

Description of symptoms of Anxiety and Depression of institutionalized elderly in the countryside of the state of Bahia, Brazil

*Descripción de los síntomas de Ansiedad y
Depresión en ancianos institucionalizados en el
interior de Bahia, Brasil*

*Descrição dos sintomas de Ansiedade e Depressão
em idosos institucionalizados no interior da
Bahia, Brasil*

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ABSTRACT: This study aimed to assess the levels of anxiety and depression in a population of institutionalized elderly living in towns in the state of Bahia, Brazil. Results indicated the presence of some kind of pain, symptoms of mild and moderate depression, and frequent symptoms of anxiety in the elderly. A different view from public policies, family, and professionals working in long term care facilities is suggested, so as to contribute to the improvement of the quality of life of the elderly.

Keywords: Institutionalized elderly; Anxiety; Depression.

RESUMEN: *El objetivo de este estudio era evaluar los niveles de ansiedad y depresión en una población de ancianos institucionalizados en ciudades del interior del estado de Bahia, Brasil. Los resultados señalaran ancianos con algún tipo de dolor, síntomas de depresión leve y moderada, además de frecuentes síntomas de ansiedad. Se sugiere, entonces, una mirada diferenciada sobre las políticas públicas, la familia y los profesionales que actúan en las instituciones de larga permanencia, con el fin contribuir a la mejora de la calidad de vida de los ancianos.*

Palabras clave: *Ancianos institucionalizados; Ansiedad; Depresión.*

RESUMO: *Este estudo teve como objetivo avaliar os níveis de ansiedade e de depressão em uma população de idosos institucionalizados em municípios do interior do estado da Bahia, Brasil. Os resultados indicaram idosos com algum tipo de dor, sintomas de depressão leve e moderada, e frequentes sintomas de ansiedade. Sugere-se, então, um olhar diferenciado das políticas públicas, da família, e dos profissionais que atuam nas instituições de longa permanência, com o intuito de contribuir na melhoria da qualidade de vida dos idosos.*

Palavras-chave: *Idosos institucionalizados; Ansiedade; Depressão.*

Introduction

Aging is a natural process that characterizes a stage of human life and happens through different changes, such as physical, psychological and social changes that affect an individual with prolonged survival. By analyzing these changes, it is understood that aging is a stage where people start to reflect on their own existence, the goals achieved, the losses experienced in the course of life, and the aspects related to health are among the most affected issues. Aging can be considered a complex step for some older people, because society tends to ignore the particularities linked to this process and despises the knowledge acquired and the experiences lived by these people.

Studies on healthy aging and health promotion have been relevant today as they bring about reflections on the challenges related to the expansion of practices and services, particularly with regard to the investment of public policies, aimed at the long-lived segment of the population.

According to Lima (2011), demographic surveys have led Brazil to be considered an aging country by the World Health Organization (WHO), for the cutting set to the underdeveloped and developing countries, which implies the population group with age above 60 years. From this perspective, people who have reached the age of 60 are part of a new age group of their development period. However, it is important to note that aging has several phases and faces, especially in Brazil where social inequality is still very significant, in relation to the poverty rate.

Longevity has brought consequences for society in general and more specifically for government representatives, as they have witnessed the increasing number of adults who are reaching old age resulting in more demands for various sectors of public administration.

According to Fernandes and Soares (2012), over the years, discussions related to aging have increased; however, the essential changes have not become clear to society yet.

Thus, problematizations about aging are present, and it is known that this phase of life is to some extent protected in Brazil, but not all decisions taken in this sphere are in fact implemented.

The human aging process is considered a dynamic and gradual process full of changes. In old age, the route between the onset of symptoms and the illness leads the elderly to experience situations of strong dependence and fragility, causing feelings of frustration during the development of stages.

These changes make some people more vulnerable and susceptible to certain illnesses as well as the appearance of diseases. "Successive loss of autonomy and control cause feelings of anxiety, sadness, anger, fear and the need to adapt to a new lifestyle" (Tavares, *et al.*, 2012, p. 112). In this sense, getting used to inaccessible circumstances or even disability may be somewhat complicated because it affects significantly the lives of older people.

Aging has been a major challenge to humans because of its peculiarities, and many efforts have been made to make older people to attain a healthy long life. In this perspective, the geriatric area has gained significant prominence, especially regarding the treatment of diseases present in the elderly.

