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IDENTIFICATION OF DEPRESSION IN THE ELDERLY

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Research Report

A B S T R A C T

Introduction: *The elderly is someone who experiences biological, psychological, social, and spiritual decline which can affect mood and lead to depression. This study aims to identify the incidence of depression in the elderly.* **Methods:** *This study uses a quantitative design with a descriptive approach. The population is the elderly at the Gresik Alun-Alun Health Center in March 2022, taking samples using purposive sampling were obtained from 61 respondents. Data collection used the Geriatric Depression Scale (GDS) instrument. The research variable is the incidence of depression. Ethical Approval by the Faculty of Health, University of Muhammadiyah Gresik number 068/KET/II.3.UMG/KEP/A/2022. Data analysis using descriptive analysis.* **Results:** *Research shows that 49% of the elderly are not depressed, 24% are mildly depressed, 15% are moderately depressed, and very few are severely depressed 11%.* **Conclusions:** *Depression as one of the effects of the aging process is significant to be recognized early by using the Geriatric Depression Scale. Non-pharmacological prevention of depression with regular physical exercise is highly recommended.*

INTRODUCTION

Elderly is the final stage of human life which is marked by reaching the age of 60 years or more (WHO, 2020). The aging process at this stage affects physical, social, and emotional conditions so it has an effect on a person's psychological well-being (Choi, Hui, & Wan, 2020). A psychological problem that is commonly experienced by the elderly and requires serious attention is depression (Akhtarul I. et al., 2020). The effects of depression on the elderly can reduce the ability to carry out daily activities, independence and quality of life, and even the risk of suicide, so this should receive attention (Gallagher, et al., 2020). So it is very important to know and understand the incidence of depression in the elderly to overcome related problems.

Based on data from the World Health Organization that more than 264 million people worldwide suffer from depression, and this number tends to increase in the elderly population (WHO, 2020). The prevalence of depression in the elderly around the world varies widely, ranging from 8.2% to 63.0% (Sakanashi S., & Fujita K., 2017). Although depression is not part of the natural process of aging, several risk factors associated with old age can increase a person's chances of experiencing depression, namely the loss of a spouse, physical health problems, hormonal

changes, and others (Zenebe, et al., 2021). The results of a study in the Gresik district showed that 31.5% of the elderly had mild depression, 45.7% moderate depression, and 22.8% severe depression (Sampurna, A. M., 2014).

Depression in the elderly is influenced by various factors, including physical health problems such as chronic illness, sleep disturbances, and decreased immune system which can contribute to depression in the elderly (Rindayati et al., 2020). Losing a spouse, close friend, or social role, such as retiring from a job, can cause feelings of loneliness and loss of purpose in life (Huang S., 2022). Stigma related to mental health problems in the elderly can prevent individuals from seeking the help and support they need (Ah Yusuf, 2018).

Signs and symptoms of depression in the elderly generally include prolonged feelings of sadness, loss of interest in activities that are usually fun, changes in appetite, sleep disturbances, feelings of hopelessness or uselessness, and thoughts of ending one's life (Maier, et al., 2021).

Early detection and treatment of depression in the elderly is very important to improve their quality of life and psychological well-being (Khan A., et al, 2022). Unfortunately, many elderly people do not seek help due to stigma or misconceptions about depression (Zaske et al., 2019). Therefore,

public awareness and education regarding mental health problems in the elderly needs to be increased (Zhang & Wang, 2020).

Depression in the elderly is a serious problem that needs to get more attention from society and related parties (Devita et al., 2022). Through a better understanding of risk factors and signs of depression in the elderly, it is hoped that it can assist in early detection, treatment and prevention of this mental health problem (Akhtarul Islam et al., 2020). Increasing social support, access to mental health services, and efforts to reduce stigma are important steps in improving the quality of life for older people affected by depression.

MATERIALS AND METHODS
Research Design:

This type of quantitative research uses a descriptive approach, namely research that aims to describe the results of the identification of the phenomenon under study (Ishtiaq, 2019). This study identified the incidence of depression in the elderly. Conducting research in February - March 2022, with research locations in the area of the Alun-Alun and Fishermen Health Center in Gresik distric.

The population is a research subject with predetermined criteria (Realtor University Library, 2015). The population in this study was elderly people aged 60-90 years who lived in the area of the Alun-Alun and Fishermen Health Centers in Gresik district as many as 72 people.

