

## Depresión en mujeres adultas mayores y su afrontamiento

*Depression in Older Women and their Coping*

*Depressão em mulheres adultas mais velhas e seu enfrentamento*

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### Resumen

La depresión constituye uno de los problemas más frecuentes en las personas mayores y es ocasionado por múltiples factores sociales y culturales. El objetivo de esta investigación es determinar el nivel de depresión en mujeres mayores, para lo cual se aplicó la Escala de Depresión Abreviada de Yesavage, que detecta el grado de depresión. La investigación es descriptiva con un enfoque cualitativo, y se realizó en dos colonias de la Ciudad de Campeche: El Carmelo y La Ermita, mediante la aplicación de encuestas a 40 adultas mayores en cada colonia. Los resultados obtenidos muestran que 32 mujeres de la colonia La Ermita padecen depresión, mientras que en la colonia El Carmelo sólo fueron 7, y el restante no presentó depresión. La moda en la colonia La Ermita es de 65 años y en El Carmelo de 67 y 70 años, mientras que la media en la colonia La Ermita es de 71.5 años y en El Carmelo de 70 años. Se concluye que en la colonia La Ermita hubo mayor prevalencia de depresión en la población femenina adulta mayor que en la colonia El

Carmelo. Se sugiere que para cuidar su salud, dichas personas adultas mayores realicen actividades recreativas en clubes dentro de su comunidad o con sus familiares.

**Palabras clave:** depresión, personas mayores, afrontamiento, género femenino.

### **Abstract**

Depression is one of the most frequent problems in the Elderly due to multiple social and cultural factors, *From the age of 60 begins a new period for the life of the person to give life to the Elder, will suffer crisis, will have more time to meet with himself and perceive his reality.* Depression in the stages of woman's life. Conflicts with the couple, parents and children, family violence, addictions, loss of loved ones and abuse are some of the causes that favor depression. **Objective:** To determine depression in the female gender of the Elderly. **Instrument.** The scale of Depression of Yesavage was applied, this scale detects the degree of depression, the research is descriptive with a qualitative approach, it was carried out in two colonies of the City of Campeche: Carmelo and Ermita, surveying 40 elderly adults in each colony.

**Result:** In the colony, the Hermitage prevails the depression in 32 Persons and 7 people in the Carmel, the other Older Adults did not present depression. The fashion of the Ermita is 65 years old and the Carmelo was 67 and 70 years, the average of La Ermita is 71.5 years and El Carmelo is 70 years old. **Conclusions:** In the Ermita colony we detected a higher prevalence of depression in the female genus in the adult population than in the Carmelo colony. **Recommendations:** It is important to make activities for these Older Adults, in the club, community and with the same relatives.

**Key words:** depression, older people, coping, female gender.

## Resumo

A depressão é um dos problemas mais frequentes em idosos e é causada por múltiplos fatores sociais e culturais. O objetivo desta pesquisa é determinar o nível de depressão em mulheres mais velhas, para as quais foi aplicada a Escala de Depressão abreviada de Yesavage, que detecta o grau de depressão. A pesquisa é descritiva com abordagem qualitativa e foi realizada em duas colônias da cidade de Campeche: El Carmelo e La Ermita, através da aplicação de levantamentos a 40 idosos em cada colônia. Os resultados mostram que 32 mulheres da colônia de La Ermita sofrem de depressão, enquanto que na colônia de El Carmelo havia apenas 7 e o resto não apresentava depressão. A moda na colônia La Ermita é de 65 anos e em El Carmelo de 67 e 70 anos, enquanto a média na colônia La Ermita é de 71,5 anos e em El Carmelo de 70 anos. Conclui-se que, na colônia de La Ermita, houve maior prevalência de depressão na população feminina adulta do que na colônia de El Carmelo. Sugere-se que, para cuidar de sua saúde, esses adultos mais velhos se envolvem em atividades recreativas em clubes dentro de sua comunidade ou com suas famílias.

**Palavras-chave:** depressão, pessoas mais velhas, enfrentamento, gênero feminino.

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## INTRODUCTION

From the age of 60, people often enter a stage in which they are called older people. In this period they may suffer existential crises, as a result of the greater time they have, but also have the opportunity to meet themselves and to become aware of the different changes that occur in their life and their body.

The elderly person is a socially fragile being in the sense that he or she has often lost some of the pillars on which he or she was sustained (family, friends, professional activity and economic independence), which puts him at risk of falling into psychic imbalances and depressive disorders (Ayllon, M., Guadarrama, R. and Márquez, O. 2012).

The prevalence of depressive disorders is one of the most frequent psychiatric and psychiatric problems in the elderly. Elderly community-dwellers generally have fewer depressive symptoms than hospitalized elderly, while younger cohorts are predicted to have a higher prevalence of depression when they reach old age (Borda, M. et al., 2013).

