

Discussing Depression Disorder in Older Adult and Elderly

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ABSTRACT

Depression has become a common cause of death which bears the risk similar to the smokers. It has reported in United Kingdom that suicide has become the most common death of those whose age below 35, and additionally, World Health Organization data has statistically shown that the proportion of suicide rate of a late life depression has become the highest among any other age group. On the other hand, the overall population is aging faster than before due to longer lifespan, lower mortality rate, lower birth rate etc. The group of the older adult and elderly has become an issue of the society. Therefore, it is very important for us to see what is happening to the older adult and elderly, and understand what it is about late life depression. Hence, from the research we have done upon the sources we've got from the internet, we restate the theory of how depression are start, how do we deal with it, and what do we get from it. Depression in older adult and elderly can be caused by personal life event, physical or mentally changes due to aging, and the treatment for the patient of older adult is similar to the younger patients, it is differ from the condition of the patient. This writing is to discuss the research on the depression among the group of age 50 and above, to study the details of why and how's the life of them who needed extra cares and concern, to acknowledge the issue of late life depression among the society, and to point out a series of theory that were stated by the past research we can get from different sources. This paper contains the critical analysis of depression disorder in older adult and elderly. It covers the introduction of depression in elderly, definition, and the background information of depression, causes of depression and the treatment of depression. After a deep analysis of this topic, readers are expected to know the knowledge of depression and depression types and also the root of it causes

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INTRODUCTION

People living in nowadays have a greater risk of suffering depression as the pace of life is getting faster and harder. It has always been an issue to the society, for examples, the high rate of suicidal and self-harming, loss of productivity, and can even costing billions of losses on the aspect of economic issue. Therefore, people who are suffering from depression need to be treat either by psychosocial intervention or drug strategies. It is positive that the treatment for older adults is as effective as for any others. But the problem is, when trying to identify the condition of the older adults, it is usually under-recognize and therefore under-treated. Hence, late life depressions were to be a bigger issue to be concern about.

A Mental Health Foundation [13] in United Kingdom has statistically shown that in every 1 out of 5 older people living in the community and 2 out of 5 who living in a cares home were showing symptoms of depression. This statistic has shown that older people who lives outside of the community has a greater risk for suffering under depression. On the other hand, an article from British Medical Journal (BMJ) written by J. Carter, Z. Walker, J. Rodda [9] has stated, depression in older adult is found to be harder to diagnose because older adult are less able to identify the symptoms of depression, hence both doctor and patient tent to view depression as personal problems rather than a mental illness that warrants treatments.

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2. Definition:

Referring to Oxford Dictionary definition, "Gerontology", the scientific term about the study of the old ages, the aging processes, and the problems related to the older adults; "Depression", a critical degree of despondency and dejection, normally felt over a certain period of time and come along with the feelings of hopelessness and inadequacy; "Elderly", old or aging (of a person). Therefore, gerontology research on the depression in elderly is the study on depression of the older adults.

3. Review of depression in elderly:

3.1 background information:

Major Depressive Disorder (MDD), commonly refers as "depression". According to the definition from Samson A. Maneyan [21], "MDD is a mental disorder that was characterized by a pervasive and consistent of suffering under a low mood condition, low self-esteem and losses interest or pleasure in activities which were normally enjoyable. People who suffer from depression are usually suffered in a very low mood and inability of experience pleasure. The patients will feel themselves worthless, hopeless, helpless, and even self-hatred, which further causing several changes in behaviour. This kind of changes is called behavioural response, such as eating disorder, insomnia, hypersomnia, anti-social, self-harming and suicidal.

"Depression as deadly as smoking, study finds." Cite from a study done by researchers led by Dr. Robert Stewart [7]. What was done by the research team was a survey for over 6,000 persons which is then linked to a comprehensive mortality database. The outcome of the research that they have found out that the risk of death has increased to a similar rate between people who were suffering on depression and those who were smoke addicted.

From the report of the UK Mental Health Foundation [13] has stated that, the Department of Health has declared suicide as the most common cause for the death in men whose age are under 35 years old in 2005. The highest suicidal cases recorded in UK were in 2010, which has more than 5700 people died by suicide.

On the other hand, depression in older adults is correlated with a greater risk of disability and mortality. These may be caused by the lack of attention by the community or family members, result in an increases chance to succeed in a complete suicide. This might because of older people are weaker and vulnerable, thus, they are more likely to die in a suicide than the younger. Although in the Samaritans Information Resource Pack, 2012 [20] has shown a 24% of decline rate in suicidal case among the elderly, it is still a very high numbers if compare to the overall population. In addition, according to World Health Organisation (WHO) data, the proportion of suicide case among the elderly aged over 65 is highest among any other groups.

