

Symptoms of depression in elderly Silesian women living in old people's homes and their own homes

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Symptoms of depression are very common in elderly people. The occurrence and intensification of depression were evaluated in two groups of elderly women. Group 1 consisted of 146 residents of old people's homes, while Group 2 comprised 150 women living in their own homes. Fifty women from the second group took part in the meetings of a local Seniors' Club. The mean age of the women was 80 years. They filled the test of Yesavage's Geriatric Scale of Depression (GDS) and the Dysfunctional Attitude Scale (DAS). The frequency of depression was significantly higher in Group 1 than in Group 2. The women in Group 2 also had significantly higher results in the subscales of DAS (love, achievements, perfectionism and autonomy).

Key words: elderly women, depression symptoms

INTRODUCTION

Depression is a problem of elderly age. The occurrence of depression in the population older than 65 years is evaluated to be 10–30% (6, 11). Single symptoms of depression occur even more often negatively influencing the quality of life. At the same time, diagnostic problems in defining depression, which may be treated as a symptom of old age and often coexisting loneliness are often pointed out.

Many authors (2, 3, 5, 10) underline the objective difficulty in differentiating between depression and dementia in the old age. Also, fear is a common symptom of depression.

MATERIALS AND METHODS

The aim of the study was to evaluate depression in elderly Silesian women with the use of Yesavage et al. Geriatric Depression Scale (12). It is the most often used 15-item screening scale of self-evaluation.

The surveyed persons also underwent a self-evaluation test in Weissman's DAS (Dysfunctional Attitude Scale). The scale (7, 9), through cognitive schemes, studies the so-called strong and weak spheres of the mind and measures the predispositions for emotional disorders (depressions).

The women were informed about the aim of the study at the beginning and asked for a consent. The further studies will require medical evaluation.

To get objective and trustworthy results, the quantitative values were obtained from standardized

evaluation, while the results were evaluated statistically.

The study included 296 women from Silesia province, living in the old people's home or their own homes. The mean age of the women was 80 years.

The women were divided into two groups; 52 women from Group 2 took part in the meetings of the local Seniors' Club (Table 1).

Table 1. **General profile of the study subjects**

Study group	Age group	n
Residents of old people's home	65–94	146
Women living in their own homes	65–94	150
Women taking part in Seniors' Club meetings	65–88	52

RESULTS

Figures 1 and 2 present the frequency of depression disorders found among the women. Stronger or weaker depression symptoms were present in 77% of the old people's home residents. Depression in the women living in their own homes was considerably lower (28%). The difference between the groups was statistically significant ($p < 0.001$).

The intensity of depression was also compared among the women living in their own homes with regard to the variety of meetings they take part in

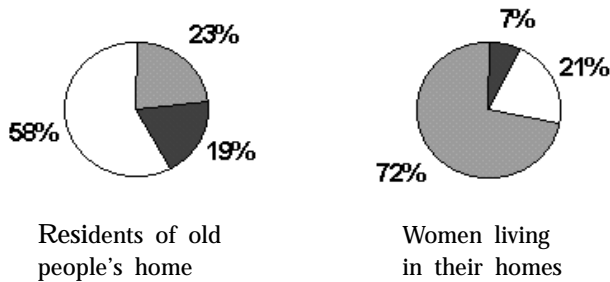





Fig. 1. Depression in women living in old people's home (n = 146) and women living in their own homes (n = 150)

Low level of depression 
 High level of depression 
 Average level 

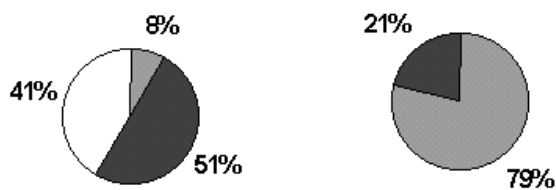


Fig. 2. Depression in women living in their own homes and taking (n = 52) or not taking part in meetings of Seniors' Club (n = 98)

(organized by the Senior's Club) (Fig. 2). The women active in social life were better adapted to struggle with everyday problems, which was shown by a smaller percentage (21%) of depression in comparison to the women who were not active in social life (51%).

The two groups were also compared with reference to the values of DAS scale (Table 2).

Analysis of the data showed that the residents of old people's homes had different attitudes toward the notions of "love", "achievements", "perfectionism", "rights" and "autonomy" than the women living in their own homes.

DISCUSSION

Depression symptoms, especially in elderly people, can take the form of non-specific symptoms difficult

Table 2. Dysfunctional Attitude Scale in elderly women living in old people's home (Group 1) and in their own homes (Group 2)

Subscales	Group 1	Group 2
Approval	-1.5 ± 2.8	-0.9 ± 3.4
Love	-0.3 ± 2.7	-0.3 ± 2.6*
Achievements	-3.9 ± 2.6	-3.1 ± 2.4*
Perfectionism	-2.9 ± 2.6	-1.8 ± 2.6*
Rights	-1.8 ± 2.5	-2.9 ± 2.4*
Might	-0.9 ± 2.5	-1.3 ± 3.4*
Autonomy	-1.4 ± 2.8	-0.4 ± 2.9*

* Statistically significant (Mann-Whitney's test).

to differentiate (1, 3). The deteriorating good mood is often accompanied by somatic diseases or by aggravation of the already existing symptoms (5, 8).

The relation between depression and such factors as sex, education, financial situation was also evaluated. Many authors underline the fact that in educated people aggravated depression is less frequent, possibly because of their better adaptation skills. However, some authors show no such correlation (4, 7). In the group of educated women, there was no relation between depression aggravation and the level of education. A statistically significant relation between depression and the frequency of contacts with children and other relatives was confirmed in this study. Its results showed how important it is for elderly women to have contacts with other people and to be active socially in preventing depression. Their interpretations and observations made during the study also indicate the preventive role of living with other people.

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