Associated (chronic degenerative) diseases and increased symptoms of anxiety and depression have been manifested with significant frequency among the elderly and they are considered relevant public health problems nowadays. Pathologies that were previously identified have been assessed and charged as some of the sources of emotional distress and also decreased quality of life, especially in the geriatric field.

“It is believed that depression is the most common mental disorder among the elderly, and when left untreated, is related to increased morbidity and mortality and brings a negative impact on all aspects of their lives” (Santos, *et al.*, 2015, p. 752). The impact of emotional distress caused by some conditions (depression/anxiety) interferes significantly in the quality of life of patients that are not diagnosed early.

Among the most common chronic diseases and disorders affecting the elderly, depression has shown an increasing prevalence (5% to 35%) in this population, generating negative implications in the life of this group of people (Sass, *et al.*, 2011).

When people around the elderly recognize that these often live with some chronic diseases, they should be attentive to depressive signs and symptoms. Otherwise, symptoms can go unnoticed and improperly diagnosed. When considering the forms and severity of depression, an early diagnosis is necessary for effective interventions through a specialized treatment so as to assure better quality of life.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) describes depression as sad and/or irritable mood associated with cognitive and somatic changes that affect significantly the operating framework of people's lives. Regarding anxiety, this is considered to some extent a natural reaction, useful for protection and for adapting to new situations.

Anxiety becomes pathological when it reaches an extreme and widespread character, accompanied by symptoms of fear, tension, in which the focus of danger may be internal or external.

In the long-lived segment, the International Classification of Diseases, in its 10th revision (ICD-10), considers and ranks depression as mild, moderate and severe.

However, pathological anxiety may evolve to common types specific disorders, in the general classification, such as: social anxiety, panic, phobia, obsessive compulsive disorder and generalized anxiety. Thus, pathologies such as anxiety and depression require specialized monitoring, especially at this stage of life where the complaints voiced by older people gains little credibility and go often unnoticed.

A different look is necessary for people that are considered part of the population at risk. Understanding the history of life of elderly that have become dependant on others is important and necessary to assist and contribute to the development of specific actions to improve the care offered to this population. It is probably for these reasons that many theorists continue to propose new studies to achieve new expectations related to the practices of diagnosis and differential treatment.

This study aims to evaluate the levels of anxiety and depression in a population of institutionalized elderly in the municipalities of Itapetinga, Jequié and Vitória da Conquista, in the State of Bahia, Brazil.

Methods

This research is a descriptive and exploratory study with quantitative approach. The participants were 31 seniors aged between 60 and 90 years, of both sexes, living in long-stay institutions in the municipalities of Itapetinga, Jequié and Vitória da Conquista, Bahia. Elderly were selected when they showed good mental conditions to respond to the survey instruments, as quantified by the Mini-Mental State Examination reduced version/MMSE (Bertolucci *et al.*, 1994).

The MMSE is a screening test for dementia and is the most widely used for evaluation of cognitive functions (temporal and spatial orientation, immediate memory and recall, language-naming, repetition, comprehension, writing and design of print and calculation). It is also considered a brief test with simple application and high credibility.

This test has a maximum score of 30 points; in the original publication; the score of 24 points was considered as the most suitable cut-off point; the use of different cut-off points according to level of education was recommended.

In this segment, we intend to adopt the following cutoff points: illiterate elderly, 19 points; elderly who have between 1 to 3 years of schooling, 23 points; elderly who have between 4 and 7 years of schooling, 24 points; and elderly with more than 7 years of schooling, 28 points. Results with scores below the values mentioned would indicate some risk of cognitive *deficit*.

A questionnaire with demographic information, designed to survey objective information of participants, was used to collect data. It was possible to gather information on gender, age, marital status, level of education, type of income, occupation, religion and health conditions based on the perception of the elderly.

The scale of Geriatric Depression (Yesavage, 1983) in its reduced form - which is composed of 15 items covering the feelings and mood experienced by participants in the last two weeks - was also used. A score above five points in this scale suggests depression. In the sequence, the Beck Anxiety Inventory (Aron, & Beck, 2001) was used. This consists of a list of 21 common symptoms of anxiety, expressed as uncomfortable, during the last week. A score above ten points suggests anxiety.

In the data analysis, descriptive statistics for the following variables were used: gender, age, marital status, education, type of income, profession, religion, health conditions and classification of depression and anxiety scales. For statistical analysis, a specific statistical program was used, the *Statistical Package for Social Sciences* (SPSS) - version 20.0.