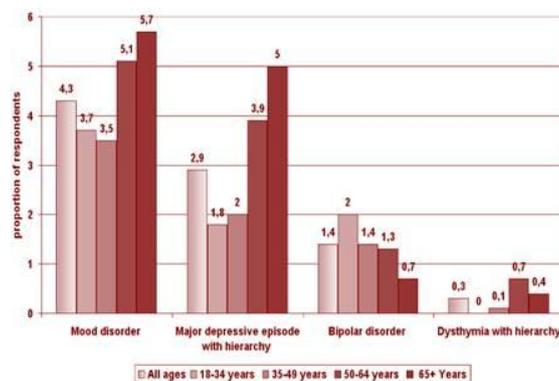


Fig. 1: Variation by age of mood disorders, for the major depressive episode. WHO International Consortium in Psychiatric Epidemiology, Cross-national comparisons of the prevalence and correlates of mental disorders, Bull World Health Organ. 2000. (Retrieved on 30 April 2014)

4. Causes Of Depression:

4.1 Generally:

While there is no exact answer to depression, it is an unknown, but a number of occasions can lead to this development. The causes of depression is not cause from a single event, but a result of a few sad/unhappy events, it may be a recent events or longer-term or even personal factors. Type of causes can be further categorized into life events (those include recent event and long term event), personal factors (family, personality, serious medical illness, drug and alcohol use) and changes in brain (level of chemical and hormones changes as person age and also chronic disease). Causes listed above would trigger a person to feel sad, lonely, or hopeless and in time, it may consume you with emptiness and despair that would take hold of your life and won't go away. Some studies said that you are more likely to get depress when one get older, where one live in difficult social and economic circumstances. Since the world population is facing an aging phenomenon due to

longer life expectancy and lower rate of mortality, about 10% of Malaysia population will be over 60 years old [12], which is about 250,000 over 25 million of peoples by the year of 2020.

Variable	Normal n=260 f (%)	Mild depression n=79 f (%)	Severe depression n=33 f (%)	Total N=372 f (%)
SEX				
Female	140 (68%)	44 (21.4%)	22 (10.7%)	206 (100%)
Male	120 (72.3%)	35 (21.1%)	11 (6.6%)	166 (100%)
Age				
60-70	186 (72.7%)	53 (20.7%)	17 (6.6%)	256 (100%)
71-80	60 (65.9%)	19 (20.9%)	12 (13.2%)	91 (100%)
>80	14 (56%)	7 (28%)	4 (16%)	25 (100%)
Marital status				
Unmarried	47 (57.3%)	19 (23.2%)	16 (19.5%)	82 (100%)
Married	213 (73.4%)	60 (20.7%)	17 (5.9%)	290 (100%)
Living arrangement				
Alone	30 (53.6%)	14 (25%)	12 (21.4%)	56 (100%)
Family	230 (72.8%)	65 (20.6%)	21 (6.6%)	316 (100%)
Occupation				
Unemployed	115 (63.5%)	43 (23.8%)	23 (12.7%)	181 (100%)
Employed	145(75.9%)	36 (18.8%)	10 (5.2%)	191 (100%)
Income				
≤ RM 600	177 (65.8%)	62 (23%)	30 (11.2%)	269 (100%)
> RM 600	83 (80.6.9%)	17 (16.5%)	3 (2.9%)	103 (100%)
Disability				
Dependent	7 (63.6%)	1 (9.1%)	3 (27.3%)	11 (100%)
Independent	253 (70.1%)	78 (21.6%)	30 (8.3%)	361 (100%)
BMI				
Under nutrition	53 (62.4%)	24 (28.2%)	8 (9.4%)	85 (100%)
Normal	136 (72.3%)	36 (19.1%)	16 (8.5%)	188 (100%)
Over weight	57 (76%)	13 (17.3%)	5 (6.7%)	75 (100%)
Obese	12 (57.1%)	5 (23.8%)	4 (19%)	21 (100%)
Hypertension				
Yes	116 (67.8%)	37 (21.6%)	18 (10.5%)	171 (100%)
No	144 (71.5%)	42 (20.9%)	15 (7.5%)	201 (100%)

Fig. 2: Descriptive analysis of depression – A Rashid, A Mana, S Rohana. Depression Among The Elderly Malays Living in Malaysia. Internet journal of public health. 2010 volume 1.2. (Retrieved on 30 April 2014).

