



Impact of factors associated with depression symptoms on older adults' health after moving house

Impacto de fatores associados à sintomatologia depressiva na saúde de idosos após mudança habitacional

Impacto de factores asociados con la sintomatología de depresión en la salud de mayores después del cambio habitacional

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ABSTRACT

Objective: To know the difficulties faced by older adults after moving house that influence depression symptoms. **Methods:** This qualitative descriptive study was carried out in 2018 with 14 older adults living in a housing complex for older adults located in the city of Cajazeiras, Paraíba, Brazil. Semi-structured interviews were used to collect data and the accounts were decomposed and organized following the Collective Subject Discourse methodological process, which resulted in the emergence of three core ideas as follows: family conflicts; difficulties in interpersonal relationships; and social isolation as a trigger of depression. **Results:** The research participants had poor social networks and few meaningful relationships. In addition, they reported difficulties in interpersonal relationships and conflicts with their families. **Conclusion:** The present study revealed feelings that can result in the onset of depression symptoms, such as feelings of loneliness, difficulties in co-living, and social isolation, although the housing program offers health care and spaces for social interaction and leisure.

Descriptors: Depression; Comprehensive Health Care; Aged.

RESUMO

Objetivo: Conhecer as dificuldades que o idoso apresenta após mudança de moradia e que influenciam para os sintomas de depressão. **Métodos:** Estudo descritivo, com abordagem qualitativa, realizado com 14 idosos, em 2018, residentes em um conjunto habitacional para idosos localizado na cidade de Cajazeiras, Paraíba, Brasil. Empregou-se entrevista semiestruturada para a coleta de dados, sendo os depoimentos decompostos e organizados por meio do processo metodológico do Discurso do Sujeito Coletivo, emergindo três ideias centrais, descritas a seguir: conflitos familiares; dificuldade nas relações interpessoais e isolamento social como desencadeador da depressão. **Resultados:** Os participantes desta pesquisa possuem uma rede social escassa e poucas relações significativas. Além disso, retratam dificuldades nas relações interpessoais e conflitos com seus familiares. **Conclusão:** No presente estudo, pode-se ver sentimentos que podem resultar no surgimento da sintomatologia depressiva, como sentimento de solidão, dificuldades de convivência e isolamento social, apesar do programa habitacional oferecer assistência à saúde e espaços de convivência para a interação social e lazer.

Descritores: Depressão; Assistência Integral à Saúde; Idoso.



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RESUMEN

Objetivo: Conocer las dificultades de la persona mayor después del cambio de vivienda que influyen en los síntomas de la depresión. **Métodos:** Estudio descriptivo, de abordaje cualitativo realizado en 2018 con 14 mayores que vivían en un conjunto habitacional para mayores localizado en la ciudad de Cajazeiras, Paraíba, Brasil. Para la recogida de datos se ha realizado la entrevista semiestructurada y los relatos han sido organizados a través del proceso metodológico del Discurso del Sujeto Colectivo del cual ha emergido tres ideas centrales que están descritas a continuación: conflictos familiares; dificultad de las relaciones interpersonales y aislamiento social como el provocador de la depresión. **Resultados:** Los participantes de la investigación tienen una red social escasa y pocas relaciones significativas. Además, retratan dificultades de las relaciones interpersonales y conflictos con sus familiares. **Conclusión:** En el presente estudio se puede ver los sentimientos que pueden resultar en la aparición de la sintomatología de la depresión como el sentimiento de la soledad, las dificultades de convivencia y el aislamiento social pese a que el programa habitacional ofrezca la atención a la salud y espacios de convivencia para la interacción social y el ocio.

Descriptores: Depresión; Atención Integral de Salud; Anciano.

INTRODUCTION

Population aging has been a worldwide phenomenon. In Brazil, in the last few decades, there has been a significant increase in the number of older people due to increased longevity and reduced fertility and mortality rates. The country currently has 16 million individuals aged 60 or over, a number that will rise to 32 million by 2025⁽¹⁾. Estimates for the same year predict that Brazil will be the sixth country with the largest number of older people in the world⁽²⁾.

The aging process can be associated with functional and cognitive decline, loss of autonomy and independence, significant decrease in physical vigor and of the sense of productivity, and all these factors make older adults prone to depression. Depression can lead older people to question the meaning of life and to lose interest in daily activities, directly affecting their physical and emotional health. This disease is often neglected by health professionals due to the association of depressive symptoms with physiological manifestations of senescence^(3,4).

