

Depression in the elderly: An integrative review



<https://doi.org/10.56238/sevned2023.007-003>

Renê Dominik Carvalho Pereira Osório

Resident Physician of FCM by ESP/PB

Institution: ESP/PB

E-mail: reneedominik07@gmail.com

Janaine Fernandes Galvão

Physician with Specialization in FCM by AMB and SBMFC

Institution: ESP/PB

E-mail: janaineferandes80@gmail.com

Kassandra Lins Braga

Physician with Specialization in Medical Residency Preceptorship

Institution: ESP/PB

E-mail: kassandrains@gmail.com

Rômulo Morais Lobo de Macêdo

Physician with a Master's Degree in Health Education

Institution: ESP/PB

E-mail: romullo.morais@gmail.com

Juliana Rodrigues Rolim

Resident Physician of MFC by ESP/PB

Institution: ESP/PB

E-mail: jubahr.odrigues@hotmail.com

ABSTRACT

INTRODUCTION: The aim of this study is to identify the changes inherent to aging that predispose to the development of depressive conditions in the elderly. **METHOD:** this is an integrative review of the literature and aims to answer the following guiding question: What are

the changes inherent to aging predispose to the development of depression in the elderly? A search was conducted in the SCIELO, PUBMED, and VHL databases, carried out from July 2023 to November 2023, using the Health Sciences Descriptors; depression, aging, health services for the elderly. **LITERATURE REVIEW:** The aging process, changes such as the loss of loved ones, the use of medications, and the onset of various diseases can have repercussions on the mental health of the elderly, including increasing susceptibility to depression. The prevalence of depression in the elderly varies between geographic regions, as well as between urban and rural centers. People aged 60 years or older are considered elderly, and it is shown that the world population is aging due to the increase in longevity, depression is increasingly present in the life of the elderly, compromising their routine and significantly altering their quality of life. This disease does not choose its victims, but affects a large part of the elderly, especially those who live in nursing homes, far from their families and, many times, isolated. **FINAL CONSIDERATIONS:** It is essential to ensure that the elderly maintain their functional capacity in all aspects, that is, the full enjoyment of their citizenship. Everyone's knowledge about the factors that may intervene in the quality of life of the elderly population with depression is essential so that preventive measures can be adopted early, with the objective of characterizing and referring these individuals to specialized care early.

Keywords: Depression, Aging, Health services for the elderly.

1 INTRODUCTION

Just as life has the indisputable result of death, aging is inevitable, beginning at birth. Even though it is universal to all living beings, this process is difficult to define. A widely accepted definition is that aging is a vital, multivariate process that leads to a decline in the individual's functionality over the years, often leading to dependence. It is worth mentioning that this phenomenon is not synonymous



with disease and disability, but is an expected and heterogeneous process, which can be experienced in a healthy way, and is therefore the greatest phase of human development (DAWALIBI et al., 2013).

According to the World Health Organization (WHO) (2019), the elderly are any individual aged 60 years or older, and this limit is valid only for developing countries, such as Brazil. Developed countries have a higher cut-off point, and are considered elderly to be those over 65 years of age. In Brazil, the number of elderly people has increased in recent years, due to the improvement in the quality of life of the population. Epidemiological studies indicate that the number of elderly people will grow worldwide, and by 2025 this population will reach 30 million.

In view of the aging process and the increase in life expectancy, it is necessary to provide this population with favorable conditions for their lives, offering them quality of life, especially in the scope of physical, mental and social health, preventing comorbidities and minimizing conditions that may negatively affect the life of the elderly (OLIVEIRA et al., 2016).

Depression is the most common mental disorder in the elderly and its prevalence is increasing worldwide, especially in developing countries. Along with depression, suicide rates in Brazil have shown a slight but consistent increase, especially in the population over 60 years of age.

Depression in the elderly is a common psychiatric disorder that affects health-related quality of life. Major depression occurs in 2% of adults aged 55 years and older and its prevalence increases with increasing age. In addition, 10% to 15% of older adults experience clinically significant depressive symptoms, even in the absence of major depression.

