RESUMEN

Objetivo: analizar la percepción de la depresión en el entendimiento de ancianos participantes de grupos de convivencia. Metodología: estudio de abordaje cualitativo, descriptivo, para el cual se utilizó la entrevista semiestructurada, grabada, para producir los datos, lo cual fueron analizados según la Técnica de Análisis de Contenido. El proyecto de investigación ha sido aprobado por el Comité de Ética en Investigación, CAAE n. 0085.0.243.000-11. Resultados: ocho mujeres entrevistadas tienen hijos, promedio de edad de 65 años, predominio de viudas y el ingreso mensual de dos salarios mínimos. La información cualitativa condujo a una categoría de análisis nominada << La depresión es una enfermedad peligrosa >>. Los ancianos expresan sus experiencias en relación con la depresión e indican maneras de aliviar este sufrimiento, pero necesitan obtener más información sobre esta enfermedad. Conclusion: los profesionales de enfermería, al reconocer los factores asociados a incidencia de depresión en la vejez, pueden intervenir y ayudar en situaciones de adoecimiento de modo a minimizar el sufrimiento de las personas mayores afectadas por la depresión. Descriptores: Personas mayores; Depresión; Enfermería Gerontológica.

Original Article

PERCEPTION OF DEPRESSION IN ELDERLY IN GROUPS OF FAMILIARITY

PERCEPCIÓN DE LA DEPRESIÓN EN PERSONAS MAYORES EN GRUPOS DE CONVIVENCIA

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ABSTRACT

Objective: to analyze the perception of depression in the understanding of the elderly participants in groups of familiarity. Methodology: study of qualitative approach, descriptive, for which was used semi-structured interview, recorded, to produce the data, which were analyzed according to the Technique of Content Analysis. The research project was approved by the Ethics Committee in Research, CAAE Nº 0085.0.243.000-11. Results: eight interviewed women have children, with average age of 65 years old, predominantly widows with monthly income of two minimum wages. The qualitative information converged to a category of nominated analysis << Depression is a dangerous disease >>. The elderly express their experiences related to depression and indicate ways to alleviate this suffering, but need more information about this disease. Conclusion: nursing professionals when recognizing the factors associated to the incidence of depression in old age can intervene and assist in illness situations to minimize the suffering of elderly patients with depression. Descriptors: Elderly; Depression; Gerontological Nursing.

RESUMO

Objetivo: analisar a percepção de depressão no entendimento de idosas participantes de grupos de convivência. Metodologia: estudo de abordagem qualitativa, descritiva, para o qual se utilizou a entrevista semiestruturada, gravada, para produzir os dados, que foram analisados segundo a Técnica de Análise de Conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE Nº 0085.0.243.000-11. Resultados: oito mulheres entrevistadas possuem filhos, idade média de 65 anos, predomínio de viúvas e renda mensal de dois salários mínimos. As informações qualitativas convergiram para uma categoria de análise nominada << Depressão é uma doença perigosa >>. As idosas expressam suas vivências em relação à depressão e sinalizam formas de amenizar este sofrimento, porém necessitam obter mais informações sobre dessa doença. Conclusão: os profissionais de enfermagem, ao reconhecerem os fatores associados à incidência de depressão na velhice, podem intervir e auxiliar em situações de adoecimento de modo a minimizar o sofrimento dos idosos acometidos por depressão. Descritores: Idoso; Depressão; Enfermagem Gerontológica.

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The aspects related to aging constitute emerging topic and relevant to the field of health, since there is a high and progressive aging of the population in all countries, especially those considered to be developing, as is the case of Brazil. The life expectancy of the population for the year 2010 was of 73.1 years old, on average. It is noteworthy that there is discrepancy between the life expectancy of women and men as for women is 77 years old, while for men it is 69.4.¹ Thus, among the elderly population, its composition is formed predominantly by women and they live on average six years longer than men. This condition can be attributed to factors such as the search for medical care more often, less biological vulnerability and greater social support.

