

PREVALENCE OF DEPRESSIVE SYMPTOMS AND HEALTH CONDITIONS IN THE ELDERLY TREATED IN PRIMARY HEALTH CARE

PREVALÊNCIA DE SINTOMAS DEPRESSIVOS E CONDIÇÕES DE SAÚDE EM IDOSOS ATENDIDOS NA ATENÇÃO PRIMÁRIA À SAÚDE

PREVALENCIA DE SÍNTOMAS DEPRESIVOS Y CONDICIONES DE SALUD EN ANCIANOS TRATADOS EN ATENCIÓN PRIMARIA DE SALUD

Evanilza Maria Marcelino¹
Priscila Maria de Castro Silva²
Fabiola de Araújo Leite Medeiros³
Josefa Raquel Luciano da Silva⁴
Ricardo Alves de Olinda⁵
Ana Claudia Torres de Medeiros⁶

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Objective: to analyze the prevalence of depressive symptoms and health conditions in the elderly treated in Primary Health Care. **Method:** cross-sectional observational research, with a quantitative approach, carried out with 130 elderly people from a Brazilian municipality. Data collection occurred between November 2019 and March 2020, using the Geriatric Depression Scale (GDS-15) and a questionnaire, including sociodemographic data. **Results:** prevalence of depressive symptoms present in 78 elderly (63.1%). The associated independent variables were: female gender, age between 60 and 69 years, monthly income from 1 to 3 minimum wages, greater than nine years of schooling, mental and physical domain at risk, with more than three self-reported diseases and more than five medications used. **Conclusion:** the high prevalence of depressive symptoms in the elderly population studied requires investment in prevention actions, noting the need for practices that promote active aging and life satisfaction.

Descriptors: Health of the Elderly. Aging. Depression. Primary Health Care. Nursing.

Objetivo: analisar a prevalência de sintomas depressivos e as condições de saúde em idosos atendidos na Atenção Primária à Saúde. *Método:* pesquisa observacional do tipo transversal, de abordagem quantitativa, realizada com 130 idosos de um município brasileiro. *Coleta de dados* ocorreu entre novembro de 2019 e março de 2020, utilizando

¹ Nurse. Independent Researcher. Equador, Rio Grande do Norte, Brazil. isamaria.ufcg@gmail.com. <https://orcid.org/0000-0003-0589-2290>.

² Nurse. PhD in Nursing. Professor at the Universidade Federal de Campina Grande. Campina Grande, Paraíba, Brazil. <https://orcid.org/0000-0002-0344-8367>.

³ Nurse. PhD in Nursing. Professor at the Universidade Estadual da Paraíba. Campina Grande, Paraíba, Brazil. <https://orcid.org/0000-0002-0834-1155>.

⁴ Nurse. Intern in Basic Care and Family Health. Joãoatão dos Guararapes, Pernambuco, Brazil. <https://orcid.org/0000-0003-1791-5541>.

⁵ Statistician. PhD in Statistics. Professor at the Universidade Estadual da Paraíba. Campina Grande, Paraíba, Brazil. <https://orcid.org/0000-0002-0509-8428>.

⁶ Nurse. PhD in Nursing. Professor at the Universidade Federal de Campina Grande. Campina Grande, Paraíba, Brazil. <https://orcid.org/0000-0002-3695-9745>.

Escala de Depressão Geriátrica (GDS-15) e questionário, contemplando dados sociodemográficos. Resultados: prevalência de sintomas depressivos presentes em 78 idosos (63,1%). As variáveis independentes associadas foram: sexo feminino, idade entre 60 e 69 anos, renda mensal de 1 a 3 salários-mínimos, maior que nove anos de escolaridade, domínio mental e físico com risco, com mais de três doenças autorreferidas e mais de cinco medicamentos utilizados. Conclusão: a alta prevalência de sintomas depressivos na população idosa estudada requer investimento em ações de prevenção, atentando para a necessidade de práticas que promovam o envelhecimento ativo e a satisfação com a vida.

Descritores: Saúde do Idoso. Envelhecimento. Depressão. Atenção Primária à Saúde. Enfermagem.

