

Prevalence of depression among elderly people in the Al-Nasiriya province

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A – Study Design, B – Data Collection, C – Statistical Analysis, D – Data Interpretation, E – Manuscript Preparation, F – Literature Search, G – Funds Collection

Summary Background. Depression is one of the major diseases that can lead to undesirable results, including decreased productivity, more demands on healthcare resources and sometimes even death.

Objectives. The purpose of this research was to examine the incidence of depression and risk variables among residents of the Al-Nasiriya province who are 60 year of age and older.

Material and method. This community-based cross-sectional survey was carried out between 1 February 2022 and 1 May 2022. The Geriatric Depression Scale (GDS) – the short version (with 15 items) – and a form of socio-demographic variables were used to interview 150 elderly people from the general population and primary healthcare clinics in the Al-Nasiriya province in the south of Iraq.

Results. Depression is more prevalent in older people than in younger people. 56.6% of the population is considered not to be depressed, 43.33% are depressed, 22.33% are mildly depressed, 11.33% are moderately depressed, and 9% are severely depressed. This research shows that being a woman, being between the ages of 60 and 69, being retired, being married, being illiterate, having owned a home, suffering from a chronic illness and taking multiple medications daily, not having a physical disability or a family history of mental illness, not smoking and having a large family are all significant risk factors for depression. There is a substantial correlation when the *p*-value is less than 0.05.

Conclusions. The results of this study show that more than a third of elderly people have mild depression.

Key words: prevalence, depression, aged, Iraq.

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Background

Major depressive disorder (MDD) is a mood illness and a prevalent mental condition that has a significant impact on patients' health-related quality of life and interest in living [1]. In 2020, there were more adults 60 years of age and over than youngsters 5 years of age and under. Roughly 80% of the world's geriatric population will be located in poor and middle-income nations by 2050 [2]. According to the annual statistics report of the Ministry of Health, the percentage of Iraqis 60 years of age and up has risen from 3.4% in 2010 to 5% in 2015 and is projected to rise to 7.2% [3]. Elderly people are more likely to suffer from mental illnesses and have more difficulties with both physical and mental health [4]. The most horrifying of the disorders that disproportionately affect the elderly is depression, making it a huge public health problem that garners attention from all around the world [5]. Depression in the elderly, if untreated, can lead to a significant risk of disability and death [6]. People with chronic conditions have a higher rate of depression and presence of depressive symptoms than the general population [7–11]. Longitudinal and cross-sectional studies [12–15] have demonstrated that diagnosis of a chronic illness is associated with an increased risk of developing depressive symptoms.

Objectives

The purpose of this research was to examine the incidence of depression and risk variables among residents of the Al-Nasiriya province who are 60 years of age and older.

Material and methods

In the Al-Nasiriya province, a descriptive cross-sectional study was conducted on elderly people (60 years of age and older). The duration of the study was from 1 February to 1 May 2022. The sample size for this study was 400, as calculated by the equation $n = z^2 p(1 - p)/d^2$. According to a community-based study conducted in Mosul, Iraq's northernmost city [16], the prevalence of depression is 36%. Due to the limited time for data collection, we used regular random sampling to choose the participants by enumerating each pair of participants, taking the third, and so on.

The dependent variable of the study was measured by the geriatric depression scale [17], short version, 15 questions answered by yes or no, then categorised into mild, moderate and severe depression according to the points. The independent variables include socio-demographic characteristics such as gender, age, occupation, education, marital status, past medical, mental and drug histories, smoking, income per month, residence and crowding. Inclusion criteria: Elderly adults 60 years of age and older in the Al-Nasiriya province; males and females. Exclusion criteria: Elderly people who refused to participate in the study; elderly people who reside in hospitals. A pilot study was used to assess the nature of the questions and which questions were difficult for participants to understand, in addition to being time-consuming, in each interview. This was done for about 5% of the total sample (20 elderly adults) for about 1 week without any modification to the questionnaire. Ethical



