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Fidecki Marian Wiesław[1,A-F], Marek Wytrzyszczewski[1,A-D,F], Mariusz Wysokiński[1,A-F], Katarzyna Przylepa[2,C-D,F]

DEPRESSION RISK ASSESSMENT AMONG ELDERLY CANCER PATIENTS

Ocena ryzyka depresji wśród pacjentów onkologicznych w podeszłym wieku

[1]Zakład Podstaw Pielęgniarstwa
Katedra Rozwoju Pielęgniarstwa, Uniwersytet Medyczny w Lublinie, Polska
[2]Studium Praktycznej Nauki Języków Obcych, Uniwersytet Medyczny w Lublinie, Polska

A - Koncepcja i projekt badania, B - Gromadzenie i/lub zestawianie danych, C - Analiza i interpretacja danych, D - Napisanie artykułu, E - Krytyczne zrecenzowanie artykułu, F - Zatwierdzenie ostatecznej wersji artykułu

Fidecki Marian Wiesław – 0000-0002-5142-1900
Mariusz Wysokiński – 0000-0001-8939-2490

Abstract (in Polish):

Cel pracy

Celem badań było określenie ryzyka depresji wśród pacjentów w podeszłym wieku z chorobą nowotworową.

Materiał i metody

Badania przeprowadzono w grupie 110 pacjentów w podeszlym wieku z chorobą nowotworową. Wśród badanych 54.55% stanowili mężczyźni. Najwięcej badanych było w wieku 66-74 lat (46.00%). Zdecydowana większość seniorów pozostawała w związku małżeńskim (65.46%). Największy odsetek

badanych posiadało wykształcenie wyższe (33.60%). Aż 81.00% seniorów mieszkało z rodziną. Jako narzędzie badawcze wykorzystano Geriatryczną Skalę Depresji.

Wyniki
Na podstawie oceny pacjentów skalą GDS stwierdzono, że aż 66.50% badanych nie wykazuje objawów depresji. Łagodą depresję stwierdzono u 25.50% badanych, a grupa 8.00% miała objawy ciężkiej depresji. 52.00% kobiet nie wykazywało objawow depresji a 18.00 mialo objawy ciężkiej depresji. Lepszą kondycją wykazywali się mężczyźni, gdzie aż 78.33% nie wykazywało objawów depresji i u żadnego z nich nie stwierdzono objawów ciężkiej depresji. Najmniejsze ryzyko depresji stwierdzono w grupie pacjentów w wieku 60-65 lat, 69.70% nie miało jej objawów. Badani z najstarszego przedziału wieku (75-88 lat) wykazywali największ eryzyko depresji, 15.38% miało objawy głębokiej depresji.

Wnioski
W badanej grupie pacjentów onkologicznych w podeszłym wieku stwierdzono dość niskie ryzyko występowania objawów depresyjnych. Płeć badanych, stan cywilny, poziom wykształcenia oraz fakt z kim badani mieszkają wpływały na ryzyko występowania depresji. Rodzaj choroby nowotworowej istonie różnicował ryzyko depresji w badanej grupie seniorów.

Abstract (in English):
Aim
The aim of the study was to determine the risk of depression in elderly patients with cancer.

Material and methods
The research was carried out in a group of 110 elderly patients with neoplastic disease. Among the respondents, 54.55% were men. Most respondents were aged 66-74 (46.00%). The vast majority of seniors were married (65.46%). The largest percentage of the respondents had higher education (33.60%). As many as 81.00% of seniors lived with their families. The Geriatric Depression Scale was used as a research tool.

Results
Based on the assessment of patients using the GDS scale, it was found that as many as 66.50% of the respondents did not show symptoms of depression. Mild depression was found in 25.50% of respondents, and the group of 8.00% had symptoms of severe depression. 52.00% of women did not show symptoms of depression and at 6.00 p.m. they had symptoms of severe depression. Men were in better condition, as many as 78.33% did not show symptoms of depression and none of them showed symptoms of severe depression. The patients in the oldest age group (75-88 years old) showed the highest risk of depression, 15.38% had symptoms of severe depression.