Objetivo: analizar la prevalencia de síntomas depresivos y condiciones de salud en ancianos tratados en Atención Primaria de Salud. Método: investigación observacional transversal, con enfoque cuantitativo, realizada con 130 ancianos de un municipio brasileño. La recolección de datos ocurrió entre noviembre de 2019 y marzo de 2020, utilizando la Geriatric Depression Scale (GDS-15) y un cuestionario, incluyendo datos sociodemográficos. Resultados: prevalencia de síntomas depresivos presentes en 78 ancianos (63,1%). Las variables independientes asociadas fueron: sexo femenino, edad entre 60 y 69 años, ingresos mensuales de 1 a 3 salarios mínimos, mayor a nueve años de escolaridad, dominio mental y físico en riesgo, con más de tres enfermedades autoinformadas y más de cinco medicamentos utilizados. Conclusión: la alta prevalencia de síntomas depresivos en la población anciana estudiada requiere inversión en acciones de prevención, señalando la necesidad de prácticas que promuevan el envejecimiento activo y la satisfacción con la vida.

Descriptores: Salud del Anciano. Envejecimiento. Depresión. Atención Primaria de Salud. Enfermería.

Introduction

The phenomenon of increased lifetime was initially observed in developed countries, but more recently, it is in developing countries that the aging of the population has grown more markedly. In Brazil, according to the forecasts, while the number of the elderly, between 1950 and 2025, will increase by 15 times, in the total population will grow 5 times⁽¹⁾.

Following the demographic transition of the population, it is perceived that Brazil has aged quickly and intensely, with the majority of the elderly presenting low socioeconomic status and high prevalence of chronic non-communicable diseases (CNCDs). This causes a substantial burden on the national economy, especially by spending on retirement and medical resources. In addition, these conditions are the main causes of mortality⁽²⁻³⁾.

Thus, in recent years, with the aging of the population, the theme of aging has gained relevance, especially for the consequent increase in chronic diseases reported in this population, including psychiatric diseases. In this context, depression in the elderly emerges as one of the highlights, which deserves special attention⁽⁴⁾.

Considering that health care covers biopsychosocial aspects, Primary Health Care (PHC) is an important scenario in the care of the elderly. For being preferably a reference gateway to health services, to act in mental health promotion, the role of teams in the development of screening, referral and monitoring actions of users with symptoms of depression stands out⁽⁵⁾.

It is emphasized that depression can be triggered by biological factors, such as genetics, which is significant in the development of a depressive condition. In addition, psychological factors cause loss of autonomy and worsening of preexisting pathological conditions in the elderly, as well as social factors, which interfere in the functional capacity of self-care and social relationships⁽⁶⁻⁸⁾.

Therefore, it is considered relevant to obtain data that can trigger new reflections and intervention proposals related to the care of the elderly, especially regarding mental health, due to the fact that they can condition suffering and decrease the quality of life of the affected⁽⁹⁻¹⁰⁾.

The research problem focused mainly on the identification of the biopsychosocial factors

that permeated the depression of the elderly in the city of Equador (RN), as an indicator of the ideal path for the development of effective preventive actions, including the discovery of new possibilities for the health sector of the municipality in question.

Thus, this research aimed to analyze the prevalence of depressive symptoms and health conditions in the elderly attended in Primary Health Care.

Method

Epidemiological investigation study of the observational type, cross-sectional and quantitative approach. The sample was performed by the cluster method among the elderly met at the Basic Health Units (BHU) of Equador, state of Rio Grande do Norte. Data were collected between November 2019 and March 2020, after the approval of the Research Ethics Committee of the *Hospital Universitário Alcides Carneiro* (HUAC), under Opinion n. 3.155.477, in accordance with the ethical and scientific aspects recommended by Resolution n. 466/2012 of the *Conselho Nacional de Saúde* (CNS) on research involving human beings⁽¹¹⁾.

According to the total contingent of 692 elderly people in the municipality, the sample calculation resulted in an n equivalent to 182 participants, considering the confidence level of 95% and sampling error of 5%. Excluding losses, sample refusals and taking into account the pandemic by Covid-19, which hindered performing the collection, 130 selected elderly people participated in the study based on the systematic probabilistic sampling model.

Thus, the three Basic Health Units (BHU) of the municipality were chosen, which met the 692 elderly people in the urban area of the municipality. After distribution by basic unit, the households were visited with the participation of Community Health Agents (CHA).

