

SUICIDAL IDEATION AND RISK OF DEPRESSION AMONG OLDER ADULTS RESIDING IN LONG-STAY INSTITUTIONS

IDEAÇÃO SUICIDA E RISCO DE DEPRESSÃO ENTRE IDOSOS RESIDENTES EM INSTITUIÇÕES DE LONGA PERMANÊNCIA

IDEACIÓN SUICIDA Y RIESGO DE DEPRESIÓN ENTRE ADULTOS MAYORES RESIDENTES EN ESTABLECIMIENTOS DE LARGA ESTADÍA

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Objective: to identify the depressive state and ideation among older adults in Long-Stay Institutions in the cities of the Seridó/RN region, Brazil. Method: cross-sectional and descriptive study, developed between the months of August and November 2020, in the Long Stay Institutions for Older Adults. Results: the final sample was composed of 45 older adults, predominantly females, aged 80 years old or more, single, non-literate, white, retired and with a time of institutionalization longer than 1 year. We observed a higher number of females, 64.4%, aged 80 years or older. As for the depressive state, there was significance and the variables “degree of depression” and “suicidal ideation” with p-value < 0.1 (p-value = 0.07). Conclusion: a considerable occurrence of degrees of depression and suicidal ideation is observed in the population studied.

Descriptors: Homes for the Aged. Aging. Suicidal Ideation. Depression.

Objetivo: identificar o estado depressivo e ideação entre idosos em Instituições de Longa Permanência dos municípios da região do Seridó/RN, Brasil. Método: estudo transversal e descritivo, desenvolvido entre os meses de agosto a novembro de 2020, nas Instituições de Longa Permanência para Idosos. Resultados: a amostra final foi composta por 45 idosos, predominando idosos do sexo feminino, com idade maior ou igual a 80 anos, solteiros, não alfabetizados, brancos, aposentados e com tempo de institucionalização maior do que 1 ano. Observou-se um maior quantitativo do sexo feminino, 64,4% com idade maior ou igual a 80 anos. Quanto ao estado depressivo, visto que houve

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significância e as variáveis “grau de depressão” e “ideação suicida” com p-valor < 0,1 (p-valor = 0,07). Conclusão: observa-se uma considerável ocorrência de graus de depressão e ideação suicida na população estudada.

Descritores: Instituição de Longa Permanência para Idosos. Envelhecimento. Ideação Suicida. Depressão

Objetivo: identificar el estado depresivo y la ideación entre las personas mayores residentes en los Establecimientos de Larga Estadía de los municipios de la región de Seridó/RN, Brasil. Método: estudio transversal y descriptivo, desarrollado entre los meses de agosto y noviembre de 2020, en los Establecimientos de Larga Estadía para Adultos Mayores. Resultados: la muestra final fue compuesta por 45 adultos mayores, predominantemente del sexo femenino, con edad igual o superior a 80 años, solteros, analfabetos, blancos, jubilados y con tiempo de institucionalización superior a 1 año. Se observó un mayor número de mujeres, 64,4%, con 80 años o más. En cuanto al estado depresivo, hubo significación y las variables “grado de depresión” e “ideación suicida” con p-valor < 0,1 (p-valor = 0,07). Conclusión: se observa una considerable ocurrencia de grados de depresión e ideación suicida en la población estudiada.

Descriptorios: Hogares para Ancianos. Envejecimiento. Ideación suicida. Depresión.

Introduction

The growth of the world older adult population is configured as a phenomenon of epidemiological, demographic, and nutritional transition, a phenomenon related to the increased life expectancy, low morbidity and mortality rates, and fertility, observed mainly in countries considered developed. In Brazil, aging is characterized by changes in population demographic variations, such as cultural, physical, and social variables, resulting in the increase of the older adult population. warns that the general and world population will have a higher prevalence of older people in 2060, totaling a margin of 73 million people with aged 60 years or more in Brazil⁽¹⁾.

Population ageing, from one side, brings the challenges of living longer, healthier and with quality of life⁽²⁾; and, on the other side, there is the multimorbidity in the older adults with two to nine chronic conditions, with prevalence of Arterial Hypertension and Diabetes Mellitus, then, in use of continuous medication⁽³⁾.

