Factors Related to Depression Among Older Adults in The Eastern Region of Thailand

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Introduction
What are the problems leading me to interested in this research topic?
In Thailand: People aged 60 years and older

Year 2000: 9.5 %
Year 2005: 13.8 %
Year 2020: 15 %

(10th National Economic and Social Development Plan, 2006).

Year 2025: 17.1 % and 27.1 % by 2050 (United Nation, 2009)

[Image of Population pyramids for years 1950, 2000, and 2050]

The prevalence of depression among older adults:

**Worldwide:** 7.6 to 45 %

(Anstey & Sargent-Cox, 2007; Chong et al., 2001; Fleischher et al., 2007; Ku et al., 2006; Ohayon & Schatzberg, 2002; Sherina et al., 2004; Tsai et al., 2005)

**In Thailand:** 12.8% to 84.8%

(Charoenkhum, 1992; Jantaratap et al., 2004; Linsuwanont, 2000; Piboon et al., 2009; Pichai, 2003; Pinyopornpanish et al., 2003; Sukhatunga, 1999; Thavichachat et al., 1990; Thaweeboon & Peachpansri, 1999; Thongtang et al., 2002).

**Depression:** 4th ranked disease

2nd ranked by 2020 (WHO, 2004)
Consequences

* **Suicide** (Quan et al., 2002; Suominen et al., 2004; Waern et al., 2003).

* **Significant predictor of mortality** (Fu et al., 2003)

* **Affects the well-being and the ability to function in daily life.** (Beekman et al., 2002)

* **Reduces the quality of life among older adults.** (Blazer, 2002; Doraiswamy et al., 2002)

* **Impacts on the whole family system** (Tennstedt et al., 1992).

* **Impact on society in the form of social stigma** (Soonthornchaiya, 2004; Wolpert, 2001)

* **Impact extends to societies, as evidenced by high health care costs for the treatment** (Cuijpers et al., 2007)
Gaps

* The existing studies conducted in community dwelling recruited their samples from limited geographic areas.

- 3 sub-district in Bangkok, 2 Provinces in the Central Region, 1 in the North Eastern, and 1 in the Southern Region.

- In the Eastern region, 2 studies and focusing on an intervention program for older adults in home care.

  1 study in COPD older adult patients in Chon Buri Hospital.

A Consequence: Recently, it is unclear of the number of depression among older adult in our Region.
Gaps (Cont.)

* Various studies researching on depression in older adults were conducted, it is not focusing on any theories that explain the etiologies of depression.

* Significant predictors of depression in previous studies could not cover all the causes of depression in the older adults, particularly in Thailand.
Gaps (Cont.)

Needed to clarify whether the factors that were found to be related to depression among older adults in Thailand and also the magnitude among the relationship.
Purposes

To examine the incidence of depression among older adults and to study the factors related to depression among Thai older adults in the Eastern Region of Thailand.
Biopsychosocial Theories

Biological

Psychological

Depression

Social

(Gilbert, 2004)
Theoretical Framework

Based on Biopsychosocial theories.

Predictor factors of depression of this study are derived from multiple theories of Bio-psycho-social theories and empirical evidences from the previous studies.
Methodology
Population

The population of this study is older adults aged 60 years and older, residing in the Eastern Region of Thailand.
Samples

The inclusion criteria of sample in this study:

1. older adults aged 60 years and older

2. Having no cognitive impairment. All older adults will achieve cognitive scores of 15 to 19 that tests by the Chula Mental Test.

3. Volunteering to participate in this study.

4. Residing in the Eastern Region of Thailand.

547 older adults were included in this study
Data Collection

* The Research study was approved by the Research Ethical Committee of Burapha University.

* Data collection was started after the participants have signed their consent forms.

* Data were collected by Trained Interviewers.

* All Measurements were administered in face to face interviews.

* The average time for each interview was about 45-60 minutes.

* Human right of participants was protected.
Measurements

Seven instruments were used in this study including:

1) The personal data form, including demographic factors and predisposing factors (i.e., gender, marital status, income, educational level, occupation, perceive health status, and family history of depression / genetics).

2) The Chula Mental Test (Jitapunkul et al., 1996): Reli = .84

3) The Modified Barthel Activities of Daily Living Index (MBAl) (Jitapunkul, 1994): Reli = .80

4) The Perceive Stress Scale (PSS) (Cohen et al., 1983): Reli = .80

5) The Loneliness Scale (De Jong - Gierveld & Kamphuis, 1985): Reli = .78

6) The Personal Resource Questionnaire (PRQ—85 Part II) (Brandt and Weinert, 1981): Reli = .75

7) The Thai Geriatric Depression Scale (TGDS): Reli = .78
Data Analysis

* Descriptive statistic
* Pearson’s Product Moment Correlation
* Multiple Regression
Results
Results

* 524 older adults participated in this study
* 51.7% reported a mild depressive score
* 22.1% reported a moderate depressive score
* 8.6% reported a severe depressive score
Results (Cont.)

* Perceived health status, social support, income, and functional health status were negatively associated with depression
  \((r = -.252, -.405, -.163, -.307 \text{ respectively, } p < .01)\)

* Family history of depression, loneliness and perceived stress were positively associated with depression
  \((r = .260, .537, .471 \text{ respectively, } p < .01)\)
Results (Cont.)

*Loneliness, perceived stress, social support, family history of depression, perceived health status, and functional health status, were significant factors that combined to account for 49.6% ($R^2 = .496$, $p < .01$) of variation in depression among older adults.

*Loneliness was found to be the most influential factor in predicting depression among the older adults.
In conclusion

The results indicated that loneliness was the highest predictor of depression than other factors. Thus, reducing the level of loneliness is recommended.

Loneliness, perceived stress, social support, family history of depression, perceived health status, and functional health status were the main predictive variable of depression in this study.

Therefore, not only reducing the level of loneliness but also reduce level of stress, encouraging family and non family members to support the elderly, and maintaining their health status may also reduce a severity of depression among Thai older adults. Thus, the providers who work with Thai older adults would need to assess for these factors.

Older adults who experiences of depression as holistic being who are influenced by internal and external environment stimuli.

Therefore, the interventions should be concerned with all causes of depression in order to reduce the severity of depression among Thais Older adults.
Thank You