The inclusion criteria used were: individuals aged 60 years or older, followed by the health teams of the respective BHU during the data collection period. Users of the units diagnosed

with dementia or cognitive impairment that made it impossible or difficult to fill the instrument were excluded.

To evaluate cognitive aspects, the Mini Mental State Examination (MMSE) was applied translated and validated in Brazil⁽¹²⁾. This instrument is composed of questions grouped into seven categories, with a total score of 0 to 30 points.

The elderly included in the research, after the MMSE, were asked about the socioeconomic profile, conditions and lifestyle habits. The collection instrument applied to the interviewees was developed by the authors. The independent variables were: sociodemographic information (age group, gender, education, income, marital status and housing, health service used); behaviors and normative health conditions (smoking and/or alcohol habits, level of physical activity and presence of chronic diseases). It was also asked about self-reported diseases (asthma/bronchitis, systemic arterial hypertension, hypercholesterolemia, rheumatism among others) and medication use.

Finally, the Abbreviated Geriatric Depression Scale (GDS-15)⁽¹³⁾ was applied in its adapted version⁽¹⁴⁾. This instrument for screening depressive symptoms in the elderly is composed of 15 questions with binary answers (yes/no) about how the person has felt during the last week.

The items assess personal life satisfaction, mood, irritability, negative thoughts, happiness, ability to solve problems, interest in leaving home and doing new things or things already liked, to the detriment of being at home alone, feeling useless, energy and hope and feeling good or worse than other people. The Brazilian version of the GDS-15 is the most indicated instrument for this type of evaluation, because it has sensitivity of 85.4% and specificity of 73.9% indexes⁽¹⁴⁾.

Descriptive statistics were used to analyze and organize the research data, with simple, absolute and percentage frequencies for categorical variables and subsequent organization of the results in tables. Next, the chi-square adherence

test was applied to verify the suitability of the probabilistic model to the research data. To verify possible associations between the variables under study, the chi-square test and Fisher's exact test were used in cases in which the expected frequencies were below five, considering the significance level of 5% ($p < 0.05$)⁽¹⁵⁾.

In a second moment, simple and multiple logistic regression models were constructed, taking into account several variables. For the selection, the Backward procedure was performed, initially incorporating all variables.

Next, stepwise, the variables that were more likely to have no association with the dependent variable (GDS) were removed. In the final model, only variables that presented a significance level lower than 0.20 were considered, i.e., p -value < 0.20 . Finally, the odds ratios (OR), crude

and adjusted with the respective confidence intervals (IC95%) and with the respective Wald tests were estimated. All analyses were performed with the aid of software R, at a significance level of 5% (p -value < 0.05).

Results

Among the 130 interviewees, females predominated, aged between 60 and 69 years, with a mean of ± 71.5 years; lived with their spouse, monthly income of 1 to 3 minimum wages, no schooling, did not consume alcoholic beverages, did not practice physical activity and used the *Sistema Único de Saúde* (SUS) and complementary private health insurance. Depressive symptoms prevailed in the population studied and four had symptoms of severe depression (Tables 1 and 2).

Table 1 – Distribution of socioeconomic characteristics of the elderly living in the city. Ecuador, Rio Grande do Norte, Brazil – 2020. (N=130) (continued)

Variables	n	%	X ² (p-valor)
Gender			5.20 (0.0226)
Female	78	60	
Male	52	40	
Age			70.49 (<0.001)
60 - 69 years	60	46.1	
70 - 79 years	52	40	
80 - 89 years	14	10.8	
90 - 99 years	4	3.1	
Income			145.86 (<0.001)
< 1 minimum wage	3	2.3	
1 - 3 minimum wages	107	82.3	
4 - 5 minimum wages	19	14.6	
Uninformed	1	0.8	
Marital status			100.58 (<0.001)
Married	79	60.8	
Divorced	8	6.2	
Single	10	7.7	
Widowed	33	25.3	
Schooling			68.58 (<0.001)
No schooling	59	45.4	
1 - 4 years	53	40.7	
5 - 8 years	8	6.2	
> 9 years	10	7.7	
Health services			39.88 (<0.001)
<i>Sistema Único de Saúde</i>	29	22.3	
<i>Sistema Único de Saúde and Saúde Suplementar</i>	101	77.7	
Smoking			76.92 (<0.001)
Absent	115	88.5	
Present	15	11.5	

