



INFLUENCE OF INSTITUTIONALIZATION IN DEVELOPMENT OF DEPRESSION IN ELDERLY PEOPLE: AN INTEGRATIVE REVIEW

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ABSTRACT

Introduction: Declining the functional capacity in the elderly people, there are limitations in family support, which raises the need for long-stay institutions and their institutionalization because this decline changes the daily life of this population, making them vulnerable and predisposing to depression. **Objective:** To identify, in the scientific literature, essential elements of the institutionalized elderly people with depressive symptoms and to verify evidence for the care of this population. **Method:** integrative literature review with descriptors "elderly", "long-stay institution for the elderly" and "depression" in the Latin American and Caribbean Health Sciences Literature, Nursing Database and Scientific Electronic databases. Library Online. **Results:** The search for articles comprised the period between 2008 and 2017. Among 46 scientific articles, ten were selected and categorized: methodological characteristic and main results; factors related to the institutionalization of the elderly; depressive symptoms arising from the institutionalization of the elderly people and other disorders; role of the long-term care institution and of professionals working in the care of the elders with depressive symptoms. **Conclusion:** Important elements for care were identified, such as a multifactorial influence for triggering depression in institutionalized elderly, and for adequate and reality-related care. Professionals should be able to identify depressive symptoms and provide improved care to treat depression in elders.

Keywords: Elderly people. Health of Institutionalized Elder. Depression. Review.

INTRODUCTION

The aging process occurs rapidly and intensely in the world, not unlike the scenario in Brazil, where the number of elders (over 60 years old) was 3 million in 1960, rising to 14 million in 2002 and estimates reach a population of 32 million elderly people by 2020⁽¹⁾.

Along with this process, there is the decline of functional capacity of this elder, some of them need to be institutionalized for demanding greater care, because usually, the family or he alone cannot perform it, so that, consequently, there is increased number of long-stay institutions for the elderly people (LSIE)⁽²⁾.

When residing in an LSIE, it is necessary to follow institutional norms, care routines and daily activities and, often, lose the social life and relationships that existed before the institutionalization^(2,3). Residing in LSIE, associated with the context of these factors, becomes a risk for triggering depression in the elder⁽³⁾.

Depression is characterized as a multifactorial disorder of mood and/or affective

area and influences the social, psychological, biological and functional aspects of the individual, and this disease is a serious public health problem, affecting approximately 154 million people in the world. world^(3,4). For elderly people, depression has increased simultaneously with demographic aging and corresponds to 15% worldwide prevalence and cannot be considered a normal aging process. Despite the importance of this theme, depression is usually not detected in the elder, being underdiagnosed and undertreated^(3,4).

Considering the different factors involving depression and the process of institutionalization of the elderly people, and the need for adequate assistance to this population, aiming at improving the quality of life, this study aimed to identify in the literature essential elements about the institutionalized elderly with depressive symptoms and verify evidence for care practices to this population.

METHODOLOGY

An integrative literature review was carried

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out in order to enable synthesis of studies and generate knowledge on the subject, gathering more important information for further research and for further study on the subject. As this was an integrative literature review, the study was not submitted to the Research Ethics Committee.

The study followed the six steps proposed for the integrative review⁽⁵⁾, with elaboration of the research question, search of primary studies, data extraction, analysis of included studies with interpretation of results and presentation of the review. In the first stage, the theme was chosen (institutionalized elderly with depressive symptoms); the delimitation of the questions: “What is the scientific evidence about the elderly people who live in long-stay institutions and who have depressive symptoms?” and “What essential elements are present in care practices for institutionalized elderly people with depression?”; and the descriptors in Portuguese through the Health Descriptors (DeCs), which are “elderly”, “long-stay institution for the elderly” and “depression”. The search terms were crossed using the boolean operator AND.

In the second stage, the search sites were established, in which the Latin American and Caribbean Health Sciences Literature (LILACS), Nursing Database (BDENF) and the Scientific Electronic Library Online (SCIELO) were consulted. Inclusion criteria were scientific articles published from 2008 to 2017, which were available online and in full version, in Portuguese, Spanish and English, and addressed institutionalized elderly with depressive symptoms. Exclusion criteria were studies that did not address the institutionalized elderly as the main actor, did not comply with the objective of the study, publications in the form of theses,

dissertations and other materials that were obtained in the bases, in addition to repeated articles.

Data collection was performed in March 2017. By reading the titles and abstracts of the papers, the corpus of analysis was characterized in ten scientific articles that addressed the theme: four from LILACS; four from SCIELO; and two, from BDENF.

