Journal of Family Medicine

Open Access

Austin Publishing Group

Research Article

Frequency of Depression in Primary Caregivers of Older Adults

Guillermo-Manzano ES*, Ochoa-Anaya ML, Ramirez-Mendez JA, Fougere-Martinez F, Camacho-Romo JJ and Salinas-Merlo GO

Department of Family Medicine, Family Medicine Unit #27 (IMSS), Baja California Delegation, Mexico

***Corresponding author:** Guillermo-Manzano Elena Sarai, Family Medicine Unit #27 (IMSS), Baja California Delegation, México

Received: February 10, 2019; **Accepted:** March 12, 2019; **Published:** March 19, 2019

Abstract

Background: The primary caregiver is "the person in the patient's environment who voluntarily assumes the role of responsible in a broad sense; this individual is willing to make decisions for the patient and to cover basic needs directly or indirectly". The work of caregivers contributes to the maintenance of people in their social environment. Depressive disorders are characterized by the presence of sadness, feeling of emptiness, irritation, changes in cognitive functioning and somatic symptoms that significantly hinder the daily activity of the individual, affecting the social, work and personal environment.

Aim: The purpose of this study is to determinate the frequency of depression in primary caregivers of older adults in Tijuana, Mexico.

Design and Setting: Descriptive cross-sectional study.

Methods: In 385 patients in the Family Medicine Unit #27, Tijuana, Mexico; a descriptive cross-sectional study was conducted in primary caregivers of older adults to determinate the presence of depression from October to December 2018. We obtained general data such as age, sex, marital status, schooling, kinship and depression. For statistical analysis, we applied descriptive statistics; for qualitative variables frequencies and percentages were used and for quantitative variables mean and standard deviation were used.

Results: Of the 385 caregivers interviewed, almost one third (30.1%) suffered some degree of depression (graphic 1); 16.1% (n=62) mild depression, 9.1% (n=35) moderate depression and 4.9% (n=19) severe depression according to the Beck II Depression Inventory.

Conclusion: The importance of the results found in this study determines that primary caregivers are a population at risk of depression and at some point in their lives may require psychosocial and medical attention due to the stress to which they are exposed.

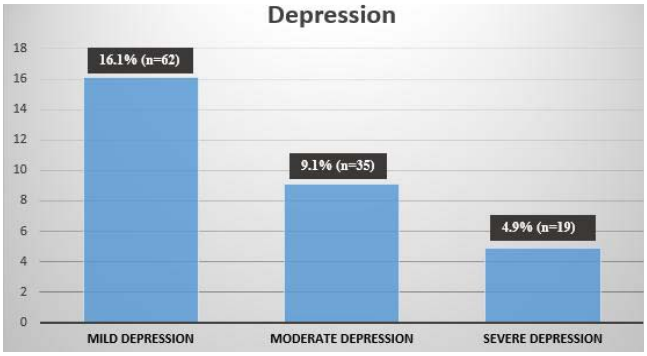
Keywords: Depression; Primary Caregivers; Older Adults

Introduction

According to the World Health Organization (1999), the primary caregiver is "the person in the patient's environment who voluntarily assumes the role of responsible in a broad sense; this individual is willing to make decisions for the patient and to cover basic needs directly or indirectly" [1]. The work of caregivers contributes to the maintenance of people in their social environment. The overload that supports the caregiver, once exceeded the available resources, can have a negative impact on his health affecting mainly the psychic aspect (anxiety and depression), physical, social isolation, lack of free time and the quality of life [2]. The role of the primary caregiver has a great social relevance, it works as a support to the dependents people by reducing the use of healthcare resources. However, taking care of a dependent person can affect the psychological well-being. Mood disorders, specifically depression, are among the mental health problems experienced by caregivers. This disorder can be especially problematic in caregivers, since it can interfere with the proper performance of the care of the dependent person [3]. The importance of the primary caregiver increases as the patient's disability progresses, sometimes the caregivers understand care as a feeling of obligation; all these changes in the life of the primary caregiver can contribute to development psychological affectations such as anxiety and depression [4].