Table 1 – Distribution of socioeconomic characteristics of the elderly living in the city. Equador, Rio Grande do Norte, Brazil – 2020. (N=130) (conclusion)

Variables	n	%	X² (p-value)
Alcohol use			85.46 (<0.001)
Absent	117	90	
Present	12	9.2	
Uninformed	1	0.8	
Physical activity			17.55 (0.0002)
Yes	43	33.1	
No	63	48.4	
No practice, and have no interest in practicing	24	18.5	
Chronic disease			16.27 (<0.001)
No	42	32.3	
Yes	88	67.7	
Life satisfaction			16.28 (<0.001)
Dissatisfied	3	2.3	
Satisfied	34	26.2	
Very satisfied	81	62.3	
Neither satisfied nor dissatisfied	12	9.2	
Mental domain			
With risk	21	16.2	
Without risk	109	83.8	
Physical domain			
With risk	31	23.8	59.57 (<0.001)
Without risk	98	75.4	
Uninformed	1	0.8	
Self-reported diseases			34.80 (<0.001)
None	49	37.7	
1 disease	35	26.8	
2 diseases	34	26.2	
3 diseases	1	0.8	178.87 (<0.001)
> 3 diseases	11	8.5	
Medication use			
None	35	26.9	
1 - 3 medications	64	49.3	
4 a 5 medications	15	11.5	
> 5 medications	16	12.3	48.52 (<0.001)
Geriatric Depression Scale			
0 - 5 points	48	36.9	
6 - 10 points	78	60	
11 - 15 points	4	3.1	
Total	130	100	63.94 (<0.001)

Source: Created by the authors.

Note: Minimum wage in effect at the time of data collection 1,045 BRL.

Smokers declared an average of at least three cigarettes per day in the past 30 days; almost half practiced walking and other activities, such as cycling and Pilates in an average of 30 minutes, about three times a week in the past seven days; some reported regularly participating in some leisure activity or physical activity

sporadically. Finally, there was a record of presenting limitations in gait, that is, they walked with some type of support or had difficulty in performing precision movements with control and dexterity. Others presented risk in the mental domain. Most participants reported some type of chronic disease, especially Systemic

Arterial Hypertension, Diabetes *mellitus* and Osteoarthritis. It is noteworthy that most of the sample used medications daily, ingesting from

one to three types; the use of three to five and more than five daily drugs were also mentioned.

Table 2 – Crude and adjusted analyzes for factors associated with the occurrence of depressive symptoms according to the Reduced Geriatric Depression Scale among the elderly in the city. Equador, Rio Grande do Norte, Brazil – 2020. (N=130) (continued)

Variables	Crude Odds Ratio (95% Confidence Interval)	Adjusted Odds Ratio (95% Confidence Interval)	p-value
Are you satisfied with your life?			
Yes	0.4 (0.12; 1.42)	0.158	0.167
No	1.00 -	1.00	-
Has most part of your activities and interests decreased?			
Yes	1.00 -	1.00	-
No	11 (4.12; 29.35)	< 0.001	< 0.001
Do you feel your life is empty?			
Yes	1.00	1.00	-
No	-	-	-
Do you frequently get upset?			
Yes	1.00	1.00	-
No	18.95 (2.48;144.63)	0.005	< 0.001
Do you feel fine with your life most of the time?			
Yes	0.18 (0.07; 0.44)	< 0.001	< 0.001
No	1.00	1.00	-
Do you fear something bad is going to happen?			
Yes	1.00	1.00	-
No	13.9 (4.52; 42.73)	< 0.001	< 0.001
Do you feel happy most of the time?			
Yes	0.12 (0.04;0.43)	0.001	< 0.001
No	1.00	1.00	-
Do you frequently feel helpless?			
Yes	1.00	1.00	-
No	-	-	-
Do you prefer staying at home instead of going out and doing new things?			
Yes	1.00	1.00	-
No	3.59 (1.6; 8.05)	0.002	0.002
Do you think you have more problems than most of the people?			
Yes	1.00	1.00	-
No	4.97 (2.15;11.46)	< 0.001	< 0.001
Do you it is wonderful to be alive currently?			
Yes	0.7 (0.24;2.03)	0.51	0.517
No	1.00	1.00	-
Is it worthwhile living like you live currently?			
Yes	1.4 (0.48;4.12)	0.538	0.529
No	1.00	1.00	-
Do you feel full of energy?			
Yes	1.09 (0.45;2.63)	0.85	0.85
No	1.00	1.00	-
Do you think your situation has solution?			
Yes	6.51 (1.86;22.81)	0.003	< 0.001
No	1.00	1.00	-