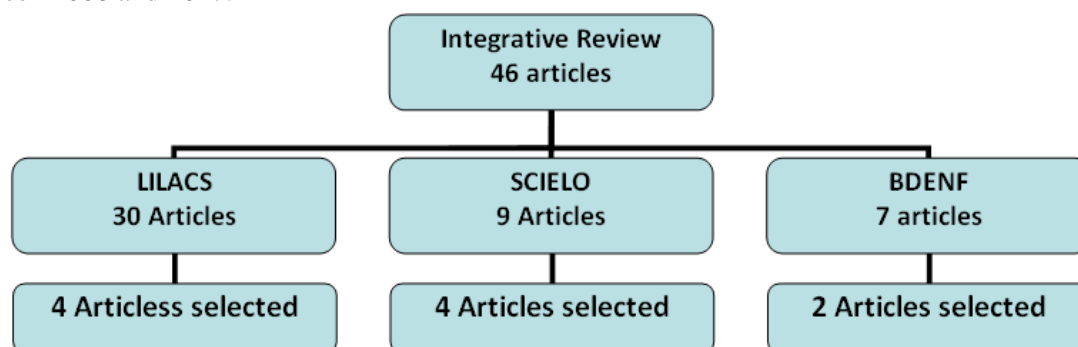
In the third stage, the categorization occurred from the careful reading of the corpus of the articles, establishing points of convergence and divergence. The articles were read in full, with the data collection of each article aided by an instrument formulated with the purpose of extracting data regarding the authors, article identification, year of publication, study objectives, methodological characteristics, main results and conclusion.

The fourth and fifth stages were performed concurrently, and the results were analyzed and interpreted, grouped into four thematic categories according to the findings in differences and similarities: methodological characteristics and main results; factors related to the institutionalization of the elderly people; depressive symptoms arising from the institutionalization of the elderly people and other disorders; and role of the long-stay institution and the professionals in the care of the elderly people with depressive symptoms.

In the sixth stage the review and synthesis of the knowledge and discussion of the categories along the textual body took place.

RESULTS

Flowchart 1. Scientific articles used for analysis of depression in institutionalized elder, published between 2008 and 2017.



Flowchart 1 shows the number of articles used in the study, according to the database in which it was indexed at the time of data collection:

The articles used were authored by health professionals and undergraduate students, from them 20 were from nursing; 16 of physical

therapy; one from dentistry; and one from medicine.

Chart 1 lists the analyzed studies, authors, title and objectives of the articles, methodology used and main results.

Chart 1. Characteristics of the selected studies related to authorship, title, objective, methodology and main results. Brazil, from 2008 to 2017