Internationally and nationally, the prevalence of depression in the older people is significant, especially in the Long-Stay Institutions (LSI) for the Older Adults context⁽⁴⁾. In a nursing diagnosis in an LSI for the older adults research, the prevalence of mood regulation and mild to moderate depression was observed with statistical significance, highlighting the harmful effects of

depression on the health of older adults⁽⁵⁾. It is agreed that psychological comorbidities, such as depression, produce negative feelings and emotions that cause social withdrawal, decreased quality of life, sadness, negative thoughts, demotivation for life, among others, highlighting the strong thoughts of death⁽⁶⁾.

Depression is characterized by a multifactorial illness, with a loss of interest in activities performed, daily, over a period of at least two weeks, comprising psychological, social, and biological factors, and suicidal ideation by thoughts and ideas of suicide and self-destruction, leading the individual to have desires, plans, and attitudes that will put an end to their own life⁽⁷⁾.

As a way to offer greater social support to older adults with weakened or non-existent family and social ties, the LSI emerge as a housing option, promoting welcoming and health care to older adults, however, operationally, they have difficulties in offering the necessary support for adequate care, with a limitation of integral care and attention to their biopsychopathological needs. There are numerous administrative, social, and even financial challenges, restricting the coexistence of older people and local community, and the access and accessibility to care devices available in the Health Care Network⁽⁸⁾.

The Brazilian Statute of the Elderly, in its Ordinance number 2.528 of February 19th,

2006, describes that it is essential to have a multiprofessional team inserted in the LSI, to provide the necessary support, helping older people in their physical and mental functions, providing a holistic, humanized care that enables the independence and autonomy of LSI's residents⁽⁹⁾.

An epidemiological study conducted with 42 older adults residents in a philanthropic LSI in the city of *Jequié*, Bahia, Brazil, identified that most of the older adults presented symptoms suggestive of depressive conditions (54.8%), possibly related to their dissatisfaction in living with the unknown, following a routine schedule, losing part of their right to choose, feeling of less value, being just one more person at the institution, difficulty in creating bonds, overcoming losses, family and privacy abandonment⁽¹⁰⁾.

The Brazilian Society of Geriatrics and Gerontology (SBGG) warns that aging is also a risk factor for suicide, emphasizing the highest rates among the elderly over 60-70 years old: about 80% of cases in males over 65 years old⁽¹¹⁾.

A qualitative study on life history and narratives with 122 older adults residents in LSI in the state of Rio de Janeiro, both gender, identified that the main factors for death by suicide are: loss of affective ties and referential people, abuse of alcohol and other drugs, inadequacy to institutional life, disabling and painful chronic diseases that have repercussions in loneliness, hopelessness and lack of meaning for life⁽¹²⁾.

The older adults who attempted suicide or affirmed suicidal ideations were in the age range of 60 to 88 years old. Most of those who presented risk behavior for suicide were between 60 to 69 years old, followed by 80 years old or more and, in third place, 70 to 79 years old people⁽¹¹⁾.

Thus, it is questioned: are there suicidal ideation and depressive state among older adults at Long Stay Institutions in the cities of the Seridó/Rio Grande do Norte (RN) region? Therefore, the objective is to identify depressive states and suicidal ideation among older adults in long-stay institutions in the cities of the Seridó/RN region.

Considering that it is inherent to Nursing the integral care, qualified listening, active search,

orientation, management and health education, it becomes essential to detect the cases of suicidal ideation and understand the occurrence of the social impact and the health services offered to the population over 60 years old⁽⁹⁾.

Method

Cross-sectional and descriptive study, developed between August and November 2020, in the Long-Stay Institutions for Older Adults, located/seated in the IV Health Region of Seridó/RN, Brazil. According to the Brazilian Institute for Applied Economic Research (IPEA) there are nine existing services in nine cities of the Seridó/RN region, namely: *Acari*, *Caicó*, *Currais Novos*, *Cruzeta*, *Carnaúba dos Dantas*, *Jucurutu*, *Parelbas*, *São José do Seridó* and *Jardim do Seridó*⁽¹¹⁾.

