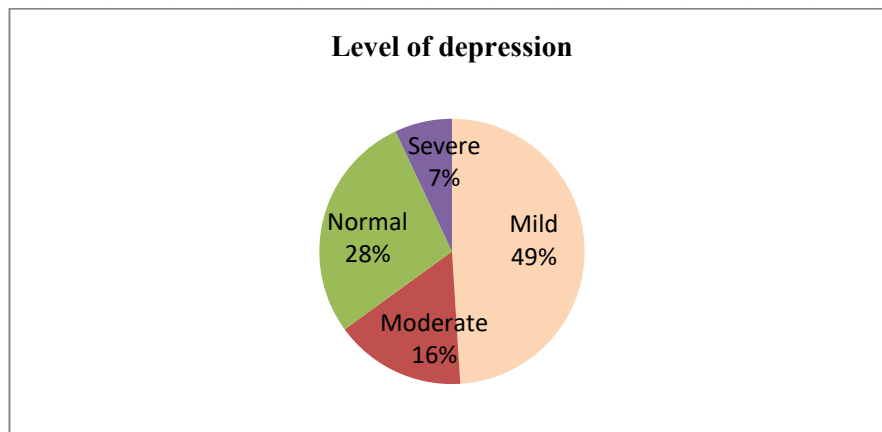


Figure 1. Level of depression distribution

From the table we see that $p = 0.001$ is smaller than 0.05 and with this we can say that we have a relationship between age and level of depression and this relationship is significant. So we reject the hypothesis of zero and accept that alternative. The Person's coefficient resulted in $+0.272$ indicating that the age-to-depression relationship is also poorly correlated, which means increase of the age increase also the depression. Compared to other studies that have been carried out to evaluate this relationship between these two variables, they have come to the same conclusion that there is a correlation between them (Blazer 2003).

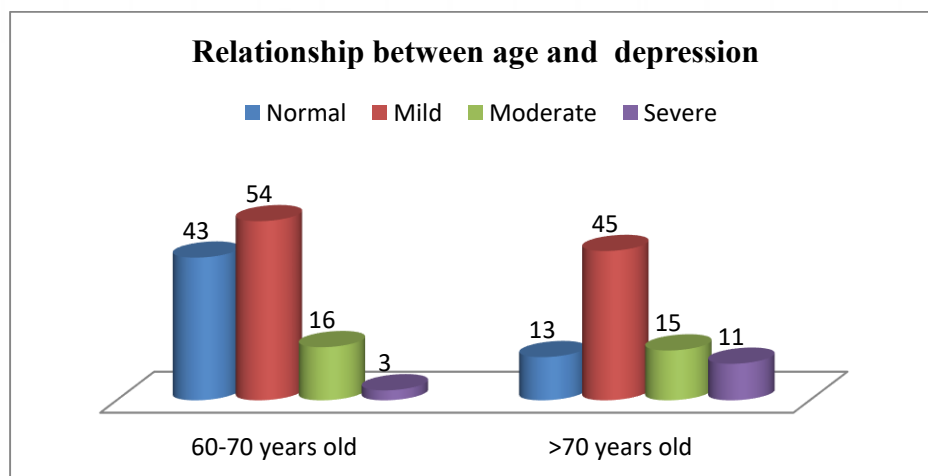


Figure 2. Relationship between age and depression

From the data analysis it was seen that $p = 0.9$ which means greater than 0.05 which is the level of significant and in this case we can say that there is no significant relation between sex and the level of depression. We see that $r = 0.003$ therefore has very weak links between sex and

the level of depression. Here we reject the zero hypothesis and accept the alternative hypothesis. The chart shows that women are more depressed than man. Study conducted in Tirana revealed that women have a higher level of depression compared to males. (ishp.gov.al.2016)

