

Characteristics of older adults residing in a facility in Santander and the prevalence of depression

Caracterización de los adultos mayores pertenecientes a una institución de Santander y presencia de depresión

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ABSTRACT

Objective: to characterize older adults and analyze the level of depression of this population in an institution in Santander.

Method: in this quantitative cross-sectional descriptive research, we will focus on the sociodemographic characterization and analysis of depressive symptoms in elderly individuals. A questionnaire was designed to collect information on relevant social and demographic characteristics of the participants, including age, gender, educational level, marital status, among others. In addition, the Yesavage Scale, recognized as a valid and reliable tool to assess the presence and severity of depressive symptoms in the geriatric population, is used. The selection of participants was carried out using a simple stratified random sampling method, with the aim of ensuring the representativeness of different sociodemographic groups within the sample. A descriptive analysis of the variables was performed, describing quantitative variables with absolute and relative frequencies and 95 % confidence intervals, and we verified the distribution with the Shapiro-Wilk test.

Results: ten older adults were interviewed, 30 % were men and 70 % were women, aged between 73 and 91 years. With respect to educational level, 50 % have incomplete primary school, 20 % completed primary school, 10 % completed secondary school and 20 % did not study. 100 % have some kind of disability, with 80 % suffering from visual and hearing disabilities, and 20 % from physical, mental or cognitive disabilities. All of them participate in life center programs; 50 % in productive activities such as dishwashing and janitorial work, and the other 50 % in recreational activities. On the other hand, on the Yesavage depression scale, 30 % have moderate to mild depression, while 70 % have no depression at all.

Keywords: Nursing; Elderly; Characterization; Depression.

RESUMEN

Objetivo: realizar una caracterización a los adultos mayores y analizar el nivel de depresión de esta población en una institución en Santander.

Método: en esta investigación cuantitativa de diseño descriptivo de tipo transversal, nos centraremos en la caracterización sociodemográfica y el análisis de síntomas de depresión en individuos de edad avanzada. Se diseñó un cuestionario para recoger información sobre características sociales y demográficas relevantes de los participantes, incluyendo edad, género, nivel educativo, estado civil, entre otros. Además, se emplea la Escala de Yesavage, reconocida como una herramienta válida y fiable para evaluar la presencia y gravedad de síntomas depresivos en la población geriátrica. La selección de los participantes se lleva a cabo mediante un método de muestreo estratificado aleatorio simple, con el objetivo de asegurar la representatividad de diversos grupos sociodemográficos dentro de la muestra. Se ha realizado un análisis descriptivo de las variables, describiendo variables cuantitativas con frecuencias absolutas, relativas e intervalos de confianza al 95 %, y verificamos la distribución con la prueba de Shapiro-Wilk.

Resultados: se entrevistaron a diez adultos mayores, se halló que el 30 % son hombres y el 70 % mujeres, con edades entre 73 y 91 años. Respecto al nivel educativo, el 50 % tiene primaria incompleta, el 20 % completó la primaria, el 10 % finalizó la secundaria y el 20 % no estudiaron. El 100 % presenta alguna discapacidad, con un 80 % sufriendo discapacidades visuales y auditivas, y el 20 % discapacidades físicas, mentales o cognitivas. Todos participan en programas de un centro de vida; el 50 % en actividades productivas como lavado de loza y portería, y el otro 50 % en actividades recreativas. Por otro lado, al realizar la escala de depresión de Yesavage, el 30 % tiene depresión moderada

a leve, mientras que el 70 % no presenta ningún nivel de depresión.

Palabras clave: Enfermería; Adulto Mayor; Caracterización; Depresión.

INTRODUCTION

The purpose of this document is to present the components of our research study, “Characterization of Older Adults in a Santander Institution and the Presence of Depression.” It addresses the identified research question, supported by various studies analyzing mental and physical health in older adults. The rationale is grounded in previous research on this social sector, both nationally and internationally.