Included in the research were participants aged 60 and older, with preserved mental faculties, organized speech, conscious and oriented, autopsychic and allopsychic, residing for more than six months in the LSI, characterized as philanthropic, non-governmental and non-profit. Were excluded the private for-profit institutions, the older adults who were not interested in the study, and those who refused to participate, as well as those with cognitive impairments related to thinking, memory, verbal and non-verbal communication. The cognitive evaluation and other eligibility criteria for the research were evaluated by the nurse in charge of each institution, on a case-by-case basis, through the Mini Mental State Examination, which determined which older adult were able and unable to participate in the research.

The population was composed of 243 older adults. All those who met the eligibility criteria were invited to participate in the research on a voluntary basis, but during the course of the research there was a population loss of 198 older adults. The reasons for the losses were: 19% (n=37) refused to participate in the research, 18% (n=36) of two institutions were not authorized to participate claiming the pandemic caused by the SARS-CoV2 virus, causing COVID-19, therefore,

scientific research activities were not released by the Municipal Health Secretariat, in spaces with the risk groups, i.e., adults aged 60 years or more, even following all the recommendations of the Brazilian Ministry of Health and the World Health Organization, through Ordinance No. 65, May 6, 2020, which discusses guidelines and general recommendations to managers and workers of the Unified Social Assistance System of the States, Municipalities and the Federal District regarding the care in services for older people or people with disabilities in the context of public health emergency due to the new Coronavirus, COVID-19. Thus, we added the losses for the following reasons: 50% (n=99) of the older adults who did not participate had a diagnosis of Alzheimer's and 13% (n=26) had some serious mental disorder. The sample group, respecting the eligibility criteria, was composed of 45 institutionalized older adults.

Three instruments were used in data collection: sociodemographic characterization¹⁰ with the purpose of characterizing the research subjects, using closed questions, such as: gender, age, marital status, schooling, color, income, time of institutionalization; Beck Scale for Suicidal Ideation (BSSI)⁽¹²⁾, with the purpose of verifying the extent of the yearning to die and to attempt suicide; Geriatric Depression Scale (GDS)⁽¹³⁾, to analyze and evaluate specifically older people

tracking depressive disorders, validated in Portuguese language⁽¹⁴⁻¹⁶⁾.

After data collection, they were typed and transferred to a database with the help of Microsoft Office Excel® program, later exported and analyzed in the Statistical Package for Social Sciences (SPSS), version 20.0. In the preliminary data analysis, absolute and relative frequency tables were built. The frequency tables allowed us to identify inconsistencies in the data.

For the statistical analysis we used the IBM® SPSS® Statistics package, version 20.0. The data analyzed were categorical in nature, and were submitted to Pearson's chi-square test and Spearman's correlation coefficient test. The significance level of the test was considered to be 10% ($\alpha = 0.10$). Thus, a p-value of less than 0.10 was considered statistically significant.

The research complied with the ethical aspects of the National Health Council Resolution, number 466/2012, under the support of the evaluation and approval by the Research Ethics Committee, with approval opinion No. 4,312,726, CAAE: 30774220.5.0000.5296.

Results

The final sample was composed of 45 older adults, predominantly females, aged 80 years or older, single, illiterate, and with a length of institutionalization of 1 year or more.

Table 1 - Sociodemographic characterization of older adults in Long-Stay Institutions (LSI) in the Seridó/RN Region, Brazil, 2020. (continued)

Sociodemographic Characterization	Number (n)	Percentage (%)
Gender		
Female	29	64.4
Male	16	35.6
Age		
< 80 years old	22	48.9
≥ 80 years old	23	51.1
Marital Status		
Married	4	8.9
Single	22	48.9
Widow	19	42.2
Level of schooling (Literate)		
Yes	19	42.2
No	26	57.8

Table 1 - Sociodemographic characterization of older adults in Long-Stay Institutions (LSI) in the Seridó/RN Region, Brazil, 2020. (conclusion)

Sociodemographic Characterization	Number (n)	Percentage (%)
Color/Race		
White	28	62.2
Black	9	20.0
Brown	8	17.8
Income (Retirement)		
Yes	45	100
No	0	
Time of institutionalization		
> 1 year	32	71.1
≤ 1 year	13	28.9

Source: Created by the authors.

