Late-Life Depression in North Greece: Prevalence and Under-Detection

Konstantinos Argyropoulos, Aikaterini Saropoulou and Eleni Jelastopulu*

Department of Public Health, School of Medicine, University of Patras, Greece

*Corresponding author: Eleni Jelastopulu, Department of Public Health, School of Medicine, University of Patras, 26500 Rio Patras, Greece, Tel: +30-2610-969878

Abstract

Depression is the most frequent cause of emotional suffering on late life. The purpose of the present study was to estimate the prevalence of depression and to assess possible under-diagnosis of depressive symptoms in the elderly. A cross-sectional study was conducted among the members of the open day care centers for older people in the municipality of Pella, North Greece. A questionnaire was developed to collect basic demographic data, including three questions from the "European Health Interview Survey", regarding self-reported and/or by a physician diagnosed depression. Moreover, to all participants the Greek validated version of the Geriatric Depression Scale (GDS-15) was applied, to screen for depressive symptoms. A total of 241 individuals took part in the study. According to the GDS, 34.9% of the participants revealed having depressive symptoms, 27.5% moderate and 7.5% severe. Having ever been affected with chronic depression reported 30.4%, of them 68.4% had been diagnosed by a medical doctor and 20.8% had received medication. Of the 160 subjects who reported never been affected by a depression, 26.9% and 3.8% screened positive for moderate and severe depressive symptoms, respectively. In seven individuals who reported not to know if they have/had depression, depressive symptoms were observed in 85.7% applying the GDS-15. Depression in the elderly in North-Greece show a high prevalence and appears to be an under-diagnosed disease. The application of GDS-15 by general practitioners would increase their ability to detect and treat depression.

Introduction

Late-life Depression (LLD) is neither a natural part of ageing nor a sign of weakness, but it affects up to 13.3% of older people worldwide [1]. Life’s changes such as retirement, the death of loved ones or declining health can sometimes trigger depression [2]. The consequences of untreated LLD include serious functional impairment with poor quality of life, increased use of alcohol and high rates of suicide attempts [3].

While depression and sadness might seem to go hand in hand, many depressed seniors claim not to feel sad at all and present atypical symptoms. In fact, memory deficits and unexplained physical complaints, such as fatigue, diffuse pain, back and chest syndromes or worsening headaches, are often the predominant symptoms of LLD [2,4].

Many depressed older adults may not recognize the symptoms of depression, or don’t take the steps to get the help they need, because depression is masked by somatic symptoms and elderly are reluctant to talk about their feelings. In addition, due to the atypical presentation of LLD, general practitioners in primary health care seem to fail in terms of diagnosing depressive symptoms in older people [5,6].

Purpose

The purpose of the present study was to estimate the prevalence of depression in older adults in North Greece, to examine associations with major risk factors such as gender, educational level, marital status, comorbidity and to determine possible under-detection of depressive symptoms.

Method

We conducted a cross-sectional study of the registered and active members of the 13 open day-care centers for older people in the municipality of Pella, North Greece (two open day-care centers in Giannitsa and the rest in Kria Vrysi, New and Old Pella, Athira, Rachona, Axos, Old Mylopota, Karyotissa, Esovalta, Acrolimni and Agios Lou-
A total of 241 individuals took part in the study, 62.4% visiting the open day-care centers of Giannitsa; 50.4% were men, mean age of all respondents was 75 years. Table 1 presents the basic demographic data of the studied population.
women than in men (mean score 5.35 vs. 4.35, \( P < 0.05 \)) and in not married (single, widowed) compared to married participants (mean score 5.92 vs. 4.01, \( P < 0.05 \)). Furthermore, depression was more frequent in older adults with a chronic disease such as a severe heart disorder (\( P = 0.003 \)), hypertension (\( P < 0.001 \)), diabetes (\( P = 0.015 \)) and Parkinson’s disease (\( P = 0.008 \)) than in those without a comorbidity and in participants with a lower educational level (mean score 5.2 vs. 3.4, \( P = 0.028 \)) (See Table 2).

### Discussion

Our study revealed that a high percentage (approxim-
In the present study, the prevalence rates of depression are increased in women, in widowed, in those with lower educational level and in older people with chronic diseases. These results provide useful indications that specific variables referring to the elder’s sociodemographic profile may affect mental health. The findings support evidence in the literature suggesting that sociodemographic factors may to some extent contribute to the explanation of LLD. In details, the results of the studies performed indicates that female gender, and age are strongly associated with depression in older people [14,15], as well as psychosocial factors such as, isolation, feelings of purposelessness, and recent bereavements mainly the loss of a spouse or partner that reflects loneliness, and lack of social support [16,17]. Moreover, lower education level [18] and poor physical health including illness and disability seem to put elders at risk for depressive symptoms [19].

In addition to the high prevalence of depressive symptoms, our study revealed that a remarkable percentage of the participants was not aware of suffering from depression and had never been diagnosed with this condition. The low self-reported percentage of diagnosed depression far from the screening results with GDS-15, suggesting a substantial under-detection in this specific population group. The results from an analogue study, that we conducted four years ago in West Greece in a similar setting and population are in line with the present research in North Greece [20]. Underdiagnoses of LLD and subsyndromal depression is confirmed from several studies either in general population or nursing homes [21-23]. Several reasons may explain this under diagnosis of depression in late life, a meta-analysis study support that primary care physicians appear to be less successful in identifying depression in older people than in younger adults [5] due to the atypical symptoms of LLD or to the lack of experience and appropriate training [4].

Conclusions

In conclusion, there is a high prevalence of depression in the elderly. It is associated with specific demographic and socioeconomic characteristics and appears to be an underdiagnosed disease. With regards to the results of the present study, it is recognized that being male elder, more educated, without comorbidities and married relates to a better mental health with less depressive symptoms, giving in this way emphasis to the importance of family, good health and high educational level.

In overall, our findings provide evidence which can be useful to health professionals and managers of health services offered to patients with LLD. Tailored interventions can be developed to support female but also male subjects, those who are older, windowed and less educated in an effort to address issues of compromised mental health. An appropriate screening and treatment of LLD could eventually offer a better quality of life for depressed elders, decreasing health care costs and suicide deaths.

Limitations

The present study was limited by the fact that it is a cross-sectional study (no inference can be made), the questionnaires were given to subjects only once and the prevalence of depression depends on the cut-off scores used to distinguish between no depression, moderate depression, and severe depression, as well as by the validity of this threshold against the clinical diagnosis. Furthermore, the study was conducted in a specific population, so our findings cannot be generalized for the whole older population.

Acknowledgments

The authors sincerely thank the Board of the open day-care centers in the municipality of Pella for their permission and facilitation of the present research, as well as all the respondents who kindly agreed to participate in this study.

Funding and Other Support

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Disclosure of Interest

The authors declare that they have no competing interest.

References