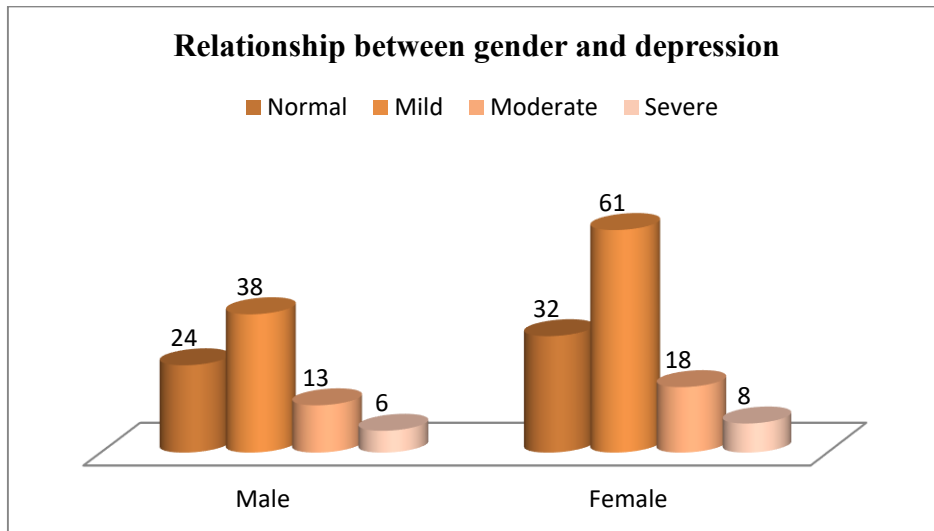


Figure 3. Relationship between gender and depression

Another analysis was carried out to see if there was a relation between education and depression. The coefficient Tau B Kendall was used for this analysis as we have to do with ordinal data. From the table we see that $r = -0.4$ which means there is a correlation between education and the level of depression. In this case we accept the alternative hypothesis. The connection is non-linear, which means that with the increase in education, the level of depression decreases.

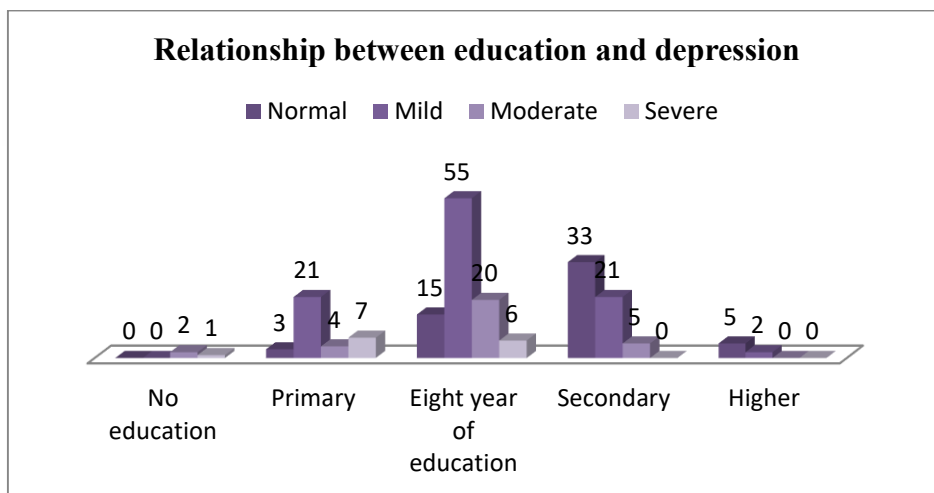


Figure 4. Relationship between education and depression

From the analysis, it resulted that $r = -0.44$ which means that we have a non-linear relationship between the socio-economic state and the level of depression. It means with the increase of the social and economic situation the level of depression decreases. The connection in this case is a secondary relation taking into account the value of $r = 0.44$. The value of $p = 0.0001$ indicates

that this relation is significant. The relationship between low economic status and increased incidence and prevalence of mental illness (depression) has also been shown by Hollingshead & Redlich since 1958.

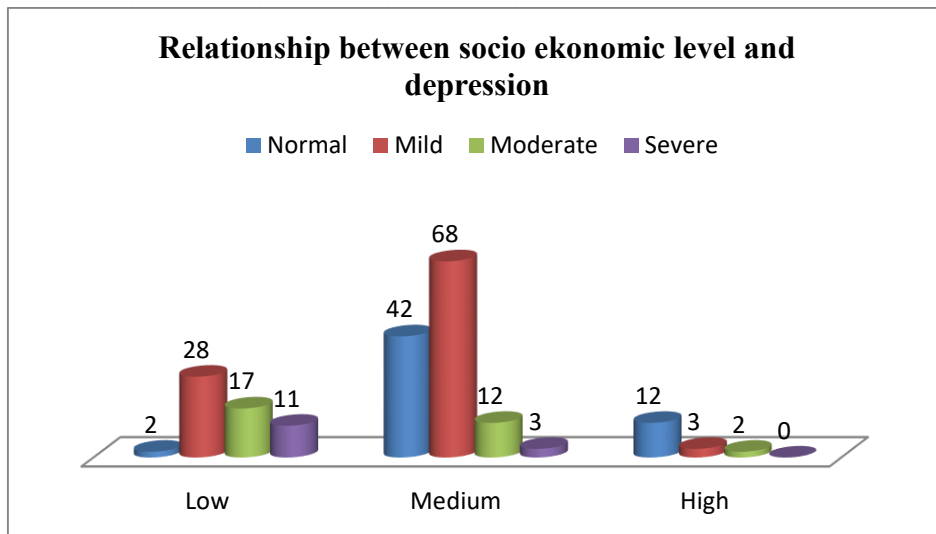


Figure 5. Relation between socio economic level and depression

The results show that there is a significant relation between civil status and depression as $p = 0.0001$. We also see that this relation is a medium relationship in terms of bond strength as $r = 0.4$. We accept the alternative hypothesis. The elderly who are married are distinguished by having lower levels of depression compared to those of the elderly who are widowed, while the elderly alone appear to have very low levels of depression.