Conclusions
In the examined group of elderly cancer patients, a relatively low risk of depressive symptoms was found. The sex of the respondents, marital status, level of education and the fact who the respondents live with influenced the risk of depression.
The type of neoplastic disease significantly differentiated the risk of depression in the studied group of seniors.

Keywords (in Polish): depresja, Geriatryczna Skala Depresji, osoby w podeszłym wieku, pacjent onkologiczny.

Keywords (in English): depression, Geriatric Depression Scale, elderly, cancer patient.

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Short title
Ocena ryzyka depresji

Corresponding author
Fidecki Marian Wiesław
Zakład Podstaw Pielęgniarstwa
Katedra Rozwoju Pielęgniarstwa, Uniwersytet Medyczny w Lublinie, Lublin, Polska; email: fidecki@interia.pl

Authors (short)
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Introduction

According to WHO, depression is the most common mental illness. It is supposed to be the second most frequently diagnosed disease in the world, after ischemic heart disease. It is estimated that the annual incidence among the elderly is as high as 15%. About 30% of people in this group die as a result of suicide caused by failure to cope with the symptoms of the disease [1].

Depression, along with dementia, is the most common mental disorder in the elderly. It is estimated that 15% of people over 65 years of age suffer from it. The somatic health of the patient is of great importance in the factors predisposing to the development of depression. Each disease, including more chronic one, often associated with pain, may contribute to the development of depression or its recurrence [2].

The main symptoms of depression are: depressed mood, loss of interest, loss of energy, or increased fatigue. However, additional symptoms include: loss of self-confidence and self-esteem, recurrent suicidal thoughts, disturbances in the rhythm of sleep and wakefulness, problems with memory and concentration, irrational guilt, change in appetite, slowing down and anxiety [3].

Depressive symptoms in seniors are also treated as normal emotional reactions to disability and other losses incurred in various dimensions of life. The long-lasting features of depressed mood, due to their chronicity, may be perceived as permanent personality characteristics of an individual, typical for him, and therefore not disturbing. The risk of disregarding the symptoms occurs especially when such features as being silent, apathetic or not self-absorbed do not complicate relationships with others, and in some cases even make it easy to take care of a person [4].

Seniors are more likely to report somatic complaints and less often to describe a feeling of sadness. The most frequently reported complaints by elderly people suffering from depression include: persistent

pain, agitation, apathy, withdrawal, numerous nonspecific somatic complaints, loss of body weight or appetite, excessive disability, anxiety, memory and concentration disorders, getting tired fast, sleep disturbances, interpersonal difficulties [5,6]. Diagnosing depression in the elderly often requires a lot of knowledge and skills from the therapeutic team. The complaints reported by the patient or the family may indicate dementia or depression. At the same time, dementia may intensify the occurrence of depression, and also act as its mask. Research shows that hospitalization can increase depressive symptoms in the elderly. The prevalence of depressive symptoms among hospitalized elderly people is approx. 50% [7]. At the same time, it may decrease 3-12 months after leaving the hospital [8].

Aim

The aim of the study was to determine the risk of depression in elderly patients with cancer.

Material and method

The research was carried out in a group of 110 elderly patients with neoplastic disease. The research was conducted in accordance with ethical principles. Patients gave informed and voluntary consent to participate in the study.

Among the respondents, 54.55% were men. Most respondents were aged 66-74 (46.00%). The vast majority of seniors were married (65.46%). The largest percentage of the respondents had higher education (33.60%). As many as 81.00% of seniors lived with their families. The detailed sociodemographic characteristics of the respondents are presented in Table 1.

Table 1. Socio-demographic characteristics of the research pool

Variable		%
Gender	Female	45.45
	Male	54.55
Age	60-65 years old	30.00
	66-74 years old	46.00
	75-88 years old	24.00
Marital status	Single	34.54
	Married	65.46
Education	Elementary	33.60
	Vocational	25.40
	Secondary	31.00
	Higher	10.00
Lives	With family	81.00
	Alone	19.00

The Geriatric Depression Scale was used as a research tool. This scale was developed in 1983 by Yesavage et al. [9] as a screening tool to assess the intensity of depression symptoms in elderly people. It consists of 30 short questions with two answer options (yes/no). As a standard, GDS-LF (long form) scoring is used, according to which a result from 0 to 10 points means no depression, from 11 to 20 points indicates a slight depression, and a result from 21 to 30 points suggests the presence of deep depression [10] .