consideration: The study protocol was approved by the ethical committee at Babylon University/College of Medicine. A written agreement was obtained from the Thi-Qar Health Directorate. Verbal consent was obtained from the participants after explaining the goals of the study. SPSS 22 was used for statistical analysis, which uses frequency and percentage for categorical data and mean, median and standard deviation for continuous data. The Chi-square test was used to determine the relationship between variables; a *p*-value of less than or equal to 0.05 was considered significant. Data was collected from study participants via (face-to-face) interviews and a pre-tested questionnaire, which was initially written in English and then translated into an Arabic translation.

Results

In a cross-sectional study of 300 elderly adults 60 years of age and up, the highest percentage was between the ages of 60 and 69, amounting to 178 (62.3%) (female: 52.7%, male: 47.3%). There were 30.7% with higher education and 44% who were retired, with 66% being married, about 87.7% living in urban areas, 90.0% of the total owning homes and 42.0% with an income between 500,000 and 1,000,000 IQD, as shown in Table 1. There was a significant association between depression and age groups; 34.5% of severe depression occurs in the age groups of 60–69 years and 70–79 years, respectively. While 31% of severe depression occurred between the ages of 80 and 89, women accounted for 69% of severe depressions, while elderly, unemployed adults accounted for 58.6%. Widowed people accounted for 69.0% of all cases of severe depression. Ignorant people accounted for 51.7% of those suffering from severe depression. 75.9% of severe depression occurred in urban areas. People who own a home accounted for 75.9% of all cases of severe depression. 82.8% of severe depression occurred in people with chronic diseases. People who use drugs on a regular basis accounted for 75.9% of those who suffer from severe depression; people who do not use drugs accounted for 62.1% of those who suffer from severe depression (shown in Table 2).

There was no correlation between depression and income, with 51.7% of severe depression occurring in the income range of 500,000–1,000,000 IQD. However, there was a substantial correlation between depression and smoking, with 51.7% of se-

vere depression occurring among former smokers. There was no family history of mental disease in 89.2% of cases of severe depression. 93.1% of people with severe depression lived in a family unit. When the number of family members falls between three and four, severe depression occurred in 65.5% of the cases (4–10) (shown in Table 3).

Table 1. Socio-demographic characteristics

Variables		Frequency	Percentage
Age	60–69	187	62.3
	70–79	86	28.7
	80–89	25	8.3
	90	2	0.7
Gender	male	142	47.3
	female	158	52.7
Occupation	employed	23	7.7
	freelance	43	14.3
	unemployed	102	34.0
	retired	132	44.0
Marital status	divorced	8	2.7
	married	198	66.0
	not married	6	2.0
	widowed	88	29.3
Education	higher education	92	30.7
	illiterate	70	23.3
	primary	59	19.7
	secondary	79	26.3
Residence	urban	263	87.7
	rural	37	12.3
Home	owned	270	90.0
	rent	30	10.0
Income/IQD	< 500,000 (minimum)	49	16.3
	500,000–1,000,000 (moderate)	126	42.0
	> 1000,000 (good)	125	41.7

IQD: Iraqi Dinars.

Table 2. Association between variables in the current study and severity of depression