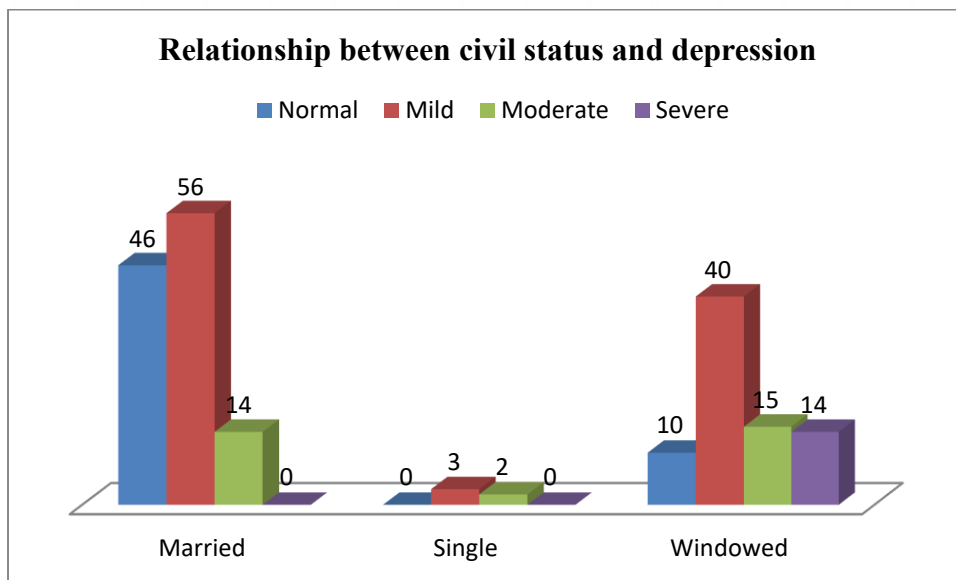


Figure 6. Relationship between civil status and depression

We see that between our two variables of interest the level of depression and residence there is a significant relation and this relation is poor as the value of $r = 0.3$. Lower depression is

observed at higher levels in the urban area, while moderate and high depression is observed higher levels in rural areas. We can say that residence is not a determining factor of depression.

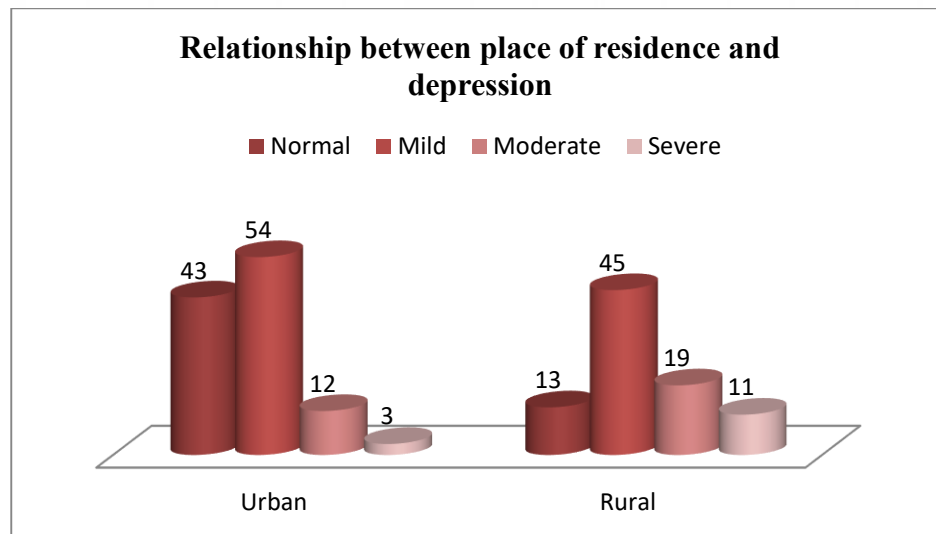


Figure 7. Relationship between place of residence and depression

CONCLUSIONS

After the realization of our study and according to the results we obtained, we came to some conclusions, regarding geriatric depression in the elderly of the district of Shkodra.

- Most elderly people experienced some of the major symptoms of depression such as: withdrawal, stuttering, feelings of invalidity, pessimism, and a sense of distress.
- Most elderly people had mild depression and a small part of them had severe depression.
- The determinants of geriatric depression were age, education, socioeconomic status, and civil status.
- There were significant associations between depression and age, socioeconomic status, civil status and education.
- Non-significant associations were observed between gender and depression level.

RECOMMENDATIONS

Some of the recommendations we can give to this phenomenon are:

- Creating facilities for physical activity for the elderly in order for them to move.
- Creating information services to enable the elderly to be as informed as possible.
- Transport services, including free transportation contracts.
- Creating day centers, clubs for the elderly so that they can feel valuable and not stay isolated. (a place where coffee can be offered, reading a newspaper, chess games, dominoes, music, TV)
- Creating social services at home (identification of social problems).
- Creating voluntary services, volunteer home help teams
- Assisting elderly people; carts, hearing aids.

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