

DEPRESSION IN THE ELDERLY: THE INFLUENCE OF THE AGING PROCESS IN THE DEVELOPMENT OF DEPRESSION

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Abstract: The increase in life expectancy and the percentage of the elderly population have been related to a reduction in quality of life and social interaction due to the biopsychosocial transformations inherent to the aging process. Loneliness is a major risk factor for developing depression, just as depression is an aggravating factor for loneliness in the elderly. Diagnosis can be difficult because symptoms are atypical and often include psychomotor agitation, somatic symptoms, and complaints of memory loss. The elderly may end up not reporting sadness and discouragement, however, they may have physical complaints, pessimism, lack of energy, changes in sleep, appetite, in addition to pain and intestinal discomfort. Diseases that affect the mobility and independence of the elderly can contribute to the onset of depression and in some cases can lead to suicide, treatment is essential to prevent the worsening of the disease and tragic outcomes.

Keywords: Elderly Health, Mental Health, Elderly, Depressive Disorder.

INTRODUCTION

Mental health is indispensable for the well-being of the individual and its deficiency causes social incapacity, being considered a public health problem. Among the various psychosocial comorbidities, depression has a high incidence and little attention from society, and may be the second leading cause of global disability, especially in the elderly. (LIU, NORMAN, SINGH et. al, 2015).

Major depression is diagnosed, according to the Diagnostic Manual of Mental Illness, following the criterion of the presence of five or more of the following symptoms for at least 2 weeks, without association with mourning, medication or medical condition: necessarily, depressed mood or loss of interest/pleasure - anhedonia; severe weight loss or gain without dieting; insomnia or hypersomnia;

psychomotor agitation or retardation; fatigue and loss of energy; feelings of worthlessness or excessive guilt; diminished ability to think or concentrate, indecisiveness and; thoughts of death, suicidal ideation, or attempted murder. In view of the condition, such symptoms are attributed to age and confused with other pathologies, which makes adequate therapy or the search for a diagnosis difficult.

The onset of senescence leads to morphophysiological changes, which predispose the elderly to certain diseases, but it does not necessarily disable them from living as human beings. Such vulnerability, accompanied by social neglect, leads this age group to high rates of depressive symptoms and consequent suicide - there is one death in every four suicide attempts in the world, prevailing, in Brazil, mortality in elderly people over 70 years old when compared to other age groups. (SILVA AND BOCCHI, 2020). Thus, understanding the clinical picture in the elderly is essential, as well as understanding senile depression and its severe consequences, and society must have explicit knowledge about it, in order to humanize geriatric admission and mitigate the public health deficit.

METHODOLOGY

This is a systemic literary review carried out through a bibliographical survey, in which the databases, SCIELO, PUBMED, LILACS, BDENF, were selected. The descriptors used were “Depressive disorder”, “Psychosocial intervention”, “Psychosocial deprivation”, “Antidepressants”. Inclusion criteria were: complete articles from the last five years, including Portuguese and English, excluding duplicate studies and those that did not address the subject. The theme was chosen because it is a subject that is little discussed and quite relevant in society, requiring greater attention, study and dissemination of this

content. This way, we selected a question that deals with the psychological health of the elderly and the impacts that prejudice on this subject can generate in the life of the elderly.

RESULTS AND DISCUSSION

Senescence is characterized as the natural process of human aging and its percentage increase was the result of the rural exodus of the population and the decrease in the infant mortality rate. With the increase in life expectancy in recent years, the elderly population and its medical problems are increasing considerably. Depression in the elderly is an important example of this situation. (DE ALMEIDA, 1990). It is estimated that approximately 2.1 million elderly Brazilians have been diagnosed with depression. With regard to pharmacological treatment, the national average of the medicated adult population is 48%; however, the proportion of elderly people receiving medication is higher than the national average: 56.3% between 60 and 64 years old; 56.8% from 65 to 74 years old; and 61.9% over 75 years old (LACERDA, 2016).

The physiological and pathological changes resulting from the aging process can contribute to the development of depression in the elderly, which is now considered a public health problem. The analysis corroborated the literature by identifying loneliness as one of the main psychosocial risk factors for the development of depressive symptoms in elderly people processing negative stimuli. Other risk factors pointed out and evidenced by the literature were: the loss of a spouse, isolation or helplessness and separation from family members, such as empty-nest syndrome, absence of a partner or not aiding grandchildren. All of these are factors that cause emotional loneliness, which will promote depressive symptoms, which in turn will cause social loneliness, which

consists of the deprivation of social contacts. However, the increase in social relationships leads to a decrease in depressive symptoms. Social and emotional loneliness has great effects on depressive symptoms, as elderly people who do not receive visits are those who have higher loneliness scores, contributing to their having depressive symptoms. And the elderly themselves characterize loneliness as a precursor to depression and anxiety, being related to the feeling of emptiness and negative emotions (OLIVEIRA, 2019).