With regard to the degrees of depressive symptomatology, identified through the GDS, severe, mild or moderate depression is observed in older adults without depression, as shown in Table 2.

Table 2 – Identification of the degree of depressive symptomatology in institutionalized older adults, according to the Geriatric Depression Scale (GDS), of the Seridó/RN region, Brazil, 2020.

Degree Of Depressive Symptomatology	Number (n)	Percentage (%)
Severe	9	20.0
Mild or moderate	21	46.7
No depression	15	33.3
Total	45	100.0

Source: Created by the authors.

Regarding suicidal ideation, 16 older adults were identified through Beck Scale for Suicidal Ideation (BSSI) (Table 3).

Table 3 – Identification of suicidal ideation through Beck Scale for Suicidal Ideation (BSSI) in institutionalized older adults of the Seridó/RN region, Brazil, 2020.

Suicidal Ideation	Number (n)	Percentage (%)
No	29	64.4
Yes	16	35.6
Total	45	100.0

Source: Created by the authors.

Table 4 evidences the p-value of each hypothesis test carried out, in addition to presenting the associated test statistics and the statistically significant associations. It can be seen

that there was statistical significance between the variables “degree of depression” and “suicidal ideation” with p-value < 0.1 (p-value = 0.07).

Table 4 - Association between the degree of depression, suicidal ideation and sociodemographic variables among institutionalized older adults, of the Seridó/RN region, Brazil, 2020.

Tests		Variables	p-value
Spearman's correlation	Degree of depression	Time of institutionalization	0.422
		Age	0.717
		Schooling Degree	0.508
Chi-square association	Degree of depression	Gender	0.529
		Schooling Level	0.639
		Suicidal ideation (BSSI)	0.007
		Race	0.488
		Marital Status	0.388
	Suicidal ideation	Time of institutionalization	0.933
		Age	0.673
		Schooling Degree	0.639
		Gender	0.902
		Race	0.336
		Marital Status	0.774

Source: Created by the authors.

Discussion

The study reveals a higher prevalence of female older adults (64.4%), aged ≥ 80 years (51.1%), single (48.9%), with time of institutionalization greater than one year (71.1%), illiterate (57.8%), and retired (100%). Corroborating the data obtained⁽¹⁷⁾ identified a predominance of older people aged 80 years or older, single and with no education. In the population scenario, women are the majority and achieve greater longevity due to less exposure to risk factors that may directly or indirectly affect their quality of life.

As for the schooling variable, studies point out that women did not have equal access to the same studies as men, especially in the decades from 1910 to 1940, since the historical cultural role focused on marriage, household chores, and caring for children and the husband prevailed. Thus, the older they got, the fewer study opportunities women had⁽¹⁸⁾.

The findings evidence a high prevalence of severe, mild or moderate depressive symptoms, found in 67.6% (n=30) of the older adults surveyed, as well as the rate of suicidal ideation in 35.6% (n=16). It is presumably attributed

to the time of institutionalization and marital status, considering that most self-reported to be single and without affective bonds with their families. In the international study⁽¹⁹⁾, performed in three states of Portugal, in Algarve, Alentejo and Greater Lisbon, with 155 older adults (85 institutionalized and 70 non-institutionalized for evaluation of depression and suicidal ideation) revealed that about 82.08% of institutionalized older people presented depression. In this same study, it is stated that the greater the feeling of being supported and of social belonging, the lower the level of depressive symptoms identified⁽¹⁹⁾.