Table 2 – Crude and adjusted analyzes for factors associated with the occurrence of depressive symptoms according to the Reduced Geriatric Depression Scale among the elderly in the city. Equador, Rio Grande do Norte, Brazil – 2020. (N=130) (conclusion)

Variables	Crude Odds Ratio (95% Confidence Interval)	Adjusted Odds Ratio (95% Confidence Interval)	p-value
Do you there are many other people in better situation?			
Yes	4.68 (1.04.21.13)	0.045	0.018
No	1.00	1.00	-

Source: Created by the authors.

Notes: OR is the odds ratio of the event “developing the disease” among exposed individuals divided by the odds ratio of illness among non-exposed.

Conventional signal used:

- Numerical data equal to zero not resulting from rounding up.

In the analysis, all variables were associated with depressive symptoms. At x value, the prevalence of depressive symptoms among women was almost twice as high as among men (p-value (5.20-0.0226)). They presented a linear increase in the association with self-perceived health, that is, those with self-perception greater than three diseases (p-value 178.87 (<0.001)) presented the highest prevalence of depressive symptoms when compared to the elderly with evaluation of one or two health comorbidities.

Discussion

Depression in the elderly is a serious and growing public health problem, causing damage to family life and the community. It is not natural condition of aging let alone a characteristic of weakness; it is a disease, and must be recognized and treated effectively, for the physical and mental development of this population⁽¹⁶⁾.

The sociodemographic findings of this study are in accordance with the literature on the aspects of female gender and family income⁽¹⁶⁻¹⁷⁾. Also regarding the female gender, other studies analyzed also demonstrated similar results⁽¹⁸⁻²⁰⁾. This fact is in accordance with data from the literature, which suggest the vulnerability of women to the development of depressive symptoms in old age. Among the possible explanations is the fact that they live, on average, more than men do. Moreover, older ages are accompanied by a higher incidence of chronic diseases, such as depression⁽²¹⁾.

It is understood that the higher risk of depression in women may result from the overload of their social functions (wife, mother, caregiver, educator, among others), the higher widowhood rate and survival, social isolation and estrogen deprivation⁽¹⁹⁻²²⁾.

Regarding marital status, the condition of not having a partner was associated with the presence of depressive symptoms in the literature, while in this study it was prevalent in married couples. This event may have occurred due to the fact that the woman has her life surrounded by limitations, by the desire and/or imposition of the family and society⁽¹⁹⁻²²⁾: not studying or working, if the husband does not allow, not wanting to have more children, not being able to separate, simply not being able to be. It is emphasized that the history of the family in Brazil is based on patriarchy, a system that brings ingrained the concept of male domination over women. This tradition perpetuates itself, even symbolically, and sometimes causes depressive symptoms⁽¹⁹⁻²²⁾.

The present study, therefore, found a significant link between depressive symptoms and the elderly aged 60 to 69 years, married with more than nine years of schooling, low income and absent smoking and alcohol habits. These findings differ from those found in other Brazilian studies conducted with the elderly, hospitalized or living in the community⁽²²⁻²⁵⁾.

It is believed that the educational level allows the individual to expand resources in coping with stressful situations of life, which is not partly consistent with the research findings regarding

illiterate individuals, who would have a higher risk of developing depressive symptoms⁽²⁵⁾.

The number of illiterate and low-educated elderly is quite significant in Brazil, especially when referring to the Northeast region, with negative impacts on various aspects of quality of life. In this investigation, this factor differed from that found in studies that showed the significance of this element, which challenges the statement that schooling is considered a protective factor in these aspects⁽²¹⁻²³⁾.

The value of MW in Brazil is usually insufficient to pay for the needs of the elderly⁽²⁴⁾. Thus, some of them still carry out activities on a daily life, in order to obtain extra income, to supplement the salary that does not contemplate their needs and those of their family members. This is because the elderly often support the family⁽²⁴⁻²⁵⁾.

