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Original Research Article

Prevalence of depression in hospitalized older adults who feel abandoned in Mexico

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The objective of this study was to analyze the prevalence of depression in older adult men and women who feel abandoned when hospitalized. Convenience sampling was used to enlist 113 voluntary participants at the Tejupilco General Hospital, regardless of symptoms or the service to which they were admitted. Irrespective of educational level, inclusion criteria for the study were >60 years old and the absence of mental illness. The study design was non-experimental and transactional with the use of the geriatric depression scale (GDS-15) to indicate the presence of depressive symptoms. SPSS statistical package was used to analyse the data obtained. Descriptive statistics such as frequencies and percentages were used to present the results of the study. The results obtained show that severe depression was more prevalent among the study's participants as 22.1 and 13.2% of men and women, respectively, were diagnosed.

Key words: Abandonment, older adults, depression, hospitalization, prevalence

INTRODUCTION

The World Health Organization (2020) mentions depression as a common mental disorder that can be identified by the presence of sadness, loss of interest or pleasure, feelings of guilt, low self-esteem, sleep disorders, appetite disorders, tiredness and lack of concentration. Many authors have defined these emotions by which people feel sadness as nostalgia, a feeling of emptiness, melancholy, lack of will to live and little strength to drive themselves**.** These sensations vary in each person who experience depression as sensations such as sadness, crying, weakness, hopelessness are common in older adults.

Beck et al. (1979) described an abnormal state in an organism as that which manifests itself through signs and symptoms such as, a low subjective mood, pessimistic attitudes and loss of spontaneity. The origins of depressive states are found in environmental disorders, loss of traditions with rupturing family ties, abandonment of religion and the environment in which one lives. Depression was long considered a serious and incurable disease. However, it is now possible to cure it and continue leading normal lives with the knowledge, development and application of new methods used to overcome it.

For Seligman (1981), depression is a state that causes a loss of motivation and a loss of interest in reality. The person who experiences it feels loathing, useless and guilty. The older adult stops being and feels unproductive; he feels a loss of role, and even loss of loved ones; sometimes a spouse. Fairly older adults consider it the end of the work stage that is accompanied by losses, which they cannot easily overcome and thus become traumatic; as the daily dynamic of seeing co-workers, loss of their status, reputation, and in most cases, a significant drop in self-esteem, judging that they are worthless.

Other factors that worsen the perception of the elderly at the social level is that income decreases, with the knowledge that they must adapt to another level of expenses. They begin to have too much free time, which implies that if they do not use it effectively, their lives will

become more complicated. It is important that old age be considered an important stage of development, similar to other stages such as childhood and adolescence. At each stage, individuals experience changes such as: physical, psychological and social over time. Meanwhile, old age should not be related to illness and depression, since it can be observed that elderly people seek more active lives and attend social events. Consequently, they seek a high quality of life because they practice healthy living by practicing sports and have a proper diet which allows them to have a vital and happy old age.

When older adults arrive at hospitals, they begin to perceive abandonment. However, the occurrence of this feeling is the existence of subjective abandonment. Subjective abandonment is understood as the perception that an older adult has of his social situation; noticing that he is surrounded by relatives, children, grandchildren, friends, neighbors and social assistance yet his perception of reality is one of loneliness and abandonment.

Previous research (Sotelo et al., 2012) has shown that from the age of 60 onwards, people present mild to normal levels of pressure, and experience depressive symptoms due to lack of employment, aging, old age and not being able to participate in family physical activities. However, the main factor is the feeling of abandonment.

In an investigation to determine the level of depression in the elderly attending a comprehensive care center for the elderly in Licas (2015) revealed that of the total respondents, 58% presented with mild levels of depression, followed by 23% without depression and 19% with severe depression. The study concluded that older adults who attended the comprehensive healthcare center showed symptoms of mild depression.

Another investigation by Gonzales (2011) using the Yesavage test in a residential healthcare center with a total population of 353 elderly patients concluded that: of older adult respondents, 45.8% of men and 54.2% of women were at risk of moderate depression.

In Mexico, the National Institute of Statistics (INE) in 2011 indicated that at least 4 out of 10 people over 60 years of age are part of the labor market working as operators, artisans, farmers or are dedicated to the informal economy.

The demographic transition in Mexico is characterized by an accelerated increase in the ageing population, causing social adjustments that have not occurred at the same speed as the changes in the population structure. In older adults, income influences their social status, access to health, and maintenance of their home expenses, which gives rise to their social relationships.