Other factors associated with the presence of signs of depressive symptoms in the elderly are low socioeconomic and educational level, absence of religion, negative self-rated health, polymorbidity, dependence for instrumental activities of daily living (IADL) and cognitive impairment.

In addition, women had a higher average of psychological distress, showing a greater tendency to develop depressive symptoms compared to men, which are related to their experiences of loneliness. Individuals with a negative self-perception of hearing were almost twice as likely to report depression compared to those with a positive self-perception. Hearing loss affects the communication process, contributing to a process of isolation and the development of depression (PAIVA, 2023).

This disease is diagnosed when the individual presents at least five specific symptoms of the disease for a minimum period of two weeks, including: depressed mood, decreased interest in most activities, weight gain or loss equivalent to 5% of body weight, insomnia or hypersomnia, fatigue, feelings of worthlessness or guilt, decreased concentration and suicidal ideation, without association with bereavement or medical condition. The clinical manifestations of depression in old age, when compared to those in adults, are not as evident, as they

involve aspects of a biological, psychological and social nature, often related to changes in lifestyle and impairment of functional capacity. Factors that complicate the accurate diagnosis of geriatric depression include the presence of medical illnesses, dementia syndromes, cohort effects, age bias, and heterogeneity of patient populations.

Moreover, when depression is associated with chronic diseases, morbidity and mortality increase, causing psychic and financial burden for the individual, family and health system (WILLIAMS, 1989). The presence of chronic diseases may result in functional limitations that affect the execution of activities related to personal, social or professional life, contributing to the appearance of mood disorders such as depressive symptoms (RIBEIRO, 2023).

The drug treatment of depressive disorder in the elderly is considered complex, as it involves social and environmental issues and the presence of preexisting comorbidities. Thus, psychotherapy and non-drug approaches are paths to be considered, emphasizing that psychosocial interventions contribute significantly to the improvement in the symptoms of subsyndromal depression and anxiety and, consequently, in the frailty of the elderly. The pharmacokinetic profile, for example, changes in the normal aging process, which must be considered when choosing the appropriate antidepressant - and dosage - for an elderly person (PEQUENO, 2022). The most useful antidepressants for geriatric patients are the secondary amines, desipramine and nortriptyline (WILLIAMS, 1989).

Primary care physicians have a vital role to play in identifying depression in their elderly patients. Older patients are more likely to become chronically depressed than younger patients (WILLIAMS, 1989). The risk of suicide in depressed elderly men is

high, particularly in those with psychosocial problems, and depression increases with age. In addition, according to IBGE data (2019), there has been an increase in the suicide mortality rate among the elderly over 60 years of age in the last decade (2010-2019). For Pérez Barrero (2012), it is common for depressed elderly people to resort to suicide because they see themselves as a heavy burden for family and friends (LACERDA, 2016).

Thus, the adoption of strategies that facilitate the identification and reception of elderly people in psychological distress becomes relevant. A successful intervention strategy is the use of therapeutic listening, which favors the dialogical exchange and sharing of experiences and sensitizes the elderly to the improvement in the individual and collective way of life. It consists of an important care tool, which enables the professional to better assess the individual's psychological distress, being understood under the psychosocial framework as a way of obtaining more information about the subject and making the patient feel more comfortable with each approach. (GONÇALVES, 2022).

In the elderly population, the presence of indicative depressive symptoms can affect quality of life, health conditions, physical and mental performance, affectivity, independence, and autonomy, in addition to increasing the risk of suicide. Therefore, possible changes in this condition over the

years must be monitored. In addition, the identification of its predictive variables helps health professionals in the development of early interventions and the direction of care for health promotion, disease prevention, and risk factor control.

CONCLUSION

Considering, the remarks made, despite notable advances in clinical diagnosis, such as therapeutic listening, less attention is paid to mental disorders compared to physical health. The population aging that the world presents demands the need for a different look at depressive disorders in the elderly. The cognitive domains most affected by the severity of depression are executive function and processing speed, in addition to episodic memory, directly affecting their quality of life (GANGULI E EBMEIER, 1999).

In this sense, the process of developing depression in the elderly can last for years, behaving as more chronic than acute, according to the symptoms presented. It is important to emphasize the need to understand the main cause that causes the depressive disorder, in addition to an improvement in basic health care, establishing protocols for monitoring the mental health of the elderly, after all, it is a population group that presents signs and symptoms that are different from the usual ones, in need of specialized attention to their demands.

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