

Relevance of the GERIATRIMSS program in the degree of depression in the elderly

Relevancia del programa GERIATRIMSS en el grado de depresión de los adultos mayores

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Abstract

Background: Depression is defined as that affective disorder characterized by feelings of sadness and despair most of the day, lack of energy or constant tiredness; and that these symptoms occur almost every day, for more than two weeks, being one of the most common psychiatric disorders among older adults. Objective: To associate the number of visits to the GERIATRIMSS program with the degree of depression of the elderly assigned to UMF 13 of the IMSS in Campeche. Material and methods: Observational, prospective, cross-sectional and analytical study in the elderly enrolled who attended the GERIATRIMSS program of the UMF 13 of the IMSS in Campeche in the month of December 2020, the Yesavage Geriatric Depression Scale (version reduced). With a sample of 52 research units (based on a prevalence for depression of 5%), with a confidence level of 90% and an accepted variation of $\pm 5\%$. Results: Spearman's Rho correlation was performed, which was statistically significant at the 0.01 level (bilateral), with a negative correlation of -0.598 indicating a moderate inverse relationship. Conclusions: This study shows a significant association between the number of visits to the GERIATRIMSS program and the degree of depression.

Older adult, Depression, GERIATRIMSS program, Spearman, Yesavage

Resumen

Antecedentes: La depresión es el trastorno afectivo caracterizado por sentimientos de tristeza y desesperación la mayor parte del día, falta de energía o cansancio constante, la gravedad va desde un trastorno leve hasta otro que amenaza la vida, es uno de los trastornos psiquiátricos más habituales entre los adultos mayores. Objetivo: Asociar el número de asistencias al programa GERIATRIMSS con el grado de depresión del adulto mayor adscrito a la UMF 13 del IMSS en Campeche. Material y métodos: Estudio observacional, prospectivo, transversal y analítico en los adultos mayores que acudieron al programa GERIATRIMSS de la UMF 13 del IMSS en Campeche en el mes de diciembre de 2020, se les aplicó la Escala de Depresión Geriátrica de Yesavage (versión reducida). Con una muestra de 52 unidades de investigación (con base en una prevalencia para depresión del 5%), con un nivel de confianza del 90% y una variación aceptada de $\pm 5\%$. Resultados: Se realizó la correlación Rho de Spearman que fue estadísticamente significativa en el nivel 0,01 (bilateral), con una correlación negativa de -0.598 que indica una relación inversa moderada. Conclusiones: Este estudio evidencia una asociación significativa entre el número de asistencias al programa GERIATRIMSS y el grado de depresión.

Adulto mayor, Depresión, Programa GERIATRIMSS, Spearman, Yesavage

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Introduction

Currently, a population phenomenon is taking place in the world, both growth and aging, given that the birth rate tends to decrease with respect to deceased people, due to the change in the way of living in today's society (1) (2).

According to the INEGI in the last Population Census of 2010, the country has 112,322,757 inhabitants, of which 9%, that is: 10,109,048 are people over 60 years of age with a high prevalence of chronic degenerative diseases such as diabetes, hypertension, cerebrovascular diseases, heart disease, chronic obstructive pulmonary disease, cancer, and all the complications of each of these pathological entities.

The issue is complicated for the country, but for the IMSS it is worse. The population assigned to family medicine for 2011 is 36,131,172 (DATAMAR) being the population of older adults 5,850,597, which represents 16% of the total population. Taking into account the population projections of the INEGI, the total national population would reach 16% of older adults by the year 2030, for which the population served by the IMSS is aging at a rate of 20 years more than the general population. In other words, the current IMSS population over 60 years of age has acquired a dimension as expected in the year 2030.

In relation to the weight of the disease and the number of services provided by the IMSS to older adults, in 2008, (DATAMAR) two out of every 10 consultations that are granted in family medicine correspond to this age group, in consultation of specialties it is 1 out of 4, in emergency care 1 out of 6, in hospital discharges it is 1 out of 4 and in surgical interventions it is 1 out of 5. These data are overwhelming, given that the population of this age group is now 16% and they are the ones who demand a greater number of medical services.

As can be seen, the economic impact is very high, the elderly population consumes between 20 and 25% of the resources allocated to specialty medical care, expenses and surgical interventions.

Until now, in the health sector and in the IMSS, care programs have been developed for this age group in isolation, which has allowed the accumulation of experience in this regard, however, standardized and cost-effective actions are required to reduce the impact of population aging and its consequences.

Healthy aging, risk control and associated comorbidity must be managed from the first level of care. The development of hospital care programs without the support offered by family and community medicine would lead to financial collapse and failure of the provision of services for the elderly (3) (4) (5).