Population aging often results in changes in health status of the elderly, since 69% of them reported having at least one chronic disease or condition. Chronic diseases are the leading causes of deaths, as well as important sources of disability. However, preventative actions, elimination of risk factors and healthy habits, cause disease or inevitable limitations, are determinants of successful aging.²

During the aging process, is not only the body undergoes changes and needs care, but also the cognitive, psychological and emotional individual. One of the main problems of a psychological nature in old age is depression. Pathological changes of mood and affective states in the elderly, such as depression, are important public health concerns, as they may cause changes in the course of normal aging, directly reflect the quality of life and personal well-being and family.

In the elderly, depression is associated with a high suicide rate and constitutes an important co-morbidity with diseases of organic character. Commonly, elderly patients have more somatic symptoms, lower frequency of family history of depression and a poorer response to treatment. Furthermore, the Elder depressive uses more health services, submitting your picture is more heterogeneous and current diagnostic classification hinders the identification of the disease.³

Depression is a psychiatric disorder associated with severe stress and deterioration of quality of life and not a natural consequence of aging. In the elderly, sometimes it is due to the need of several adaptations that are faced during the aging process, such as the independence of children, retirement, reduced income limits in the pursuit of leisure activities satisfactory change in self-image, social isolation, separation, loss of family and friends, use of medications among others.⁴ For the development of a depressive there is a need for coexistence of various conditions, since no single factor is sufficient for disease development.

Thus, depression is multifactorial, which contribute to elements of psychological, biological, social, cultural, economic and family. Thus, the investigation of the disease should be detailed with a qualified hearing the story of the subject's life, current and past, and her family and social context, to have an understanding of the situation experienced by the person and which can help to construct a project appropriate therapy.

In this context, carrying out actions that may reduce depressive symptoms should be encouraged for the elderly. The inclusion of elderly living in groups, leads to learning, sharing of ideas, experiences and reflections on their everyday lives. The groups activities are beneficial for the simple fact of leaving home, living with people in the same or similar conditions, move in physical activities and talk about various subjects. ⁵ ⁶ In this scenario, belonging to a group gives the elderly a social life more intense and important relationships, which favors for your physical well-being and mental health and their quality of life.⁶

Considering the aspects shown here, this study is relevant as it is occurring between the changes in its composition, that is, with increase in the number of elderly, and also in the prevalence of psychiatric disorders. It is emphasized that among the mental illnesses that affect the elderly, depression is prominent and often go unnoticed or can be characterized as a manifestation of their own age. Thus, it is understood that studying the health and welfare of the elderly population means, essentially, give peculiar attention to their mental health by examining, in particular depression. Disease that can lead to the loss of the aged autonomy, trigger somatic symptoms and increase inability.⁶ In this context, nursing has a leading role, with educational activities in detection, treatment and care of people affected by depression, with emphasis on actions directed to the elderly and their families.

This study shows as research question << What is the perception of depression in the understanding of old women members of familiarity groups? >> To answer this
question was drawn up the following objective:

- To analyze the concept of depression in elderly participants voice of coexistence groups.

**METHODOLOGY**

A qualitative, descriptive, field research, developed with elderly women participants of the six coexistence groups in a city in the countryside of Rio Grande do Sul/Brazil. Participants were purposively selected on the day of the meeting group. It was established as inclusion criteria: being a woman aged over 60 years old, participating in a group of seniors and having cognitive conditions to be interviewed.

For the production of the data was used to interview recorded with the use of semi-structured. The weather was not delimited and happened upon availability of the participants. The number of interviews was determined by data saturation, when interrupted interviews with nine participants. Data were collected from June to August 2011. For this purpose, we used a room attached in place of the group meetings. The subjects had previously signed the Term of Consent, attending the ethical principles of Resolution Nº 196/96, of the National Health Council.

The interview contained information on demographic data, and so the participant concentrated his testimony in research object, we used the markable question: Speak what you understand about depression? To preserve the anonymity of the participants involved in the study it was used the letter ‘P’ (P1, P2, P3 [...]), because is the initiating participant word followed by a number.