4.2 Malaysia Background:

Most countries in the world including Malaysia are facing ageing population phenomenon, as the age pyramid has become imbalance. In the next 50 years, the elderly population is expected to quadruple increase. There are 25 million people in Malaysia and is made up of a variety of ethnic, consisting mostly Malays follow by Chinese, Indian and other non-Malaysian ethnic. For the pass 2 decades, there are some changes in Malaysian population's demographic profile and is estimated to increase from 7% to 10% of Malaysia's elderly population which is 60 years or older. From The Mental Health of Australian a few factors such as improvement in health technology, longer life expectancy, low mortality and declining fertility.

According to the article by, the incidence of depression is reported as high as 48.8%, and 67% in community aged care sector. It is believe that the population of depress elderly is increasing. The prevalence of depression in rural communities at the central of Malaysia has been showing nearly 8% and 6% in the urban communities. The increasing in depression trend may cause by the 3 factors mention above, which is life events, personal factors and changes in brain. Mainstreaming the concerns of older persons into the social development agenda

Mental Health is important to older person, but only a few of the elderly population receives mental health care. From the National Institute of Mental Health It is estimated that only about 10% of the elderly are in need of psychiatric treatment received the service.

4.3 Life Event:

Life events are sudden changes that occur in somebody's life. They are no necessary have to be bad and undesirable. But in some cases elderly experience stressful life events, such as death of a spouse or divorce, and this increase the risk of getting depression or chronic depression; some are unlucky as these may cause chronic disease or even terminal disease. Life event can be sub-categorized into recent events and long term events.

Recent event—an occasion that one experience suddenly such as death of spouse, divorce, marital separation, loss of loved one, natural disaster and catastrophic injury.

Long term events—an occasion that one experience over a period of time that may be chronic, such as financial difficulties, job problems, a medical diagnosis (cancer, HIV), bullying, social isolation, relationship troubles. These are stressful circumstances and may cause depression and make the effect of life event worse.

According to the research carried by Brown and Harris explained why only some people who do have significant life events develop depression. For example, the breakdown of a relationship may have more significance to a person as they experience the breakdown of their partner.

However, if a person with social support may not find the breakdown of a relationship as difficult to cope. It shows that a moral support from family and friends might decrease the pain and it is important for them to recover, decreasing the risk of affecting long term depression.

4.4 Personal Factors:

Personality, from NIMH Depression, if one are more vulnerable to depression, it is certain they inherent a few personality traits, such as low self-esteem, overly self-critical, tendency to worry a lot, person that are perfectionist, are sensitive to personal criticism and negative thoughts. It may due to family genes or environment that crafts your personality in early life. For instance, some child is being bullied by parents or classmates in their early stage of life, and these might lead to phobia or tendency to have the above habits.

Family history of depression, the gene of depression can run within families and some people will be at an increased genetic risk. But this doesn't mean that the person will inherit or automatically experience depression when one experiences a stressful event. Other life circumstances and personal factors are likely to influence on getting depression.

Serious medical illness, medical illness can contribute to depression in 2 ways, it may cause depression directly from illness or can be contribute to depression through stress and worry of infected disease, especially long-term management illness or chronic disease. Longstanding or life-threatening illness will lead to having high risk of depression, such as coronary heart disease or cancer.

Physical injuries such as head injury may cause depression. It may cause mood swings and emotional problems.

Some person may have problems in their immune system, and it causes hypothyroidism in one. It produces thyroid stimulating hormones that could increase the risk of having depression. It can cause a few symptoms, such as extreme tiredness from work or chores.

Drug and alcohol use, over consumption of drug and alcohol can lead to depression, or vice versa many depression patients have drugs and alcohol in their diet.

4.5 Changes In The Brain/Health:

In some occasion depression is cause by our own brain, where sometimes the cause is not fully understood, for instance, a sudden depression without any stressful event. A study of several suggests it may be related to

changes in the level or activity of certain chemicals in the brain. Chemical that contributes to mood and motivations are serotonin, norepinephrine and dopamine. Researchers suggest that behaviour can affect brain chemistry, such as long-term stress may cause changes in the brain that lead to depression.

Menopause in women, it is a phase in woman's life that a woman's physical and mental changes, such as Oscillations in sleep, blood circulation, and sex drive and metabolism. Symptoms like insomnia, hot flashes and weight gain. The shifting of hormones level, the reduction in oestrogen and a rise in testosterone can increase a woman's depression risk. Same goes to men when he experiencing a lower in testosterone level.

5. Managing Late Life Depression:

5.1 Treatments:

Treatment for depression can be divided into several stages. The treatment to manage late life depression is similar to those younger patients, and it is as effective too.

In the first stage of mild depression, psychosocial intervention may be enough for improve the condition of the patient and eventually cured. This is to suggest to the patient to increase social contact with the community, and increase daily activities. For example, they could be doing volunteer work at the local community event or at the community service centre.