This comorbidity presents with the same symptoms in older adults as in younger populations. In contrast to younger patients, older adults with depression more commonly have multiple concomitant medical disorders and cognitive impairment. Depression that occurs in elderly patients often goes undetected or is inadequately treated (KOK; REYNOLDS, 2017).

Depression in old age is a complex and multidetermined behavior that still needs to be adequately investigated. Aging is a predictor of depressive episodes. Studies show that the number will continue to grow over the next decade. However, few studies - both national and international - have focused on work on older adults, proving that it is an understudied phenomenon among older adults (CIULLA et al, 2014).

Therefore, this study is justified by the attempt to understand the changes that occur in the aging process, with depression as the main focus, since it is a common complaint in outpatient clinics and should be investigated due to its possible degree of severity. In addition, it has academic and social importance since, in addition to being a problem that deserves attention, the success of the treatment involves getting to know the elderly in an individualized way, due to the fact that most of them make use of various medications.



The objectives of this study are to identify the changes inherent to aging that predispose to the development of depression in the elderly.

2 METHOD

This study is an integrative review of the literature and aims to answer the following guiding question: At what level do the changes inherent to aging predispose to the development of depression in the elderly?

Integrative literature review is considered the broadest type of methodological approach, as it is appropriate to describe and discuss certain subjects. It allows both experimental and non-experimental studies to be included so that there is a good understanding of what will be analyzed. It encompasses several purposes, such as: review of concept, theories and evidence, and the analysis of a particular problem situation. (SOUZA, SILVA, CARVALHO, 2010).

This method aims to gather and synthesize research results on a delimited theme or issue in an orderly and systematized manner, contributing to the deepening of the knowledge investigated. It has the most complete methodological approach pertinent to the reviews, which enables the integration of both experimental and non-experimental research to obtain a comprehensive understanding of the events investigated (MENDES; SCOTT; GALVÃO, 2008).

A search for scientific articles was carried out in the SCIELO, PUBMED, and VHL databases, carried out from July 2023 to November 2023, using the terminologies registered in the Health Sciences Descriptors; *headache, aging, health services for the elderly*. The Boolean operator "AND" and "OR" was used *for a better combination of the terms*

Articles published in the period between 2013 and 2023, in Portuguese, Spanish and English, with open access and availability of full text, articles that cover the proposed theme, were included in the research; publications that corroborate the objective and central theme of the study; Accepted article designs: case series, retrospective and prospective cohort studies, and case-control studies.

The titles and abstracts were read in order to select those that were of interest to the study. After selection by titles and abstracts, the articles were read in full to select the most relevant articles to include them in this study. Articles in other languages, of a private nature and of incomplete text were excluded from the research.

After the search process was completed, all articles selected for review were analyzed, interpreted, and compared using tables and charts. Methodological characteristics such as author, year of publication, country, study design, and results were tabulated and listed.

The present study did not require the approval of the Research Ethics Committee, since it handles freely accessible data, and therefore it is not a matter of documents that require ethical confidentiality.



3 LITERATURE REVIEW

The " World Health Organization" (WHO) says that depression is a disease that is very present in the routine of contemporary society as a whole. An evil that has been affecting the lives of societies around the world, in a serious way and as never seen before. The phenomenon of depression has had too much impact on contemporary society, and it is estimated that severe depression is the main cause of social disability in recent times worldwide, according to the World Health Organization (WHO) (BRAVO; MATOS, 2016).

Depression is one of the most frequent mental disorders around the world, affecting about 350 million people. In 2013, it was the second leading cause of Years Lived with Disabilities, affecting 5% to 10% of the adult population globally (WHO, 2016).

During the aging process, changes such as the loss of loved ones, the use of medications, and the onset of various diseases can have repercussions on the mental health of the elderly, including increasing susceptibility to depression (RAMOS et al, 2015).

