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ORIGINAL ARTICLE

DEPRESSION IN ELDERLY CARED IN BASIC HEALTH UNITS DEPRESSÃO EM IDOSOS ASSISTIDOS EM UNIDADES BÁSICAS DE SAÚDE DEPRESIÓN EN ADULTOS MAYORES ATENDIDOS EN UNIDADES BÁSICAS DE SALUD

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ABSTRACT

Objective: to identify the prevalence of elderly in the Family Health Strategy with signs and symptoms of depression, characterizing them. **Method:** documental, quantitative and descriptive research, with the sample of 376 elderly and data collection done by applying the demographic questionnaire and the Geriatric Depression Scale. Data analysis was performed by Microsoft Excel, after approval of the research project by the Committee of Ethics in Research, Protocol No. 20100712-051. **Results:** 41% with suspected depression, 24% of antidepressive users. Of these, 42.9% aged 60-69 years old, 84% living in urban areas and 16% in rural areas, 49.3% were married and 33.8% widowed, 41.6% practiced home activities and 31.2 % farmers. **Conclusion:** become necessary specific actions to elderly health, detection of depression in this age group, emphasizing prevention and health promotion. **Descriptors:** Elderly; Disorder Adaptation; Primary Health Care.

RESUMO

Objetivo: identificar a prevalência de idosos na Estratégia Saúde da Família com sinais e sintomas de depressão, caracterizando-os. **Método:** pesquisa documental, descritiva e quantitativa, com a amostra de 376 idosos e coleta de dados realizada aplicando o questionário sociodemográfico e Escala de Depressão Geriátrica. A análise de dados foi feita pelo Microsoft Excel, depois da aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, Protocolo nº 20100712-051. **Resultados:** 41% com suspeita de depressão, sendo 24% usuários de antidepressivos. Desses, 42,9% com idade entre 60-69 anos; 84% residentes na zona urbana e 16% na rural; 49,3% casados e 33,8% viúvos; 41,6% praticavam atividades do lar e 31,2% agricultores. **Conclusão:** tornam-se necessárias ações específicas voltadas à saúde do idoso, detecção de casos de depressão nessa faixa etária, priorizando a prevenção e a promoção da saúde. **Descritores:** Idoso; Transtorno de Adaptação; Atenção Primária à Saúde.

RESUMEN

Objetivo: verificar la prevalencia de adultos mayores en la Estrategia Salud de la Familia con signos y síntomas de depresión, caracterizándolos. **Método:** investigación documental, descriptiva y cuantitativa con 376 adultos mayores y recolección de datos mediante la aplicación de un cuestionario sociodemográfico y la Escala de Depresión Geriátrica. El análisis de datos fue realizado con el software Microsoft Excel, después de la aprobación del proyecto de investigación por el Comité de Ética de la Investigación, Protocolo N° 20100712-051. **Resultados:** Hubo 41% con sospecha de depresión, siendo 24% usuarios de antidepressivos. De estos, 42,9% tenían edad de 60 a 69 años; 84% eran residentes en zonas urbanas y 16% en zonas rurales; 49.3% eran casados y 33,8% viudos; 41,6% realizaban actividades domésticas y 31,2% eran agricultores. **Conclusión:** son necesarias acciones específicas encaminadas a la salud de los adultos mayores y detección de casos de depresión en este grupo de edad, dando prioridad a la prevención y promoción de la salud. **Descriptores:** Adultos mayores; Trastorno de adaptación; Atención Primaria de la Salud.