AUTHORS	TITLE	OBJECTIVE	METHODOLOGY	MAIN RESULTS
Tier CG, Lunardi VLL, Santos SSC	Care for the depressed and institutionalized elder in the light of Complexity	To reflect on the relationship between care for the depressed elder and residents in a long-stay institution for elderly (LSIE) with three Complexity principles, according to Edgar Morin	Update article, in which the contextualization about complexity was performed, according to Edgar Morin. Later, an interconnection was made between the care of the depressed elderly resident in a long-stay institution and the dialogical, recursive and holographic principles of contextualized complexity.	When evaluating Edgar Morin's Complexity and the presence of depression in institutionalized elder, the importance of the Multidimensional Assessment of the Elderly people is emphasized in order to analyze its needs and the adequacy of individual care and involving the elder as a whole.
Carreira L, Botelho MR, Matos PCB, Torres MM, Salci MA	Prevalence of depression in institutionalized elders	To investigate the prevalence of depression in institutionalized elders, using the Yesavage depression scale.	Descriptive-exploratory and quantitative study, conducted with 60 elderly residents in a nursing home. The Geriatric Depression Scale was used, and for data analysis, descriptive statistics were adopted using Microsoft Office Excel 2003, and variable frequency tables were created.	Most of the elderly participants in the research presented symptoms suggestive of mild or moderate depression. The first year of stay in the long-stay institution is important for the health team to tailor care according to the needs of the elderly, in view of socialization, prognosis, correct treatment and preservation of quality of life.
Gonçalves, D; Altermann, C; Vieira, A; Machado, AP; Fernandes, R; Oliveira, A et al	Assessment of cognitive functions, sleep quality, reaction time and risk of falls in institutionalized elderly people.	To evaluate cognitive functions, sleep quality, reaction time and risk of falls in institutionalized elders.	They evaluated 10 institutionalized and low-income elders, 7 women and 3 men. Sociodemographic data were collected and cognitive, sleep, fall risk and reaction time were assessed. Data were analyzed with the aid of the Microsoft Excel program with calculation of mean, standard deviation and percentages.	A significant percentage of older participants were at risk for dementia, depression and anxiety. The elders had a positive perception of sleep quality. The risk of falling and reaction time were high, which may be related to cognitive assessment.
Pagotto V, Silva VAP, Pereira LV, Santos DPMA	Comparison of functionality of elderly residents in two institutional modalities	To compare the prevalence and factors associated with functional disability for ABVD in elderly residents in two institutional modalities.	Cross-sectional study with 159 institutionalized elders, 84 residents of nursing homes and 75 in full-time shelters. Functional disability was assessed by the Katz index and associations were investigated by the X2 or Fischer's Exact Test.	Functional insufficiency was found in greater quantity in the elders who live in permanent shelters. Depression, age over 80 years and musculoskeletal disorders were associated with functional disability in both groups.
Gonçalves, LG; Vieira, ST; Siqueira, FV; Hallal, PC	Prevalence of falls in nursing homes in Rio Grande, RS	To describe the prevalence of falls in elderly people living in nursing homes and associated factors	Cross-sectional study. One hundred and eighty seniors aged 65 and resident in foster care participated. They responded to the pre-tested interview about falls. Bivariate (Wald) data analysis and Poisson regression analysis with prevalence ratios and 95% confidence intervals adjusted for confounding variables were performed.	The prevalence of falls in the elderly residents studied was 38.3%, being more common in the asylum environment (62.3%), especially in the bedroom (23%). Falls were more associated with white, separated or divorced elderly people with depression and those who use medication more continuously.

Silva, ER; Sousa, ARP; Ferreira, LB; Peixoto, HM	Prevalence and factors associated with depression among institutionalized elders: nursing care subsidy	Verification of depression among institutionalized elders	Cross-sectional method using the Yesavage Geriatric Depression Scale in 5 ILPI of the Federal District	Of the 102 study participants, 49% had depression, of which 36.3% had mild to moderate depression and 12.7% had severe depression. There was an association between depression and increasing age, female gender, functional limitation and dissatisfaction with the institution. There was also a significant association with depression and insomnia, tachycardia, paraesthesia, excessive sweating and dizziness.
Trindade APNT, Barboza MA, Oliveira FB, Borges APO	Repercussion of cognitive decline in functional capacity in institutionalized and non-institutionalized elders	To analyze cognition decline and its impact on functional skills in institutionalized and non-institutionalized elders	Two groups of both sexes and ages between 55 and 86 years old were evaluated, and the first group of non-institutionalized elderly comprised 31 individuals and there were 22 in the institutionalized elderly group. We collected data on the characterization of the elderly in both groups, applying the Mini Mental State Examination, Yesavage Geriatric Depression Scale and Lawton Scale. Data were coded and compared by checking the Pearson correlation index.	Comparing both groups, a significant result was obtained ($p < 0.05$), except between the Mini-Mental State Examination and Geriatric Depression Scale, among the institutionalized elderly. Thus, the influence of cognitive status on daily functional activities is suggested.
Oliveira, SC, Santos AA, Pavarini SCI	Relation between depressive symptoms and family functionality of institutionalized elders	To verify the relation between family functionality and depressive symptoms in the elderly people.	Descriptive, cross-sectional and quantitative study. We evaluated 107 institutionalized elders for a sociodemographic characterization tool, Geriatric Depression Scale and family APGAR. In addition, for data analysis, Pearson's correlation coefficient, chi-square test and crude and adjusted logistic regression were used, with a significance level of 5%.	The predominant elderly and institutionalized public was female, over 80 years old, with high family dysfunction. There was a positive correlation between family dysfunctionality and the presence of depressive symptoms.
Souza MCMR, Paulucci TD	Analysis of depressive symptomatology among institutionalized elderly people.	To identify the prevalence of depressive symptoms in elderly women living in a long-stay institution in Belo Horizonte-MG	Exploratory and descriptive study. Thirty-four elderly women participated, with data collected from the Yesavage Geriatric Depression Scale in reduced version.	The prevalence of depressive symptoms in the evaluated group was 76.4%, most of them aged 70 to 85 years-old.
Verçosa VSL, Cavalcanti SL, Freitas DA	Prevalence of depressive symptoms in institutionalized elders.	To identify the presence of depressive symptoms in the elders who live in a long-stay institution.	Descriptive, cross-sectional, quantitative study. The Geriatric Depression Scale was applied to 52 elders for detection of depressive symptoms and an instrument for sociodemographic characterization, presence of referred diseases and family bond. For data analysis, Bioestat 5.3 was used.	The prevalence of depressive symptoms was 58%, mostly women (53.8%), without education (69.2%) and the presence of another disease (75%).