Depressive disorders are characterized by the presence of sadness, feeling of emptiness, irritation, changes in cognitive functioning and somatic symptoms that significantly hinder the daily activity of the individual, affecting the social, work and personal environment. Major depressive disorder represents the classic condition of this type of disorders [5]. Among the psychosocial variables associated with depression are: a) being a woman; b) low socioeconomic level; c) unemployment; d) social isolation; e) legal problems; f) experiences of violence; g) addictive substances; h) migration. Environmental factors such as violence, insecurity or economic crises increase the risk of presenting depressive symptoms [6]. When depression occurs with other physical illnesses, the decrease in health is higher. The presence of comorbidities makes it difficult to seek help, diagnosis, the quality of medical attention and treatment; it negatively affects the results of the treatment including an increase in the mortality related

Citation: Guillermo-Manzano ES, Ochoa-Anaya ML, Ramirez-Mendez JA, Fougere-Martinez F, Camacho-Romo JJ and Salinas-Merlo GO. Frequency of Depression in Primary Caregivers of Older Adults. J Fam Med. 2019; 6(3): 1168.



Graphic 1: Descriptive analysis of the distribution by depression degree.

to the disease. The comorbidity between depression and medical illnesses is very frequent and this association is bidirectional, so that depression can be cause or consequence of the same [7].

The onset of depression in caregivers is related to the stress of care. Therefore, the theoretical models used to explain the onset of this depression are based on the transactional stress theory of Lazarus and Folkman. In this model, caregiver stress and its consequences are the result of sources of stress in the care situation. The sources of stress are defined by the needs of the person receiving the care: functional status, cognitive impairment and behavioral problems. The assessment of the magnitude of these stressors can lead to the evaluation of perceived load and, as a result, also to psychological outcomes, such as depression among caregivers [8]. Based on the above, the main objective of the study is to determinate the frequency of depression in primary caregivers of older adults in Tijuana, Mexico.

Materials and Methods

A descriptive cross-sectional study was carried out, in the Family Medicine Unite #27, of the Instituto Mexicano del Seguro Social (IMSS), located in Tijuana, Mexico; in patients which were selected by a consecutive sampling techniques; that met the following inclusion criteria: age greater than 20 years, primary caregivers of adults over 60 years old, that accepted and signed the informed consent; patients with diagnosis of depression were excluded and patients with incomplete information were eliminated. The following data were obtained directly from participants or medical records: age, sex, marital status, schooling, kinship of primary care and depression. The procedure for the data collection was as follows: age was calculated in years according to the year of birth; marital status, schooling and kinship was obtained directly from patients and depression was evaluated with The Depression Inventory of Beck-II (BDI-II), a test used for depression that has demonstrated strong psychometric properties in diverse environments and populations. The test, which consists of 21 items, aims to identify and measure the severity of symptoms typical of depression in adults and adolescents from 13 years, can be self-applied with an estimated time of 5-10 minutes. The BDI-II items are consistent with the DSM-V criteria for the diagnosis of depressive disorders. In 2015, Gonzalez et al carried out the adaptation of the Beck Depression Inventory in Mexico. It has a Cronbach alpha of 0.92 [9]. The recollected data was integrated into data collection sheets and analyzed using the SPSS program version 20 in Spanish, where we applied descriptive statistics; for qualitative variables, frequencies and percentages were used and for quantitative variables, mean and standard deviation were used. The Kolmogorov-Smirnoff test was used to establish the normality of the data. The Protocol was authorized by the Local Committee of Research and Ethics in Health Research.

Table 1: Characteristics of primary caregivers.

Variable		N	%	μ	SD (±)
Age (years)				49.30	13.8
Age group	20-39 years	104	27		
	40-59 years	173	44.9		
	≥ 60 years	108	28.1		
Sex	Women	274	71.2		
	Men	111	28.8		
Schooling	No schooling	20	5.2		
	Primary	101	26.2		
	Secondary	103	26.8		
	High School	96	24.9		
	Bachelor's degree	65	16.9		
Marital Status	Single	61	15.8		
	Married	210	54.5		
	Free union	70	18.2		
	Divorced	21	5.5		
	Widowed	23	6		
Kinship	Sons/daughters	201	52.2		
	Couple	89	23.1		
	Siblings	35	9.1		
	No kinship	60	15.6		

