

Prevalence and Psychosocial Risk Factors Associated with Depression in Older People in A Rural Community

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Abstract: Depression is a multifactorial disease that globally impacts all ages and sectors of the population. In this sense, it has become a public health problem, since it affects 280 million people in the world, according to information from the World Health Organization. Older adults represent 5.7% of the population that experiences this disease, with the moderate to severe stage being the one that most impacts their health, and, therefore, quality of life. For this reason, the objective of the research is to know the prevalence and psychosocial risk factors associated with depression in older people in the community of Santa Cruz, Hecelchakán, Campeche. The methodology used is with a quantitative approach because information was collected, based on the application of the Yesavage scale of geriatric depression, and the sociodemographic registry of 60 older adults of both sexes, in order to measure the percentage of prevalence through its respective epidemiological formula. Likewise, it is cross-sectional because it collected data in a single time: November 2022 – October 2023. Results: 46.7% experienced mild depression, 41.7% moderate depression and 11.6% severe depression. 55% of those interviewed were male and 45% female. The actual prevalence of depression is 100%. Likewise, the psychosocial risk factors identified were: the absence of recreational activities and social support networks, the economy, health services and family disintegration. Finally, it is necessary to design and implement socio-health intervention projects in the locality and with a socio-cultural perspective that impacts this age group, the family and from an intergenerational perspective, with the promotion of mental health being a priority goal in their execution.

Keywords: Risk factors, depression, older people, rural community.

INTRODUCTION

Depression is a disease of high impact for society. In this sense, it represents a public and mental health problem, which not only affects the person who suffers from it, but also the family, caregivers and health systems. To do this, it is important to view this type of illness from a biopsychosocial perspective. The biopsychosocial model is a general model, or approach, that seeks to propose that biological, psychological, and social factors play an important role in human functioning in the context of illness or how illness is perceived. In old age, a set of biological, psychological and social changes occur, in a normal and inherent way in every individual, which has an impact on the physical and behavioral level of each person, which influences the quality of life and interaction with their environment (Piñera, 2010).

For modern gerontology, addressing old age from a transdisciplinary and comprehensive approach contributes to the identification of biopsychosocial factors, which allow them to be indicators for the formulation of individual and collective strategies to benefit the health of older adults. On the other hand, in today's culture, relating the body to aging affects a series of discomforts that are related to physical decline, losses, and deficiencies, hence addressing the situation of the adult subject during the aging process involves taking a closer look. That takes into account the person from a biopsychosocial perspective (Carrasco and Yuing, 2014).

For Chong (2012), lack of health is not a characteristic of aging, nor of old age, but biopsychosocial factors represent an impact on the disease. On the other hand, Rocabrano (1999) mentions that aging is not the equivalent of getting sick, nor is old

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age an illness, but rather a constant dialectic of gains and losses throughout life, in which there are a series of morphological, physiological changes, biochemical and psychological, where multiple biopsychosocial factors are present. Fernández and Almuña (2001) relate the aging process as a dynamic, progressive and irreversible process in which biological, psychological and social factors interrelate with each other. Biopsychosocial factors affect health and quality of life in old age. For Ramos and Miranda (2017), health in aging is a complex definition, because old age implies physical and mental health, the ability to carry out normal and daily activities and the social, economic and environmental resources necessary to maintain independent and health-promoting lifestyles in old age. Within the biopsychosocial approach applied to health in old age, its purpose is to provide years to life and life to years and thereby offer quality of life to individuals who have reached said stage.

Depression in older people: a clinical-epidemiological approach

Today, depression is considered a mental disorder, which usually affects people's daily lives, as well as their abilities to work, sleep, eat, relate to people and express their feelings. So, older adults are one of the most vulnerable groups in this situation, which is why WHO (2021, p.1.) states that this disorder can develop at any stage of a person's life and it is not exclusive to old age, however, the population of people over 60 years of age is considered one of the groups most vulnerable to this condition.

According to the World Health Organization (2017, p.1) mentions that the prevalence of depression in older adults affects 5.7% of the years lived with a disability among people aged 60 years and older. On the other hand, the National Institute of Statistics and Geography (2021, p.15) maintains that the proportions of the population with symptoms of depression amounts to 15.4%.