The sample is part of the population which is considered to be representative of the entire object under study (Ishtiaq, 2019). Sampling is an activity of selecting research participants who are sampled to represent the population (Nursalam, 2015). This study used a purposive sampling technique, namely sampling with certain considerations (Ishtiaq, 2019), with a research sample of 61 respondents.

Data collection

Data collection is the activity of searching for data in the field systematically, to answer research problems, according to the research design steps and the instrument techniques used (Nursalam, 2015). First, data collection takes care of research permits, followed by ethical tests, and research data collection permits. The stages of conducting the research: starting with an approach to the elderly to get approval to become research participants, signing informed consent, distributing questionnaires, and re-submitting questionnaires on the same day. The research

instrument used the Geriatric Depression Scale (GDS) with 30 questions.

Data processing by 1) Editing, namely checking the completeness of the questionnaire contents, 2) Coding classifying the respondents' answers into categories, by giving a code. Data management is done by collecting data and giving codes according to categories in the form of numbers, 3) Scoring is giving values by category, and scores. Assessment of the results of data collection from the questionnaire was scored as follows: 0-7 = not depressed, 8-14 = mild depression, 15-22 = moderate depression, 23-30 = severe depression. 4) Tabulating by entering data into tables, calculating the frequency of each data collected. 5) Percentage is a grouping activity in the frequency distribution table, performing calculations using the formula to obtain percentages.

Data analysis

Data analysis by dividing general data and special data, namely about the incidence and level of depression using quantitative descriptive analysis. Descriptive analysis was carried out to obtain an overview of the incidence and level of depression in the elderly. Ethical Approval by Muhammadiyah University Gresik number 068/KET/II.3.UMG/KEP/A/2022.

RESULTS

The research was conducted at the Alun-Alun health center, Gresik district. The number of elderly who participated in the study were 61 people. The characteristics of the respondents in this study are described through four indicators including: age, gender, education, and occupation.

Table 1. Characteristics of respondents

Indicator	Category	Frequency	Percentage
Age (Years)	60 – 65	25	41%
	66 – 70	17	28%
	71 – 80	11	18%
	81 – 85	8	13%
	Total	**61**	**100%**
Gender	Male	21	34%
	Female	40	66%
	Total	**61**	**100%**
Education	No School	No	0%
	Elementary school and junior high school	52	85%
	High school	9	15%
	College	0	0%
	Total	**61**	**100%**

Indicator	Category	Frequency	Percentage
	Work	46	75%
Work	No Work	15	25%
	Total	**61**	**100%**

Table 1 shows that most of the elderly are 60-65 years old with 25 respondents (41%), and a small proportion of 81-85 years with 8 respondents (14%), which can be interpreted that getting older increases the risk of depression. The most gender was female with 40 respondents (66%), and almost half were male with 21 respondents (34%), which means that women are more emotionally sensitive than men. Most senior education is elementary school and junior high school as many as 52 respondents (85%), a small portion of senior high school is 9 respondents (15%), and none of the tertiary and non-school as much as 0%, which means that the education of the respondents is at a low level. As for the work, most of the elderly were still working as many as 46 respondents (75%), and a small proportion were not working by 15 respondents (25%), which could be interpreted that the respondents were still working when the research was conducted.

Table 2. Identification of depressive events

Variable	Level	Frequency	Percentage
	Not depressed	30	49%
Depression	Light	15	24%
	Moderate	9	15%
	Weight	7	11%
	TOTAL	**61**	**100%**

Table 2 shows that most of the elderly, as many as 30 respondents (49%) were not depressed, as many as 15 respondents (24%) had mild depression, 15% had severe depression and a small proportion had severe depression as many as 7 respondents (11%), which could mean that depression in the elderly occurs with various levels, there are even respondents with severe depression.

DISCUSSION
Characteristics of respondents

The findings from this study emphasize that the older a person is, the more susceptible they are to depression. The demographic condition of the elderly may also have an effect on the level of depression they experience. The most characteristics of the elderly are age 60-65 years, female sex, low education, and work. These results are in accordance with the research of Sakanashi & Fujita, (2017) which informed that the elderly are mostly female, with low education, but are still able to live independently. Elderly is the human life cycle at the age of 60 years or more (WHO, 2020). Various study results report that the number of elderly women who experience depression is greater than the male gender (Lee O. et al., 2018). In line with this, there is information that old age is associated with the incidence of depression, mostly female and low education (Devita et al., 2022).