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INTRODUCTION

Among the many psychological disorders that affect the elderly, there is the depression that deserves special attention from healthcare professionals, since it features high frequency and negative consequences for the quality of life. This disease is prevalent in the elderly and is a serious public health problem, causing social and economic repercussions.¹

Depression presents itself as the area affective disorder or mood, with functional impact at any age. In old age, depression involves the biological (fragile health due to disease), psychological (widowhood, lack of social activities and changes in roles) and social (poverty, education, loneliness, and changes in social support).² Is a psychiatric illness and is associated with increased risk of morbidity and mortality, increased utilization of health services, to the neglect of self-care, reduced compliance to treatment regimens and increased risk of suicide. Depression is underdiagnosed and overlooked among the elderly, as often health professionals treat depressive symptoms as manifestations resulting from the normal aging process and do not take the necessary action.³

While symptoms, depression can present the most varied clinical presentations, which include: stress disorder post-traumatic dementia, schizophrenia and medical illness. It can also occur a response to stressful situations or social circumstances and economic conditions. However, the presence of these symptoms may be responsible for loss of functional capacity, autonomy and aggravation of pre-existing illnesses frames.²

Given the importance of health care of the National Health Policy for Older People defines the health care of this population will have as a gateway to primary care through the Family Health Strategy-ESF, with reference to service network specializing in medium and high complexity, it is the family health team responsible for the host, the controller and the promotion of mental health of the elderly.⁴

Given the context, it emphasizes the importance of professionals working in primary are renewing knowledge in the health of the elderly, especially on mental disorders as a way to enable the detection of signs and symptoms of depression, promoting early diagnosis and treatment adequate. Furthermore, one must seek rapid intervention and rehabilitation measures, all these precautions are essential to improving the quality of life for people who experience the elderly.

The challenge that follows is the restructuring of the health care model to contemplate the elderly segment fully, so that it can live with the highest quality. Health promotion is able to respond to such a proposal, given that health promotion can be understood as a process of enabling people to work on improving the quality of life and health.⁵

Based on these, this study aims:

- To identify the prevalence of elderly in the Family Health Strategy with signs and symptoms of depression, characterizing them.

METHOD

This study is part of an interinstitutional research of the Federal University of Bahia and the Federal University of Campina Grande <<Factors Associated with Functional Independence of Older>>.

This is documentary research, descriptive and quantitative. The documentary research uses instruments that have not yet received analytical treatment, so that they can be redesigned according to the object of research, requiring no direct contact between the researcher and the individuals investigated.⁶

The study subjects were elderly, aged 60 and older, non-institutionalized elderly who composed the class assisted by FHS Cajazeiras-PB, Brazil. There are 7.539 people in this city over 60 year old; of these 3.221 were men and 4,318 women. The study excluded those who had physical and cognitive instruments respond to data collection.

The sample size calculation was performed by the program "sample.exe" PEPI statistical package, version 4, using a significance level of 0,05, resulting in a sample of 376 subjects.

Data were collected through two instruments: a sociodemographic questionnaire and the Geriatric Depression Scale, short version - EDG. In the questionnaire, were evaluated characteristics of the sample population studied, the GDS was used to identify the prevalence rate of features indicative of depression. The GDS is a valuable instrument, consisting of 15 questions in its reduced version, often used for the identification of depression in the elderly.⁷

After drawing the subjects randomly virtual held home visit and signing the Informed Consent Form (ICF) by the participants, and then start the implementation of the research instruments.

First, we analyzed the data collected, noting the possible omission of some

considerable information, evaluating statistically the percentage of what was collected. Such an assessment is made using the *software Microsoft Office Excel*, presenting the tables.

The participation of the subjects had been accepted by signing the consent form, with the assent of the research, as No. 20100712-051, to the Committee of Ethics in Research of the Federal University of Campina Grande -

UFCG, University Hospital Alcidades Carneiro-HUAC in 2011, as now recommends the Resolution 466/2012, the National Health Council which regulates research with humans in Brazil.⁸

RESULTS

There were found 41% of older people with suspect of depression (Table 1).

Table 1. Cases of depression among the elderly. Cajazeiras-Paraiba, Brazil. 2011

EDG	n	%
Without depression	222	59
Mild to moderate depression	144	38,3
Severe depression	10	2,7
Total	376	100

The sample consisted mostly of women. Referring to the elderly with suspected depression, 77.3% were female and 22.7% male. Elderly people with mild to moderate depression and severe depression were also most, 75.5% and 100%, respectively.

