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Original Research Article

# PREVALENCE AND RISK FACTORS FOR DEPRESSION IN OLDER WOMEN IN TAIF. KSA.

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#### Abstract:

Background: There is more to depression than just feeling sad or blue. It is a prevalent but extreme mood disorder which requires care. It causes serious symptoms, such as sleeping, eating, and working, that influence how you feel, think, and handle daily activities1.

Depression among older adults is a common concern, but it is NOT a natural part of aging

Aims: To assess the prevalence of depressive symptoms and to determine the risk factors of depression in a community sample of older women in Taif city, Saudi Arabia.

Methods and Material: A cross-sectional, community survey. A structured questionnaire was designed based on a review of the literature. It includes five parts Socio-demographic data, Social, Physical, Financial, and Spiritual Risk factors, questionnaire was randomly distributed through a direct interview with a sample of old women living in Taif, their ages ranged from 60 and 79 years, responded people were 300.

Results: Out of 300 females respondent there were a common age group (60 -64) years with the percentage of (38%), most of the participants were secondary school education (46%), and Most of them were widows (49.3%), In my search, I found more than half of study participant had depression (58.3%) and the most risk factor led to depression was a social problem (46.6%) the physical problems were the second factor leading to depression symptoms, (34.6%), especially diabetes mellitus (16.7%), only (12.2%) had financial problems, and very few have had a spiritual problem (6.6%), there was a statistically significant association between a social problem and depression symptoms (P = .033), with no significant relation between advance age (P = .530), level of education and depression symptoms, (P = .809).

Conclusion: The depressive symptom was prevalent among community resident old women, a social and marital status it leading causes to the occurrence of depression and the growing old does not affect the prevalence of depression. my results should encourage community nurses to adopt a brief instrument such as GDS-15 and CGA to early screen depressive symptoms. Future studies are needed to identify the appropriate measures to treat elderly women in the recent community with depressive symptom and their impact on her function and health outcomes.

Keywords: depression symptoms, risk factor, prevalence, Taif city, Saudi Arab

#### Introduction:

Most of the risk factors did increase people's likelihood of being depressed at any age, including low education, recent negative life events, personality traits, reduced social functioning, an unhealthy lifestyle, and poor health.

Mental illnesses are among the most prevalent chronic diseases of the elderly worldwide, with depression being one of the most common psychological conditions in this population. Depression in the elderly is associated with significant adverse health effects like disability, mortality, and a decreased quality of life. It also contributes to increased care pressures for family members and caregivers. It's important to realize that depression isn't an inevitable part of getting older nor is it a sign of weakness or a character flaw. It can happen to anyone, at any age, no matter your background or your previous accomplishments in life. While life's changes as you age such as retirement, the death of loved ones, declining health can sometimes trigger depression, they

don't have to keep you down<sup>4</sup>. No matter what challenges you face as you age, there are steps you can take to feel happy and hopeful once again and enjoy your golden years. While depression and sadness might seem to go hand and hand, many depressed seniors claim not to feel sad at all. They may complain, instead, of low motivation, a lack of energy, or physical problems. Physical complaints, such as arthritis pain or worsening headaches, are often the predominant symptom of depression in the elderly, as we grow older, we often face significant life changes that can increase the risk of depression. These can include: Health problems: Illness and disability, chronic or severe pain, cognitive decline, damage to your body image due to surgery or sickness can all be contributors to depression. Loneliness and isolation: Factors such as living alone, a dwindling social circle due to deaths or relocation, decreased mobility due to illness or a loss of driving privileges can trigger depression. Reduced sense of purpose: Retirement can bring with it a loss of identity, status, self-confidence, and financial security and increase the risk of depression. Physical limitations on activities you used to enjoy can also impact your sense of purpose. Fears: These include a fear of death or dying as well as anxiety over financial problems or health issues. Recent bereavements: The death of friends, family members, and pets, or the loss of a spouse or partner are common causes of depression in older adults.

Previously published estimates of depression prevalence in older populations rely on many variables including methodology, diagnostic criteria, and sample characteristics. A meta-analysis study found that the world's median prevalence of depressive disorders for the elderly population was 10.3%, with interguartile levels ranging from 4.7% to 16.0%.7 A higher prevalence of depressive symptoms has been reported in studies involving hospitalized elderly, ranging from 10% to 56%, especially when geriatric inpatients have medical conditions such as stroke or heart failure.8-13 Despite this higher prevalence, depression is not often diagnosed or properly treated in medical settings.

