Depression Frequency Among Turkish Elders and Influent Factors

Funda Ozpulat [a] [*], Selcuk University, Aksehir, Konya 42560, Turkey.

Abstract

Elderly population in the world gradually increases both numerically and proportionally due to reasons like decrease in fertility and deaths. Elders generally have a respectable position in the Turkish family structure. However, there is a gradual increase in the number of elder individuals living in nursing homes due to reasons like the changes brought along modern life and participation of women in business life at higher rates, family bonds are gradually weakening especially in cities, and the social support factors, which are known to have an effect upon the depression risk of elder individuals, are gradually decreasing. Making interventions aimed at reviving the cultural features that would strengthen family relations and bonds, developing national action plans that would enable elder individuals to be physically active and the society to grow old healthfully and bringing various social activities and hobbies in elders will be considerably effective upon decreasing depressions that may be encountered in elder individuals.

Keywords: Elder individual, depression, social support.

[*] ADDRESS FOR CORRESPONDENCE: **Funda Ozpulat,** Selcuk University, Aksehir, Konya 42560, Turkey.
 E-mail address: funda_ozpulat@hotmail.com / Tel.: 0 332 813 63 68

1.Introduction

The elder population has increased in terms of both number and proportion, subject to a decrease in the fertility and death rates. According to the 2010 United Nations (UN) report, individuals aged 65 and over constitute about 11% of the overall world population; and it is estimated that this proportion will reach 26% by year 2050. Thus, it is foreseen that whereas 400 million elders will be living in developed countries, 1.5 billion will be in the developing countries [1]. Additionally, according to the data published by the World Health Organization (WHO), the proportion of individuals aged 60 and above will increase from 12% to 22% in the period between 2015 and 2050; and 80% of elders will be living in low- and medium-income level countries by 2050 [2]. WHO 2013 statistics indicate that the proportion of individuals aged 60 and above exceeded 20% of the general population of 21 European countries [3]. With reference to projections of the Turkish State Statistical Organization, while the population of individuals aged 65 and above was 5.7 million in Turkey in 2012, it is foreseen that they will increase to 8.6 million by 2023, to 19.5 million by 2050 and to 24.7 million by 2075 [4].

Elderliness is the period when individuals experience losses in terms of physical appearance, strength, social role and position; and in which their dependency is elevated due to capability losses and physical diseases [5]. As the population of elders expands and their life expectancy increases, the number of chronic, disabling and disabling diseases increase and their life quality gains significance. One of the frequently encountered mental diseases among elders, depression, is considered an important health issue in this period of life, since it adversely affects their life quality and elevates health expenditures [6]. Based on the present compilation focusing on depression in elders and its significance with respect to its potential consequences, it was aimed to reveal the depression frequency among elders in Turkey and the relevant influent factors.

1.1.Elderness and Depression

Depression is considered as a most frequently observed psychiatric disorder. It could be defined as a momentary mood, a syndrome or a disease [7]. Depression is the syndrome which slowdowns the physiological activities observed, besides retardation in thinking, speaking and activities of individuals while they are within deep sorrow or emotional mood [8]. Onset of depression syndrome is usually seen at adolescent and medium ages. It persists towards senior ages by repeating itself and its severity increases [9].

In addition to social and economic problems, elders experience difficulties due to their health problems. Accordingly, they experience loss of abilities and difficulty to maintain their individual lives in society. Neuropsychiatric diseases are prominent among the health problems of elders. Frequency of depression encountered during treatment and healthcare in elders is higher than the average depression incident in society. It is reported that 15% of patients who consulted doctors for various reasons and 25% of elders in care centres are depressed [10].

As depression is considered among the frequently observed psychiatric diseases encountered during elderliness, it is one of the important health problems since it adversely influences life quality, increases health expenditures, and deteriorates the prognoses of chronic internal diseases, especially cardiovascular, to increasing suicide rates [11].

2.Discussion

The existence of depression introduces individuals with new physical problems, increases morbidity and mortality; and predisposes them to loss of capability [12]. If depression is not treated in the elderly, it may result in social isolation and worsening life quality, increasing the load on family and society, early death, increasing suicide risk, loss of functionality, and deterioration in general health condition [13].