Before starting the stage of collecting data, the project was submitted to the Ethics Committee of the State University of Bahia (UESB) and approved under Opinion n° 1.333.835.

Researchers were informed about the objectives of the study, the possible risks and benefits related to the participation, as well as the procedures they would be submitted.

Then, all participants signed the Informed Consent, complying with the Resolution of the National Health Council (CNS) n.º 466/12 for research with human beings.

Results

Regarding sociodemographic characteristics, there was prevalence of female elderly (74.2%), single (35.5%), illiterate (41.9%), literate (41, 9%), retired (87.1%); and an average age of 74.81 (\pm 9.06) years, as shown in Table 1.

Table 1 - Socio-demographic characterization of elderly residents in LSIEs in Vitória da Conquista (BA)

	N	%
Gender		
Male	8	25.8
Female	23	74.2
Marital status		
Married/Common-Law Marriage	5	16.1
Single	1	35.5
Widower	8	25.8
Separated/ Divorced	7	22.6
Level of education		
Illiterate	13	41.9
Literate	13	41.9
Complete Elementary School	3	9.7
Complete Highschool	2	6.5
Income		
Retired	27	87.1
No financial support	4	12.9
Total	31	100.0

Source: The authors (2016)

As for the assessment of health conditions, 77.4% of the elderly had health problems; among the diseases, circulatory diseases were the most common (29.0%); 64.5% reported presence of pain, and pain in high intensity was the most common (35.5%) and the vertebral column was the most commonly affected (32.3%); and 45.2% of seniors rated their health as good.

Table 2 describes the classification of symptoms of depression.

Table 2 - Distribution of elderly residents in LSIEs, according to health conditions, in Vitória da Conquista (BA)

	N	%
Health problem		
Yes	24	77.4
No	7	22.6
Presence of Pain		
Yes	20	64.5
No	11	35.5
Perception of health		
Excellent	2	6.5
Very Good	6	19.4
Good	14	45.2
Fair	8	25.8
Bad	1	3.2
Total	31	100.0

Source: The Authors (2016)

As for the score on the Geriatric Depression Scale of Yesavage, most elderly residents in LSIEs was classified as presenting Mild to Moderate Depression (74.2%), as shown in Table 3.

Table 3 - Distribution of elderly residents in LSIEs, according to the Geriatric Depression Scale of Yesavage, in Vitória da Conquista (BA)

	N	%
Mild to Moderate Depression (5-10 points)	23	74.2
Severe depression (≥ 10 points)	8	25.8
Total	31	100.0

Source: The Authors (2016)

In the Beck Anxiety Inventory, there was a predominance of elderly residents in LSIEs classified with minimal anxiety (48.4%) and mild anxiety (38.7%), as shown in Table 4.

Table 4 - Distribution of elderly according to Beck Anxiety Inventory, in Vitória da Conquista (BA)

	N	%
Minimal (up to 9 points)	15	48.4
Mild (10-18 points)	12	38.7
Moderate (19-29 points)	3	9.7
Severe (30-63 points)	1	3.2
Total	31	100.0

Source: The Authors (2016)

Discussion

Identification of early symptoms and referral to specialized treatment of diseases associated with mood require attention and appropriate follow-up. However, long-stay institutions do not always have professionals to lead the anamnesis directed to this purpose.

An advance in public policies to the elderly has been observed. To put these policies in practice in fact and achieve the desired results, though, it is necessary to rely on participation of the population.

This aims at ensuring the rights of older people, through the creation of conditions for the development of their autonomy, to promote their integration and effective participation in society. Significant progress has been achieved, but there is still a need for further actions related to the field of public policies geared to the elderly.

It is up to government representatives, families, friends and professionals working in the area to provide support to ensure the rights of older people and thus promote an increase in their life expectancy.

Data obtained in this study revealed that the majority of elderly people living in long-stay institutions are female and are single. Higher prevalence of institutionalized women may be due to the life expectancy of women that is higher compared to men, as well as the marital status - difficulties to get married, separation or also by losing their marriage partner earlier than men.

Moreover, older women have lower income and level of education than men. These factors contribute to women be more common among the elderly living in LSIEs. This was also observed in the study of Azevedo, *et al.* (2014) through a survey conducted in Natal (RN) in six Long Stay Institutions with 243 elderly. This study identified that 70.78% of residents are women and 51.02% are single.