With respect to age, most elderly were between 60 and 69 years old and 70 to 79. Therefore, cases of severe depression were characterized by the two groups mentioned age range, as well as cases of mild to moderate depression.

The number of elderly people living in the urban area was predominant in the sample. Thus, the elderly with suspected depression, most lived in urban areas, noting that the elderly with severe depression were also residing in that zone. Even taking this picture of depression in the elderly characterized as urban problem, it is pertinent to note that, given the small number of elderly sample in rural residents, the elderly percentile of this perimeter, with indications of depression should be attack because of 60 elderly living in rural areas, 20 of these, which corresponds to 33.3%, showed some signs of depression, which were included in 13% of subjects with suspected depression.

With regard to marital status, the majority of the elderly was married and widowed. Specifying, in relation to the rating score, the elderly stood with severe depression, which mostly was a widow. The relationship of widowhood with depression has been directly proportional fact that the link refers to the feeling of loneliness sadness when they can be resilient gateway to depression in elderly life.

Of older people with depression, most were Catholic, followed by evangelicals. As for mild to moderate depression, this pattern continued percentage, varying considerably the values of older people with suspected

severe depression, characterized by Catholics and Jehovah's Witnesses.

It was found that the elderly with depression generally living without spouse but with other family members, followed by living with spouse and other family members.

It was pointed out that among the elderly with depression, regarding the profession, 41.6% owned and 31.2% of home farmer, formerly resident in the countryside. Cases of mild to moderate depression, as well as severe depression followed the same characteristics. Other professions showed a smaller percentage, but no longer relevant. The profession of trader was represented in cases of mild to moderate depression, with 4.2%, followed by auxiliary service, with 3.5%. The value of 16.2% referred to other types of profession. Referring to cases of severe depression, stood out as 70% owner of the home, and the remaining 30% distributed equally between farmer, dressmaker and other professions, each with 10%.

Importantly, the elderly with suspected depression, all reported having any occupation, so that the majority reported being retired, followed by older who reported owning the home, 71.4% and 12.3%, respectively. Specifying, in cases of mild to moderate depression and severe, followed by the same percentage. Other elderly reported occupation as agriculture, represented by 6.5% of the elderly with suspected some kind of depressive disorder.

On the beneficiary category, is adduced that not all retired seniors considered their benefit (retirement) occupation as both a higher percentage of elderly said to be retired. One can conjecture that this value was lower by definitions of occupations formed differ from individual-individual. Therefore, the population is characterized mostly with 79.9% of retired seniors with

depression. With regard specifically to the mild to moderate depression, of these, 79.2% were retired, that percentage grew to 90% in the group of subjects with severe depression.

Demonstrates, therefore, that depression in the elderly, most were retired, but without mention of the idea that all seniors have retired indicative of depressive disorder.

On the variable monthly income, was demonstrated, generally, that older adults with depression have income between one and two minimum wages (SM) and some with only one SM. The population with mild to moderate depression also had income 1-2 SM 1 and SM. Cases of severe depression showed income also 1-2 SM, followed by groups of 1 MW and 1-4 MW.

With regard to education, it was observed that the elderly with depression in general a

little more than half could read, though few knew just write. A considerable percentage of this group was functionally illiterate, ie only signed the name. The group of subjects with mild to moderate depression followed the same pattern of characteristics of cases of depression in general. It is important to emphasize that in cases of severe depression, the percentage of seniors who can read has grown, but those who could not write and did not attend school were represented in this group by 50%.

Table 2 shows the general health conditions of the elderly with signs and symptoms of depression representative. On physical activity, the majority did not practice physical exercise and had some kind of chronic disease. It was noticed that 42.2% of seniors reported having more than one disease.

Table 2. General health conditions. Cajazeiras-Paraiba, Brazil;2011.