Results

385 primary caregivers were included in the study in the period between October to December 2018, of whom 71.2% (n= 274) were women and 28.8% (n= 111) men (Table 1). The mean age was 49.30 ± 13.8 years, 44.9% of the participants were in the age group of 40-59 years. In school, 5% of the patients did not have any type of studies (n= 20), 53% (n= 204) had basic education, 24.9% (n= 96) secondary education and 16.9% (n= 65) higher education. In marital status, 72.7% were married or in a free union (n= 280), 15.8% single, 5.5% divorced and 6% widowed. In kinship, 52% of the caregivers (n= 201) were sons and daughters of the elderly, 23.1% (n= 89) couples, 9.1% siblings and 15.6% had no family relationship with the older adult. Of the 385 caregivers interviewed, almost one third (30.1%) suffered some degree of depression (Graphic 1); 16.1% (n=62) mild depression, 9.1% (n=35) moderate depression and 4.9% (n=19) severe depression according to the Beck II Depression Inventory.

Discussion and Conclusion

The objective of this study was to identify depression in primary caregivers in Tijuana; regarding the primary caregivers with depression, almost a third of the participants (30.1%) found some degree of depression, similar to that found in the study conducted by Liang et al (2016) where 22.4% of the caregivers had symptoms

of depression [10]; and slightly higher than reported by Derajew et al (2017), where 19% of primary caregivers had some degree of depression [11]; our result is lower to reported by Navarro et al (2017) where 44.7% of the caregivers had some degree of depression [12]. The importance of the results found in this study determines that primary caregivers are a population at risk of depression and at some point in their lives may require psychosocial and medical attention due to the stress to which they are exposed.

References

1. World Health Organization. WHO FactSheet "Caregiving". Geneva: WHO; 1999.
2. López-Gil M, Orueta-Sánchez R, Gómez-Caro S, Carmona de la Morena J, Alonso-Moreno FJ. El rol de Cuidador de personas dependientes y sus repercusiones sobre su calidad de vida y su salud. Rev Clín Med Fam. 2009; 2: 332-334.
3. Vázquez FL, Hermida E, Díaz O, Torres A, Otero P, Blanco V. Intervenciones psicológicas para cuidadores con síntomas depresivos: revisión sistemática y metanálisis. Rev Latinoam Psicol. 2014; 46: 178-188.
4. Galindo-Vázquez O, Meneses-García A, Herrera-Gómez A, Caballero-Tinoco MR, Aguilar-Ponce JL. Escala hospitalaria de ansiedad y depresión (hads) en cuidadores primarios informales de pacientes con cáncer: propiedades psicométricas. Psicooncología. 2015; 12: 383-392.
5. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th edition. Washington, DC: American Psychiatric Association; 2013.
6. Diagnóstico y tratamiento del trastorno depresivo en el adulto. Guía de práctica clínica, México: Secretaría de Salud; 2015.
7. Giner J, Saiz-Ruiz J, Bobes J, Zamorano E, Lopez F, Hernando T. Consenso español de salud física del paciente con depresión. Revista de Psiquiatría y Salud mental. 2014; 7: 195-207.
8. Pino-Casado R, Palomino-Moral P, Pastor-Bravo M, Frías-Osuna A. Determinants of depression in primary caregivers of disabled older relatives: a pathanalysis. BMC Neurology. 2017; 17: 264-274.
9. González DA, Reséndiz-Rodríguez A, Reyes-Lagunes I. Adaptation of the BDI-II in México. Salud Mental. 2015; 38: 237-244.
10. Liang X, Guo Q, Luo J, Li F, Ding D, Zhao Q. Anxiety and depression symptoms among caregivers of care-recipients with subjective cognitive decline and cognitive impairment. BMC Neurology. 2016; 16: 191.
11. Derajew H, Tolessa D, Garumma T, Addisu F, Soboka M. Prevalence of depression and its associated factors among primary caregivers of patients with severe mental illness in southwest, Ethiopia. BMC Psychiatry. 2017; 17: 80-88.
12. Navarro-Sandoval C, Uriostegu-Espíritu LC, Delgado-Quiñones EG, Sahagun-Cuevas MN. Depresión y sobrecarga en cuidadores primarios de pacientes geriátricos con dependencia física de la UMF 171. Rev Med Inst Mex Seguro Soc. 2017; 55: 25-31.

Citation: Guillermo-Manzano ES, Ochoa-Anaya ML, Ramirez-Mendez JA, Fougere-Martinez F, Camacho-Romo JJ and Salinas-Merlo GO. Frequency of Depression in Primary Caregivers of Older Adults. J Fam Med. 2019; 6(3): 1168.