According to Azevedo, *et al.* (2014), this fact is consistent with most of the LSIEs in the country and in the world, according to data from The AGS Foundation for Health in Aging. A study conducted in a LSIEs in the city of Médio Vale do Paraíba, State of São Paulo, also pointed out a significant prevalence of unmarried institutionalized elderly. According to Carmo, *et al.* (2012), 78.5% of elderly respondents reported being single. The variable marital status can be considered a relevant factor to the development of symptoms and pathologies associated with emotional state. According to a study conducted by Minghelli, *et al.* (2013), the absence of a spouse may increase the prevalence of symptoms and living alone increases up to eight times the likelihood of developing signs of anxiety and/or depression.

With respect to income, there was a greater prevalence of retired elderly in the present study. Receiving social security benefits, or retirement, can be considered a key aspect for the maintenance of the expenditures of the elderly. In despite of this, many families refuse to take care of their elderly relatives and send them to long-stay institutions, justifying this with a series of arguments, including the lack of time to provide proper care, their own health problems and the exercise of two jobs at the same time.

A study carried out by Steffenon (2014) shows that some children reject a judicial proposal to care for elderly family members, claiming that they "need to work and thus do not have time for this task, and others have reported health problems". This aspect of old age leads to a negative visibility, as in recent decades the family structure has changed so much that the elderly have shied away from the roles they suppose to assume.

Among the elderly studied, most reported having some health problem and pain. Freitas, and Scheicher (2010) conducted a study with 36 elderly from three LSIEs in the city of Avaré (SP).

The assessment of the overall health status of these elderly identified a result below the average, indicating that the quality of life, related to health problems, is very bad. In another study with 124 elderly from a LSIE in the city of Minas Gerais, by Barbosa, *et al.* (2014), there was a significant predominance of the variable health problem, with 25.9% of the elderly reporting some morbidity; prevalence of chronic pain was also found in 58.1% in the elderly studied.

Health problems and the presence of pain among institutionalized elderly may be due to the onset of chronic and disabling diseases, in addition to the low valuation of complaints made to professionals, as they often associate the complaint with the aging process. It is important that professionals working with provision of care in LSIEs develop a critical and differentiated look with regard to pain complaints and, consequently, provide relief of symptoms and comfort during the confrontation of these states.

In the present study, there was a greater distribution of elderly with symptoms of mild to moderate depression. This result is in line with a study carried out by Rodrigues, *et al.* (2014), which identified depression as the most prevalent disease among the elderly, and that this has a negative impact on their quality of life.

"Depression is characterized as a multifactorial disorder of the affective or mood area, which has a strong functional impact involving many biological, psychological and social aspects" (Carreira, *et al.* 2011, p. 269). As it can be seen, the emergence of this disease may be associated with several factors that lead to loss of autonomy, as well as the worsening of other existing illnesses.

According to a study conducted with 60 elderly in a nursing home in the city of Maringá, PR, 61.6% depressive elderly were identified. It is noteworthy that the development of this disease has multifactorial causes and it should call the attention of health professionals and caregivers for the need to conduct further research.

According to Silva, *et al.* (2012, p. 1391), depression is the "most common psychiatric disorder occurring among the elderly, leading the individual to loss of autonomy and worsening of pre-existing conditions".

Also according to authors above mentioned, in a survey conducted in five LSIEs in the Federal District, a prevalence of 49.0% of symptoms of depression among the elderly was identified. Thus, studies on this pathology have important data to aid in identifying symptoms and planning early intervention.

"The influence of the emotional condition on the quality of life in ageing is a theme that stands out in the context of research, as psychosocial skills of the elderly are vulnerable to changes" (Gregorutti, & Araújo, 2012, p. 1). In this sense, changes related to the physical structure, for example, when the elderly person moves to a Long Stay Institution, may generate social isolation due to the change of routine, isolation from family and friends, leading even to the worsening of existing chronic diseases. Also, according to these theorists, and based on a study with seven institutionalized elderly in the city of Passo Fundo (MG), 71.4% had significant probability of developing depression. After an intervention plan implemented with this audience, a reduction of symptoms was observed in all participants. These results demonstrate the importance of developing interventions with the group of institutionalized people, since this contributes to the socialization, the use of free time and consequently the reduction of loneliness and isolation, factors that contribute to the development of depression.