Munhoz et al. found that the prevalence of depression in the elderly varies between geographic regions, as well as between urban and rural centers. Population-based studies conducted in urban areas of different countries found prevalences of depressive symptoms ranging from 8% to 14%, while studies conducted in rural areas found prevalences between 7.8% and 29.5%. The National Health Survey (PNS), which evaluated populations living in urban and rural areas in Brazil, found that 7.6% of individuals over 18 years of age were diagnosed with depression, with a higher proportion in the age group of 60 to 64 years (11.1%) and a prevalence of 5.6% in adults in rural areas. In addition, the study found a prevalence of 4.1% among Brazilian adults.

People aged 60 years or older are considered elderly, and it is shown that the world population is aging due to the increase in longevity, in Brazil, the data prove that in 2025 the country will become the sixth largest in this type of population (LEITE; BARRETO; VALENÇA, 2013).

Depression is increasingly present in the lives of the elderly, compromising their routine and significantly altering their quality of life. This disease does not choose its victims, but affects a large part of the elderly, especially those who live in nursing homes, far from their families and, many times, isolated. Unlike sadness, depression is a disease that physiologically modifies the depressed individual. This disease is characterized by the various psychopathological alterations that arise, and can be distinguished in relation to symptoms, severity, course and prognosis. (LIMA, 2016.)

Studies suggest that the elderly are more affected by depressive conditions, which can lead to an accentuation of cognitive decline and cardiorespiratory conditioning (WAGNER, 2015).

The symptoms of this disorder include psychic alterations, such as: depressive mood, reduced ability to experience pleasures in most activities (previously considered pleasant), fatigue or a feeling of loss of energy, and decreased ability to think, concentrate or make decisions. Among the physical



symptoms, the following can be listed: sleep alterations (most often insomnia, Hyper drowsiness may also occur), changes in appetite (most commonly loss of appetite, and increased appetite may also occur) and reduced sexual interest.

It is a disorder that is very present in contemporary society as a whole. An evil that has been affecting the lives of societies around the world, in a serious way and as never seen before. It is popularly said that depression is considered the disease of the century. From a psychopathological point of view, depressive syndromes have sad mood and discouragement as their most salient point, it is characterized by a multiplicity of affective, instinctive and neurovegetative, ideative and cognitive symptoms, related to self-evaluation, will and psychomotricity (ARAUJO et al., 2015).

Depressive disorders among the elderly are a paradigm of geriatric care in terms of the importance of prevention, differences in pathogenesis, diagnostic and therapeutic complexity, associated high risk of failure, and severe impact on quality of life (SOUZA et al, 2020).

Studies on depression in the elderly are relevant in clinical practice, as they enable early and effective interventions, in addition to the prevention of risk factors. From this perspective, the assessment of depressive symptomatology through the application of internationally recognized scales can contribute to better detect cases of depression (SOUZA et al, 2020).

According to Schuch et al. (2016), old age is the time of life when emotional fragility is accentuated. In addition to the neurobiological changes in the brain, aging inevitably entails a significant loss over the years, not only in terms of individuals' emotions, but also in terms of their physical condition and social status.

Depression is the most common psychological disorder among people over the age of 65 and affects approximately 15% of this age group.

The causes for the episode of depression are related to the loss of a loved one, the loss of the ability to learn, as well as the loss of the ability to perform physical activities and others. On the other hand, welcoming and practicing social activities, especially volunteering, physical activity, and participation in religious activity, are positive factors, that is, they protect against the onset of depression (GULLICH et al., 2016).

It is important to emphasize that information about the diagnosis, etiology and main characteristics of the disease should be reviewed and updated by health professionals, who play an important role in the care and attention of this population at all levels of health. In addition, it is committed to producing scientific knowledge that supports its actions and guides its practice (CANTÃO et al., 2015).

It is important that professionals use tools in their practice that promote their investigations, such as the Geriatric Depression Scale, and that they develop comprehensive health actions that generate autonomy and participation of the elderly in the community, following the guidelines of the



National Health Policy in 2017, seeking to understand that social, cultural and subjective factors are linked to the health and quality of life of the elderly. waking up to the need for holistic care (SOUSA et al., 2017).

Antidepressants remain the most common treatment option, with selective serotonin reuptake inhibitors considered the first-line option. However, Silva (2018) antidepressants are associated with many side effects, including falls, cardiovascular events, fractures, epilepsy, hyponatremia, and increased risk of all-cause mortality. Therefore, alternative strategies are needed to improve depression in the elderly.