METHODOLOGY

113 adults over 60 years of age were conveniently sampled for this descriptive study with the objective of analysing the prevalence of depression in hospitalized older adults who feel abandoned at the Tejupilco Regional Hospital, Mexico. Older adults who agreed to participate did so voluntarily, regardless of their level of education. Patients who presented limitations in their cognitive functions due to neurological or psychiatric diseases, medications or substances susceptible to abuse were excluded from the study.

The Geriatric Depression Scale (GDS-15) by Sheik and Yesavage (1986) was applied, where the older adult had to respond to questions regarding how they felt. The GDS-15 contains 15 items with 10 items indicating the presence of depressive symptoms if the responses are in the affirmative and evaluates 4 levels of depression: depressive symptoms, mild depression, moderate depression and severe depression. The two-dimensional structure scale had an internal consistency of 0.78, construct reliability of 0.87.

The socio-demographic data elicited were processed with the statistical package SPSS version 23 to determine frequencies and percentages.

RESULTS AND DISCUSSION

The results of the prevalence of depression in older adults who feel abandoned when hospitalized are presented in Tables 1 to 5. Complementary data such as schooling, marital status, diseases and functional capacity were also presented in frequencies and percentages.

In this research, data about the prevalence of general depression in the elderly population, shown in Table 1, indicates that 25 men (22.1%) were found to be severely depressed compared to 15 women (13.2%) while 23 women (20.3%) were mildly depressed compared to 16 men (14.1%). In total, more men suffered (61) from depression than women (52).

Table 2 shows the level of education in the sampled elderly population. 12.45% male respondents have secondary education while 22.1% of women were educated up to the high school level. Of the older adults in this investigation, 33 men (29.2%) have basic educational training, and in the case of women 25 of them, (22.1%) have high school.

Table 4 shows that 25.6% of men suffer from other diseases compared to 27.4% women who suffer from 1 to 3 diseases.

The Secretary of Health (2001) mentions depression as one of the most important geriatric problems affecting the elderly population, due to a significant increase in its magnitude and prevalence thus, becoming a public health problem that must be addressed. In Mexico, the data indicates that depression causes suffering and disruptions to the daily lives of its sufferers. Worldwide, depression affects 7% of the general elderly population. Sotelo et al. (2012) mention that in hospitals where healthcare is at the primary level, depression is neither diagnosed, addressed nor treated. When older adults are admitted, attention is focused more on their physical health, with the intention of restoring it as soon as possible and being discharged. Although depression is a frequent occurrence in older adults, it is often overlooked and not diagnosed at the primary care level, leading to diagnosed cases becoming more acute (Sandoval and Richard 2006).

The frequency of depression in Mexico qualifies it as a

Table 1. General depression in men and women

Level	Men		Women	
	F	%	F	%
Symptoms	12	10.6	9	7.96
Mild	8	7.32	5	4.42
moderate	16	14.1	23	20.3
Severe	25	22.1	15	13.2
	61	54.12	52	45.88

Source: Authors' computations

Table 2. Educational level of participants

Level of education	Men		Women	
	F	%	F	%
Primary	33	29.2	11	9.73
High school	14	12.45	7	6.19
Preparatory	10	8.84	25	22.1
Superior	4	3.53	9	7.96
	61	54.02	52	45.98

Source: Authors' computations

Table 3. Marital status of participants

Marital status	Men		Women	
	F	%	F	%
Single	13	11.5	3	2.65
Married	8	7.07	19	16.8
Divorced	16	14.28	13	11.5
widower	24	21.2	17	15
	61	54.05	52	45.95

Source: Authors' computations

frequent affective disorder in people older than 60 years, considering that it accounts for 15 to 20% of outpatient population, increasing up to 25 to 40% in the hospitalized population. This results in older people suffering from depression to feel that they make up a significant portion of the population compared to those with chronic illnesses, such as lung disease, high blood pressure, or diabetes. In addition, depression increases the likelihood of having poor health, use of medical services and helathcare costs (Escurdia and Richard 2006).

The structure of the Mexican population has been significantly influenced by globalization, industrialization, modernization, urbanization and other great achievements of the 21st Century. These factors have resulted in the modification of the structure and dynamics of today's society across science, technology and healthcare provision. Consequently, this has resulted in neglecting the contributions that elderly adults could give to the society with their wisdom and years of life experience as this population is not taken into account owing to the assumption that it ceases to be productive (Ham-Chande, 2003; Huenchuan, 2005; Tuirán, 2003).