In Maral et al. [14], elders aged 60 and above who lived in two different nursing homes in Ankara (*n* = 212) and individuals who lived in three villages in Golbasi County of Ankara (*n* = 152) were included in their study. As a result, whereas depression frequency among elders from the nursing home was determined as 48.1%, among elders from the village it was determined as 24.3%; and statistically significant correlation was determined between two groups [14]. The study conducted by Sonmez et al. [15] on 235 elders aged 75 and above reported that 24.0% of elders were in depression. In another study conducted by Kulaksızoglu et al. [16] on 1,018 elders aged 70 and above, depression frequency of elders was determined at 18%; and that only 8% of these persons were able to access antidepressant medicines. In other studies, depression frequency was determined in the range of 26.1% and 80.4%.

Although elders usually live together with their families, they might be left alone to handle the problems that they encounter. The common practice in Turkish society with strong family ties is to shelter elders under the family roof. Social support is an essential factor in coping with daily life stress. High social support could indicate that this group would not have difficulty in coping with elderliness problems. Additionally, strong social support could indicate that elders would experience psychological problems less frequently. Encouragement of elders for practicing their daily life activities could reduce depressive symptoms [17].

In the study of Aksullu and Dogan [18], conducted on 74 elders in nursing home and 86 who lived in their individual houses, it was revealed that the minimum scores of 27.9% of elders who lived in their houses were 14, based on the Geriatric Depression Scale; social supports of elders who lived in their houses were generally sufficient. In the same study, a majority of elders living in their houses stated that they were respected and loved within their family, whereas the majority of elders living in the nursing home stated that were not paid attention by their families [18]. In the study of Altay and Ustun [19], conducted on 154 in-patient elders in non-psychiatric clinics, the depression risk with elders who did not have visitors or who were seldom visited was found relatively high. In the study including 126 elders from nursing homes in Kirsehir and Manisa [20] and 60 elders who lived in their homes, depression frequency of single or widowed elders who lived in nursing homes were found higher in comparison with those living in their homes. In the study conducted by Maral et al. [14], elders aged 60 and above from two nursing homes in Ankara (*n* = 212) and elders from three villages in Golbasi County of Ankara (*n* = 152) were investigated; and depression frequency was found higher for married elders who lived in nursing homes against their peers living in their homes; while depression frequency was not different for single and widowed elders [14].

It is known that there are a number of factors playing a role in the development of elderliness depression. Among the etiological factors, psychological causes, increasing frequency of bodily diseases, and medications and neurochemical or neuroendocrine changes that arise as a result of physiological changes in this periFod could be enumerated [21]. In the study of Discigil et al. [22] on 51 elders, it was reported that risk of depression was greater with females; and that it was not differentiated according to age, education level and social security. In the study of Topbas et al. [23] including elders who live in nursing home (*n* = 97) and in their house (*n* = 97), lack of opportunity to work, insufficient interest, alcohol usage, advanced elderliness, physical disability and loss of spouse were determined as risk factors which elevate depression level [23]. Bingol et al. [24] determined statistically significant relationship between depression scale score and elders' gender, income level, chronic disease, self-perception as an elder and perception towards their health. In the study of Bakar [25] including 450 individuals aged 65 and over, it was reported that following situations were statistically significant adverse factors on average depression scores of participants: highly aged, female, single or widowed, low education level, low income level, living in countryside, adverse perception towards health status and having chronicle disease.

3.Result and Suggestions

In terms of depression experienced by elders, it was determined that following factors increase risk potential: being female (but, suicide rate has been higher among males), being single or widowed, having low income and education level, lack of social support, experiencing loss of family members, having physical disease, and having chronic disease. On the other hand, bio-chemical changes experienced in elderliness could contribute into incidence of depressive symptoms in advanced senior ages [13].

Elders usually have a respectful position in the Turkish family structure. However, changes introduced by contemporary life such as higher participation rate of women into the economic life, population living in nursing homes has been increased; especially family ties has weakened in urban life, and social support factors known as significantly effective on depression risk of elder people have weakened. Having initiatives to foster cultural characteristics which strengthen family ties, developing nation-wide action plans to contribute in inclusion of elders into active physical life and society to live more healthy life; enabling elders to gain social activities and hobby activities would be significantly effective measures to minimise depressions among elders.

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