Depression is one of the most common psychiatric disorders among older adults. The prevalence of clinically significant depressive symptoms is 8-15% among the elderly living in the community and about 30% among the institutional ones. We can also define it as a state of mind with no apparent cause. This depressive state prevents the older adult from performing the activities that he normally did, because he has lost the motivation and interest to continue living (CEPAL, 2009).

If depression is not treated in time it can lead to suicide. Your risk factors can be a chronic illness, lonely life, poverty, mourning, drugs, alcohol, among others. Among the clinical manifestations of depression are anxiety and irritability; among psychological manifestations is associated with low self-esteem, loss of interest in activities, greater dependence, suicidal thinking; On the other hand, the somatic manifestations are fatigue, agitation, anorexia, weight loss, insomnia; and psychotic manifestations are ideas about lack of value, poverty, and auditory, visual and olfactory hallucinations (ECLAC, 2009).

Depression in the elderly is a disorder with a prevalence of 15% in those over 65 years of age. When presenting an atypical symptomatology, both patients and relatives are not always aware that it is a depressive disorder. Symptoms are usually attributed to both social services and general practitioners, rather than to one element of normal aging. Older adults are exposed to many factors related to the risk of depression. The increase in physical illnesses, changes in the environment and the aging of neurological functions themselves contribute greatly to their appearance. Depression is observed both in the social area and in the psychological and biological areas (Ferrari R., 2008).

In the State of Campeche, the Adult Adult Population (INEGI, 2012) amounts to 62,000, corresponding to 7.7% of the total population. Many authors analyze what depression is and what factors, causes, classification, symptoms, how it presents in the woman, its diagnosis in the elderly person (INEGI, 2012).

Depression can currently be defined as a symptom (manifestation of an organic or functional alteration). The person affected by depression presents a series of alterations that can be emotional, thinking, somatic and behavioral. The emotional alterations usually consist of a pathological sadness or with depressive humor, dysphoric humor or simply depressed mood, difficult to express and sometimes to detect. Alterations of thought affect their content: in these people there are pessimism, feelings of worthlessness or guilt. Somatic alterations include altered appetite (anorexia) with repercussion on body weight, thinning and loss of energy. Behavior alterations are manifested in the difficulty to concentrate and in the slowness of thought, with the consequent diminution of the learning capacity (Millán, J. 2006).

### *Etiology of depression*

There are several factors that can influence to a greater or lesser extent the personality:

- Genetics: from a dominant genetic factor;
  - Somatic: from a catecholamine deficiency at the central level;
  - Psychics: in relation to psychosocial losses or traumas;
  - Biological: among them would be the loss of functional capacity due to the aging of different organs and systems;
  - Sociocultural: situations of lack or lack of social support, among others
- (Millán J., 2006).

Depression, besides being an associated symptom, is a disorder triggered by many types of somatic pathology, such as hypothyroidism, vitamin B12 deficiency or stroke. Also, about 25% of cancer patients who are hospitalized suffer from a major depressive episode, and more than half of people with Parkinson's disease have depression. It should not be forgotten that a large number of drugs are capable of causing depression (Millán J., 2006).

Depression in the various stages of a woman's life is often connected with couple conflicts, with parents and children, family violence, addictions, loss of loved ones and abuse. According to the World Health Organization, about 330 million people in the world suffer a depressive crisis at some point in their lives. Depression in the elderly woman is usually accompanied by headaches and joints, vertigo, lack of appetite, weight loss, slow thoughts and movements, and strong feelings of worthlessness and guilt (Sepúlveda R., 2016).

This study aims to reveal the forms of coping used by older adults in the daily situations related to loneliness, subsistence, financial situation, social relations, physical and emotional health (González-Celis A. y Padilla A., 2006).

### *Depression in the elderly*

Depression in the elderly is often mistakenly regarded as a normal aspect of the stage. If depression in older adults is not diagnosed or treated, it causes unnecessary suffering, since undoubtedly, the elderly through appropriate treatment can enjoy a pleasurable life. When the elderly person goes to the doctor, they usually describe only physical symptoms and are reluctant to talk about their feelings of hopelessness and sadness; he does not wish to speak of his lack of interest in normally pleasurable activities, or of his prolonged suffering as a result of the death of a loved one (González-Celis A. and Padilla A., 2006).

Coping models speak of adaptive thinking as reducing or alleviating stress arising from threatening or challenging painful conditions. The model that most closely resembles this is the normative model, that is, when the elderly grow older emotionally healthy. It is about

valuing wisdom over physical strength, valuing the ability to choose properly, sexually and socially. In this model people consider men and women as unique individuals, friends and companions. They are emotionally flexible in situations such as the growth and independence of children, the death of parents, spouses and friends, as well as the ability to displace the emotional burden and be flexible mentally. With this model many people have been able to answer the relevant questions of life (Papalia D. et al., 2009).