The objectives outlined guide our research, including a description of the specific instruments that will be used to measure depression and other relevant variables. The instruments used are the Geriatric Depression Scale and sociodemographic questionnaires. We describe the phases of the project’s development, the statistical analysis performed on the collected data, and the most relevant ethical considerations guiding this research.

Both sociodemographic characteristics and the degree of latent depression among older adults are essential elements for addressing the comprehensive health of this vulnerable age group.⁽¹⁾ Therefore, the study and understanding of these factors are fundamental for developing appropriate prevention, diagnosis, and treatment strategies that promote the improvement of quality of life and emotional well-being among older adults, facilitating healthy old age.⁽²⁾

First and foremost, it is crucial to understand that aging is among the most vulnerable phases of life, and a global trend has led to a significant increase in the number of older adults worldwide. This demographic transition presents both challenges and opportunities in public health, particularly as it affects mental health conditions and quality of life in relation to health issues such as chronic and acute diseases affecting older adults.⁽²⁾

Depression is among the most common mental health conditions among the elderly population and is associated with a variety of sociodemographic factors, such as sex, education, marital status, socioeconomic status, and social context.⁽³⁾ Recognizing and studying these characteristics can provide useful information about this high-risk population and identify protective factors linked to the well-being and safety of older adults, thereby facilitating the implementation of more targeted preventive and therapeutic interventions.⁽⁴⁾

Furthermore, the prevalence of depression in the elderly population is linked to a range of adverse effects, including an increased risk of suicide, a reduced quality of life, functional decline, and increased morbidity and mortality. Thus, early identification through preventive intervention promotes research grounded in an accurate diagnosis and the appropriate and timely treatment of depression, as these are vital for mitigating these adverse effects and fostering the emotional and physical well-being of older adults.⁽²⁾

Furthermore, the sociodemographic analysis of older adults facilitates an understanding of the life situations and contexts that may affect their health and well-being. This encompasses factors such as socioeconomic and sociodemographic circumstances, access to and management of health services, social and family support, and quality of life. Understanding these factors could assist in identifying the specific needs of older adults and in developing more effective, patient-centered public health interventions and policies.^(4,5,6) Sociodemographic profiling and the analysis of depression are essential elements in the field of nursing, given their direct influence on improving patient care and quality of life. Understanding patients’ sociodemographic characteristics enables nurses to effectively tailor their interventions, taking into account factors such as age, sex, educational level, and socioeconomic context. This personalized information promotes care that is more focused on individual needs, enhancing communication with the patient and strengthening the therapeutic relationship.^(7,8,9)

Depression is among the leading psychiatric conditions that significantly affects people’s quality of life, and its early detection will allow us to provide appropriate treatment and prevent complications, among other benefits. Nursing professionals play a key role in identifying depressive symptoms, preventing the risk of developing depression—given its high prevalence—assessing the risk of depression, and, when deemed necessary, referring patients in a timely manner to specialized professionals. Nursing professionals also have the responsibility to understand the sociodemographic factors associated with a higher risk of depression to develop prevention strategies and training programs.^(10,11)

Objective: to characterize older adults and the level of depression in this population at an institution in Santander.

METHOD

Study Type

This is a quantitative, descriptive, cross-sectional study. Data will be collected in the first half of 2024.

Population

Older adults residing in a care facility in Santander.

Sample

The sample will consist of institutionalized and noninstitutionalized older adults from the “Albeiro Vargas y Ángeles Custodios” Foundation.

Inclusion criteria

- Elderly individuals, both institutionalized and noninstitutionalized, who are enrolled in the foundation's program.
- Individuals over 18 years of age with preserved consciousness and orientation.
- Individuals without difficulties in spoken language and hearing

Exclusion criteria

- Older adults with communication difficulties or who speak a language other than Spanish.
- People living in areas that are difficult to access due to their geographic location.