In this sense, older adults are more likely to suffer from this disorder, therefore, it is of great importance to know the different signs and symptoms that allow us to understand the depressive mood that these people present. From the point of view of Cruz (2012, p.84), he describes that the signs and symptoms can be visible and clear, so that feelings of sadness, loss of pleasure, appetite, and disinterest in life are observed in the person., insomnia or disturbances, decreased energy and fatigue (Jimenez, 2021, p. 8).

Otherwise, Mann & Malhi (2018, p. 32) deduce that depression can be broadly grouped into emotional, neurovegetative and cognitive symptoms, but because they also commonly occur in other psychiatric disorders and medical illnesses, their detection can be difficult. Likewise, it usually appears 1 year to 2 years before the onset of major depression (Urcia & Vizquerra, 2020, p. 32). However, depression is an important health problem

that requires early treatment because it affects the quality of life of older adults.

For this reason, depression in the elderly causes a great impact on society, this is due to the factors that affect their mental health, this occurs due to cases of abandonment, health and economy, taking into account the above, A greater insufficiency is usually found in the quality of life of this group, which leads to low self-esteem, rejection and denial, causing the presence of said disorder in them.

The National Institute of Mental Health (2021, p.11) points out that the most common symptoms of depression range from behavioral, physical, affective, emotional and cognitive aspects, which together affect the quality of life of every person. In this way, it is considered a controversial problem, since it prevents normal development within society, stipulating that the greater the severity and variety of symptoms, the greater the risk of impact it generates on health. (Valdez, 2020, p. 11). Similarly, WHO (2020, p. 1) maintains that a decrease in energy leads to a decrease in activities and social and family dysfunction. Likewise, adults after the age of 65 have a high suicide rate. Finally, Brüning (2019, p. 1) argues that older adults with depression have higher mortality, suicidal risk, risk of recurrence of depression, more dementia, worse evolution in comorbidities, disability, lower quality of life, and more outpatient consultations and emergencies, longer hospital stays, risk of drug, alcohol and drug use.

Sociodemographic characteristics of older people in the Yucatan Peninsula.

The sociodemographic characteristics of the older adults of the Yucatan Peninsula are characterized by a Mayan population, dedicated to agricultural production to support the family, in the same way, they are dedicated to the home and maintain their traditions and cultures.

In this sense, the National Institute of Statistics, Geography and Informatics (INEGI, 2020, p.1) mentions that, in Campeche, 60.1% of the population is Catholic, 24.3% Protestant, evangelical Christian and in third place are people no religion with 14.2 percent. Indigenous language speakers in Campeche there are 91,801 people over 3 years of age who speak an indigenous language, of which the most spoken indigenous languages in this entity are: Maya 70,603, Ch'ol 11,470, Tzeltal 2,379 and Q'anjob'al 1,639.

On the other hand, the National Women's Institute (2015, p. 6, 7 and 9) report that just over a quarter (26.2%) of the older adult population lives in rural locations, a figure that increases as the population increases. age. The proportion of rural older women is lower than the proportion of men; This proportion reaches 32.4% among men in the group aged 80 and over, compared to 25.8% among women. In rural areas

the population is older. The elderly population represents 10.1% of the total rural population (10.0% of women and 10.2% of men), and 8.6% of the urban population (9.2% of women and 8.0% of men), according to data 2010 census. This should be a wake-up call to the greater demand for health services and others that should be directed to the older adult population, especially in these localities where services are generally more precarious or scarce.

Similarly, the majority of older adults reside in family homes: half of the men (49.7%) in nuclear homes (parents and children); 38.1% in extended families (extended family) and 1.7% in composites (without children). Women live less frequently in nuclear homes and more in expanded ones, 37.9 and 47.0%, respectively; Their presence in compound households is similar to that of older adult men. In both cases, the proportion of people living in co-resident (unrelated) households is minimal.

Having said the above, there are multifactorial causes that can develop psychoaffective alterations in older people, which are the following: loss of vitality, change in their pace of life, decrease in their functions and abilities, as well as the losses they are experiencing. around them significant and important figures, such as: people of their age, their partner, the separation of children and families, as well as job losses. It also has an impact on the onset of a series of chronic degenerative diseases that begin to occur with age. The decline in your economy is a factor for depression; Being an active worker is not the same as having some limitation, such as a pension or even not having any financial income.