	Depression				<i>p</i>
	without	mild	moderate	severe	
Age groups (years)					0.0001
60–69	122 (71.8%)	44 (65.7%)	11 (32.4%)	10 (34.5%)	
70–79	39 (22.9%)	15 (22.4%)	22 (64.7%)	10 (34.5%)	
80–89	9 (5.3%)	6 (9.0%)	1 (2.9%)	9 (31.0%)	
90	0 (0.0%)	2 (3.0%)	0 (0.0%)	0 (0.0%)	
total	170 (100.0%)	67 (100.0%)	34 (100.0%)	29 (100.0%)	
Gender					0.022
female	77 (45.3%)	39 (58.2%)	22 (64.7%)	20 (69.0%)	
male	93 (54.7%)	28 (41.8%)	12 (35.3%)	9 (31.0%)	
total	170 (100.0%)	67 (100.0%)	34 (100.0%)	29 (100.0%)	
Occupation					0.05
employed	17 (10.0%)	4 (6.0%)	2 (5.9%)	0 (0.0%)	
freelance	30 (17.6%)	8 (11.9%)	2 (5.9%)	3 (10.3%)	
unemployed	49 (28.8%)	21 (31.3%)	15 (44.1%)	17 (58.6%)	
retired	74 (43.5%)	34 (50.7%)	15 (44.1%)	9 (31.0%)	
total	170 (100.0%)	67 (100.0%)	34 (100.0%)	29 (100.0%)	
Marital state					0.0001
divorced	3 (1.8%)	2 (3.0%)	2 (5.9%)	1 (3.4%)	
married	137 (80.6%)	43 (64.2%)	13 (38.2%)	5 (17.2%)	
not married	2 (1.2%)	1 (1.5%)	0 (0.0%)	3 (10.3%)	
widowed	28 (16.5%)	21 (31.3%)	19 (55.9%)	20 (69.0%)	
total	170 (100.0%)	67 (100.0%)	34 (100.0%)	29 (100.0%)	

	Depression				p
	without	mild	moderate	severe	
Education					0.0001
higher education	61 (35.9%)	23 (34.3%)	7 (20.6%)	1 (3.4%)	
illiterate	26 (15.3%)	15 (22.4%)	14 (41.2%)	15 (51.7%)	
primary	30 (17.6%)	14 (20.9%)	7 (20.6%)	8 (27.6%)	
secondary	53 (31.2%)	15 (22.4%)	6 (17.6%)	5 (17.2%)	
total	170 (100.0%)	67 (100.0%)	34 (100.0%)	29 (100.0%)	
Place of living					0.081
rural	15 (8.8%)	11 (16.4%)	4 (11.8%)	7 (24.1%)	
urban	155 (91.2%)	56 (83.6%)	30 (88.2%)	22 (75.9%)	
total	170 (100.0%)	67 (100.0%)	34 (100.0%)	29 (100.0%)	
Home status					0.014
owned	160 (94.1%)	58 (86.6%)	30 (88.2%)	22 (75.9%)	
rent	10 (5.9%)	9 (13.4%)	4 (11.8%)	7 (24.7%)	
total	170 (100.0%)	67 (100.0%)	34 (100.0%)	29 (100.0%)	
History of chronic diseases					0.0001
no	94 (55.3%)	23 (34.3%)	8 (23.5%)	5 (17.2%)	
yes	76 (44.7%)	44 (65.7%)	26 (76.5%)	24 (82.8%)	
total	170 (100.0%)	67 (100.0%)	34 (100.0%)	29 (100.0%)	
History of treatment					0.0001
no	116 (68.2%)	28 (41.8%)	11 (32.4%)	7 (24.1%)	
yes	54 (31.8%)	39 (58.2%)	23 (67.6%)	22 (75.9%)	
total	170 (100.0%)	67 (100.0%)	34 (100.0%)	29 (100.0%)	
Physical disability					0.0001
no	164 (96.5%)	62 (92.5%)	30 (88.2%)	18 (62.1%)	
yes	6 (3.5%)	5 (7.5%)	4 (11.8%)	11 (37.9%)	
total	170 (100.0%)	67 (100.0%)	34 (100.0%)	29 (100.0%)	

p-value ≤ 0.05 (significant).