Considering that old age is a critical period of life, which entails a series of conflictive situations, such as retirement, loss of loved ones, the departure of children, chronic diseases, the proximity of death, among others, and to all this are added other negative events that occur almost inevitably. These critical circumstances will produce negative affective reactions in older adults, such as depression (6) (7).

Depression is considered one of the most complex disorders in the gerontological population, since it can have potentially harmful effects on the health of an elderly person. A series of factors contribute to this, among which somatic diseases stand out, the decrease in cognitive functions and, at the same time, it is usually the most frequent cause of emotional suffering in the last stage of life (8) (9).

It is important to add that the elderly tend not to ask for specialized help in mental health centers. The correct diagnosis of the emotional problems of the depressed elderly becomes, therefore, an issue of extraordinary importance.

Depression can be misdiagnosed in the elderly because doctors attribute its symptoms to physical illness or consider it a normal part of the aging process. The symptoms of depression often overlap with the normal changes associated with aging.

Depression is defined as a mental illness or disorder that is characterized by deep sadness, low mood, low self-esteem, loss of interest in everything and decreased mental functions. Etymologically the word "depression" comes from the Latin "depressio" which means "dejection". And, indeed, the patient feels down, with a discouraging attitude about his existence and his future, which prevents him from living fully (10) (11) (12).

DEFINITION OF DEPRESSION ACCORDING TO THE WORLD HEALTH ORGANIZATION (WHO):

Depression is the presence of sadness, loss of interest or pleasure, feelings of guilt or lack of self-esteem, sleep disorders, appetite, feeling tired or lack of concentration that can occur at some point in everyone's life.

DEFINITION OF DEPRESSION ACCORDING TO DSM IV (Diagnostic and Statistical Manual of Mental Illnesses):

Depression is defined as that affective disorder characterized by feelings of sadness and despair, most of the day, lack of energy or constant tiredness, and that these symptoms occur almost every day, for more than two weeks, whose severity ranges from a mild disorder to another that threatens life, being one of the most common psychiatric disorders among older adults.

GERIATRIMSS program

As of May 2010, with the authorization of the H. Technical Council and providing resources for the training of personnel, the GERIATRIMSS Program is being implemented, with which it is intended to institute a true system of geriatric medical care, and which provides for multidisciplinary participation. of the three levels of care.

It is a relatively new program with an appearance in the media on January 11, 2012 in the Excelsior newspaper, it includes activities for its older adults such as: laughter therapy, health education, manual and activity practices physics to mention a few; all of them aimed at the physical, psychological and social changes of age, from a group or personalized way if the older adult requires it, consists of 5 sessions, 1 monthly session and at the end of the 5 sessions they are given a comprehensive reassessment to determine if you should continue to attend the program or if you should be referred to some other service.

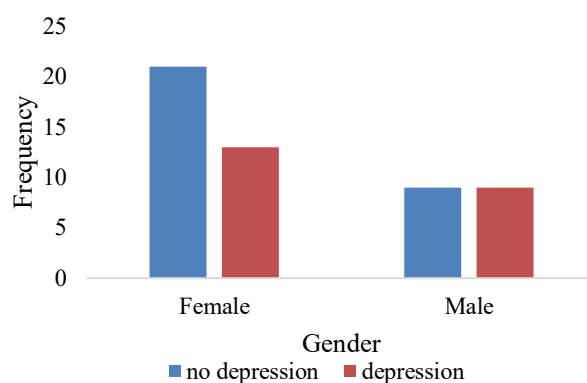
Methodology

Observational, prospective, cross-sectional and analytical study in the elderly enrolled who attended the GERIATRIMSS program of UMF 13 of the IMSS in Campeche in the month of December 2018.

The general objective of this work was to associate the number of visits to the GERIATRIMSS program with the degree of depression in the elderly.

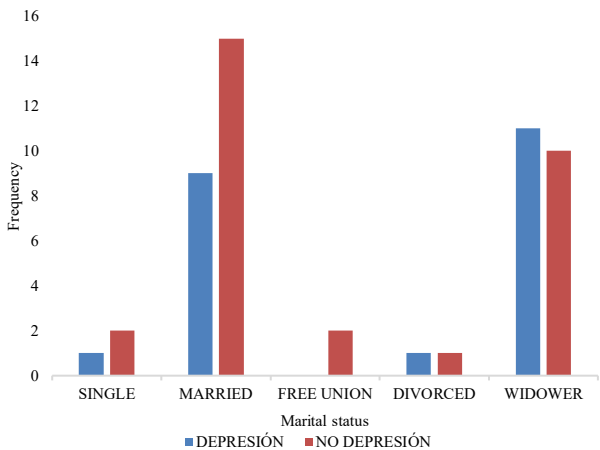
Results

A mean was calculated as a measure of central tendency for age, where the mean was 70 years, and the standard deviation was 7.48 years. The comparison between gender and the presence or not of depression was made, in which it was observed that depression was present in 42% of the total, with a predominance of the female gender in both groups (Graphic 1)