As evaluation tools for data collection in the analyzed articles, we used the Geriatric Depression Reduced Scale (GDS-15), Mini Mental State Examination (MMSE), Lawton Scale, Family APGAR, State-Trait Anxiety Inventory. (IDATE), Reaction Time Test

(TTR), Pittsburgh Sleep Quality Index (PSRI), Fall Effectiveness Scale (EEQ), Katz Scale and pre-structured forms by the authors.

The functional assessment instruments of the elders have become important allies for health intervention with a view to quality of

life, as well as being essential for decision-making in health care, prognosis, diagnosis and disease prevention⁽⁶⁾.

To organize and analyze the data found in the selected articles, the statistical program Biostat 5.0, Bioestat 5.3, Epi Info program, version 3.5.1, EpiInfo 6.0, Stata 9.2 program, SPSS version 20.0 program were used in the articles. and Microsoft Excel for Windows program.

All studies met ethical criteria, according to the recommendations of resolution 196/96 and resolution 466/2012, regulated by the National Health Council, which deals with research involving human beings.

DISCUSSION

METHODOLOGICAL CHARACTERISTIC AND MAIN RESULTS

From the studies analyzed, one was characterized as an update article and the others were quantitative studies, two with descriptive exploratory character and seven cross-sectional studies, with two descriptive and one observational.

In quantitative studies, the author intends to collect variables of interest, to develop concepts and operational definitions of these variables, to further analyze this information from the chosen sample and according to the purpose of each study⁽⁷⁾.

Despite the possibility of generalizing the findings of the studies, as they are considered statistically significant⁽⁷⁾, depression in elders is multi-causal, and it is not possible to analyze beliefs and personal mentions related to the subject, which is a feature of qualitative studies.

The update article provided current information relevant to the reflection on the care of the depressed elderly resident in a long-stay institution, according to the three principles of Edgar Morin Complexity: dialogic, recursive and holographic.

Regarding the main results obtained, the profile of the institutionalized elders with depressive symptoms was characterized according to gender, age, marital status, education and time of institutionalization.

Regarding gender, in eight studies with a sample of the institutionalized elderly population, there was a predominance of women. The higher presence of the female population in the LSIE may be explained by their lower exposure to occupational risks, demand for health care and disease prevention, higher expectation of living and, also, the fact that men have higher mortality rates from external causes. It is also known that, in the elderly population, women have higher rates of depression than men⁽⁸⁻¹⁵⁾.

In the characteristic schooling it was found that most studies bring elderly with none up to eight years of schooling, the average of these up to five years. The high rate of elders with no education or few years of schooling can lead to the development of life-long diseases and functional disability, subsequently resulting in the loss of autonomy in relation to their own lives, compromising their quality of life. There is also the difficulty of access to studies imposed by the salt organization in which the elders live, especially women^(8,9,12-16).

Therefore, it is found that the characteristics related to education and the presence of more depressed women in LTCF are in line with the current literature from the analysis of the Brazilian elderly population, i.e., this profile is found in the elders in general⁽¹⁷⁾.

On the institutionalized elders, all the studies analyzed obtained that the majority of this population was without a partner, that is, they were single, widowed, separated or divorced. This fact is considered a risk in the process of institutionalization, considering that many elderly are unable to live alone and do not have children and spouses who would assist in care. Therefore, widowhood, divorce and single situations are expected in institutionalized elderly⁽⁹⁻¹⁶⁾.

Regarding age, it was possible to verify the presence of institutionalized elders from 55 to 104 years old, most of them over 70 years old. This increase in the age of institutionalized elderly people is noticeable due to the functional disability that generally prevails with aging, culminating in the need for care, in addition to family and social fragility and

feelings of worthlessness, causing depressive feelings⁽⁸⁻¹⁶⁾.

Regarding the time of institutionalization, this ranged from one month to 25 years of stay in the place, with five studies reporting this feature in their work. Importantly, in one study, it was found that depression was present in 36.6% of institutionalized elderly people for less than one year, and this may have occurred due to changes in this period, such as leaving home, distancing from family, friends and their daily habits, causing little expectation in their life, in many cases^(8,12,14-16).