Tools

Table 1. Yesavage Scale		
Variable	Measurement instrument	Instrument characteristics
Depression	Geriatric Depression Scale – Yesavage Test	This instrument consists of 15 items with a yes/no response pattern; the purpose of the scale is to investigate cognitive symptoms of a major depressive episode over a 15-day period. Affirmative responses are given for items 2, 3, 4, 6, 8, 9, 10, 12, 14, and 15. Negative responses are given for items 1, 5, 11, and 13. Each incorrect answer is scored as 1, and the results are classified as follows: 1. 0–4: normal 2. 5 or higher: depression

Geriatric Depression Scale–Yesavage Test: this instrument is applicable to depression and is based on cognitive, emotional, and physical symptoms in adults who express sadness, lack energy, feelings of worthlessness, hopelessness, and problems with relationships and social interactions.

It is a tool for screening depression and consists of 30 yes–no questions. In 1986, an abbreviated version of this instrument was created, consisting of 15 questions (). It retains the originality of the original version but is easier to administer; therefore, a score of 5 or more positive responses indicates depression, with a sensitivity and specificity of 80–95 % depending on the population studied.

Table 2. Description of the characterization variables			
Variable	Nature	Level of measurement	Value
Age	Quantitative	Reason	Age
Gender	Qualitative Dichotomous	Nominal	1. M: Male 2. F: Female
Socioeconomic status	Qualitative Polytomous	Ordinal	1. Stratum 1 2. Class 2 3. Stratum 3 4. Stratum 4 5. Tier 5 6. Section 6
Marital status.	Qualitative polytomous	Nominal	1. Married 2. living together. 3. single mother or father (0). 4. Widow (0)
Has children	Qualitative dichotomous	Nominal	Yes or no
How many children do you have	Discrete quantitative	Ratio	Number of children
Origin	Polytomous qualitative	Nominal	1. rural 2. urban
Religion	Qualitative, multicategorical	Nominal	1. Catholic 2. Christian 3. Adventist 4. Jehovah's Witness 5. Other _____

Ethical Considerations

In accordance with Regulation No. 008430 of 1993, this research is classified as “risk-free” because no interventions or intentional

changes are made to the participants' biological, physiological, psychological, or social variables. Furthermore, written informed consent will be provided to participants to protect their privacy, in accordance with the Code of Good Clinical Practice, Decree No. 1377 of 2013, and Law No. 1581 of 2012. Researchers have also committed to not disclosing the information collected.

This study adheres to the principles of the Declaration of Helsinki, which must be followed by those conducting medical research or studies involving human subjects

RESULTS

To conduct the analysis for this project, a Google Forms questionnaire was used. The collected data were exported from an Excel spreadsheet containing various sociodemographic variables, the Yesavage scale, and the demographic profile for a sample of 120 older adults affiliated with the Albeiro Vargas institution.

The average age was 77 years, with a minimum age of 60 years and a maximum of 93 years. The sample consisted of 120 older adults, of whom 59,5 % were female and 42,5 % were male. All older adults were institutionalized at the Albeiro Vargas Foundation, which is located in the Department of Santander. The other variables analyzed are described below.

Table 3. Description of the variables analyzed

	Variable	Frequency	Percentage
Educational level	None	40	33,33
	Completed elementary school	25	20,83
	Incomplete elementary education	53	44,17
	High school	2	1,67
Sisbén Category	A	16	13,33
	B	64	53,33
	C	37	30,83
	D	3	2,5
Name of the EPS	National Railways Social Security Fund	2	1,67
	Asmet Health	12	10,0
	Coosalud	32	26,67
	Famisanar	5	4,17
	Nueva EPS	46	38,33
	Total Health	10	8,33
	Sanitas	7	5,83
	Sura	6	5,0
Cardiovascular Diseases	Yes	72	60,0
	No	48	40,0
Metabolic diseases	Yes	31	25,83
	No	89	74,17
Degenerative disease	Yes	25	20,83
	No	95	79,17
Respiratory Diseases	Yes	14	11,67
	No	106	88,33
Chronic kidney disease	Yes	7	5,83
	No	113	94,17
Neoplasms	Yes	1	0,83