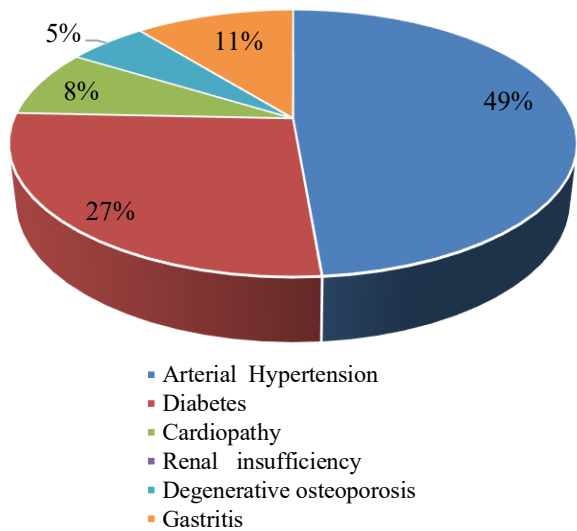
Graphic 1 Comparison between gender and the presence or not of depression

A comparison was made between marital status and the presence or absence of depression, in which a higher percentage of depression was observed in widowed older adults compared to married older adults (Graphic 2).

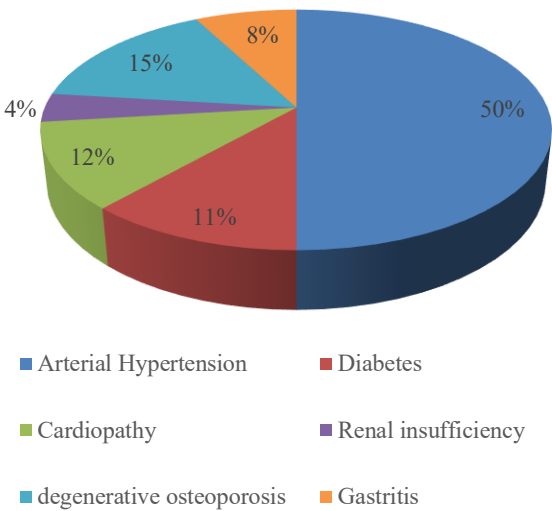


Graphic 2 Comparison between marital status and presence or absence of depression

A comparison was made between comorbidities and older adults with or without depression, in which a higher percentage of high blood pressure, diabetes, and gastritis was observed in the group of older adults without depression, compared to the group of older adults with depression. which a higher percentage was observed in arterial hypertension, degenerative osteoarthritis and heart disease (Graphics 3 and 4).

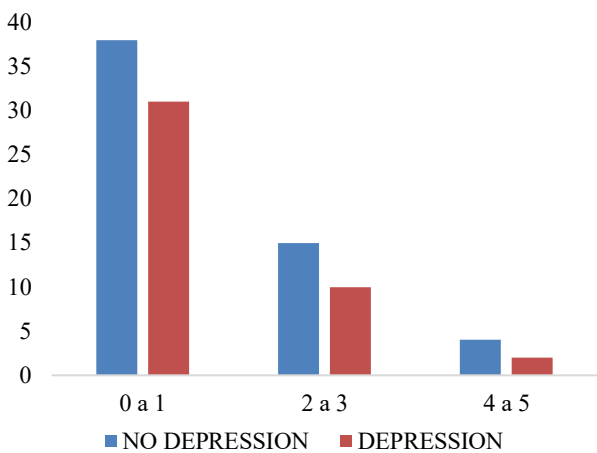


Graphic 3 Percentage of older adults without depression with comorbidities



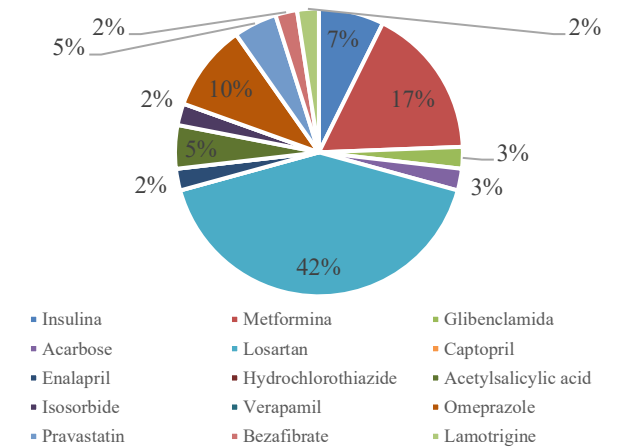
Graphic 4 Percentage of older adults with depression and comorbidities