Depression is characterized as a period in which depressed mood and loss of interest and pleasure in activities prevail and last at least two weeks. Other symptoms, such as changes in sleep, appetite, weight and psychomotor activity, decreased energy, feelings of helplessness or remorse, difficulties in concentrating, thinking and making decisions may also arise in some people in addition to daydreams about deaths, and suicide plans and attempts, thus resulting in the individual's inability to perform their daily activities⁽⁵⁾. Depression is a risk factor for the development of non-communicable diseases, cardiovascular and cerebrovascular diseases, and strong evidence also shows that it is associated with dementia, particularly Alzheimer's disease. Thus, knowing the risk factors that lead to mental illness influences the maintenance of older adults' integral health^(6,7).

Depression has deleterious effects that can be added to the quality of life of the older adults and that increase public spending on the health system and demand greater assistance from health professionals who must be aware of the clinical manifestations related to depressive symptoms to perform early diagnosis and avoid major impacts on the health of this population⁽⁸⁾. Depression is considered the main cause of health problems and functional disability worldwide, generating annual losses of one trillion dollars for its treatment. It is a serious public health problem as more than 300 million people live with such disease⁽⁹⁾.

The quality of life of the older population, especially with regard to mental health, is directly related to access to demands for health, housing, education, social security, culture, leisure, among others. Based on this understanding, the state of Paraíba, Brazil, launched a pioneering initiative through the State Company for Popular Housing (*Companhia Estadual de Habitação Popular - CEHAP*) and the State Secretariat for Development (*Secretaria de Estado de Desenvolvimento - SEDH*) and has developed a project targeted at older people, regardless of gender and of whether they live alone or with an older spouse/partner, who receive up to five wages⁽¹⁰⁾.

The National Health Promotion Policy (*Política Nacional de Promoção da Saúde - PNPS*) presents strategies to promote health. In addition to healthy eating, social inclusion, promotion of actions, counseling and dissemination of bodily practices and physical activities, encouraging the improvement of public spaces conditions, considering local culture and incorporating games, playful activities, popular dances, among other practices, are actions that can minimize damage to mental health⁽¹¹⁾.

It should be noted that the older adults in this study lived in a condition of social vulnerability and that, after moving to this new facility (in a housing estate), they were given opportunities which they had never been given,

such as access to health services, social centers, sports, leisure areas, among others. However, they practically do not use these spaces and remain isolated in their homes for a long time. This raised the researchers' interest in carrying out this study. Thus, we sought to answer the following research question: do the older adults in this study have any difficulties, after moving in, that are causing symptoms of depression?

In this context, this study aimed to know the difficulties faced by older adults after moving house that influence the depression symptoms.

METHODS

This is a descriptive study⁽¹²⁾ with a qualitative approach⁽¹³⁾ that used the Discourse of the Collective Subject technique⁽¹⁴⁾. The study was carried out in September 2018 with older adults living in a housing estate for older adults located in the city of Cajazeiras, Paraíba, Brazil.

This housing estate has 40 houses adapted to the needs of the older adults. It features an assistance center and an experience center with equipment for socializing and leisure used for carrying out various socialization activities. It also features a multipurpose room used to hold workshops and other activities. The jogging trail and the health gym aim to provide the older adults with a better quality of life. The community garden aims to promote collaboration and socialization among the older adults assuming that everyone is part of the planting and harvesting⁽¹⁰⁾.

In previous contact with the SEDH, visits to the housing estate were authorized, with the date and time being scheduled. Visits were made to the houses and lasted the entire afternoon shift and were accompanied by a CEHAP employee. The researcher was able to talk to the residents and walk in all the estate facilities when she was able to invite the residents to participate in the study.

The present study adopted as inclusion criteria older adults over 60 years old who had been living in the housing estate for six months or more. Exclusion criterion were older adults who had a disabling disease with impaired word articulation. This was due to the need for discursive ability to express the issues to be debated in this study.

The sample included 14 older adults after application of the exclusion and closure criteria, the latter being data saturation⁽¹⁴⁾. Semi-structured interviews were conducted guided by the following question: After moving in, have you faced any difficulties that may be causing you some symptoms of depression?

The interviews were previously scheduled and carried out individually and in a reserved place in a harmonious climate between the researcher and the researched. The interviews lasted an average of 30 minutes each, and the participants exposed their understanding and values according to the guiding question and the objective of the study. The interviews were recorded after the participants gave their consent.