As pointed out by Sass, *et al.* (2012, p. 83), "studies with the Brazilian population show that the prevalence of depression is between 5 and 35% when considering the different forms and levels of severity". In general, it appears that this condition is among the comorbidities most commonly acquired during aging and it is already considered a public health problem.

In this perspective, "it is important to consider and investigate the respective symptoms compatible with a diagnosis related to depression in the elderly as compared to young adults, the latter tend to have low prevalence of major depression" (Sass, *et al.*, 2012).

When analyzing the difficulties experienced by this population, especially with regard to the lack of clarification related to the symptoms, it becomes evident that further investigation by health professionals is necessary, as these are the primary caregivers, and even for those older people living with them.

As for the symptoms of anxiety, the frequency of minimal anxiety, mild anxiety and moderate anxiety was verified.

These data are in agreement with the study of logistic regression analysis conducted with 72 elderly from two groups classified either as sedentary or active elderly in Portugal, by Minghellil, *et al.* (2013), where "staying alone" was observed to increase up to eight times the likelihood of developing signs of anxiety and/or depression. Moreover, these theorists found that most people with probability to develop anxiety and/or depression were single or were widows/widowers.

A study performed by Gonçalves (2011) with 300 elderly in Coimbra (Portugal) showed high correlation between anxiety and depressive symptoms. The majority of the sample showed symptoms of anxiety ($n = 213$; 71%). Symptoms of anxiety often appeared in cases of a bad point of view of events, expressions that something threatening and dreadful could happen. Thus, people with strong symptoms of anxiety show the tendency to anticipate their difficulties, to have doubts on their intellectual skills and their overall skills. According to the author, the highest incidence of elderly patients with anxiety may be related to the change of routine, as they gradually lose the ability to perform tasks easily, lose autonomy and, consequently, quality life with the advance of age.

By analyzing other study with 10 institutionalized elderly in the city of Uruguaiana, RS, conducted by Gonçalves, *et al.* (2014), it was noticed that there was a significant percentage of elderly with risk of dementia, depression and/or anxiety among the elderly studied. This shows that not always the aging process can be considered a positive period, because many times aging leads to chronic pathologies, which gradually impose more limitations to the elderly.

The information published by Vicente (2013) in a study carried out in two stages with 83 institutionalized elderly and with an interval of two years in Coimbra (Portugal) was considered.

The author reported that symptoms of anxiety were more severe among elderly with depression. This means that elderly who developed depression had significantly more symptoms of anxiety and less positive affections than those who did not develop depression. It was observed that cases that exhibited symptoms of anxiety were also the ones with more severe symptoms of depression, that is, depressive elderly also exhibit significant symptoms of anxiety. Anxiety is considered a very common pathology. Therefore, its symptoms are overlooked and under-researched. However, they are considered negative symptoms, as they bring discomfort to those who feel them.

It was also analyzed that marital status, low level of education, chronic and disabling diseases, neglect and social isolation are among the factors that contribute to the development of pathologies, especially during the aging process. In addition to the foregoing, it is noted that the pathologies studied are among the main determinants that cause decreased quality of life among the institutionalized elderly.

Final Considerations

This study evaluated the levels of anxiety and depression in an elderly population in a long-stay institution in the countryside of Bahia. Overall, the data revealed a significant percentage of elderly with health problems, with presence of pain, but also with a concentration of symptoms ranging from mild to moderate depression, frequent symptoms of minimal anxiety, mild anxiety and moderate anxiety.

Given the above, we suggest a different view from public policies, family, caregivers and health professionals working in LSIEs in order to carry out a detailed assessment of the clinical status of the elderly, following an effective planning of actions to lessen the aforementioned pathologies and contribute to increase the quality of life of elderly living in Long Stay Institutions.

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O presente estudo avaliou os níveis de ansiedade e de depressão em uma população de idosos institucionalizados no interior da Bahia. De maneira geral, os dados revelaram um percentual significativo de idosos com algum problema de saúde, com presença de dor, mas também com uma concentração de sintomas que variavam entre depressão leve e moderada, frequentes sintomas de ansiedade mínima, ansiedade leve e ansiedade moderada.

Diante do exposto, sugere-se um olhar diferenciado das políticas públicas, da família, dos cuidadores e dos profissionais de saúde que atuam em ILPI, com o intuito de realizar uma avaliação detalhada do quadro clínico dos idosos, seguindo um planejamento de ações efetivas que amenizem as patologias citadas e contribuam no aumento da qualidade de vida dos idosos institucionalizados.

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