Symptoms of depression can also occur as a side effect of many commonly prescribed medications. You're particularly at risk if you're taking multiple medications. While mood-related side effects of prescription medications can affect anyone, older adults are more sensitive because as we age, our bodies become less efficient at metabolizing and processing medications (Nogueira et al., 2014).

Older adults are more sensitive to the side effects of medications and vulnerable to interactions with other medications they are taking. Studies have also found that SSRIs like Prozac can cause rapid bone loss and a higher risk of fractures and falls. Because of these safety concerns, older adults taking antidepressants should be monitored carefully. In many cases, therapy and/or healthy lifestyle changes, such as exercise, can be as effective as antidepressants in relieving depression, without the dangerous side effects (NAPOLEÃO et al., 2016).

Psychotherapy is a proven effective resource in the treatment of depression, not only in elderly patients, but in all age groups, since it helps in the development of internal resources to deal with difficulties and problems that the patient is facing (FIDELIS JÁ and DE OLIVEIRA LP, 2020).

The practice of physical activities, psychological and psychiatric follow-up and emotional care allows not only the promotion of health, but also the improvement of the quality of life of these individuals and their functional capacities, providing greater musculoskeletal functioning, a gain in mobility, reduction of pain, reduction of the risk of falls and fractures, in preserving and even improving the emotional stability and independence of that individual (Schneider, 2010). The study and dissemination of these practices contribute not only to the rehabilitation of individuals in old age – they have preventive functionality and optimize physical and emotional well-being, generating positive psychological effects, enabling greater functional independence for this subject (ARAÚJO et al., 2015).

4 FINAL THOUGHTS

Major depression in the elderly is common and can be treated effectively with antidepressants and electroconvulsive therapy. Psychological therapies and exercises may also be effective for mild to



moderate depression, for patients who prefer non-pharmacological treatment, or for patients who are too frail for drug treatments.

Therefore, everyone's knowledge about the factors that may intervene in the quality of life of elderly people with depression is essential, so that preventive measures are adopted early, with the objective of characterizing and referring them to specialized care early.

The present study may contribute in the future to health professionals in the planning of preventive actions and treatments, acting on the factors that trigger this pathology, and assist in the search for improvements for the elderly population, not only aiming at the treatment for the disease, but also preventing it.



REFERENCES

- Araújo, D. U. et al. A escala de depressão geriátrica é adequada para avaliar sintomatologia depressiva em idosos hospitalizados. InIV Congress o Internacional de Envelhecimento Humano. Anais CIEH, 2015.
- BRAVO, M. I. S.; MATOS, M. C. D. Projeto ético-político do Serviço Social e sua relação com a reforma sanitária: elementos para o debate. Serviço Social e saúde: formação e trabalho profissional. São Paulo: Cortez, 1-22, 2016.
- CANTÃO.L et al. Perfil sociodemográfico e clínico de idosos com depressão e o uso de substâncias psicoativas. Revista da Rede de Enfermagem do Nordeste, 2015; 16 (3)
- CIULLA L. et al. Suicide risk in the elderly: data from Brazilian public health care program. *J Affect Disord.* 2014;152-154:513-516. doi:10.1016/j.jad.2013.05.090
- CUNHA, E. M.; GIOVANELLA, L. Longitudinalidade/continuidade do cuidado: identificando dimensões e variáveis para a avaliação da Atenção Primária no contexto do sistema público de saúde brasileiro. Ciência e Saúde Coletiva, Rio de Janeiro, 2016.
- DAWALIBI, N. W. et al. Envelhecimento e qualidade de vida: análise da produção científica do Scielo. Revista Estudos de Psicologia. Campinas – SP. Vol. 30. N. 3. Pág. 393-403, 2013. Disponível em: <<http://www.scielo.br/pdf/estpsi/v30n3/v30n3a09.pdf>>.
- FIDELIS JA, DE OLIVEIRA LP. Envelhecimento: as ações de enfermagem à idosos com depressão. Brazilian Journal of Development, 2020; 6(6): 39597-39607.
- GULLICHI, S.M.S. Depressão entre idosos: um estudo de base populacional no Sul do Brasil. Revista Brasileira de Epidemiologia, 2016; 19(1): 691-701.
- KOK, R.M; REYNOLDS, C.F . Management of Depression in Older Adults: A Review. *JAMA.* 2017;317(20):2114-2122. doi:10.1001/jama.2017.5706
- LANGE, et al. Diagnósticos neurológicos em a sala de emergência, diferenças entre pacientes mais jovens e mais velhos. Arquivos de Neuropsiquiatria, v.69, n. 2, p. 212-516, 2011.
- LIMA, A. M. P. Depressão em idosos: uma revisão sistemática da literatura. Rev Epidemiol Control Infec [Internet], v. 6, n. 2, p. 97-103, 2016
- MENDES, K. D.S; SILVEIRA, R. C. C. P.; GALVÃO, C. M. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto Contexto Enferm, Florianópolis, 2008, n.17, vol.4, pag: 758-64.
- MIRANDA, G. M. D; MENDES, A. C. G; SILVA, A. L. A. O envelhecimento populacional brasileiro: desafios e consequências sociais atuais e futuras. Rev. bras. geriatr. gerontol., Rio de Janeiro , v. 19, n. 3, p. 507-519, June 2016 . Disponível em <http://www.scielo.br/scielo.php?script=sci_. Acesso em 14/04 2020.
- MUNHOZ, T.N. et al. A nationwide population-based study of depression in Brazil. *J Affect Disord* 2016; 192:226-233.