Variable	Depression		Depression mild to moderated		Severe depression	
	n	%	n	%	n	%
Practice of exercise						
Yes	42	27,3	41	28,5	1	10,0
No	94	61,0	87	60,4		70,0
No, but already practiced	18	11,7	16	11,1	2	20
Chronic illness						
Yes	121	78,6	114	79,2	7	70,0
No	33	21,4	30	20,8	3	30,0
Take medicine?						
Yes	98	63,6	91	63,2	7	70,0
No	56	36,4	53	36,8	3	30,0

Among the major diseases presented by these elders, stood cardiovascular disease (62.3%), Hypertension (59.7%), arthritis and osteo-articular (22.7%), diabetes mellitus (14.9%), respiratory diseases (3.2%), gastrointestinal disorders (2.6%), cerebrovascular accident (1.3%) and kidney disease (1.3%), as well as depression. Other diseases, such as labyrinthitis, cancer, neuropathy, have also been reported in a range of 23.4%. It is noteworthy that the elderly with suspected depression (154), only seven reported having such a disorder, which corresponded to 4.5% of subjects. This shows the marked underreporting of cases of depression in the elderly.

Regarding medication use, depressive elderly were using any medication, both with mild to moderate depression as severe. The drugs most frequently used by individuals were antihypertensives, multivitamins, antidiabetics, diuretics, antidepressants and, the latter with the ability to mask depressive disorder if possible, since drugs were used most often inadequately and the sample was used the equivalent of 24% of the elderly with suspected depression.

DISCUSSION

Regarding the rate of depression, this study showed 41% of seniors with some kind of depression, mild to moderate or severe. Considering this parameter, it was observed that the same happened in a study conducted in 2001, the Social Centers Wansbeck, Brasília, DF, that of 118 subjects, 36 had depression, 4% were severe type.⁹

Research has consistently stated, in a concrete way, that women in different stages of life suffer more from depression, even when assessed by diverse instruments.¹⁰ The results of this study confirmed the evidence from the literature, whose depression is prevalent in women.

As to age, we found that depression was more pronounced in subjects who fell in the early stage elderly. Research conducted in communities shows positive correlation between age (especially over 65) and the presence of depressive symptoms.⁹

Thus, it is apparent that the environment in which the elderly are inserted is directly linked to health biopsychosocial in which they find themselves.

The stress of everyday life, in the urban area, denotes troubled life, in which, most often, the elderly are pressured to live in a

fast pace of life that is not achieved by them, making them 'useless' for social environment, totally different situation from their origins, ie, in rural areas, where tranquility and activity are reality in the lives of the residents. In spite of this low rate of depression in the elderly in rural areas, should be alert for cases that can often be masked and presented by the lull in the day to day old, go unnoticed by the professionals of Primary.

In a study conducted in Portugal, in a sample of 22 seniors, 11 of the 11 urban and rural, realized that the differences in means between the two samples at the level of depression were statistically significant and that the levels of depression in the middle country were significantly lower than in urban areas.¹¹ These findings confirm what was found in this study, even though the majority of the sample has urban origin, yet, so percentage was prevalent.

Found that the variable married decreases the risk of depression, especially for older men.¹² Depression seems to be more common among people divorced or separated than among single and married. However, with the recent widowhood, there is a high occurrence of depression. It is interesting to consider that the sample collected, most seniors was married and widowed. Specifying in relation to the rating score, highlight the elderly with severe depression most of whom are widowed.¹³

The spiritual increase with advancing age is emotional foundation, with repercussions in the areas of physical and mental health, with evidence of the relationship between religious involvement and better mental health.¹⁴ However, the findings of this research have shown data as opposed to religious identity, defined as subjects having any religion. It was noticed in this case that religion exerted little influence against depression.