FACTORS RELATED TO ELDERLY PEOPLE INSTITUTIONALIZATION

It is known that the decreased functional capacity of the elderly entails the demand for care, whether performed by family, friends, relatives, friends or professionals. However, when there is a lack of time or a deficit in personal or financial resources for this care for the elderly, many family members resort to their institutionalization, which is, therefore, the lack of family support as the main cause^(9,12,13,15, 16, 18).

In addition to this functional disability (total or partial) and impairment of the performance of activities of daily living, there is the view of uselessness of the elderly and the difficulty in being the protagonist of integral care to that, which makes this elderly people also choose their institutionalization or are prone to it^(9,15,16).

DEPRESSIVE SYMPTOMS FROM THE INSTITUTIONALIZATION OF ELDERLY PEOPLE AND OTHER AGGREGATIONS

Although the LSIE meets the elderly people in their basic needs of housing, hygiene, food and health, few activities that provide autonomy and self-esteem are performed in these institutions, thus contributing to trigger depression and cognitive decline of the elderly people^(8, 9, 15).

The fact that the elders live in LSIE is considered a predisposing risk factor for depression, considering the relationship between the disease and the dissatisfaction of

this elder. This dissatisfaction affects their quality of life and may be due to the sudden change in lifestyle post-institutionalization and the obligation of the elderly to live with strangers and maintain a schedule of times^(12,13,16,18).

In addition, the lack of family support makes the elderly person a depressed, unmotivated person, with no expectations about life and hopes of returning to their home and socializing that they previously had⁽¹⁵⁾.

Despite the permission and receipt of family visits on weekends, the elderly people have high rates of depression, since the institutionalization occurred due to the lack of family support. Even if the incidence of this disease occurs due to multifactorial interference, the presence of a functional family structure is essential for the well-being and quality of life of the elderly people^(11,15).

Depression, with a high prevalence in institutionalized elderly people, is associated with the incidence of falls in the elders. This fact was found in the analyzed studies, which also indicate that the chance of falling increases by 51% for those depressed elders, for those who use medication to treat depression, with the deterioration of functional, psychic balance and decreased reflex^(8,10,15). Falls can trigger depressive symptoms in the elderly people due to physical sequelae, such as walking difficulties and pain and mental impairment after the occurrence, for example, feelings of disability, fear and decreased autonomy⁽¹⁰⁾.

ROLE OF THE LONG-STAY INSTITUTION AND ITS PROFESSIONALS IN CARING FOR THE ELDERLY PEOPLE WITH DEPRESSIVE SYMPTOMS

The LSIE should be able to change the care model of these elderly people and to maintain decent living standards, aiming also to identify the frailty of the elderly and early initiation of treatment, and the obligation to provide assistance to improve the quality of life of institutionalized elderly person^(10,15,19, 20).

Therefore, it is necessary to know about the risk factors and protection against the diseases

to which the elderly residents is subjected. Among the most common diseases, there is depression arising from the institutionalization process, and the way in which the elder experience and manifest depressive symptoms is generally not uniformly demonstrated. In addition to the most common signs, such as discouragement and sadness, depression may be associated with lack of appetite, weight loss, sleep changes, slow thinking, delusions, hallucinations, concentration and memory disorders. Therefore, care should be performed according to the particularity of each elderly person^(12,16).

Depression Scales are currently used most for studies and are relevant for the detection of elders with a tendency to depression, and are indispensable tools for the care of the elderly people, especially those residing in LSIE.

Leisure activities are satisfactory potentials for reducing depression levels, with overall physiological improvement^(13,16,18). However, institutionalized elderly people generally have little access to leisure activities, as daily care is mainly aimed at food, hygiene, daily activities and medications^(9,15).

Related to the activities of daily living, it is necessary to encourage the elderly people to perform them, in order to strengthen the autonomy and independence of the elder, according to their limitations, and to improve their quality of life⁽¹⁴⁾.

The importance of the family in the process of institutionalization and change of care directed to the application of multidimensional assessment for the elderly residing in LSIE is defended in order to identify and to treat the

main problems that affect them, in an earlier, adequate, humanized and individualized way, and seek alternatives that contribute to the improvement of the quality of life of the institutionalized elders^(8,9,11,12,20,21).