A comparison was made between the number of medicacross-sectional, derly and the presence or absence of depression, in which it was observed that the number of medications with the highest percentage was 0-1 medications with a total of 69% in both groups (Graphic 5).

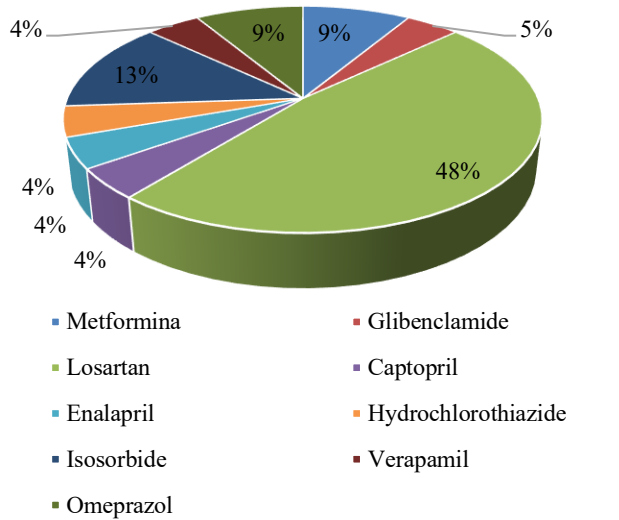


Graphic 5 Comparison the number of medications in the elderly and the presence or absence of depression

A comparison was made between the most common medications and older adults with or without depression, in which a higher percentage of medications in losartan, metformin and omeprazole was observed in the group of older adults without depression, compared to the group of older adults with depression in which a higher percentage of medications was observed in losartan, isosorbide, omeprazole and metformin (Graphics 6 and 7).



Graphic 6 Comparison of the most common medications in patients without depression



Graphic 7 Comparison of the most common medications in patients with depression

A cross table was made of the number of visits to the GERIATRIMSS program with the Degree of Depression, in which it was observed that the highest percentage without depression was found in those who attended 4-5 times (32%), in older adults with mild depression, it was observed that the highest percentage was found in those who attended 0-1 times (29%) and in the older adult with established depression it was observed that they attended 0-1 times (2%). (Table 1).

			Degree of depression			Total
			No depression	mild depression	established depression	
GERIATRIMSS Program	0-1	Attendance	7	15	1	23
		%	13%	29%	2%	44%
	2-3	Attendance	6	6	0	12
		%	12%	12%	0%	24%
	4-5	Attendance	17	0	0	17
		%	32%	0%	0%	32%
Total	Attendance		30	21	1	52
		%	58%	40%	2%	100%

Table 1 Cross table of the number of visits to the GERIATRIMSS program with the Degree of Depression

Spearman's Rho correlation was performed, which was found to be statistically significant at the 0.01 level (bilateral), with a negative correlation of -.598 indicating a moderate inverse relationship. Considering the negative correlation of Spearman from 0 to -0.25 low, from -0.26 to -0.5 medium, from -0.6 to -0.75 moderate and from -0.76 to -1 high (7). (Table 2).

Variables		Number of visits to the GERIATRIMSS program	Degree of depression
Spearman's rho	Number of visits to the GERIATRIMSS program	Correlation coefficient	1.000
		Sig. (bilateral)	.000
		N	52
	Degree of Depression	Correlation coefficient	-.598**
		Sig. (bilateral)	.000
		N	52
			52

** The correlation is significant at the 0.01 level (bilateral).
Source: Database.

Table 2 Spearman's Rho correlation between the number of visits to the GERIATRIMSS program and the Degree of Depression

Conclusions

This study shows a significant association between the number of visits to the GERIATRIMSS program and the degree of depression, which can be interpreted in that if the program is carried out in a standardized way in older adults, it manages to improve the degree of depression.

From the perspective of family medicine, this program turns out to be a useful tool for patients who need to strengthen their knowledge and support networks, however, to demonstrate causality, studies with greater methodological robustness are required.

On the other hand, it will also be necessary to carry out greater follow-up in the family medicine consultation to send a greater number of older adults to this program and that it achieves the improvement of its processes.

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