The fact that the older adult has the possibility of avoiding depression does not always correspond directly to a higher level of well-being for people who age. Paradoxically, aging in older men and women is a symbol that places them in a situation of vulnerability. Depression in older adults is an aspect that should be critically examined due to its relevance, magnitude and prevalence. Mental and/or emotional disorders in the elderly places them as one of the age groups at higher risks of suffering from mental health problems, especially women. It should be noted that in this research, the participation of women was lower (Table 1) and were also reported to suffer more from moderate depression 23 of them (20.3%).

The older adult has the tendency to self-isolate, a factor that is associated with depression. Considering the marital status of the participants in this research, Table 2 shows that 21.2% of the female participants are widowed while 16.8% are married or in a union. For men, 7.07% are married or in a union, 11.5% are single while 21.2% were widowed. The numbers of single and widowed men and women may likely result in self-isolation (Table 3).

In a cross-sectional study of 1,012 people over 60 years

Table 4. Diseases suffered from by participants

Disease status	Men		Women	
	F	%	F	%
Does not suffer from disease	15	13.2	7	6.5
Suffer from 1 to 3 diseases	29	25.6	31	27.4
Suffer from 4 or more diseases	17	15	14	12.3
	61	53.8	52	46.2

Source: Authors' computations

Table 5. Capacity for functional independence

Variable	Men		Women	
	F	%	F	%
Complete independence	5	4.65	3	2.65
1 or 3 difficulties	17	15	22	19.4
4 or more difficulties	39	34.5	27	23.8
Total	61	54.2	52	45.85

Source: Authors' computations

of age in Brazil, a lower frequency of depression was found in people with indicators of active aging, such as having friends, work and the habit of reading (Galli et al., 2016). When asked about the diseases they suffer from, 29 men (25.6%) and 31 women (27.2%) suffer from 1 to 3 diseases (Table 4). For the control and treatment of depression in older adults with chronic diseases such as arthritis, it is very important to consider treatment with antidepressants and psychotherapy as they are considered to help depression and reduce pain, resulting in improved functional status and quality of life. In patients with diabetes and depression, comprehensive antidepressant treatment improved affective and functional status especially in patients without good glycemic control (Williams et al., 2004).

Regarding limitations, 5 men and 3 women reported complete capacity for functional independence while 39 men (34.5%) and 27 women (23.8%) stated that they had 4 or more limitations (Table 5), the latter being related to feelings of worthlessness. In Mexico, a study of hospitalized patients found that 62% were dependent and there was a direct relationship between depression and dysfunction (Martínez et al., 2007).

Conclusions

In Mexico, the prevention of depression should be one of the important aspects that health institutions should be addressing through information dissemination to the population. In this way, preventive measures can be initiated and implemented via the mobilization of the required professionals.

On certain occasions it is permissible to be sad, it is acceptable since people experience constant mood changes. However, when an older adult constantly experiences these mood swings, the people around must be aware to understand how depression makes an individual live under intense experiences of permanent sadness that hinders personal, social and work performance.

In Mexico, older adults must be taught the importance of being attentive and take note of the occurrence of the following symptoms. They must be aware of the importance of seeking a professional multidisciplinary team so that the corresponding psychological assessment is carried out. This will enable a complete assessment by the entire team depending on the severity of the case.

The major symptoms to look out for include: grief, sadness, or depressed mood for most of the day, decreased interest in most daily activities, increased or decreased appetite, insomnia or excessive sleeping, unexplained tiredness or loss of energy, feelings of worthlessness or guilt, indecisiveness or decreased ability to think or concentrate, recurrent thoughts of death, abandonment or suicide.

The prevalence of depression in the elderly varies according to socioeconomic development, the difficulty occurs more frequently in developing countries. Depression in the elderly imparts quality of life, comorbidities and suicidal ideation.

It is important for health personnel to be knowledgeable in identifying the risk of depression in health personnel so as to identify suicidal ideation the first time they have an encounter with the elderly, especially at the primary healthcare level. Hence, it is important that all actors in the community, governments and international institutions take action to counteract modifiable risk factors and implement social and health policies to improve the quality of life of older adults.

Conflict of Interests

The authors declare that there is no conflict of interests regarding the publication of this manuscript.

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