	No	119	99,17
Medications:			
Antihypertensives	Yes	60	50,0
	No	60	50,0
Diuretics	Yes	20	16,67
	No	100	83,33
Tranquilizers	Yes	10	8,33
	No	110	91,67
Antiparkinsonian drugs	Yes	2	1,67
	No	118	98,33
Antidepressants	Yes	8	6,67
	No	112	93,33
Analgesics	Yes	65	54,17
	No	55	45,83
Respiratory inhalers	Yes	6	5,0
	No	114	95,0
Anticonvulsants	Yes	5	4,17
	No	115	95,83
Insulins	Yes	13	10,83
	No	107	89,17
Hypoglycemic agents	Yes	20	16,67
	No	100	83,33
Disabilities:			
Visual	Yes	68	56,67
	No	52	43,33
Hearing	Yes	29	24,17
	No	91	75,83
Mental	Yes	14	11,67
	No	106	88,33
Cognitive	Yes	12	10,0
	No	108	90,0
Physical/Motor	Yes	27	22,5
	No	93	77,5
Multiple	Yes	13	10,83
	No	107	89,17

It was found that 100 % of the participating older adults expressed a desire to engage in recreational and physical activities. Among the most common activities were dancing, exercising, playing sports, doing crafts, playing bowling and tejo, participating in board games, doing aerobics, singing, walking, attending dance therapy sessions, and stretching.

To assess the prevalence of depression among older adults residing in a care facility in Santander, the Yesavage Depression Scale was used. The results indicate that 33,33 % of the older adults reported signs of depression, while 66,67 % did not experience depressive symptoms.

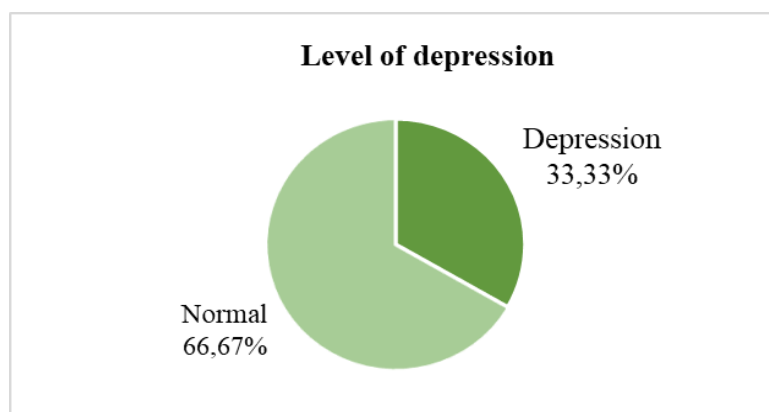


Figure 1. Graph of depression results

DISCUSSION

Depression among older adults is a public health problem that affects the majority of this population. In the present study, 120 older adults residing at the Albeiro Vargas Foundation were assessed, and 33,33 % of them exhibited symptoms of depression.^(12,13)

The average age of the participants was 77 years, ranging from 60 to 93 years. These findings are consistent with recent research indicating that the prevalence of depression tends to increase with age.^(14,15) For example Gutiérrez Misis et al.⁽⁵⁾ reported a prevalence of 29,7 % among adults aged 65 and older, highlighting that depression is more common in older adults, particularly those aged 71 to 80, which is linked to physical changes, chronic illnesses, and the loss of emotional connections.⁽⁶⁾ Also highlight this connection between aging and depression, especially when there is a decline in physical health or functional dependence.

Another relevant finding was the low level of education: 44,17 % of older adults had completed only primary school, while 1,67 % had pursued higher education.^(16,17) This situation could affect mental health, given that Méndez Chacón reported that a low level of education restricts access to information related to health and self-care, increasing vulnerability to depression.⁽⁷⁾ Furthermore, Gutiérrez and other authors reported that poor education is directly linked to a higher prevalence of emotional disorders.⁽⁵⁾

Most participants were in Sisbén Category B (53,33 %), indicating a lower-middle socioeconomic status. Low socioeconomic status is strongly correlated with depression in the elderly population.^(5,18) In this study, a significant correlation was found between low income and depression, which could intensify feelings of helplessness and despair among this group of people.⁽¹⁹⁾

