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RESEARCH ARTICLE

PREVALENCE AND BEHAVIOUR OF DEPRESSION IN THE ELDERLY ADULT

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ABSTRACT

Depression in the third age obeys the etiopathogenic factors that condition the disorders Objective: To identify the prevalence of depression in the Elderly, a prospective, transversal, descriptive study was performed, participating 76 People over 60 years old Material and methods: Se Applied the DSM-IV survey to determine the depression in the Elderly people of the town of Candelaria, Campeche during the period of April to October of 2016. Results: they presented depression, 79.3% had a primary school education or less, 17.2% were illiterate, 3.4% had a higher secondary schooling, had depression 27.5% were unable to work formally because they had a disability, while 62% worked in the household and 9.4% worked in a formal way. Conclusion: This study revealed a prevalence of 38%, higher than the national average

INTRODUCTION

Depression is one of the most important causes of disability in the world, it causes considerable suffering to those who suffer from it, and the problems associated with it are extremely costly for society. Depression is one of the most debilitating and common diseases among the elderly, however it is overlooked. The most recent epidemiological study in Mexico estimates that the prevalence of depression is greater than 7.8% in the population between 18 and 54 years of age, surpassed only by alcohol dependency (8.2%).

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A previous study found that older adults tend to have higher depression levels than young adults, although there are important gaps in information regarding previous information applied to the elderly. Measurement techniques need to be fine-tuned and more research is needed on the risk and protective factors for depression as this may lead to the establishment of intervention areas. Addressing depression among the elderly can contribute significantly to reducing health care costs, reducing disability, morbidity, and mortality. This would generate significant savings and free resources that could be devoted to the care of other health needs (Neuropsiquiatria en Geriatria). Depression has become one of the most frequent mental disorders among the population of different countries and until recently it has been recognized as a public health problem. Health surveys report a frequency in

people aged 10 to 15 years of 10 to 15%. (http://www.mapfrecajasalud.com/mcsa/es/cinformativo/11/CI_20060523_010105150202.shtml#Escena_1An), in urban media carried out in 2006. Recent studies in which the disability and disability related to the disorder have been taken into account, has shown the impact and importance of the same, currently occupying the third place among the most disabling diseases and estimated that by 2020 will be the second cause of morbidity (http://www.mapfrecajasalud.com/mcsa/es/cinformativo/11/CI_20060523_010105150202.shtml#Escena_1An). The review by Lehtinen and Joukamas showed that the prevalence of depressive episodes varied from 2.6 to 5.5% in men and from 6.0 to 11.8% in women. Kaelber presented results from 7 countries where lifetime prevalence ranged from 1.5 to 16.4. (Fuente, 2001) depressions are alterations of the vitality of the individual that produce cognitive affective repercussions and in interpersonal aspects. Being rooted in the vitality the symptomatology has a physical side, with alterations in the metabolism, in the biological rhythms and in the immunity. Depression is one of the pathologies most frequently present in the primary care setting (Fuente, 2001). It is very common to find any underlying physical illness. Usually the disease is unipolar and apathy, rejection and lack of personal care frequently lead to suspicion of dementia "pseudo-dementia" (Belló *et al.*, 2005). Any serious or mild illness can cause major depression. It is particularly likely that disorders such as rheumatoid arthritis, multiple sclerosis or chronic heart disease will be accompanied by depression, as well as all chronic diseases. (Belló *et al.*, 2005) Since depression can be part of any disease, careful attention must be paid to personal problems of adjustment to life, the role of medications, and so on (Rioseco *et al.*, 1994). The longer the depression continues, the more crystallized it becomes in particular when there is a secondary reinforcing element. The most frequent complication is suicide, which often includes other elements of aggression (Rioseco *et al.*, 1994). In individuals with depression, lifetime risk of suicide increases significantly more than twice as much, and mortality increases by age groups, particularly men older than 80 years (200 per million population) A third of all suicides in the elderly. On the other hand, unsuccessful suicide attempts appear to be less common than in younger people (Rioseco *et al.*, 1994)

Males are successful in suicide, particularly in older age groups, while females are more successful with lower mortality (American Psychiatric Association, 1994). The impact of age on depression is also important and requires significant changes in the management of the elderly patient (American Psychiatric Association, 1994). Human aging is best characterized by the progressive contraction of the homeostatic reserves of each organ of the system. The decline usually referred to as homeostasis begins in the third decade of life and is gradual, linear, and variable among people. The decline of each organ system is independent of changes in other organ systems and is influenced by diet, environment, and personal habits (Alexopoulos, 1995). The incidence of depression does not change with age, but often goes unnoticed in those affected and the suicide rate is higher for white males over 75 years of age. Sometimes the clinical features of depression are not very different from those of other ages:

Apathy rejection, loss of interest: Anxiety or agitation - ideas of illness, guilt or poverty - sleep disorders, loss of appetite. Dehydration, constipation, - Sadness, fear and despair (Alexopoulos, 1995)

MATERIALS AND METHODS

A prospective, cross-sectional, descriptive study was carried out in which the Elderly Adults of the Candelaria, Campeche village were studied during the period from April to October 2016. Prior to authorization, the DSM-IV survey was applied to determine if there was depression and then empty the data in concentration sheets so analyzing the results and thus to produce the graphs and corresponding statistics

RESULTS

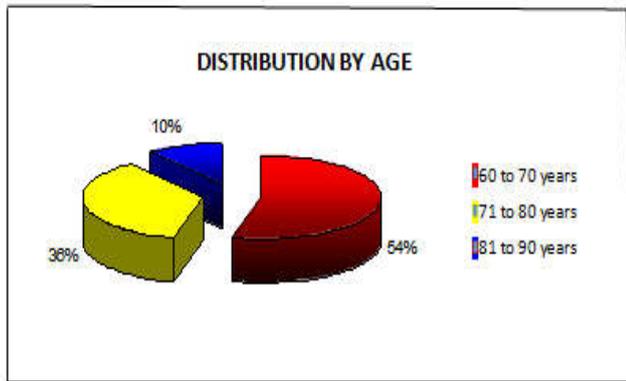
A total of 76 patients older than 60 years of age, 59.2% (45 Older adults) were females and 40.8% (31) males, divided into the following age groups, the first group formed by adults of 60-70 years in which 44 patients (57.8%) were recorded, the second group belonging to individuals with age range of 71-80 years old, consisting of 29 older adults corresponding to 38.1% of the total sample. And finally the last age group of 81 to 90, made up of individuals 4 corresponding to 4.1%. (Graph number 1). The presence in depression was of 38.1% (29 AM), of which the distribution corresponded to 18 patients 62%, of the female sex, and 38% (11 patients) to the male, the distribution by age groups was defined as follows: Of the total of the elderly of depression 58.6% (17 Older adults) corresponded to the group of 60-70 years, whereas the group of 71 to 80 years corresponded to 31% (9 AM), while the larger group of 90 years was 9.4% (3 AM), in the older group in which the highest frequency of depression was found, and 66% of the three elderly individuals presented depression, followed by the group of 60 -70 corresponding to 38.6% of the total sample for this age group, while the group of 80-90 years: 31.0% of the total number of older adults, 9.4% of the elderly adults with depression present major depression. Of the older adults who presented depression, 79.3% (23 AM) had a primary or lower schooling, 17.2% (5 AM) are illiterate, while 3.4% (1) have a higher secondary schooling, of Older adults who presented with depression 27.5% (8 AM) were unable to work formally because they had a disability, while 62% (18) worked in the household and 3% in the 9.4% formal. Of the total population that was positive to depression, 37.9% (11 people) showed some harmful behavior. However, a large part of the population has a chronic degenerative disease of 82.7% (24 people). The prevalence of depression was $0.38 \times 100 = 38\%$

DISCUSSION

Depression is one of the diseases that most frequently occurs in humans, since there is always at least a risk factor exposure; the present study was done to determine the prevalence of the disease in a population especially susceptible to as it is the case of the elders of a rural environment. The results we obtained were a prevalence of depression of 38% well above the national average prevalence (Hoyl, 20000) calculated in 7.8%, and there is a strong relation with gender. Because in rural areas most patients do not consider it as a disease, it was also found that there was no direct relationship between the degree of depression and age, so we can assume that the worsening of the disease depends of factors other than age. In terms of schooling, a rate of .25 was found for patients who did not have a formal education, while those who attended a primary level had a depression rate of .76, and those with a higher average education were 0.46