The demographic condition of the elderly, when viewed from age, has experienced a biopsychological decline, women are emotionally unstable compared to men, and low education indicates a lack of information. This can be used as a consideration in providing nursing interventions.

Depressive events

The incidence of depression in the elderly was found to be almost half without depression, namely 49%, and a small proportion of 11% with severe depression. Depression is a prolonged sad mood and loss of interest in what is fun (Gallagher, et al., 2020). The results of this study are in line with the results of several studies in various parts of the world which report that depression in the elderly varies widely, ranging from 8.2% to 63.0% (Sakanashi S., & Fujita K., 2017). Various survey results report that the average prevalence of depression in the elderly is 13.5% with a ratio of twice as many women experiencing depression than men (Girgus, Yang, & Ferri, 2017).

The results of the study related that the majority of respondents were female, so there is a theory which states that elderly women experience a decrease in the hormones estrogen and progesterone which can affect mood, making them more susceptible to depression (Ribeiro et al., 2020). Meanwhile, the findings related to low education are in line with the statement that formal education attainment is not only related to physical health, but also mental health (Sosa G. et al., 2022). A study using the US Survey of Aging, Status, and Sense of Control showed that length of schooling was associated with a 6% reduction in depressive symptoms.

Depression in the elderly is greater than in young people, for this reason depression prevention at a young age needs to be done earlier. This can be used as a consideration in providing nursing interventions.

Depression level

Depression in the elderly is found with various levels, namely no depression, mild depression, moderate depression, and severe depression. Various studies have reported that depression experienced by the elderly has several levels, from mild, moderate and a little to severe depression (Devita et al., 2022). The level of depression can be known from the accompanying

signs and symptoms (Ministry of Health, Republic of Indonesia, 2018). According to the National Institute of Mental Health, some signs of depression are feelings of hopelessness, constant sadness, hopelessness, irritability, feeling worthless, loss of interest, and a change in speech style which becomes slower or faster (Huang, 2022). The more severe the level of depression, the greater the impact, even loss of life. Nurses have a strategic role in preventing depression through promotive and preventive efforts.

CONCLUSIONS

The incidence of depression in the elderly is mostly not depressed, almost half of the respondents are mild depression, and a small number of major depression. Nursing interventions in the elderly with depression, it is very important to provide pharmacological therapy through collaboration and non-pharmacology according to cultural wisdom.

REFERENCES

Akhtarul, I., Barna, S., Raihan, H., Nafiul, A.K., Tanvir, H., (2020). Depression and anxiety among university students during the COVID-19 pandemic in Bangladesh: A web-based cross-sectional survey. PLoS ONE. 2020; 15(8): 1-12. doi: 10.1371/journal.pone.0238162.

Choi, E.P., Hui, B.E., Wan, E.Y., (2020). Depression and anxiety in Hong Kong during covid-19. International Journal of Environmental Research and Public Health. 2020; 17(10). doi:10.3390/ijerph17103740.

Devita M., De Salvo, R., et al., Ravelli, A., De Rui, M., Coin, A., Sergi, G., Mapelli, D., (2022). Recognizing Depression in the Elderly: Practical Guidance and Challenges for Clinical Management. Neuropsychiatric Disease and Treatment. 2022; 18 (11) 2867-2880. doi: 10.2147/NDT.S347356.

Gabriel, O., Aluko, J.O., Okeme, M.I., Israel, C., Aluko, O., Okeme, M.I., (2019). Caregiver Burden Among Informal Caregivers of Women with Breast Cancer. *Biomed J Sci & Tech Res* 15(3)-2019. doi: 10.26717/BJSTR.2019.15.002704.

Gallagher, M.W., Zvolensky, M.J., Long, L.J., Rogers, A., Garey, L., (2020). The Impact of Covid-19 Experiences and Associated Stress on Anxiety, Depression, and Functional Impairment in American Adults. Cognitive Therapy and Research. 2020; 44 (6): 1043-1051.doi: 10.1007/s10608-020-10143-y.

Girgus Y., Yang K., & Ferri C.V., (2017). The gender difference in depression: Are elderly women at greater risk for depression than

elderly men?. Geriatrics (Switzerland). 2017; 2(4). doi: 10.3390/geriatrics2040035.