The obtained results were statistically analyzed using the STATISTICA version 10.0 program (StatSoft Polska). The values of the analyzed measurable parameters were presented by means of the mean value and standard deviation, and for non-measurable ones - by the number and percentage. A significance level of $p < 0.05$ was adopted, indicating the existence of statistically significant differences or relationships.

Results

Based on the assessment of patients using the GDS scale, it was found that as many as 66.50% of the respondents did not show symptoms of depression. Mild depression was found in 25.50% of respondents, and the group of 8.00% had symptoms of severe depression.

Table 2 presents the assessment of the studied group of GDS patients depending on the sociodemographic variables. It shows that 52.00% of women did not show symptoms of depression and at 6.00 p.m. they had symptoms of severe depression. Men were in better condition, as many as 78.33% did not show symptoms of depression and none of them showed symptoms of severe depression. Statistical analysis showed that there was a significant difference between the groups.

The lowest risk of depression was found in the group of patients aged 60-65, 69.70% had no symptoms. The patients in the oldest age group (75-88 years old) showed the highest risk of depression, 15.38% had symptoms of severe depression. However, the difference between the groups was not statistically significant.

A statistically significant difference was found between the groups when analyzing the risk of depression depending on the marital status of the respondents. A decisive percentage of married people (77.78%) did not show symptoms of depression, and only 2.78% showed symptoms of severe depression. However, in the group of single seniors, 18.42% were diagnosed with severe depression.

Own research has shown that the symptoms of severe depression were not found in people with vocational or higher education. On the other hand, the greatest number of patients with primary education showed the risk of severe depression (18.92%). Based on the statistical analysis, there was a significant difference between the study groups.

Our research found that seniors living with their families showed a lower risk of depression. 20.22% were mildly depressed and 5.62% had symptoms of major depression. In contrast, 47.62% of people living alone had symptoms of mild depression, and 19.05% had symptoms of severe depression. Also in this case, the difference between the groups was statistically significant.

Table 2. Evaluating patients with Geriatric Depression Scale

Variable		Lack of depression %	**Light Depression %**	**Deep Deression %**	**Statistical analysis**
Gender	Female	52.00	30.00	18.00	***Chi2 =14.393***
	Male	78.33	21.67	0.00	***p=0.0007***
Age	60-65 years old	69.70	30.30	0.00	Chi2 =5.096 p=0.277
	66-74 years old	66.67	23.53	9.80	
	75-88 years old	61.54	23.08	15.38	
Marital status	Single	44.74	36.84	18.42	***Chi2 =14.488***
	Married	77.78	19.44	2.78	***p=0.0007***

Education	Elementary	59.46	21.62	18.92	***Chi2 =15.024 p=0.020***
	Vocational	67.86	32.14	0.00	
	Secondary	61.76	32.35	5.88	
	Higher	100.00	0.00	0.00	
Lives	With family	74.16	20.22	5.62	***Chi2 =13.021 p=0.001***
	Alone	33.33	47.62	19.05	

Discussion

Depression contributes to the deterioration of the quality of life of older people. It also has a negative impact on the course and results of treatment of somatic diseases. It is one of the "great geriatric problems" (in addition to dementia, mobility disorders, falls, incontinence, impaired sensory organs).

Aging of the population and the number of cases of depression among seniors is a major challenge for medical care. Early detection and treatment of depressive disorders is a determinant of modern geriatric care.

Diagnosing depression in the elderly often requires a great deal of knowledge and skills from the therapeutic team. The complaints reported by the patient or the family may indicate dementia or depression. At the same time, dementia may intensify the occurrence of depression, and also act as its mask [11].