Regarding the practice of physical activity, it is known that, when performed regularly, it provides protection against the occurrence of depression⁽²⁵⁾. There is sufficient evidence of the beneficial effects of physical activity on depression in the elderly. A randomized controlled study showed that, when the individual feels less depressed, he/she is more likely to remain physically active and decreases the probability of returning depressive symptoms⁽²⁴⁾.

Concerning the use of health services, the interviewees reported seeking them only when necessary. This demonstrates that many elderly people do not have health follow-up, seeking care only at critical moments or in the appearance of acute symptoms. It also shows the inefficiency of active searches, which are relevant in PHC, in addition to pointing out the difficulties of access of the elderly to the BHU, the lack of home visits among other aspects⁽²⁴⁾.

Because they do not have links only with health insurances and do not attend PHC services, actions and measures to promote health and disease prevention become distant from this public, as well as the occurrence of early diagnoses and interventions. When talking about mental health and depression, lack of follow-up and treatment can lead to worsening

of the health condition. In the case of the elderly, it brings damages, such as the emergence of chronic diseases and the risk of suicide⁽²⁴⁾.

An important factor in the elderly with potential risks for developing depressive symptoms was the risk in the mental and physical domain, and the elderly with more than three self-reported health problems made use of more than five medications. This result is consistent with that found in other studies⁽²¹⁻²⁵⁾.

It is known that the etiology of depression in the elderly is multifactorial, and may involve genetic factors, vital events such as mourning and abandonment, and disabling diseases. Depressive disorders can cause indifference to the environment, change in the level of attention and ambulation, decreased energy and self-confidence, seclusion and cognitive losses⁽²¹⁻²⁵⁾. Thus, the routine use by health professionals of screening instruments for depression, easily applicable in clinical practice, would allow not only the diagnosis of many cases of the disease but also the prognosis of existing comorbidities, which contribute to higher mortality, either by increasing the risk of suicide or by the unfavorable evolution of existing chronic diseases⁽²⁵⁾.

As a technical limitation of the operationalization of the study, there is the difficulty of locating the selected elderly, according to the sample procedure, especially in the rural area, which was unfeasible due to the pandemic by COVID-19. However, with the effective collaboration of community health agents (CHA) of the municipality, this difficulty was progressively overcome.

This study contributed effectively to the achievement of the proposed objectives and directed the actions of the health authorities of the municipality in question to combat depression. It was verified that, after the dissemination of the results of the research, investments were made in the provision of training of the Family Health Strategy teams, as well as in the hiring of psychiatrists and psychologists to make up the specialized team.

Conclusion

The prevalence of depressive symptoms, identified in this study, was high and alert to the need for greater health care with the elderly population of the municipality studied. Special attention should be paid to those elderly who have a negative perception of health, who do not perform regular physical activity, who have the use of more than five medications, women, married and with wages between 1 and 3 minimum wages. The prevalence of these symptoms in the population requires investments in health promotion actions, looking at practices that stimulate active aging and reduce functional disability.

The cross-sectional design used in the present study allowed identifying the prevalence of depressive symptoms in a representative sample of the elderly treated in PHC. However, the possibility of reverse causality is highlighted, such as in the associations of the outcome with self-assessment of health and satisfaction with life. It was decided to keep them in the analysis, because they are relevant for planning health actions related to the care of the elderly population.

It is recommended to use the GDS-15 instrument in the routine of PHC services, in order to guide the intervention of health professionals. Thus, other studies should be idealized and performed, concerning the use of the instrument in the elderly, in order to favor the robustness of scientific knowledge in this area.

Collaborations:

1 – conception, design, analysis and interpretation of data: Evanilza Maria Marcelino, Ricardo Alves de Olinda and Ana Claudia Torres de Medeiros;

2 – writing of the article and relevant critical review of the intellectual content: Evanilza Maria Marcelino, Priscila Maria de Castro Silva, Fabíola de Araújo Leite Medeiros, Josefa Raquel Luciano da Silva, Ricardo Alves de Olinda and Ana Claudia Torres de Medeiros;

3 – final approval of the version to be published: Evanilza Maria Marcelino and Ana Claudia Torres de Medeiros.

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