



**LEVEL OF DEPRESSION IN OLDER ADULTS FROM THE CLUB ETERNA JUVENTUD DE MOCHITLÁN GUERRERO**

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**ABSTRACT**

According to the World Health Organization (WHO), the increase in life expectancy has increased the geriatric population in the world and in Colombia it has resulted in the appearance of mental illnesses such as dementia and depression; the latter considered the disease of the present and the future.

**Objective** Identify the level of depression in adults from the Eterna Juventud club. **Material and methods:** The study was quantitative, not experimental, descriptive cross-sectional, a non-probabilistic sampling was carried out for convenience, 39 older adults participated, to process the information the statistical software SPSS version 21.0 with a multiplatform operating system was used, It was worked with the chi<sup>2</sup>. **Results:** the studied population presents a level of mild depression with 30.77%, followed by 23.08% with established depression.

**Conclusion:** The older adults of the Eterna Juventud club presented, in a higher percentage, mild depression, located in the age range of 70 to 79 years. It was found that the family relationship and age influence the development of depression.

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**INTRODUCTION**

Depression is a pathological alteration of the mood with a decrease in mood in which affective symptoms predominate (feelings of deep pain, guilt, loneliness, pathological sadness, decay, irritability, hopelessness, subjective feeling of discomfort and impotence in the face of demands In addition, to a greater or lesser degree, there are symptoms of a cognitive type (low attention, concentration and memory, thoughts of death or suicidal ideation), volitional symptoms (apathy, anhedonia, psychomotor retardation, carelessness in their daily tasks) and somatic (headache, fatigue, pain, sleep disturbances, somatizations, susceptibility to infections, etc.), which is why it is a global affectation of mental life.<sup>15</sup>

Depressive disorders affect 10% of the elderly who live in the community, between 10 and 20% of those hospitalized,

between 15 and 35% of those who live in residences and 40% of those with somatic illnesses concomitants. According to the WHO, 25% of people over 65 years of age suffer from depression, up to the age of 75 (Moreno, 2006, p. 56).

According to the World Health Organization (WHO), the increase in life expectancy has increased the geriatric population in the world and in Colombia and has resulted in the appearance of mental illnesses such as dementia and depression; the latter considered the disease of the present and the future.

There are some risk factors for older adults to present depressive symptoms: being a woman, having a chronic degenerative condition, widowhood, maladjustment to retirement, fear of death, feelings of loneliness, loss of social roles, financial problems, lack of support social, as well as dependence to carry out activities of daily life and low school level.(Soria TR, Soriano et. Al 2018).Along with drugs, there are other effective treatments to address depression, including electroconvulsive therapy, cognitive-behavioral therapy, psychodynamic psychotherapy, reminiscence therapy, problem

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solving, exercise, among others. (Frazer, Christensen & Griffiths, 2005).

**METHODOLOGY**

It was a quantitative, non-experimental, descriptive cross-sectional study. The study population was of the elderly who make up the Club Eterna Juventud de Mochitlán Guerrero, affiliated with the DIF Municipal de Mochitlán Guerrero through a non-probability sampling for convenience. The information was obtained directly, provided by the older adult. The technique used for data collection was the interview, the instrument was a questionnaire that was applied to each of the older adults, the average time to answer the questions posed was approximately 20 minutes.

The instrument was the Yesavage Geriatric Depression Scale, it is a widely used instrument for depression screening, it has been translated and validated in various languages including Spanish. The original version was developed by Brink and Yesavage in 1982 (Brink TL, Yesavage, 1982) and consists of 30 yes-no questions. In 1986, Sheikh and Yesavage developed the abbreviated version of 15 questions, which preserves the effectiveness of the original scale, improving the ease of administration. (Lai DW. Measuring depression, 2000)

The instrument used was the Yesavage Geriatric Depression Scale, which measures the level of depression in older adults, this instrument was validated by the Pan American Health Organization (PAHO) and the World Health Organization 2002. For the purposes of this research, the structure of this instrument was made up of five sections, the first section contains sociodemographic data and family relationship, the second section state of mind (from items 1 to 7), the third section satisfaction with life (from items 8 to 10), the fourth section unproductiveness (items 11 and 12) and the last social environment (from items 13 to 15).

Originally, the Yesavage instrument is made up of 30 questions, of which 15 were chosen and these were modified by the authors of the present study, in order to facilitate the reader's understanding. The validation of this instrument was carried out using the statistical software SPSS version 21.0, in which the following was obtained:

**Reliability statistics**

Cronbach's alpha	Number of elements
.815	15

Based on the criteria for the interpretation of Cronbach's Alpha coefficient, the result was .815, which is in the area of .80-.89, which is classified as adequate.