Depression is a common phenomenon among cancer patients. The problem is that it is recognized too late and therefore not treated properly. The occurrence of depression significantly affects the clinical condition and survival of this group of patients [12].

In the studies, Lloyd-Williams showed the coexistence of advanced neoplastic disease and severe depression in 27% of patients aged 28-92 [13]. The analysis carried out on the basis of the Beck Depression Scale by Wedding in a group of 213 patients revealed the presence of a full-blown form of depression in 8% of cancer patients, while 19% of them showed features of mild depression [14]. A retrospective study analyzed the risk of committing suicide among cancer patients in the years 1960-1999. Out of 490,245 patients diagnosed with oncological disease, 589 took their own lives. The highest percentage of these incidents occurred in the first months after diagnosis [15].

In the own research it was found that over half of the respondents did not show symptoms of depression. However, in the studies by Bujnowska-Fedak et al [1]. This indicator was much better, as many as 83% of the surveyed seniors did not report the risk of depression, and only 3% of the respondents showed severe depression. In other studies, the results are not as optimistic. In studies conducted in a rural environment, mild symptoms of depression were found in over 46% of seniors, and severe disorders - in almost 11% [16]. However, in studies by Burzyńska and Maniecka-Bryła, conducted among people using social assistance, as many as 78.00% of seniors showed a potential risk of depression [17].

The results of own research indicate an increased risk of depression among the surveyed women. This is also confirmed by reports of other researchers. In the results of the PolSenior project, it was observed that in early old age depressive symptoms occur in 31% of women and 20.7% of men, while in late old age in more than 40% of women and about 30% of men [18]. However, in the case of residents of social welfare homes over 70 years of age Moderate depressive traits were diagnosed in approximately 21% of women and 22% of men, and of deep severity - in approximately 11% of women and 6% of men [19].

The study by Mamplekou et al. [20] Showed significantly greater differences in the incidence of depression between the sexes, in which depressive symptoms were found in 70% of women and 54% of men.

The conducted own research has shown that the risk of depression increases with age. People from the oldest age group (75-88 years old) had the greatest exposure to this disease. Also, the research of Weterle and Sołtysiak showed that the largest group of people with depression were seniors aged 80 and more [21].

The own research also found an increased risk of depression in the group of single people, compared to those in a relationship. The nationwide research conducted by Broczek et al. Also confirms this phenomenon. In the research of the above authors, the majority of married people (76.90%) did not present depressive symptoms [18].

Our research also found that with increasing education, the potential risk of depression decreases. People with primary education turned out to be the most exposed to depression. This was partially confirmed in the studies by Pacian et al., Where the highest risk of depressive symptoms was found in seniors with both primary and higher education [22].

Our research has shown that people living with their families were less likely to develop symptoms of depression. Also in other studies, where most of the respondents lived with their families, low risk of depression was found. The family can be both stimulating and, at times, inhibiting. Patients living alone often have the internal mobilization to be fit, because they have to manage on their own. On the other hand, however, living with the family gives greater opportunities for development through conversation, intellectual discussion, assistance in wider access to cultural resources, such as theater or cinema [1].

Depression is a systemic disease that affects people of all communities around the world. Associated with the very frequent coexistence of somatic diseases, it justifies the need for increased physicians' vigilance and cooperation between specialists in order to identify disease as early as possible and to improve their course clinically. The main focus of attention should be on the area of preventing depression. The implementation of preventive programs contributes to increasing people's awareness, selecting people from high-risk groups and promoting mental health. The prevention of depression should lead to a reduction in financial costs related to the treatment of a disease diagnosed too late and, as a consequence, absenteeism, as well as to reducing social degradation and stigmatization related to psychiatric treatment. It is justified to implement an improved mental health care program based on the National Mental Health Program in order to diagnose depression as early as possible, implement treatment, improve the quality of life of patients, and prevent the effects of depression [12].

Conclusions

In the examined group of elderly cancer patients, a relatively low risk of depressive symptoms was found. The sex of the respondents, marital status, level of education and the fact who the respondents live with, influenced the risk of depression. The type of neoplastic disease significantly differentiated the risk of depression in the studied group of seniors.

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