In our sample, 60 % of older adults reported cardiovascular conditions, while 25,83 % reported metabolic diseases.^(20,21) The presence of chronic diseases is a major risk factor for depression in this population group.^(8,22) In the research conducted by Rodríguez Vargas and colleagues, older adults with chronic diseases had a higher prevalence of depression, indicating that the presence of multiple diseases can increase the emotional and physical burden, contributing to a decline in health.^(6,23)

With respect to medications, 50 % of participants were receiving treatment with antihypertensives, while only 6,67 % were receiving antidepressants.^(24,25) This suggests that, in this group, depression may be underdiagnosed and underestimated. The WHO notes that mental disorders are frequently underestimated in older adults and that stigma can hinder the pursuit of care for this condition.^(9,26) The absence of appropriate treatment can perpetuate the cycle of depression, as reflected in the research by Morales Pachay and Alcívar Molina, which highlighted that numerous depressive symptoms are overlooked by healthcare professionals.^(10,27)

A total of 56,67 % of older adults reported visual impairments, while 24,17 % reported hearing impairments.^(28,29) The presence of physical or mental disabilities has been linked to an increased risk of depression.⁽⁶⁾ Furthermore, both disability and self-perceived poor health are strongly correlated with depression, underscoring the importance of comprehensive care to address these limitations.^(5,30)

Despite the prevalence of depression, all the participants (100 %) expressed interest in engaging in leisure and physical activities. This is significant, as engaging in leisure activities can serve as a protective factor against depression. The literature indicates that sports and physical activities can enhance emotional well-being and reduce symptoms of depression.^(5,31)

In the research by Morales Pachay and Alcívar Molina, it was highlighted that a lack of interest in leisure activities can be a sign of depression, underscoring the importance of promoting active participation in life.⁽¹⁰⁾

CONCLUSIONS

The population of older adults residing at the Albeiro Vargas Foundation, located in Santander, exhibits high social vulnerability. A total of 77,5 % had a low educational level, with 33,33 % being illiterate and 44,17 % not having completed primary school. Additionally, 53,33 % are enrolled in the subsidized health plan under Sisbén Category B, which limits their autonomy and access to health services and hinders their ability to age with quality and dignity.

From a clinical perspective, a geriatric profile characterized by the presence of multiple comorbidities was identified: 60 % suffer from cardiovascular diseases, 25,83 % have metabolic diseases, 22,5 % have some form of motor disability, and 56,67 % have visual impairment. In terms of medication, 50 % were on antihypertensive drugs, and 16,67 % were on hypoglycemic agents, indicating a significant dependence on medication and the need to develop personalized care plans.

With respect to mental health, one-third of the older adults assessed (33,33 %) experienced depressive symptoms according to the Yesavage Scale. However, all the participants expressed interest and enjoyment in participating in recreational and physical activities, highlighting the importance of strengthening comprehensive psychosocial interventions that address emotional well-being.

RECOMMENDATIONS

It is recommended that the research be expanded to include older adults who are not institutionalized, whether they live with family members or independently. This would allow for an assessment of how the environment influences their mental health, particularly regarding the manifestation of depressive symptoms, and provide a broader picture of their emotional well-being.

Additionally, it is advisable to implement long-term follow-up to observe how the emotional state of these older adults evolves and its relationship to physical decline. This would facilitate the early detection of the impact of chronic diseases on mental health and allow for the design of timely interventions to improve their quality of life and overall well-being.

The involvement of professionals from various disciplines—such as psychologists, gerontologists, social workers, and occupational therapists—can enhance the analysis and care of mental health in this population. Similarly, conducting studies in different regions of the country will help identify how cultural, economic, and geographic factors affect the emotional well-being of older adults.

FINANCING

None.

CONFLICT OF INTEREST

None.

AUTHORSHIP CONTRIBUTION

Conceptualization: Maryi Yulieth Betancur Buitrago, María Andreina Pulido Montes, Luz Mery Contreras Ramos.

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Writing - proofreading and editing: Maryi Yulieth Betancur Buitrago, María Andreina Pulido Montes, Luz Mery Contreras Ramos.

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