A descriptive study with a qualitative approach, in which nine older adults from a Long-Stay Care Institution for the Older Adults in the city of Santo Ângelo, Rio Grande do Sul, Brazil, participated. It was identified negative feelings experienced by the older adults during the process of adaptation to the LSI, which causes intense dissatisfaction during the self-reports of living with the unknown, with weakened or nonexistent social and family ties, by following a routine of schedules pre-established by the care institution, not motivating them to the right of choice or active voice within that institutional context. Furthermore, the

family and social distancing plus the adaptation to this new environment can cause functional, cognitive and even emotional impairment, such as loss of autonomy, difficulties in performing daily tasks due to dependence caused by senility, social isolation, irritability, anhedonia, anxiety and insomnia⁽²⁰⁾.

According to Wannmacher⁽²¹⁾, older people are at greater risk of developing more persistent depression. Depression in older adults is often not identified in Primary Health Care sector or at Long-Stay Institutions for the Older Adults. It is admitted that the incidence of depressive pictures among them alerts to the development of an incapacitating disease, which can trigger the appearance of negative feelings and emotions, such as suicidal ideation and suicide attempts⁽²²⁾.

The Brazilian Ministry of Health, through epidemiological data on self-harm and reported self-harm in Brazil between the years 2010 to 2018, recorded 293,203 self-harm injuries in the country, of which 11,438 (3.9%) involved individuals over 60 years old⁽¹⁾. In the present study, the “degree of depression” obtained a statistical association significantly related to ideation (p-value 0.007), since depression was one of the most relevant risk factors associated with suicide.

The effect of causal link is verified on the powerful association between suicide and depression, which requires greater attention, care, and active search for cases, for early diagnosis and adequate treatment, as an important measure to prevent suicide and other problems derived from this type of behavior⁽²¹⁾.

The pathological picture of depression contributes to the loss of autonomy and complications of pre-existing pathologies in older people, as well as providing vulnerability to suicide risk, self-care deficit and mortality in this population segment, consequently interfering in the healthy aging process⁽²²⁾.

Several factors contribute to undermining the mental health of the older adults by associating themselves with some type of suicidal behavior. A corollary of causes or triggering factors stand out, such as: depression, illness and grief,

complicated and traumatic mourning, anxiety and despair after recovery from depressive episode, poor living conditions, death of close relatives and friends, family conflicts, family history of self-inflicted events. All of them, on the one hand, constitute potential risk factors. On the other hand, protection factors are associated with religiosity, optimistic life style, life satisfaction and investment in autonomy and power of relationships, communication and pharmacological treatment accompanied for mental disorders such as depression⁽⁶⁾.

The existence of public policies, in particular Ordinance No. 73 and Resolution No. 109/2009, which ensure and establish improvements for the LSI, effective support of the multiprofessional team, activities that integrate older adults with society and promote a better quality of life, among others, is often identified as failures or gaps between levels of care, from the performance of a multiprofessional team of these institutions, since the institutionalized older adults are registered and enrolled in the territory covered by services under the responsibility of Primary Health Care⁽¹¹⁾.

Family interaction among older adults is, *per se*, an important factor for improving physical and mental health, since the results of studies converge and point out the abandonment and feeling of loneliness of older adults, high rates of depression as a factor related to the increase in cases of suicidal ideation in these groups, making it relevant a reliable multiprofessional performance in the early prevention of this diagnosis⁽²²⁾.

Conclusion

The present study verified the occurrence of degrees of depression and suicidal ideation, as well as a statistically significant association between the degree of depression and suicidal ideation in the older people who live in LSIs of the Seridó/RN region.

In view of the needs faced by this population, it is necessary to search for preventive measures for mental health problems, as well as a direct

action on modifiable variables, from the diagnostic confirmation, active search of cases and adequate care provided by the institutions together with Primary Care and other intersectoral services that comprise the Health Care Network.

Since this is a cross-sectional study, there is no causal relationship between the factors studied and an actual clinical diagnosis. In addition, the sample loss due to COVID 19 (SARS-CoV2) in the period is attributed as a limitation to epidemiological and sanitary measures in relation to the risk group.

Collaborations:

1 – conception and planning of the project:
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2 – analysis and interpretation of data:
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3 – writing and/or critical review:
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4 – approval of the final version:
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Conflicts of interest

There are no conflicts of interest.

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