After that, with the material in hands, the recordings were listened to and transcribed to be analyzed based on the use of the DCS technique, which is a construction of collective thinking, with the aim of revealing how people think and assign meanings to a given subject and take position towards it⁽¹⁴⁾. The DCS uses the methodological figures that translate the collective thinking that emerge from individual opinions, namely: key expressions (KE), fractions of discourses that make up the essence of the speech content; central ideas (CI), which are names or linguistic expressions assigned to the identified content to categorize the meaning established for KE; anchors (AC), expressions of a given theory or ideology that the author of the speech naturally confesses; and the DCS, a discursive association that brings together fragments of different individual discourses united by their inter-compatibility⁽¹⁴⁾.

The three CI identified through the difficulties faced by the older adults that can influence the appearance of depressive symptoms are: CI1: family conflicts; CI2: difficulty in interpersonal relationships; CI3: social isolation as a trigger of depression.

The study began after the project was approved by the Research Ethics Committee of the Federal University of Campina Grande under Approval No. 2.890.996. Confidentiality and anonymity were guaranteed by an Informed Consent Form provided at the time of the interview.

Respondents were identified using an alphanumeric code representative of each respondent. This code consisted of a sequence formed by the letter O (O=Older person), followed by a number (1, 2, 3 ...), generating, for example, the code O1 for the first older person interviewed, and so on.

RESULTS AND DISCUSSION

Analysis of the Discourse of the Collective Subject (DCS) - older person

The DCS will be presented based on the three CI identified through the difficulties faced by older residents of a housing estate that can influence the onset of depressive symptoms, as described below.

CI1: Family conflicts

The first CI addresses the conflicts between the older adults and their families. Four older people participated: O2, O10, O12 and O13:

“At home, a lot of family stuff has appeared, son, daughter, they all upset us, and there is a son who does something I don't like. Sometimes, an argument with family members, you start to put it in your head; if you have a family, you always go through something, children, these things... that's how it is.” (DCS1)

In DCS1, the older adults report the conflicts experienced with their family members, especially with their children, which cause them to leave the family environment and, consequently, the feeling of loneliness arises within them. According to their discourses, there are also difficulties in living together, which result in conflicts. All of these factors influence the older person's illness, and, in this context, depressive symptoms may arise. Other studies also corroborate this finding as they have identified difficulties in the family and social life of the older adults, which include limited sociability, lack of leisure spaces, and family conflicts and abandonment, which emerge as important points for the older adults' illness and which can lead to more depressive symptoms^(15,16).

Conflicts generates difficulties for all family members, but the older adults are the ones who suffer the most when they live in disaggregating families, with little affection, understanding, complicity, and, in addition, a lot of impatience, anger and aggression, which can cause feeling of abandonment by family members, friends and lack of support to cope with depressive situations⁽¹⁶⁾. The impoverishment of family relationships makes the living environment unbearable, impacting on the mental health of the older adults. Because they feel without emotional support or because they do not have adequate support from those closest to them, the older adults start to live alone, which is the gateway to depression. In situations of instability and confrontation, individuals are more sensitive to inequality, perhaps for this reason the older adults distance themselves from the family and start to live alone^(17,18).

The relationship between generations in the family favors relationships of affective, emotional, experience and learning exchanges built by people who share common beliefs, stories and values. The insertion of the older person in the family scenario is related to motivational and relational factors, since participation in social activities can increase satisfaction with life and social involvement⁽¹⁸⁾. In line with this finding, a study carried out in the state of Bahia, Brazil, with the aim of analyzing the relationship between quality of life and depressive symptoms in older people living in the domestic context, showed that depressive symptoms have a great impact on individuals' living conditions, thereby reflecting chaotic conditions in the health of the older population. Older adults are often forgotten by their relatives and left on the margins of society without emotional and psychological support, which makes it difficult to establish emotional, family and social relationships that are so important for human beings to live in society⁽¹⁸⁾.

Family conflicts and problems involve meanings constructed over the course of their existence and are associated with other factors, such as the manifestation of thoughts and suicide attempts in older people, as well as signaling to family members ideas and introspective gestures of isolation, hopelessness and deep emotional suffering⁽¹⁶⁾. Family arrangements are essential for maintaining the health of the older person. Through trust, empathy, love, listening and support for daily activities, older adults feel welcomed and have their needs met in full, which serves as a support for overcoming anxieties, anguish and feelings of helplessness that can appear in this new phase of life⁽¹⁹⁾.

Therefore, the family must be a point of care and support for the older person in both health and illness. They should monitor, assess and ask health professionals for help. Caring for an older person is often a great challenge, but family emotional bonds are fundamental for maintaining autonomy and quality of life, which can help prevent depression.