The existing studies indicated that hospitalized elderly with poor functional capacity<sup>9</sup> were more likely to be affected by depression, and patients with severe medical diseases<sup>14</sup> had the highest prevalence rate. Other common risk factors for inpatient geriatric depression were low education level,<sup>9</sup> number of comorbidities,<sup>8</sup> female genders,<sup>8</sup> unmarried status, lower-income, sleep disturbance, undernutrition,<sup>15</sup> and poor cognitive functioning.<sup>16</sup>The present study aimed to determine the prevalence of depressive symptoms and risk factors among community elderly women in Taif city Saudi Arabia.

### Methods and materials

This was a cross-sectional community passed study, the survey was conducted in five campaigns which arranged in four public locations including; Alyagiza Society Charity for female, shopping mall (Jouri Mall), Fatima Al-Zahra, Khadija Bint Khuwaylid Center for Quran Memorization and Al Abrar Association among Saudi females at Taif city in the period between September to December 2019. Data were collected by interviewing the participants: information of demographic characteristics (Age, Level of education, the Risk factor of depression include (Social, Physical, Financial, and Spiritual), depressive symptoms were recorded and assessed by the researchers during the face-to-face interview using a questionnaire. All participants from 60 years old and older.

Study participants were excluded from the survey if they were diagnosed with severe cognitive dysfunction, hearing impairment, severe cardiopulmonary diseases, reduced level of consciousness, or other unstable medical illnesses and individuals diagnosed with depression.

The study used 15-Geriatric Depression Scale (GDS) to assess depressive symptoms among elderly women. Each of the 15 items was coded as 0 (no) or 1 (yes). The GDS-15 has been used in numerous studies on geriatric depression with a sensitivity of 79% and specificity of 77% In this study, participants with a total GDS-15 score of 6 or above were classified as depressed.16 .the risk factors of depression assess by questioner included the following question: Social, Physical :(common medical conditions were determined using a checklist that followed the question: "Do you suffer, Chronic illnesses included cardiovascular disease and hypertension, diabetes mellitus, bronchitis, Parkinson's disease, hearing, and vision loss), Financial, and Spiritual factors

The data was collected and analyzed statistically using SPSS version 16 and the data were compared using Chi – t

#### Results

**Table 1:** Characteristics of the sample that include age, level of education, Marital status and Monthly income.

Variables	Frequency	Percent	Mean	Median	Std. Deviation	PV
Age						
60-64	114	38.0	2.2400	2.0000	1.18339	.530
65–69	68	22.7	_			
70-74	50	16.7	-			
75–79	68	22.7	_			
Level of Education						
No education	51	17.0	2.8900	3.0000	1.16724	.809
Elementary school	69	23.0	•			
Primary school	42	14.0	_			
Secondary	138	46.0	•			
school/technical						
Marital Status						
Married	76	25.3	2.2400	2.0000	.83149	.012
Single/divorced	76	25.3	-			
Widowed	148	49.3	-			
Monthly Income						
Less Than 500 \$	36	12	3.3533	4.0000	.81077	.762
More Than 500 \$	264	88	-			

The study included 300 participants with a mean (SD) age of 2.2400 (1.18339) years between 60 and 79 years. The most frequent age was 60 to 64 (38%). Most of the respondents in the sample have a secondary education (46%) Followed by (23%) Elementary school, Most of the women in the sample were widows (49%) While 25% of the sample lived alone, only 25 % from all sample was married, A large number of the sample have a high monthly income (88%)

**Table 2:** Prevalence of depression among older women participants in Taif City (according to 15-Geriatric Depression Scale) (n=300)

Variables	Frequency	Percent	Mean	Std. Deviation
Yes	175	58.3	1.4167	.49383
No	125	41.7		
TOTAL	300	100	•	

The sample results showed that 175 (58.5) of the elderly women suffer from depression symptom, while 125 (41.7) are not

**Table 3:** Risk factor frequencies for depression among older women in Taif city (n=300)

Variables	Frequency	Percent	Mean	Std. Deviation	PV
Physical	104	34.6	1.1093	.4012	.104
financial	36	12.2	1.9633	.18826	.530
Social	140	46.6	1.2167	.41266	.033
Spiritual	20	6.6	1.5167	.50056	.393
TOTAL	300	100			

In overall participant the social factors frequency was highest (140) and next risk factors was physical and the least risk factors frequent it was in spiritual.