As for cohabitation, it was understood that elderly people living without spouses were widowed and / or divorced. Widowhood is a risk factor present in many elderly investigated. In cases of severe depression that was confirmed by the most elderly depressive, corresponding to 60%, living without a spouse.¹⁵

Studies show the existence of a positive relationship between depression and loneliness, and negative between quality of life and the previous two, still proving that sociodemographic, as the means of housing and satisfaction with the relationship of friendship, influence the perception of

loneliness, depression and quality of life of the elderly.¹¹

Referring to the profession and occupation, first of all, it is interesting to understand the meaning of these variables. It is noteworthy that the distinction between occupation and profession are requirements such as technical and scientific knowledge, professional associations, see sensitivity to customer needs and satiate them, as well as professional code of ethics, which characterize the latter being essential for the process of professionalization.¹⁶

Thus, it was found that women who exercised only housekeeping lifelong were more vulnerable to depressive disorders as well as other elderly people who are characterized as farmers. Regarding the type of profession and occupation, it was noticed that some subjects considered retirement as occupation. No link between active professionally with fewer depressive symptoms. This fact is seen specifically in older women, suggesting that those have fewer depressive symptoms.¹⁷ Were found in the study that the occurrence of moderate depression was 31.4% in elderly retirees, pensioners 27.3% and 16.7% of home.¹⁰

Thus, it was observed that individuals with suspected depression had support from the Social Security, although presented with reduced salary bands (Table 2) not referring negligence by the National Institute of Social Security - INSS. The labor accident sickness benefits for mental and behavioral granted in 2009, half is due to mood disorders, and of these 90% were cases of depression.¹⁸

The monthly income is directly linked to the onset of mental disorders, including depression in any individual, including the class elderly who are more vulnerable to the onset of signs of depressive disorder. The poor socioeconomic factor is that such individuals suggest a higher prevalence of mental disorders. The smaller the monthly income, the greater the number and severity of cases of depression. Among the cases of severe depression, it can be seen that 10% of individuals living without their own income.¹³

In the education variable, those with suspected depression, this study showed a low level, this fact in other studies. Low education can be a stress factor in the long term, especially for non-literate. 12 Elderly people with five or more years of schooling had a prevalence of depressive symptoms 30% lower than the elderly with schooling less than five years.¹⁸

Regarding the presence of other diseases in the elderly, a study conducted in 2009 in Campina Grande - PB, revealed that the most prevalent disease was hypertension (60.4%), followed by osteoarthritis (27.0%), osteoporosis (24.8%), diabetes (17.8%) and respiratory disease (16.1%). It was also found that 82.0% of seniors took at least one medication for chronic illness.¹⁹ These findings are present and ratified this search.

Finally, on the general health conditions, in the case of exercise, particularly aerobic performed moderately provides relief from stress and strain due to the increased rate of hormones called endorphins that act on the nervous system, reducing the impact stressor environment, thus contributing to the prevention or reduction of depressive disorders.²⁰

To achieve this study, visits were made to the subjects, whose some difficulties were encountered, such as the shift to rural areas, the absence of many seniors in their homes and change of address; it is interesting to highlight the loss of some collections due to death, which were replaced in order to minimize it.

CONCLUSION

According to the results, it was verified that there is representation of elderly patients with suspected depressive disorder in the study population, which surpassed the percentage of older adults with depression in the country. It was noticed that cases of depression in the elderly had been neglected. Housing conditions, marital status, sex, and other variables addressed in this study are considered as risk factors, however, do not receive due attention on the part of primary care services.

Clearly, even in the face of new policies Health care of the elderly, it is necessary to rethink the essential care needs of the elderly, with concrete measures aimed at prevention, early detection, monitoring and rehabilitation of the elderly, as well as joint acquaintanceship groups, creating wheels of conversation with the elderly and their family and / or caregiver by the primary Care professionals, the main tool for the implementation of Health Policy for the Elderly in day to day now.

It is proposed to train multidisciplinary team of primary care, because the overhead task has obscured the real needs of the population most fragile communities. Claim is, therefore, promotion and training on the part of municipal bodies with the Primary in order

to fulfill and make it beautiful what is already known in the role.

Thus, it is clear that improving the attention focused on the health of the elderly is essential, especially in primary care, which must be present and known in the daily life of the elderly and their family.

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