After the interviews were transcribed, analyzed, understood and interpreted by means of content analysis. In this, no organization, reading and discussion of the data being produced consists of three phases: pre-analysis, material exploration and processing of results and interpretation.

To study the development of the research project was registered under nº 23081.005764/2011-03, the Ethics Committee on Research, of the Federal University of Santa Maria/UFSM and approved under Nº 0085.0.243.000-11 of 10\(^{10}\) May, 2011.

**RESULTS AND DISCUSSION**

In seeking to grasp the perception of depression in elderly participants' voice of elderly groups were held successive readings of the material produced in the field of empirical research and were subsequently grouped into a category of analysis convergence of ideas. So, first presents the sociodemographic characteristics of the women participating in the study and issues related to health conditions. As a result, there is a description and analysis of subjective information, which refers to knowledge of depression by the elderly, covering aspects related to the understanding of what a depressive disorder and ways to alleviate this suffering.

- Socio-Demographic characteristics of the participants

The elderly are surveyed in the age group 61-74 years old, an average of 65 years old. The Catholic religion is professed by 55,5% elderly, while 44,5% of them follow the Gospel. Regarding marital status, 22,2% are married, 44,4% are widow, 22,2% are separated e 11,2% are single. The main occupation of all women is to take care of household chores. Regarding monthly income 33,3% receive a minimum wage (MW), 55,5% receive two MW and 11,2% earn five MW.

The sociodemographic data were similar to the study on the impact on quality of life and depressive status of elderly participants of a university of the third age, in which the participants were nearby 69,2 years old, marital status was prevalent widowhood and living together your family. Caring for the home, was also found in the profession more study on health education and support for the quality of life of seniors who attend groups of seniors.

This evidence may be due to the participants in this study consist of women and take care of household activities, yet is a prerogative preferred this genre. On the issue relating to gender, it is worth remembering that older women tend to be poor, sick and living alone, more than elderly men. They often have health problems long-term, chronic and disabling, and is more likely to be widowed and did not remarry after widowhood. Also in relation to gender, being female, being older, having white, unmarried, low education, low social, not having paid work, not to participate in community activities, loss by death of someone dear and little physical activity are triggers of depressive symptoms.

The time that the elderly attended formal education varies 2-7 years, mean 4 years, which corresponds to the primary incomplete. It is evident that, for this population stratum, education, even for a short time, this is, the fact to be highlighted because it is a...
contingent that the age of your education (childhood and adolescence) had reduced access to banks school, especially being female. In this context, analyzing the aspects of depression and associate them with education, there is evidence that the higher the level of education of the elderly, the greater the protective factor for the occurrence of depressive symptoms.11

As the descendants, it is identified that eight respondents have children. One of eight children, one has five, one has four, three have three children, one has two one and has a son. All women lived in their own house; two lived alone or with other son and grandchildren, husband or son. The condition of having extended family consisting of spouse, children and grandchildren, favors for the elderly residing with a family member who may also exercise the role of caregiver, if necessary. Stay with relatives is the main housing situation also found in another study,12 only followed by live and live with a caregiver.

With regard to health conditions, older women were asked about how they perceive their health. In this question, 33,3% of them answered that they look great; the same percentage was shown for the condition of good and regular. Similar data were found in a survey in which 34,2% of seniors say they feel good, 25,3% claim to be good and great their health, 30,4% feel regular and 6,3% reported being bad.12

Regarding habits harmful to health, says he made use of tobacco and claims to be a smoker. About three alcoholic elderly make use on weekends. Regarding physical activity seven participants claim that perform at least three times a week. It is noted that the group meetings also provide space for physical activity. Develop body activity is common among the elderly, although it is a healthy practice in any stage of life, when faced with this age old habit noteworthy for promoting good physical and mental health.12

Diseases prevalent self-referred the elderly are: varicose veins, hypertension, diabetes mellitus, osteoporosis, arthritis, heart failure and depression. Asked if they had falls in the past five years, 44,5% of women reported that yes, two of which had bone fracture. In a study aiming to assess the prevalence of depression in older adults attending community centers, the authors showed that the prevalent diseases in this population are hypertension (58,2%), cardiac disorders (17,7%), circular (15,2%) and kidney (10,1%), diabetes (8,9%) and respiratory disorders (7,6%).12

The analysis of subjective data allowed for convergence of ideas, build a category, nominated as ‘depression is a dangerous disease’. In the content of the interviews, we found that some older women have knowledge, even empirically, what is depression. Depression, for P5, constitutes psychological distress, difficulty staying in a certain place, with a tendency to social isolation and can manifest as anxiety.