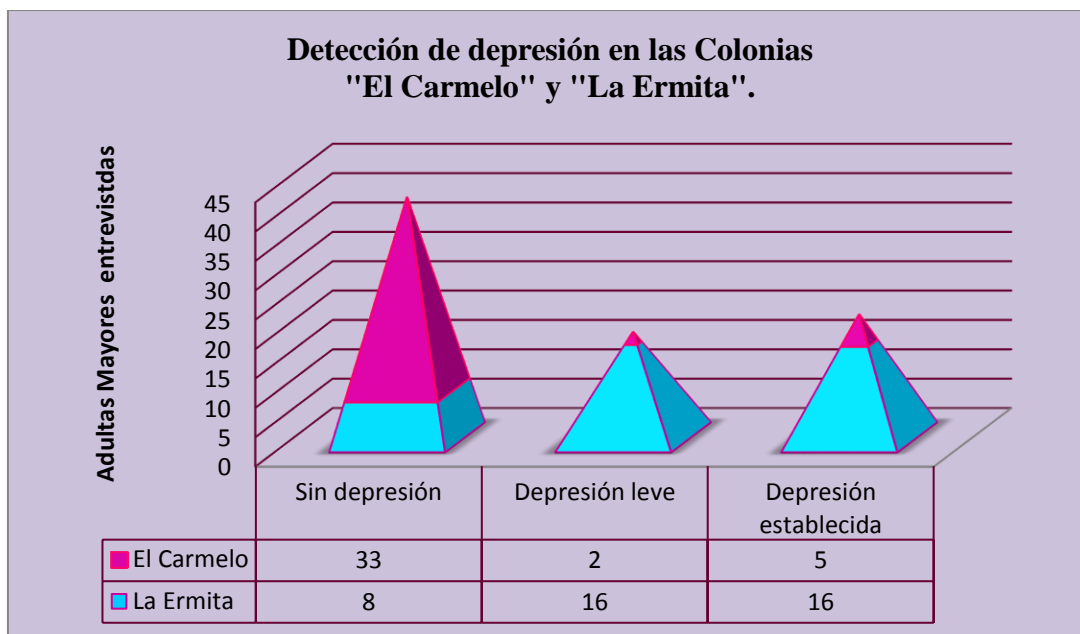
## **Material and methods**

In this investigation the abridged Yesavage Depression Scale was applied to 80 elderly adults: 40 from the Barrio de la Ermita and 40 from the Barrio del Carmelo. The research is descriptive with a qualitative approach. In order to know the coping strategies, a semi-structured interview was used, based on a guide of questions in which the interviewer was free to introduce additional questions in order to specify concepts and obtain additional information on the subjects that interested them. These questions invite the expression of feelings in order to gather information on the different coping strategies used. The results were analyzed using the Microsoft Excel program.