	Depression				p
	without	mild	moderate	severe	
Income (IQD)					0.258
< 500,000	25 (14.7%)	9 (13.4%)	8 (23.5%)	7 (24.1%)	
500,000–1,000,000	71 (41.8%)	25 (37.3%)	15 (44.1%)	15 (51.7%)	
> 1000,000	74 (43.5%)	33 (49.3%)	11 (32.4%)	7 (24.1%)	
total	170 (100.0%)	67 (100.0%)	34 (100.0%)	29 (100.0%)	
Smoking status					0.009
in the past	33 (19.4%)	22 (32.8%)	8 (23.5%)	15 (51.7%)	
not smoking	113 (66.5%)	36 (53.7%)	19 (55.9%)	12 (41.4%)	
still smokes	24 (14.1%)	9 (13.4%)	7 (20.6%)	2 (6.9%)	
total	170 (100.0%)	67 (100.0%)	34 (100.0%)	29 (100.0%)	
Family history of disease					0.050
no	167 (98.2%)	62 (92.5%)	31 (91.2%)	26 (89.2%)	
yes	3 (1.8%)	5 (7.5%)	3 (8.8%)	3 (10.3%)	
total	170 (100.0%)	67 (100.0%)	34 (100.0%)	29 (100.0%)	
Living status					0.876
alone	8 (4.7%)	4 (6.0%)	1 (2.9%)	2 (6.9%)	
with family	162 (95.3%)	63 (94.0%)	33 (97.1%)	27 (93.1%)	
total	170 (100.0%)	67 (100.0%)	34 (100.0%)	29 (100.0%)	
Number of persons in family					0.001
0	8 (4.7%)	4 (6.0%)	1 (2.9%)	2 (6.9%)	
1–3	24 (14.1%)	2 (3.0%)	2 (5.9%)	0 (0.0%)	
4–10	127 (74.7%)	58 (86.6%)	27 (79.4%)	19 (65.5%)	
> 10	11 (6.5%)	3 (4.5%)	4 (11.8%)	8 (27.6%)	
total	170 (100.0%)	67 (100.0%)	34 (100.0%)	29 (100.0%)	

p-value ≤ 0.05 (significant).

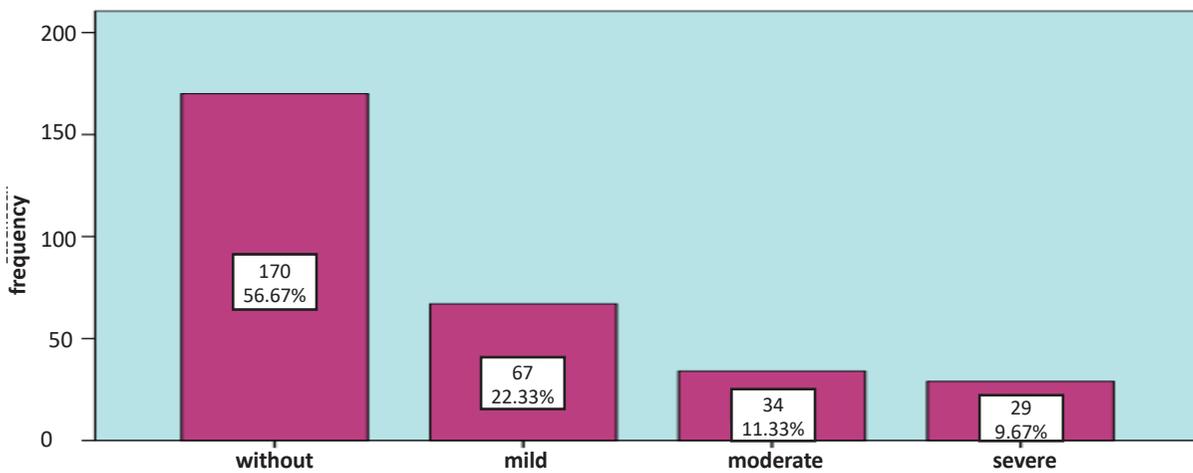


Figure 1. Distribution of severity of depression

Figure 1 show the percentage of normal elderly adults in this study (56.67%), while the highest percentage of people with depression had mild depression (22.33%).