We get incurred know, the one thing you cannot, you cannot stop in the house, is very bad [...] an anxiety type (P5).

The prevalence of depression and mental disorders in the community is a condition that concerned professionals and health services, the inconvenience to you and also the suicide risk of individuals with this health problem and the existing association with organic disorders. Furthermore, individuals with mental disorders may have decreased immune have inadequate hygiene and dietary habits, and therefore, become more vulnerable to depression.13

One must be careful not to confuse depression with anxiety, since some of the manifestations of anxiety are also present in depression. Anxiety is a common symptom such as insomnia, anxiety, irritability, difficulty in concentrating, and organic symptoms as tachycardia, dizziness, headache, myalgia and sweating.12

Depression cannot be characterized in a unique way, because it is a complex syndrome that are present among the symptoms fatigue, anorexia, weight loss, constipation, and decreased libido. Still, the person may have self-loathing, guilt, apathy, guilt, hopelessness, helplessness, wanting to die, present problems of social interaction, changes in sleep patterns and psychomotor activity, change in cognition, symptoms similar to dementia.2 In addition to these manifestations may present alterations in bodily sensation, such as pain, difficulty making decisions and performing tasks, restlessness, crying frequently and without specific reason, think that will not improve, feeling sorry for yourself and oral mucosa resected.14

Added to this, P4 expressed, meeting the literature that depression is manifested by bouts of crying, agitation, depression and sadness. Furthermore, a person with depression can undermine life itself, ie to realize the attempt or realization of suicide.

Gets nervous, cries a lot, sleeps a lot, very busy, there was the neighbor […] tried to kill himself twice, very sad thing, not talking, once took all the pills, put all my
Depressive symptoms frequently presented by the elderly is the unwillingness, prefer to stay at home, much thought in the past, have anxiety, sadness, lack of energy, difficulty sleeping and less importance to the views. In addition, the older the elderly have the larger the amount depressive symptoms.\textsuperscript{11}

Depression is perhaps the most common example of a disease with clinical presentation nonspecific and atypical in the geriatric population. Biological, psychological and social factors predispose the elderly to depression and, among them, there are the physical losses, memory, executive function, employment, standard of income, social support and reductions sensory deep, that can take the old guy depression and depression evident.\textsuperscript{15}

The desire to die also appears in another interview, in which the respondent reports that his family had characteristic manifestations of depression such as social withdrawal, apathy, “feeling of death”, lack of energy and the search for alternatives to take his life. Thus, it is identified that drowsiness, remain in the dark and without noise are telltale symptoms of depression and one of the most remembered by the elderly.

There! She stands still quiet she likes to stay in the dark room, not like noise, like nothing and always passed the feeling of dying, my sister also had, she had a feeling, always wanted to kill (P9).

It is emphasized that when an older person with depression undermining your own life, it should be noted as a gesture seriously, since the attempt may take the life of that person. Although the statistics show that suicide attempts reduce among the elderly, there is an increase in suicides consummated.\textsuperscript{15}

Study conducted with relatives of elderly patients with depression, the family points identified several causes that triggers the onset of depressive symptoms, and are related to the end of the cycle of life, loss of family members, psychical, or simply be experiencing the last stage of life. Consequently, various causes are attributable to depression, but mainly on the stage of aging, numerous changes are encountered both with regard to himself or which is the social dimension, such changes and loss of their roles loved ones, make this a complex period of life and need to have appropriate elements to adapt or confront them, otherwise the elderly can lead to a depressive disorder.\textsuperscript{16}

Emerges, also, the manifestation of depression is a disease threatening, with or without organic symptomatology. In attempting a biological explanation for the illness, seek the realization of various clinical examinations. In the case of the respondent, nothing was shown, because it was a mental illness.