NAPOLEAO, M. Qualidade subjetiva do sono, sintomas depressivos, sentimentos de solidão e institucionalização em pessoas idosas. 2016.

NOGUEIRA, E. L. Et al. Screening for depressive symptoms in older adults in the Family Health Strategy, Porto Alegre, Brazil. *Revista de saúde pública*, 48, 368-377, 2016.

ORGANIZAÇÃO MUNDIAL DA SAÚDE (OMS). Constituição da Organização Mundial da Saúde (OMS/WHO), 2019.

PRADO, G.F. et al. Protocolo nacional para diagnóstico e manejo das cefaleias nas unidades de urgência do Brasil – 2018. Disponível em: <https://sbcefaleia.com.br/images/file%205.pdf>

PROTÓCOLO/Atendimento a pacientes com cefaleia na urgência/emergência – Unidade do Sistema Neurológico do HC-UFTM, Uberaba, 2017. 35p

Ramos GCF, Carneiro JA, Barbosa ATF, Mendonça JMG, Caldeira AP. Prevalência de sintomas depressivos e fatores associados em idosos no norte de Minas Gerais: um estudo de base populacional. *Jornal Brasileiro de Psiquiatria* 2015; 64(2):122-131.

Revista das Ciências da Saúde e Ciências aplicadas do Oeste Baiano-Higia. 2020. Silva; M. R. da. Sintomas depressivos em idosos e sua relação com doenças crônicas dor, doenças crônicas, qualidade do sono e nível de atividade física. *Br J Pain*. São Paulo, 2018 out-dez;1(4):293-8

SOUSA, P. H. S. F, et al. Enfermagem na prevenção da depressão no idoso / Nursing in the prevention of depression in the elderly. *Brazilian Journal of Development, [S. l.]*, v. 6, n. 9, p. 70446–70459, 2020. DOI: 10.34117/bjdv6n9-482. Disponível em: <https://ojs.brazilianjournals.com.br/ojs/index.php/BRJD/article/view/17024>.

SOUSA K.A, et al. Prevalência de sintomas de depressão em idosos assistidos pela estratégia de saúde da família. *REME rev. min. enferm*, 2017; 21(2):.82-93.

WAGNER, G.A. Tratamento de depressão no idoso além do cloridrato de fluoxetina. *Rev. Saúde Pública*. 2015; 49(20): 1-5.

World Health Organization (WHO). *Mental Health and Older Adults Fact Sheet n° 381*. Geneva: WHO; 2016.