

Depression in the Elderly

Association of socioeconomic status and social support with depressive symptoms in the elderly

Depression in the elderly is a major public health issue. Depression can often be undiagnosed and untreated because it is frequently viewed as a normal part of ageing and a natural consequence to chronic illnesses, loss of independence and function, and bereavement.

Older adults who have depression have higher risks of impairments in physical, mental and social functioning, with some even being suicidal. In Singapore, depression is the second leading cause of disability, and population-based surveys have found that 6 per cent of community-dwelling elderly suffer from depression, while 13 per cent of them have depressive symptoms¹.

SES and Social Support

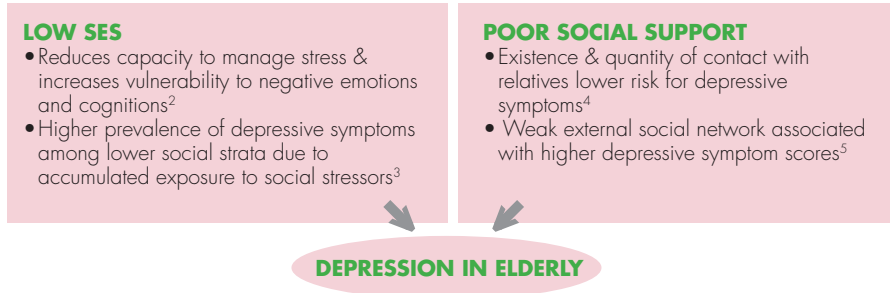
While depression is a function of many contributing factors, low socioeconomic status (SES) (a measure of economic, social and work status) and poor social support have consistently been found to be associated with depression in elderly populations (Figure 1). Social support may also moderate the impact of SES on health. However, local evidence regarding the association between social relations and health across SES groups is unclear.



Author

Charis is a Senior Research Analyst who has experience in survey design, implementation and analysis (patient satisfaction, needs assessment), and in the evaluation of new interventions (dementia integrated care programme, end-of-life care for nursing home residents). She has published widely in peer-reviewed international journals, and received a merit award for her work at the 1st Singapore International Public Health Conference in 2012.

Figure 1 - Findings on the association between low SES, and poor social support with depression in elderly



LOW SES

- Reduces capacity to manage stress & increases vulnerability to negative emotions and cognitions²
- Higher prevalence of depressive symptoms among lower social strata due to accumulated exposure to social stressors³

POOR SOCIAL SUPPORT

- Existence & quantity of contact with relatives lower risk for depressive symptoms⁴
- Weak external social network associated with higher depressive symptom scores⁵

DEPRESSION IN ELDERLY



Marine Parade Elderly Needs Survey

In collaboration with several ministries, the Marine Parade Elderly Needs Survey was conducted in 2011 on 4,200 residents aged 60 years and above, to facilitate a better understanding of the needs of community-dwelling elderly persons.

We studied associations between SES and social support with depressive symptoms (Figure 2). The analysis was also adjusted for chronic diseases, functional status, pain and cognition. The 15-item Geriatric Depression Scale (GDS-15) was used to determine the presence of depressive symptoms, scores range from 0 to 15, and scores ≥ 5 were suggestive of depression⁶.

Associations between SES, and social support with depression

Of 2,447 responses analysed, 188 (7.8 per cent) elderly persons had depressive symptoms.

When compared to elderly persons with no depressive symptoms, those with depressive symptoms were more likely to have the following characteristics:

- Lower income housing (2-room)
- Living alone or with domestic helper
- Infrequent leisure time with family (< once a month)
- Childless
- Occasionally or often feeling socially isolated

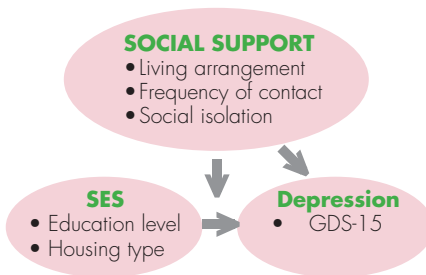
The impact of social support on depression was however not consistent across SES groups. While we expected social support to alleviate the effect of SES on depression, we found that when compared to elderly persons living with spouse and children in 4/5-room housing, those living:

- (i) With spouse and children in 2-room housing; (ii) With children only in 3-room housing; and (iii) Alone or with domestic helper in 4-/5-room housing, were more likely to have depressive symptoms
- With others (friends & tenants) in 2-room housing were least likely to have depressive symptoms
- With spouse only appeared to be a protective factor against depressive symptoms across SES classes, although the effect was not statistically significant

Conclusion

Depression interventions for the elderly should take a holistic approach to attend to the financial and social needs of older adults. Specific interventions need to target different SES groups to better help older adults who may be at risk of developing depression.

Figure 2 - Measurements of and associations between SES, and social support with depression



SOCIAL SUPPORT

- Living arrangement
- Frequency of contact
- Social isolation

SES

- Education level
- Housing type

Depression

- GDS-15

References

1. Singapore Longitudinal Ageing Study and National Mental Health Survey of the Elderly
2. Gallo, LC & Matthews, KA (2003) Understanding the association between socioeconomic status and physical health: Do negative emotions play a role? *Psychological Bulletin*, 129 (1), 10-51
3. Turner, RJ, Wheaton, B & Lloyd, DA (1995) The epidemiology of social stress. *American Sociological Review*, 60 (1), 104-125
4. Kuo, BCH, Chong, V & Joseph, J (2008) Depression and its psychosocial correlates among older Asian immigrants in North America. *Journal of Aging and Health*, 20 (6), 615-652
5. Chan, A, Malhotra, C, Malhotra, R & Ostbye, T (2011) Living arrangements, social networks and depressive symptoms among older men and women in Singapore. *International Journal of Geriatric Psychiatry*, 26, 630-639
6. Thilagaratnam, S, Ding, YY, Au Eong, KG, et al (2010) Health Promotion Board-Ministry of Health Clinical Practice Guidelines: Functional screening for older adults in the community. *Singapore Medical Journal*, 51 (6), 518-522