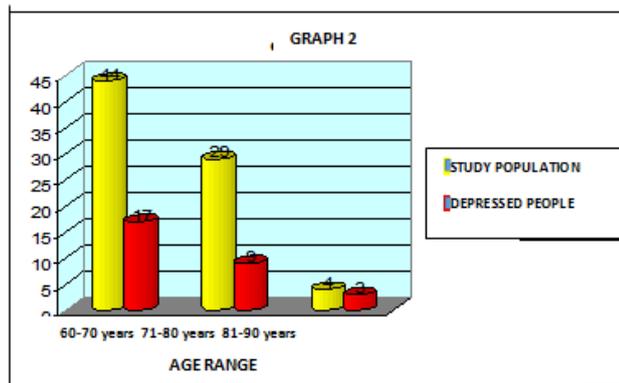
RESULTS

GRAPHICS

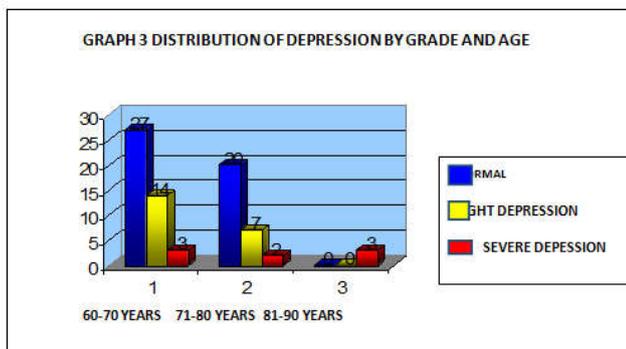


Graph 1. Distribution by age

In Figure 1, we can see the distribution by age, we can see the prevalence of old people in the first decade of this stage, which constitute 54% of the sample, followed by the group of people whose ages ranged between The 71 and 80 years old with 36%, to finally follow the smallest group, for reasons of survival of the older group, varying between 81 and 90 years, which make up 10% of the universe of study.



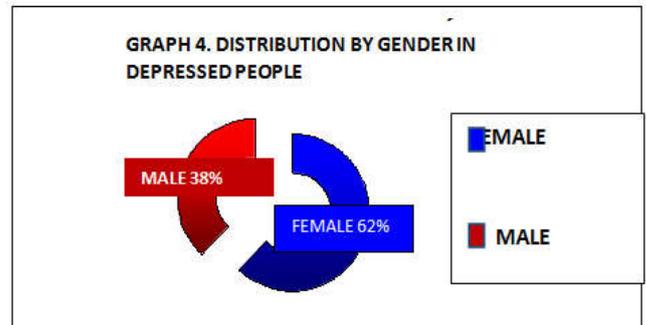
Graph 2. Age range



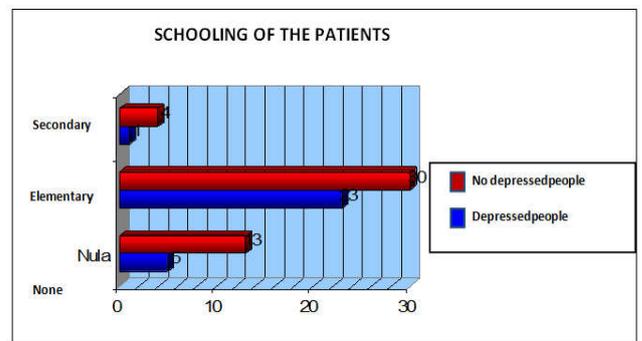
Graph 3. Distribution of Depression by grade and age

In this comparative graph 2 we can see the total of the study population (yellow) divided by age groups, compared to the detected cases of depression (red), in this graph we can see the increase in the prevalence of depression, a The pair with the increase of age in the population studied, we can appreciate the increase in the proportion. The values of each column are at the top of the column. In the present graph we can see the

distribution of the depression, and the degree of it and compare it with the population, note that the values of severe depression remain constant, apparently increase the incidence of depression with increasing age. This suggests that the presence of severe depression requires very specific factors, the exposure of which does not vary greatly with the increase in age.



Graph 4. Distribution by gender in depressed people



Graph 5. Schooling of the elderly with depression

In this graph, we can see the distribution by gender in depressed people in which we can see the predominance of the female sex with a total of 18 patients corresponding to 62% of the total, compared to the 11 patients corresponding to 38%. This can be explained by the cultural characteristics of the region, which impose numerous social and labor constraints on the female sex.

Conclusion

The study revealed a prevalence of 38%, higher than the national average, which is at 17%, and the present study revealed a strong relationship between the female gender and the prevalence of depression in rural areas, located in .64, While national statistics, is in 48. There was no direct relationship between the work situation and the degree of depression; however, it was found that there is no direct relationship between the age and the degree of depression experienced by the elderly. It was established that the group at greatest risk are older women whose age ranges from 70 to 80 years, who suffer from a chronic disease, and do not have a source of their own income.

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