CI2: Difficulty in interpersonal relationships

The second CI addresses the difficulties faced by the older adults with regard to interpersonal relationships with people of the same generation. Seven older people participated: O1; O2; O4; O6; O9; O10 and O13:

“Here, because it is a community, there should be more unity, people do not fit in, right?! Those who fit in do it to talk about something that does not match our age, so I am not part of it. Here, instead of interacting as a whole, talking like the others, which improves, and not each one in their house, no one visits our house, no, if I can speak ill of my neighbor, this is what I will do. If you get dressed, you will go out, there is a neighbor who is jealous of what you wear, she keeps looking, you realize that people have a big eye on you and you already start thinking things, this is all easy for depression. Once I crossed the line because of the gossip about myself and I was very nervous, because the bad word bothers anyone, the person feels hurt. No one is better than the other, people are hurt here, some have closed themselves in their sorrows too much, some have a grudge and hatred, and distribute them to the wind.” (DCS2)

The authors realized from the statements that the physical space of the housing estate is composed of individual houses or houses for couples. Thus, the older adults can maintain their individuality and also exercise social interaction as there is a common living center for all residents, which allows the development of leisure and group activities. In DCS2, the participants report the difficulties faced in living with their neighbors, showing that relations with others are not always reciprocal, and the behavior can cause dislike among residents. Thus, this reality can weaken the person emotionally and trigger interpersonal conflicts.

Conflict occurs when there is a difference in values and divergent ideas between people or groups that change relationships. When experienced, the actions of one of the conflicting ones are understood as good and those of the other are seen as bad. Interpersonal conflicts consist of situations of social interaction of confrontation, disagreement, and frustration, which have negative effects on people's lives. Thus, conflict belongs to the reality of human beings and are essential for personal and social development, but it is necessary to find ways to better solve them to avoid their aggravation⁽²⁰⁾.

When entering the housing estate to live, the older adults are faced with people never seen before, which can lead them to isolate themselves by the perception of not belonging to this place and feeling of disappointment before the judgment made by their neighbor. This can hence lead older adults not to maintain an interpersonal relationship necessary for living in community due to the reality that is presented to them⁽²⁰⁾.

Therefore, it is worth mentioning that aging is permeated by accumulations of symbolic and real losses, resulting in weakened emotional relationships and reduced social life. This overload can generate anger, anguish, frustration, and sadness. These negative feelings can be unfavorable to maintaining the mental health of the older adults. It is necessary to provide this population with daily activities that can occupy their minds and give meaning to their existence⁽⁴⁾.

Sometimes, the older adults find themselves surrounded by other people with whom they cannot establish personal contact, and thus hostility is manifested. Therefore, it is extremely important to encourage affective bonds between the older adults in the estate because the fact of establishing healthy relationships with others guarantees companionship, love and respect, which are fundamental feelings to contribute to overcoming depressive feelings⁽²¹⁾.

Social interaction with other individuals of the same age can be an opportunity to create new bonds and ties of friendship and companionship and hence ease loneliness. Thus, the interaction of the older adults with other people and the social involvement is important as they are essential to maintaining the individual's functionality and development. Interpersonal social relationships are important sources of social support, stimulate the mind and thinking, have multiple beneficial effects on health and well-being⁽²¹⁾, and contribute to improving quality of life⁽²¹⁾.

CI3: Social isolation as a trigger of depression

The third CI discusses the problem of social isolation as a generator of mental illness. In this DCS, there was the participation of the following respondents: O6; O9; O10; O11; O12 and O13:

"I don't know how lonely it is, sometimes I don't want to see people and isolate myself from the world, no one walks in my house, I'm a person who lives alone, the loneliness here is very big, I don't even have a family, because all my children live in other places, the distance from my children also kills me, here everything is far. It is the person being alone at home, the children all far away, then I just think, think, until I fall asleep, and it is because I take the medicine to sleep. I was always someone like that, from society, from partying, from everything, where I lived I had people to talk at night, I spent the night talking, went to church, attended the Mass when I came and sat on the sidewalk to talk a little bit, and here there is none of that, I started to live isolated, depression came by, you know!" (DCS3)

In DCS3 in this study, it was noticed that the older adults demonstrated during the interview the feeling of loneliness due to the difficulty in meeting friends or receiving visits, the family who lives far away and occasionally sees them. The fact that they live in a housing estate for older people, located far from the commercial center of the city, and that many do not have means of transportation for their mobility, make the older adults live isolated in their homes sometimes, thus failing to maintain their social relationships.