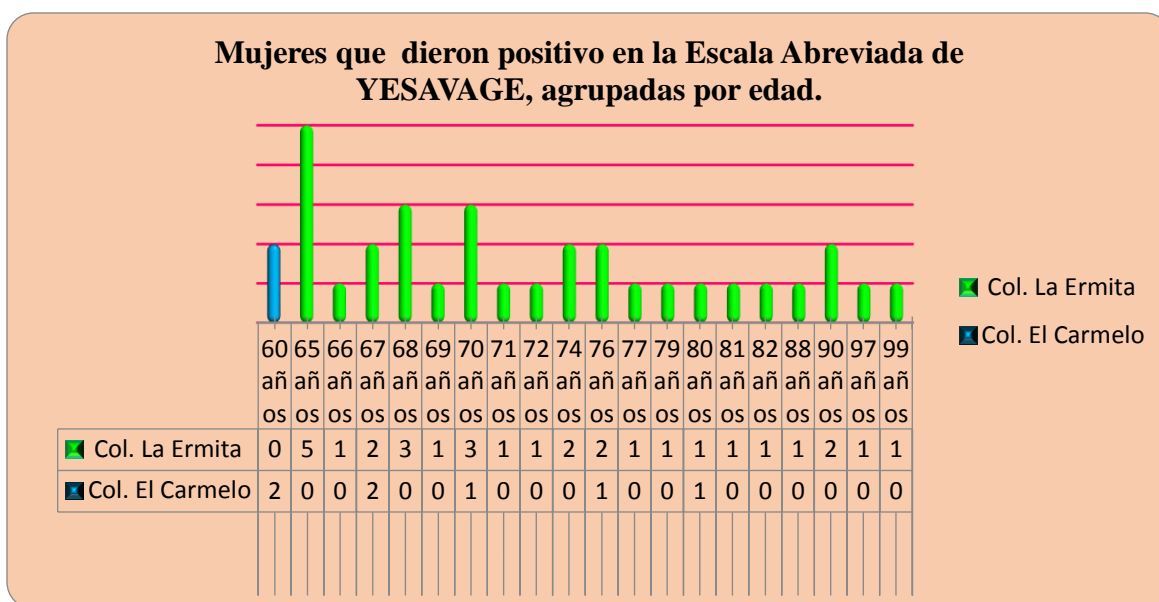
## **Results**

Of the older people surveyed in the La Ermita and El Carmelo colonies, 39 of them suffer from depression: 32 from the La Ermita colony and the rest from El Carmelo (Figure 1). The fashion of the Ermita colony is 65 years old and the El Carmelo colony, 67 and 70 years old (Graph 2). Depression in older adult women is due to different factors, for example, hormonal, social, economic, mourning, divorce, among others. The results obtained in the semi-structured interview refer to the way older adults face life so as not to suffer from depression: they pray in their moments of solitude, they attend religious groups, family gatherings, events in their colony such as craft courses, lottery games, medical or social assistance check-ups, and physical exercise.

**Graph 1.** Detección de depresión en las colonias Carmelo y Ermita.



**Graph 2.** Mujeres que dieron positivo en la Escala abreviada de Yesavage, agrupadas por edad.





## **Conclusions**

The La Ermita colony has 32 older adult women with depression and the El Carmelo colony has 7; the remaining women did not present depression. It was observed that social activities have helped the people interviewed to avoid depression, and therefore it is concluded that they remain active and participative, become depressed less and show a better state of mind. Hence the importance of integrating older women into club, community or family activities. Depression arises due to several factors: in the case of women, to mention a few, are hormonal changes, social, economic, duels, divorces, among others.

## **Recommendations**

It is important for older adults to engage in interpersonal relationships, especially with women or men of the same age. In addition, it is suggested to raise family members' awareness about depression, who understand that depression can occur at any age and urge them to care for their family members. Likewise, programs should be implemented where elderly people who can not attend a social club due to physical impediment or illness, have contact, through the support of their own family or health personnel, with table games such as dominoes, crosswords or receiving physical therapy, thus preventing them from being isolated. Older people should be encouraged to enjoy leisure time in which they engage in sports and recreational activities, accompanied by their families. Finally, it is recommended to promote more meeting places for older adults in order to socialize with more people because of the great importance of social relations in both physical and spiritual activities.

## Bibliography

- Ayllon A., Guadarrama R., Márquez O. (2012). Depresión: estudio comparativo en adultos mayores asistentes y no asistentes a los clubes del DIF de la Ciudad de México. Recuperado el día: 15/06/2014 de: <http://revistamexicanadeinvestigacionenpsicologia.com/articulos/render/11>
- Borda M., Anaya M., Pertuz M., Romero L., Suárez A., Suárez A. (2013). Depresión en adultos mayores de cuatro hogares geriátricos de Barranquilla (Colombia): prevalencia y factores de riesgo. Recuperado el día: 10/03/2014 de: <http://www.redalyc.org/articulo.oa?id=81728689008>
- CEPAL (2009). El envejecimiento y las personas de edad. Indicadores sociodemográficos para América Latina y el Caribe; Chile.
- Ferrari Raquel (2008). Sobreviviendo a Sigmund. El blog de Psicología, Salud y Fisioterapia que Freud hubiera deseado. Recuperado de: <https://rferrari.wordpress.com/2008/10/12/depresion-en-ancianos/>
- INEGI (2012). Estadísticas a propósito del Día Internacional de las personas de edad. Recuperado el día: 25/06/2014 de <http://www.inegi.org.mx/inegi/contenidos/espanol/prensa/.../edad12.doc>
- Millan C. J. (2006). Principios de Geriatria y Gerontología. McGraw Hill Interamericana. Madrid, España.
- Sepúlveda, Rosalinda (2016). Depresión en las etapas de la vida de la mujer, *Revista Misión Salud*. Recuperado de: [http://misionsalud.com/depresion-en-las-etapas-de-la-vida-de-la-mujer/Edición 07 pag.2](http://misionsalud.com/depresion-en-las-etapas-de-la-vida-de-la-mujer/Edición%2007%20pag.2)
- González-Celis A. y Padilla A. (2006). Calidad de vida y estrategias de afrontamiento ante problemas y enfermedades en ancianos de la Ciudad de México. Sistema de Gestión de Revistas Electrónicas. Catálogo de Publicaciones en Línea. Recuperado de: <http://revistas.javeriana.edu.co/index.php/revPsycho/article/view/456> Volumen 5. Núm. 3
- Papalia D.; Sterns H.; Feldman (2009). Desarrollo del adulto y la vejez. Editorial McGraw-Hill; México, D.F.

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