In the second stage of sub-threshold depressive disorder, a stepped-care can use for the approach for managing depression, such as behavioural therapy, problem solving therapy, and medication are evidently shows to be reducing 50% of depressive disorder symptoms in 12 month and is cost effective. This evidence is shown in Randomized Clinical Trials (RCTs) data shows on Gerald C. Davison.

In the extreme case, Electroconvulsive Therapy is sometimes used to treat the patient, for cases which the patient is inadequate response to the drugs or medical treatment, and has reaching the level of life threatening condition, such as refusal of eat and drinks, self-harm and attempt to suicide, or exhibiting psychotic symptoms.

5.2 Medication Prescription:

A Cochrane review that has included trials of antidepressant treatment for 32 randomised control in the group of aged 55 or over. The trials has reported that the 2 types of antidepressant have similar efficacy, which is Selective serotonin reuptake inhibitors (SSRIs), which are well accepted by the public as the first line of medication treatment for the older adults. Another type of antidepressant is the tricyclic antidepressant, shown to have more side effect and has been withdrawal from the treatment on managing the depression.

Although the second generation of antidepressant has been tested on 2008, such as SSRI and noradrenaline reuptake inhibitors (NRI), bupropion, and mirtazapine, but overall, SSRIs is still the usual safest choice in patient of older adult or with physical illness.

5.3 Common Medication Side Effects:

Common side effects during the drug treatment in the elderly depression are anticholinergic effects, the blockage or malfunction on a human nervous system; postural hypotension, a drastic falls of blood pressure during the changing of posture like standing up or stretching; and sedation, which usually happen due to high dose of medical drugs that caused side effect upon the thought or brain. All of which are more common with tricyclic antidepressants than with SSRIs. The risk can be reduced by having a lower dose of medication at the beginning of the treatment and slowly titrating upward only afterward.

The risk of getting medical side-effect causes by antidepressants increases with age. Some of the side effect like hypernatremia is known to be correlated with the females, low in body weight, kidney failure, prescription of other medication which is also associated with hypernatremia, and medical comorbidity.

Although SSRIs is known to be a much safer antidepressant, but taking in SSRIs will increase the risk for gastrointestinal bleeding for the older adults. Thus, it may necessary for them to monitor the serum of sodium level, or they can prescribe on proton pump inhibitors, to help them reduce the risk of both upper and lower gastrointestinal bleeding.

Summary:

An article is written by Ph.D. Melinda Smith, M.A., Lawrence Robinson, and Jeanne Segal, published on Helpguide.org, an online forum, providing useful tips and information on resolve health challenges. The article is up to date which the latest update was on February 2014. This passage includes the list of causes, sign and some helpful ways to overcome and prevent the depression in older adults and elderly. As we age, the physical changes of our body would cause side-effects on the mental emotion of a person, which leads to a higher depression and anxiety rate among elderly. In addition, it is perceived that their incapability among the society and isolation in the social circle will increases the risks of getting depress among the elderly. From my point of view, we (architecture students) can't contribute to aid on the physical changes of their body, as we're not in that particular field of profession. But, designing a tranquil environment with facilities and a fairly social circle would provide a great positive impact on a person's mind.

A wise man once said life begins after 50, but as human age, human's physical body changes gradually. These changes happen often after retirement, the death of loved ones and increased isolation. Activities and daily routines defer compare to before, even sleeping habits changes too. These changes can lead to depression in one. Depression prevents us from enjoying life like you used to. It impacts our energy, sleep, appetite and physical health. Signs or symptoms of depression are sadness, fatigue, weight loss or loss of self-worth, could lead to major impact on own self-esteem. In addition, they were being less capable to do things on their own, elderly citizens need the care and moral support from their families and friend. Not ever families and friends could lend a hand to aid them when help is most needed. Moreover, the population of people after the age of 50 increases yearly, and this may affect our nation's economy. Well this is not the end of the world yet, every problem has its solution.

The problem that faced by many of the older adult or elderly are always there from the very beginning when everyone get aged, and until the early of 19th century people begun to worry enough and started to do research on life upon aging. Of cause, the research is to help make life better for the elderly, and so we are working for the same reason. As we have our parent we're worried for, and when time passed we eventually ages too and need to be concern about. Therefore, this is why when we begin to study the reason behind problem faced among the elderly; we try to seek for what could help to make it better. For example, the community centre or retirement centre can be a good place to bring your grandfather to hang out there where they could get a social circle, learn some skills, being taking care of, or just to get some entertainment.

Our notion is to provide a retirement centre for elderly to overcome their physical and mental situation would provide the solution for them, allowing them enjoy life after 50.

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