The company of family members, involvement in leisure activities and community participation can have a considerable effect on the psychological health status of older adults who are less likely to develop depressive emotions. Older people living alone are prone to feelings of loneliness and isolation, which can worsen depression. However, the protective effect of social participation derives mainly from social support. Protective factors can improve the resilience of the older adults and allow them to face dilemmas quickly and effectively when faced with episodes of loneliness and thus restore their health and live a satisfying life⁽²²⁾.

In DCS3, the older adults report poor sleep quality related to the state of loneliness. Previous studies conducted with the Chinese and Dutch population to assess the relationship between sleep quality and depression showed that demographic, family, lifestyle and social factors affected sleep disorders and also revealed the prevalence of poor sleep quality associated with mental health problems, including depression^(23,24).

Social isolation can contribute to a condition that potentiates depression, as the possibility of going out becomes difficult, including visiting children and friends, attending community groups, and going to church, among other daily activities. Thus, they stop carrying out activities previously experienced with pleasure and become deprived of social life, which makes their social life limited. Social isolation involves physical and psychological aspects and can be considered an important determinant of depression. As a result, older adults deprive themselves of social life and tend to leave less, consequently impoverishing the knowledge acquired in social contact and affecting the activities of daily living⁽¹⁸⁾. Social support focuses on the perception of affection, trust and help from family members and neighbors. In addition, exercise has beneficial impacts on quality of life, self-esteem and prevents the onset of depressive symptoms. Social interaction makes it possible to communicate and share the problems of aging with people with whom the older adults live and to discharge negative emotions. In that regard, having someone close can help to face the challenges of aging^(25,26).

Therefore, social isolation causes feelings of loneliness and, consequently, mental suffering. Thus, it is important to establish social relations of exchange for the formation of an affective bond, this being a significant predictor of the acquisition of new knowledge since older adults continue to develop mentally as they get older. Therefore, social support contributes to mental health, influencing the reduction of depression levels in older adults.

The present study makes clear the relevance of promoting activities that encourage the participation of older adults, thus leading them to social interaction and interaction among them in order to preserve the feelings related to the will to live. Health professionals must be prepared to identify the signs of depression in older adults and taking the appropriate measures for each identified case. This study shows that health promotion can be exposed as the commitment of health managers and workers to understand the social determination of health, illness, death, and the different problems in the lives of individuals based on the voluntary and active action of diagnosis of local social needs to promote the reduction of inequities⁽²⁷⁾.

The National Health Policy on Older Adults' Health (*Política Nacional de Saúde da Pessoa Idosa - PNSPI*) indicates the protection of the life and health of the older adults, whose main concern is the loss of functional capacity, and reaffirms the need for a comprehensive approach to the aging process. The PNSPI guidelines include the promotion of healthy aging, the support of functional capacity and the protection of the older adults' health needs⁽²⁸⁾.

The limitations of this study are related to the fact that the participants were selected intentionally and in only one housing estate for older adults, which does not allow generalizing the results. In view of that, the authors suggest that other studies should be carried out to cover a larger territorial dimension and allow the recognition of other factors that may be related to the emergence of depression in older adults.

FINAL CONSIDERATIONS

The present study identified feelings that can result in the appearance of depressive symptoms, such as feelings of loneliness, difficulties in living together and social isolation, despite the housing program offering health care and living spaces for social interaction and leisure, which may not be sufficient to meet the psychological and emotional needs of the analyzed older adults.

The participants in this study have a scarce social network and few significant relationships. In addition, they portray difficulties in interpersonal relationships and conflicts with their family members, whose aspect can harm their mental health, with the aggravating fact that they live alone, which can lead to depression.

In that regard, it is pertinent to use health actions within the housing estate in order to contribute to the early detection of depressive symptoms in the older adults so that they strengthen their bonds and promote a more assiduous participation of family and neighbors, thereby supporting their needs as the improvement in family and social relationships can contribute to their health.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest of any kind for the publication and dissemination of this article.

CONTRIBUTIONS

Jovelina Fernandes dos Santos and **Marcelo Costa Fernandes** contributed to the study conception and design; the acquisition, analysis, and interpretation of data; and writing and/or revision of the manuscript. **Mayara Evangelista de Andrade** and **Joyce Wadna Rodrigues de Souza** contributed to the acquisition, analysis, and interpretation of data; and writing and/or revision of the manuscript. **Petra Kelly Rabelo de Sousa Fernandes** and **Ariane Moreira Coelho** contributed to the acquisition, analysis, and interpretation of data.

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