FINAL THOUGHTS

Uniformity of the population found and studied in long-stay institutions is verified in most studies, with the high incidence of depression and falls in the institutionalized elder. Observing the multifactorial aspects of the process of illness and institutionalization of the elderly people with depression, it is clear that family, social and health support is essential for them to have a quality life. For this, it is necessary that the LSIE teams develop adequate and individualized assistance in the prevention of depression, promotion of quality of life and health recovery of those with depressive symptoms.

For this specialized assistance to the depressed elderly and resident in a long-term care facility for the older people, it was found that the use of functional assessment instruments of the elders is an important ally to culminate in stimulating quality of life.

Despite the rich contribution that the ten articles analyzed brought, further research is needed in order to add to this subject. The investigation, especially of the protective factors and stimuli that the institutionalized elderly have, positively corroborates the care and work process of the health teams of long-term care institutions for the elderly people.

INFLUÊNCIA DA INSTITUCIONALIZAÇÃO NO DESENVOLVIMENTO DE DEPRESSÃO EM IDOSOS: UMA REVISÃO INTEGRATIVA

RESUMO

Introdução: Declinando a capacidade funcional no idoso, ocorrem limitações no suporte familiar, o que faz surgir a necessidade de Instituições de Longa Permanência para Idosos e sua institucionalização pois esse declinar acarreta alterações do cotidiano desta população, tornando-a vulnerável e predisponente à depressão. **Objetivo:** identificar, na literatura científica, elementos essenciais do idoso institucionalizado com sintomas depressivos e verificar evidências para o cuidado a esta população. **Método:** revisão integrativa de literatura, com descritores “idoso”, “instituição de longa permanência para idosos” e “depressão”, nas bases de dados Literatura Latino-Americana e do Caribe de Ciências da Saúde, Banco de Dados em Enfermagem e *Scientific Eletronic Library Online*. **Resultados:** A busca de artigos compreendeu o período entre 2008 e 2017. Dentre 46 artigos científicos, selecionaram-se dez e categorizados: característica metodológica e principais resultados; fatores relacionados à institucionalização do idoso; sintomas depressivos oriundos da institucionalização do idoso e outros agravos; papel da instituição de longa permanência e de profissionais atuantes no cuidado ao idoso com sintomas depressivos. **Conclusão:** Identificaram-se elementos importantes para o cuidado, como influência multifatorial para desencadeamento da depressão nos idosos

institucionalizados, e para assistência adequada e concernente à realidade. Profissionais devem estar capacitados para identificar sintomas depressivos e oferecer atendimento melhorado para tratar a depressão no idoso.

Palavras-chave: Idoso. Saúde do Idoso Institucionalizado. Depressão. Revisão.

INFLUENCIA DE LA INSTITUCIONALIZACIÓN EN EL DESARROLLO DE LA DEPRESIÓN EN LOS ANCIANOS: UNA REVISIÓN INTEGRADORA

RESUMEN

Introducción: Declinando la capacidad funcional en el anciano, ocurren limitaciones en el soporte familiar, lo que hace surgir la necesidad de Instituciones de Larga Permanencia para Ancianos y su institucionalización, pues este declinar implica alteraciones del cotidiano de esta población, volviéndola vulnerable y predisponente a la depresión. **Objetivo:** identificar, en la literatura científica, elementos esenciales del anciano institucionalizado con síntomas depresivos y verificar evidencias para el cuidado a esta población. **Método:** revisión integradora de literatura, con descriptores “anciano”, “institución de larga permanencia para ancianos” y “depresión”, en las bases de datos *Literatura Latino-Americana y do Caribe de Ciências da Saúde*, *Banco de Dados em Enfermagem* y *Scientific Eletronic Library Online*. **Resultados:** la búsqueda de artículos abarcó el período entre 2008 y 2017. Entre 46 artículos científicos, fueron seleccionados diez y categorizados: característica metodológica y principales resultados; factores relacionados a la institucionalización del anciano; síntomas depresivos derivados de la institucionalización del anciano y otros agravios; papel de la institución de larga permanencia y de profesionales presentes en el cuidado al anciano con síntomas depresivos. **Conclusión:** se identificaron elementos importantes para el cuidado, como influencia multifactorial para desencadenamiento de la depresión en los ancianos institucionalizados, y para una asistencia adecuada y concerniente a la realidad. Profesionales deben estar capacitados para identificar síntomas depresivos y ofrecer atención perfeccionada para tratar la depresión en el anciano.

Palabras clave: Anciano. Salud del Anciano Institucionalizado. Depresión. Revisión.

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