Depression is a dangerous disease, you have nothing, and it is the mind that is sick, the body is not sick. It is only the mind that is sick […]. Makes all exams, got nothing, no, the tests are okay. It may take blood, urine […] are all well, but you are sick. It is the head, is the mind that is sick, the body has nothing, because when I was depressed, I had tests and more tests, had batteries of tests, exams were okay, but it was the mind that was sick (P2).

It is noteworthy that when dealing with an old guy with symptomatology of depression, this should be evaluated in both clinical and psychic. This is because there is a strong association between depression and physical ailments. Thus, somatic complaints should receive thorough attention to rule out clinical comorbidities that may justify depressive symptoms, since the elder tends to have a higher number of somatic symptoms that psychic. It is noted that although the psychiatric symptoms are more relevant to the diagnosis of depression, the current diagnostic classifications have limitations for the identification of patients with depression in the elderly, making the clinical diagnosis of depression is more difficult in this part of the population.\textsuperscript{17}

Some elderly manifested also in relation to age, indicating that there is a higher prevalence of depression in elderly compared to young adults. Attribute this condition to having that experience many losses at this stage of life, changes in the composition of the family and at work.

I think at this age we’re starting over […] anything is enough. As we got older, it is easier to get, get sick, the time we was younger we worked, we spent most of the time entertained, had the family […] and now we get one more at home (PS5).

In a study on depression and aging in participants of a living space identified that the elderly have serious concern about the condition of your health, especially in the depressed group. This may be related to the fact that, with age, the elderly are more susceptible to health problems, have financial difficulties, had social and emotional losses, which increases the need for comprehensive care that addresses this vulnerability. As in Brazil, the health services and social welfare
system and are precarious, part of the responsibilities are passed on to the very elderly, emerging feelings of fear and worry.

Another aspect that was also addressed concerns the triggering factors of depression. These were mentioned by the elderly as a result of various situations such as the experience of terminal illness of the life cycle, loss of close people, with or without ties of kinship, economic hardship and chronic diseases.

There are various types of depression: losses of family, a loved family, due to health problems, have many, many people because he lost a lot of money, others because they caught fire in the house (P2). But after 65 years old is because of the many problems we face, faces more problems than before (P8).

The participants in the discourse about the disease also show what they could do to improve depressive symptoms. Among the alternatives are get out more and interact with other people, preferably they are not sick, have friends and seek other forms of distraction. A favor the alternatives that socialization is the possibility of insertion in coexistence groups. Thus, the elderly, to attend a group, have the ability to perform physical activities, meet new people, build friendships, travel, and entertain, among other reasons. In addition, there are positive changes in their lives, particularly in terms of physical and mental health, which encourages them to continue participating in group activities.

A person cannot be locked in the house, have to go out, have to live with people who have depression and have to live with others who are healthy, there will not let you down but stand you up (P5).

In the elderly, depression treatment aims to decrease the psychological distress caused by this disease, reduce the risk of suicide, improve your general condition and enable better quality of life. Thus, the treatment of depression as well as other neuropsychiatric disorders in elderly people, it becomes a challenge that includes specialized intervention. Among the forms of therapy are psychopharmacological treatment and, if necessary, electroconvulsive therapy. Remember that, first, there is a need to identify the factors that trigger the onset of the depressive process, or are aggravating the disease is already established.

For elderly patients morbidity as a primary depression is the existence of social network, composed by fellow group activities, which can help mitigate the negative impacts on the emotional difficulties such as illness, bereavement, worries about family members, which usually harm older people. By participating in group activities, the elderly have a sense of belonging and can tell and share your feelings with someone else, a situation that creates security and integration. It is noteworthy that in a society lacking solidarity as the current, an issue that threatens the sick and the elderly is the loss of autonomy and independence. The elderly to have their independence and / or autonomy threatened may lead to feelings of insecurity and self-deprecation. In this scenario, the practice of play and leisure activities promotes the development and maintenance of autonomy and independence, provides positive emotional states, form bonds promotes exercise and physical activities, intellectual and social. This condition is mentioned by one of the older respondents, when states that it is important to participate in activities those promote inclusion in the community, so that the person with depression has a place in society.