Hafner, H., (2019). From Onset and Prodromal Stage to a Life-Long Course of Schizophrenia and Its Symptom Dimensions: How Sex, Age, and Other Risk Factors Influence Incidence and Course of Illness. Psychiatry Journal. 2019; 2019:1-5. doi: 10.1155/2019/9804836.

Huang, S., (2022). Depression among caregivers of patients with dementia: Associative factors and management approaches. World Journal of Psychiatry. 2022; 12 (1): 59-76. doi: 10.5498/wjp.v12.i1.59

Ishtiaq, M., (2019). Book Review Creswell, J. W. (2014). Research Design: Qualitative, Quantitative and Mixed Methods Approaches (4th ed.). Thousand Oaks, CA: Sage. English Language Teaching. 2019; 1 (5): 40. doi: 10.5539/elt.v12n5p40.

Khan A., Bleth, A., Bakpayev, M., Imtiaz, N., (2022). Reminiscence Therapy in the Treatment of Depression in the Elderly: Current Perspectives. Journal of Ageing and Longevity. 2022; 2(1): 34-48. doi: 10.3390/jal2010004.

Kementerian Kesehatan RI, (2018). Laporan Nasional Riskesdas 2018 volume 53 issue 9 page 181-222 Kementerian Kesehatan RI. 2018. http://www.yankes.kemkes.go.id/assets/downloads/PM.

Lee, Oh, Park, Choi, & Wee, (2018). Differences in youngest-old, middle-old, and oldest-old patients who visit the emergency department. Clinical and Experimental Emergency Medicine. 2018; 5(4): 249-255. doi: 10.15441/ceem.17.261.

Liu, C.C., Lee, Ch.T., Chang, T., Liao, J.J., (2020). Exploring the relationship between the caregiver's stress load and dementia patient behavior: A case study of dementia specialist outpatient data from the southern medical center of Taiwan. International Journal of Environmental Research and Public Health. 2020; 17(14): 1-18. doi: 10.3390/ijerph17144989

Lynch, A., Bastiampillai, T., Dhillon, R., (2021). Can COVID-19-related anxiety trigger a relapse of schizophrenia?. Australian and New Zealand Journal of Psychiatry. 2021; 55 (7): 732. doi: 10.1177/0004867420954564.

Maier A., Riedel-Heller, S.G., Pabst, A., Luppa, M., (2021). Risk factors and protective factors of depression in older people 65+. A systematic review. PLoS ONE. 2021; 16(5): 1-38. doi: 10.1371/journal.pone.0251326

Nursalam (2020). *Metodologi Penelitian Ilmu Keperawatan. Pendekatan Praktis*. Edisi 5. Jakarta: Salemba Medika. ISBN 978-603-1163-38-2.

Realtor University Library, (2015). Research Methods Guide. Realtor University Library 2015. 2: 1-20.

Rindayati, Nasir A., Astriani Y., (2021). Gambaran Kejadian dan Tingkat Kecemasan pada Lanjut Usia. Jurnal Kesehatan Vokasional. 2020; 5 (2): 95. doi: 10.22146/jkesvo.53948.

Sakanashi S., & Fujita K., (2017). Empowerment of family caregivers of adults and elderly persons: A concept analysis. International Journal of Nursing Practice. 2017; 23 (5): 1-9. doi: 10.1111/ijn.12573.

Sampurna, A.M., (2014). Gambaran Tingkat Depresi Lansia yang Kehilangan Pasangan di desa Dampaan, kecamatan Cerme kabupaten Gresik. Perpustakaan Nasional Republik Indonesia. https://onesearch.id/Record/IOS3943.775/T

Sosa, J.V., Gonzales, F.M., Ramirez, Z., Castro, M.J., Huancahuire-Vega, S., (2022). Depression Associated with Caregiver Quality of Life in Post-COVID-19 Patients in Two Regions of Peru. Healthcare (Switzerland). 2022; 10 (7):1-9. doi: 10.3390/healthcare10071219.

WHO., (2021). Depression. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/depression.

Zhang, Ting &Wang, Zhi., (2020). The Effects of Family Functioning and Psychological Suzhi Between School Climate and Problem Behaviors. Frontiers in Psychology. 2020; 11 March 1-9. doi: 10.3389/fpsyg.2020.00212