Discussion

In the current study, the proportion of healthy seniors is greater than that of depressed seniors. Without depression – 56.67% (170 of 300); depressed – 43.33% (130/300); with mild depression – 22.33% (67/130); moderate depression – 11.33% (34/130); severe depression – 9% (29/130). This finding is consistent with a similar cross-sectional study conducted in the northern Iraqi city of Mosul, where the percentage of elderly adults without depression was higher than the percentage of depressed elderly adults, and where the higher percentage of depressed participants were of the mild variety [16]. In the present study, there is a substantial correlation between age and depressive symptoms, with the highest prevalence among those between 60 to 69 years of age, with the prevalence decreasing with age. Another study carried out by Sengupta and Benjamin [18] revealed a similar finding, primarily between the ages of 60 and 65. According to H. Amha et al. [19], the proportion was highest between the ages of 65–69 and 70–74. Numerous studies, such as those from India [20], Brazil [21] and Vietnam [22], corroborate the findings of the present investigation. They attributed this result to feelings of isolation and worthlessness. Gender: In this research of 158 females, there were 81 depressed women, which is greater than the number of depressed men (49 of 142). This resembles the research conducted by Pilianna et al. [23]. Another study indicated that women are more likely than men to suffer from depression [24]. Many experts suggest that hormonal variations or the effects of childbirth may explain why women are more susceptible to depression than men [25, 26]. In research conducted in India (southern Punjab [27]), education and job status were strongly linked to depressive symptoms ($p = 0.005$ and $p = 0.014$, respectively). Certain chronic conditions, such as hypertension, are risk factors for the development of depression in elderly persons [28]. In the present study, there is a substantial link between depression and chronic disease, with the highest prevalence occurring in elderly individuals with hypertension, followed by diabetes and less often thyroid disease and gastrointestinal issues. This research complements studies conducted in China [29] and Harar, Ethiopia [30]. In the current study, chronic drug usage correlated positively with depression, which may be attributable to the adverse effects of medications or an underlying chronic condition. In the current study, marital status was significantly

associated with the development of depression, with a higher prevalence of depression among married individuals followed by widowed individuals. In other studies, marital status was also significant, but depression was greater among widowed and divorced elderly adults than among married individuals. These studies were conducted in Sri Lanka [31] and South Africa [32]. This may be attributed to feelings of isolation and a lack of social support. These differences may be attributable to the study's sample size and timing constraints. In the current study, there was a substantial link between depression and smoking, with a greater proportion of non-smokers being affected, although comparable research has found a favourable association between nicotine dependency and the development of depressive symptoms [33]. The findings of a study conducted by Fluharty et al. were inconclusive as to whether smoking causes depression and anxiety, whether depression and anxiety result in smoking, whether there is an increase in smoking behaviour, or whether there is a bidirectional relationship between smoking and depression [34]. These contradictory findings imply the need for more research in the future. In line with African research [19], the current study found a strong link between depression and a physical handicap. Physical impairment may have been connected with sadness as a result of a sense of helplessness associated with ageing, particularly in the absence of a caretaker. In the present study, house ownership was substantially linked with the development of depression ($p = 0.014$), although previous research conducted in the north of Iraq [16] contradicts this conclusion and indicates there is no relationship between home ownership and depression ($p = 0.334$). In the present study, a family history of mental disease was positively related to depression, with a higher prevalence among individuals with no such family history. In previous studies, the author discovered strong and obvious evidence of a correlation between the occurrence of a pre-onset major life event and a positive family history of depression [35, 36]. In the present study, the family size or crowding index was significantly associated with the development of depression, with a high percentage when the number of family members is between four and ten. This may be attributable to the effect of increasing family size on the standard of living and care provided to the elderly in particular.

Conclusions

On the basis of the findings of this study, one may draw the conclusion that more than one-third of elderly people suffer from depression, with the greater percentage being determined to be of the mild type.

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Conflicts of interest: The authors declare no conflicts of interest.

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