I think it has to be more involved in activities, to forget one bad thing, that sadness (P3).

This set of actions that are able to help in the treatment of depression should be encouraged for the elderly. However, drug treatment is usually necessary during the period of illness. This is evident in the testimony of a participant to state that it is necessary to combine drug therapy, religiosity, social participation and desire to improve.

In the end I had four doctors, a naturalist and pastor. So do not know who was more than what helped me, I put everything together in a glass only and they all helped me and also my willpower […] the will power of the person, she has to want, if it does not help, you can do whatever you want with her, she does not turn it up, the person has to want to improve (P2).

Also emerged in the interviews the importance of the presence of family members, they are understanding, tolerant and supportive of the individual who is experiencing a depressive episode.

But she needs to have people on the side who understands her, because it is a person who arrives and criticizes only just complains does not help that person, just step up, do not give. I thank God I had support from my family (P2).

A network of family support in this process is essential. In this context it is relevant to the presence of the family, since the elderly with depression require a solid support network of family members, not only to assist
you in following the treatment and care, but mostly to feel affection, understanding and support from who else they are loved. The main source of support for the elderly population is still family. However, should be paid attention to this situation, since the availability of family support for the elderly, particularly the elderly dependent, should decline markedly, due to the decrease in family size, population increase with advanced age and the increasing incorporation the woman, who is still, as the primary caregiver, the workforce outside the home.

You must remember that when a person has depression can also sicken your family together; the interaction between them can be impaired, since they tend not to leave their homes and do not like to receive visitors. We can see in the following quote, which when depressed person lives with other people, their treatment becomes more effective and the symptoms are alleviated, also happens to get more hits on your home, going to interact socially.

Depression? I don't know, my daughter had and she did not leave the house, just stayed at home and in the corner, crying a lot and slept and did not feel she was pretty bad when he gave depression. And the whole family has suffered [...] (P7).

Identifies that social support is important to the elderly, especially the elderly who are depressed, particularly family support, as this seems to be the kind of support that offer more benefits to the promotion and maintenance of physical and mental health. Note that the depression in the elderly is often underdiagnosed and even ignored, since health professionals sometimes see depressive symptoms as normal and due to the aging process. Moreover, in old age there is an increase in somatic symptoms of depression and as a result, increased risk of poor outcome of the frame. Another important aspect relates to the appearance of new depressive episodes, which can arise due to lack of adherence to medication and psychotherapy. This is a major problem in patient recovery. Treatment adherence may cause the patient to relapse.

In a study of nursing actions in multidisciplinary activities in the treatment of depression in the elderly showed that early intervention developed so multidisciplinary, ensuring individuality is a primary tool in the non-pharmacological treatment of this condition in elderly. Thus, given the high incidence of depression in the elderly and the transformations that have occurred, health professionals, especially those in nursing, must have knowledge and know how to recognize the disease and the factors associated with the incidence of depression in old age in order to assist in the prevention of morbidity in this period of life.

**CONCLUSION**

With the aging population, chronic diseases have a higher rate, in which depression is among the leading morbidities affecting the elderly population. This study investigates the understanding that older attending the gathering groups have about depression.

Thus, it is identified that a portion of the study participants have knowledge regarding forms of the disease, including symptoms of depression. However, a party who has no knowledge expressed which highlights the need for educational programs for this population, in order to clarify and facilitate the early identification of manifestations in the elderly, which can help in the diagnosis and treatment since this constitutes a disease of modernity.

Accordingly, nursing professionals need to enhance your knowledge about this disease, to conduct a careful in its entirety, promoting the health of the elderly. Thus, professionals need to be trained to recognize the most common forms of presentation of depressive syndromes in the elderly and intervening early and effective.

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