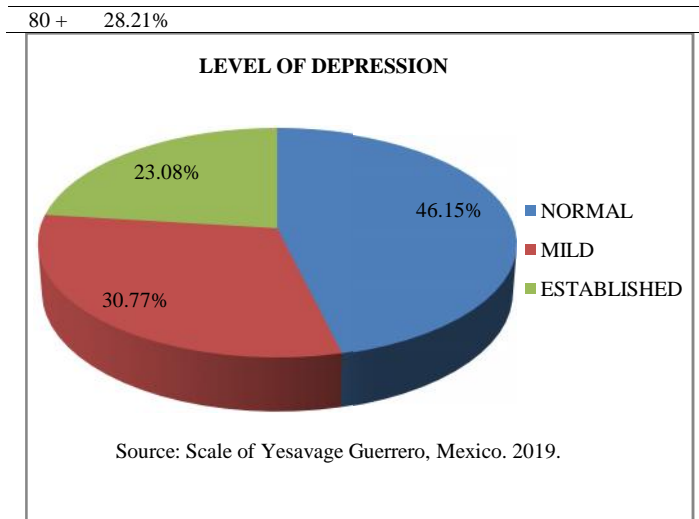
**Analysis of the information**

Once the results of the instrument were obtained, the statistical software SPSS version 21.0 with a multiplatform operating system was entered, to perform a crossing of dependent and independent variables with graphic representation, in order to determine which is the statistical association for the suffering of depression in older adults.

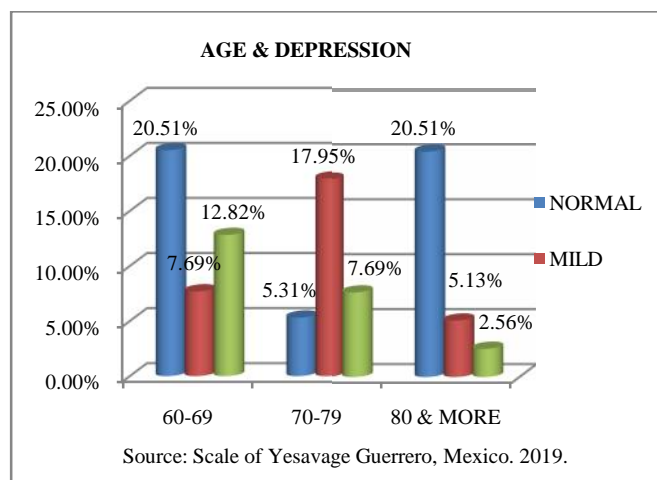
**RESULTS**

**Table 1** Socio-demographic data

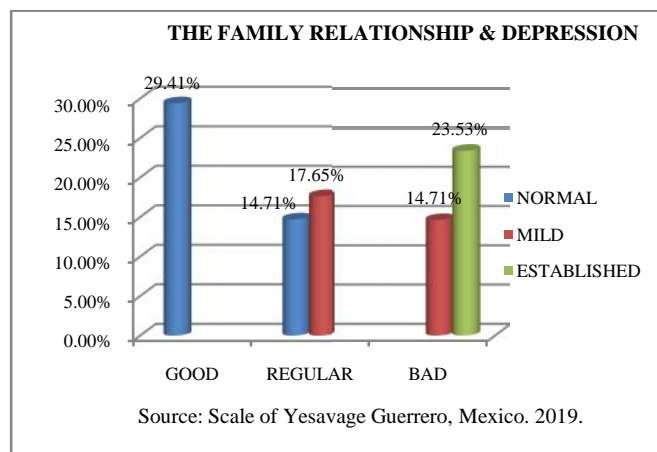
AGE	%	Scholarship	%	Civil Status	%
60-69	41.3%	Without Studies	56.41%	Marrieds	51.28%
70-79	30.77%	With Studies	43.59%	Singles	48.72%



**Graph 1** 23.08% have established depression, followed by 30.77% with a mild depressive level.



**Graph 2** In the group of adults aged 60 - 69 years, established depression stands out with 12.82%, in this same age group 7.69% were found to have mild depression.



**Graph 3**

The family relationship and depression does influence older adults to present depression since those who have a regular family relationship present a level of mild depression with 17.65%, and adults where the family relationship is bad have depression established in 23.53%.

## CONCLUSION

The group of older adults of the Eterna Juventud club that stands out in the study were adults aged 60-69 years, with respect to the levels of depression of the same group already mentioned, the established depression stands out, from 70 to 79 years, the depression that stands out it is the mild, finally, the group of 80 years and over, prevails with established depression.

Family relationships with depression in older adults in this research reflect that these constitute a trigger for the existence of established and mild depression, likewise it is determined that family relationships are interpreted as regular and bad.

The sex that predominated in the elderly was female, the marital status presented by adults was married.

### Suggestions

To the eternal Youth Club That the instrument used in this work remains as a tool to assess the level of depression in older adults.

In the assessment, either every three months or according to the results of a previous assessment.

The Eternal Youth Club forms circles of grandparents and tells stories.

Implement new activities to reduce depression in older adults. The staff who work with the elderly are trained on depressive disorder, so that they can provide greater care and refer them to another specialized institution if necessary.

That the manager of the club requests a psychologist from the president of the DIF of Mochitlán to attend to nursing homes with depression.

### Family

Carry out research and intervention studies that allow the participation of the family and the members that make up the Club Eterna Juventud for the reduction of depression in the elderly.

Guide the relatives of the older adult about this type of disorder and make them aware of the importance of communication and family cohesion

That the family have recreational activities together with the older adult.

Provide the emotional ties that the older adult requires.

### Health personnel

That the nursing staff develop an activity program that occupies the older adult's free time.

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