**Table 4:** The distribution of Physical risk factors included the following Chronic illnesses among older women in Taif city (n=104)

Variables	Frequency	Percent	Mean	Std. Deviation	PV
Hypertension	15	13.0	1.8700	.33687	.697
Cardiovascular disease	12	7.0	1.9300	.25557	.378
Diabetes mellitus	40	16.7	1.8333	.37330	.576
Parkinson	5	1.7	1.9833	.12823	.502
Bronchitis	10	3.3	1.9667	.17981	
Hearing	7	24.3	1.7567	.42981	.226
Vision	15	5.0	1.9500	.21831	.386

The highest frequency of disease was diabetes (40), the next frequency was hypertensions (15) and the Parkinson disease was the lowest frequency (5)

# Discussion

While the majority of research was done to understand the differences in demographic characteristics (gender, age, marital status, education, income) and depression in community-settings elderly, my study evaluated the prevalence and risk factors of depression among old women in Taif city, the study included 300 participants with a mean (SD) age of 2.2400 (1.18339) years between 60 and 79 years. The most frequent age was 60 to 64 (38%). Most of the respondents in the sample have a secondary education (46%) Followed by (23%) Elementary school, Most of the women in the sample were widows (49%) While 25% of the sample lived alone, only 25 % from all sample was married, A large number of the sample have a high monthly income (88%). There was no statistical association between age (P= .530), level of education (P = .809) and monthly income (p = .762), while there was a statistical relationship between marital states ( P = .012) and occurrence of depression. In contrast with communitybased studies, we found no significant differences in the prevalence of depression among different genders, or ages of elderly inpatients, which are congruent with those of several studies conducted in China<sup>18</sup>.

I found a prevalence rate of 175 (58.5%) from the total sample was suffering from depression symptoms among community resident older women. In review, the high prevalence rate of late-life depression reported was indicative of the high burden due to depression among older people in the community, the risk of depression to be twice as high for women when compared to men. This may be due to their increased life expectancy, poor social support, or exposure to psychosocial stressors. in a previous connecting to study and determine the prevalence of depression and associated clinical and sociodemographic factors amongst older adult patients attending a primary health care clinic in the Ethekwini District in Kwa-Zulu Natal, South Africa. 17. it showed that the prevalence rate was 40% of participants screened positive for depression.

The most risk factor for depression among older women in Taif city was a social factor 140 (46.6%) and the other factors arranged according to the highest percentage as follows: physical 104 (34.6%) were divided to (Diabetes mellitus 16.7%, Hearing 24.3 %, Hypertension 13.0%, Cardiovascular disease 7.0%, Parkinson 1.7,% Bronchitis 3.3% and Vision 5%), financial 36 (12.2%) and spiritual 20 (6.6%) and the was no statistical relations between the following risk factors and occurrence of depression physical (P=.104), financial (P =.530) and spiritual (P =.393), While there was a statistical relationship between social factor and occurrence of depression among old women(P=.033). While in a previous study it showed a negative subjective health status rating was significantly associated with depression and marriage appeared to be protective (p < 0.001). Participants with a poor subjective health rating were 21 times more likely to be depressed and widowhood conferred an almost fourfold increased risk of being depressed<sup>17</sup>

It is well-known that depression adversely impacts the quality of life of the older person and the outcome of comorbid medical illnesses. Persistence of depressive symptoms may predict the risk of an episode of major depression. Late-life depression affects a significant proportion of community residents older people and they need help. **Conclusion** 

The depressive symptom was prevalent among community resident old women, a social and marital status it had the most risk factor's effecting the occurrence of depression and the growing old does not affect the prevalence of depression. my results should encourage community nurses to adopt a brief instrument such as GDS-15 and CGA to early screen depressive symptoms. Future studies are needed to identify the appropriate measures to treat

elderly women in the recent community with depressive symptom and their impact on her function and health outcomes.

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