Psychosocial risk factors associated with depression in older adults

According to the Mexican Social Security Institute (2020), it mentions the causes of depression in older adults, usually the loss of their vitality, change in their pace of life, decrease in their functions and abilities. Likewise, they occur in the losses that significant and important figures have around them, such as: people of their age, their partner, the separation of children and families, as well as job losses, also have an impact. The beginning of a series of chronic degenerative diseases that begin to arrive with age. However, the economic impact can be a predisposing factor for depression; Being an active worker is not the same as having some limitation, such as a pension or even not having any financial income. In the same way, Gualavisi (2022) describes in his study by Sáenz-Miguel S, in which it was shown that living in a rural area is a risk factor for depression. Eventually, statistically significant associations were found, it is important to mention that there are precise sociodemographic risk factors that are associated with the development of depression such as:

female gender, age over 75 years, not having education, rural place of residence and poverty, not However, loneliness, widowhood, singleness, grief and various social stressors constitute fundamental psychosocial factors for the development of depression in the geriatric population, therefore physical exercise in older adults is essential for healthy aging. , since it influences in a positive way on a physical, mental and emotional level.

According to Figueroa M, Aguirre D, Hernández R (2022), they indicate that anxiety disorders affect 3.8% and depression 7%, representing 5.7% of the years lived with a disability. In addition, depression increases the perception of having poor health and those who suffer from it have a poorer performance than any other chronic disease. In this way, the percentage that depression covers are observed when it occurs in older adults, just as it does. prone to suffer from various health problems and to perform less than the capabilities they possess at the time of performing.

Likewise, the Mexican Social Security Institute (2020) mentions that there are a variety of signs that can identify depression, such as: looking for people with whom you were estranged, suspension of medical treatments, less socialization, irritable character. , indifference to situations that he usually enjoyed or that affected him, crying frequently, in addition to sleeping more and eating less, which is why it is important to listen to his fears, not minimize it, integrate him into family activities and with people his age, in the same way it is important that Keep in mind that although depression is common in older adults, it is not normal. Request professional support to determine if it is depression and rule out dementia.

On the other hand, Figueroa M, Aguirre D, Hernández R (2021), indicate that, regarding depression, in older adults its symptoms can be confused with changes in lifestyle, or with the deterioration of cognitive faculties, therefore it can be underdiagnosed, therefore, it is plausible that according to the sociocultural characteristics of Mexicans, fear and anxiety of death can cover up or enhance depressive states in older adults, in this way it is It is important to know how to distinguish the different symptoms or signs that older adults show.

MATERIALS AND METHOD

The methodology used is with a quantitative approach because information was collected, based on the application of the Yesavage scale of geriatric depression, and the sociodemographic registry of 60 older adults of both sexes, in order to measure the percentage of prevalence through its respective epidemiological formula. The research was carried out in the community Santa Cruz.

RESULTS

The results obtained were the following:

Table 1: Depression level

| | | Frequency | Percentage | Valid Percentage | Accumulated Percentage |
|-------|------------|-----------|------------|------------------|------------------------|
| Valid | 0 mild | 28 | 46.7 | 46.7 | 46.7 |
| | 1 moderate | 25 | 41.7 | 41.7 | 88.3 |
| | 2 severe | 7 | 11.7 | 11.7 | 100.0 |
| | Total | 60 | 100.0 | 100.0 | |

The 46.7% experienced mild depression, 41.7% moderate depression and 11.6% severe depression.

Table 2: Sex of the elderly people interviewed

| | | Frequency | Percentage | Valid Percentage | Accumulated Percentage |
|-------|-------|-----------|------------|------------------|------------------------|
| Valid | F | 27 | 45.0 | 45.0 | 45.0 |
| | M | 33 | 55.0 | 55.0 | 100.0 |
| | Total | 60 | 100.0 | 100.0 | |

55% of those interviewed were male and 45% female.

Table 3: Prevalence of elderly people with depression

| |
|---|
| Prevalence = 60 (older adults) x 100 = 100% |
| Total population of elderly people (60) |

The actual prevalence of depression is 100%.

CONCLUSIONS

Likewise, the psychosocial risk factors identified were: the absence of recreational activities and social support networks, the economy, health services and family disintegration. Men represent an important population in the research since they were more optimistic in participation. Likewise, greater resistance was observed on the part of women since they say time is important to carry out household activities. Language represents an important factor to consider, since they report feeling more comfortable speaking the Mayan language. Finally, it is necessary to design and execute actions from mental public health, gerontology and interdisciplinarity, in such a way that these activities have a sociocultural perspective and impact on older people, the family, and society in general, seeking intergenerationality.

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