

Depression among elderlies with hypertension living in old folk homes, Indonesia

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Depression among elderlies with hypertension living in old folk homes, Indonesia

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Abstract

Background: Elderly will experience various degenerative diseases due to decreased bodily functions. The common suffered by the elderly is hypertension. Hypertension causes psychological problems in the elderly and following by depressed and afraid of the condition they are experiencing.

Purpose: To determine the description of depression among the elderly people with hypertension living in old folk homes

Method : A quantitative with a design cross-sectional, the sample taken by a total sampling of 41 elderlies with hypertension. They were living in old folk homes Ciparay- west java under Indonesian Department of Social Welfare. Measurement tool using Geriatric Depression Scale (GDS) and screening by mini mental status examination (MMSE).

Results: Finding of 10 elderlies (24.4%), without a symptom of depression, 24 (58.5%) had a mild depression, and 7 elderlies (17.1%) had a moderate depression.

Conclusion: The most elderlies with hypertension can cause symptom of depression. Depressed and hypertensive in elderly, both symptoms need attention from management old folk home and health workers, to providing psychotherapy to help elderly hypertensive sufferers with depression change negative thought patterns or unproductive patterns that may as a trigger for the depression occurrence.

Keywords : Depression; Hypertension; Elderly; Old folk homes

INTRODUCTION

Hypertension is a non-communicable disease (NCDs) which is one of the health problems in Indonesia and the world. Approximately 1.13 billion people in the world have hypertension and it is one cause of death for nearly 8 million people every year worldwide. While in the year of 2017 prevalence of hypertension at 18-39 years old (7.5%), 40-59 years old (33.2%) and ≥ 60 years old (63%) (World Health Organization, 2018). There are 63,309,620 cases of hypertension in Indonesia. Hypertension in West Java had a rise to 34.1% from 25.8% in 2013 (Ministry of Health of the Republic of Indonesia, 2014).

The mostly elderly experience weakness, limitations and inability to carry out daily life, the physical changes that occur in the elderly related to changes in their psychosocial conditions (Yulianti, Baroya, & Ririanty, 2014). The elderly experience an aging process accompanied by a decline in psychological, social and physical conditions (Listiana, Dahrianis, & Nur, 2013). The psychological and physical abilities disturbed along with the decline in the ability of the immune system and fulfillment of physiological needs so that they may experience health problems, one of which is hypertension. This change also results in a decrease in the digestive system, respiratory system, endocrine system, cardiovascular system

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to decreased musculoskeletal abilities (Laka, Widodo, & Rahayu, 2018).

High blood pressure is a condition in which blood pressure flows consistently through the blood vessels in a high state with systolic > 130 mmHg and diastole > 80 mmHg (American Heart Association, 2017). Hypertension is a major risk factor for cardiovascular disease, atherosclerosis, heart failure, stroke, and kidney failure. Uncontrolled hypertension causes complications including myocardial infarction, coronary heart disease, congestive heart failure, stroke. Of the various complications that may arise, it is a very serious disease and has a psychological impact (Nuraini, 2015).

The factors that influence the occurrence of blood pressure in the elderly are nutrition, psychology, physical activity, and sleep quality (Subekti & Ruhjana, 2014). There are two factors that can influence hypertension, namely internal factors including gender, age, genetics, and ethnicity. Meanwhile, external factors include salt intake, alcohol consumption, smoking habits, obesity, physical activity, caffeine, high cholesterol, and stress (Uswandari, 2017). Most of the elderly have psychological problems. Most of the elderly feel a sense of fear at the onset of a more severe disease. There are 14 things related to the psychological state of the elderly, namely fear of death, sadness because of the death of others, decreased physical condition, helplessness, hopelessness, dependence, feeling useless, feeling rejected, the struggle to find the meaning of life, poverty, social isolation, and loneliness, mental depression, and regret for things in the past (Kustanti, Sudaryanto, & Zulaicha 2012). Psychosocial problems most often experienced by the elderly, such as anxiety, feelings of sadness, depression and loneliness (Annisa & Ildil, 2016).

Psychological problems will arise if the elderly unable to cope and find solutions to problems because of the aging process, including; feeling left out, feeling unneeded, unwillingness, accepting a reality such as an illness that does not heal, the death of a partner, these are all small parts of the discomfort faced by the elderly (Mamer, 2011). According to research conducted previously,

psychological factors can affect blood pressure, including anxiety, stress, and depression (Arifuddin & Nur, 2018).

Depression is a feeling of sadness, feeling helpless, and pessimistic associated with suffering. These situations are self-directed attacks or deep feelings of anger. Depression is a common mental illness or disorder. This disease can affect anyone regardless of age, taste, or gender. However, depression affects women more than men with a ratio of 1: 2 (Nugroho, 2009). Two factors can affect depression in the elderly, namely internal and external factors (Prabhaswari & Ariastuti, 2015). Losing a spouse, income, job, and social support along with increasing age is a predisposing factor that can make the elderly experience depression. There are several risk factors related to the incidence of depression in the elderly, including; age, gender, marital status, education level, and employment status. Depression can have an impact on the elderly, namely disorders of the cardiovascular system (Priyoto, 2017).

The level of depression in the elderly who live in social institutions with the result of the highest level of depression among the elderly in social institutions is the level of mild depression, which is 55 elderly (40.7%) (Novayanti, Adi, & Widyastuti, 2020) The depiction of depression in elderly in the association for the welfare of the people of Denpasar, with the results of the study showed that 6.7% of the elderly suffered from mild depression. Mild depression is found in the elderly who are female, Hindu, who are married, the elderly live with their family at home, the elderly who do not have a regular income every month, the elderly with education are elementary School degree and senior high school degree, the elderly who have chronic disease and do not have chronic disease, the elderly under doctor treatment and without under doctor treatment (Saraswati & Wahyuni, 2019).

Based on previous research on the description of the level of depression in the elderly who live in the Palur Karanganyar healthy, happy home, the results of the study show that 49.1% of the elderly between 60-74 years old, 63.6% married, 60% Christians, 92.8% lived in an institution for over 2

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years, 87.3% of the elderly live in an institution based on suggestions from their families. 94.5% of the elderly experienced depression, with details of the age of the elderly above 60 years, and the elderly who had a husband / wife experienced more depression (Mahendra & Muhlisin, 2016).

Individuals with depressive conditions are at increased risk of hypertension and heart attacks. Depression can cause increased levels of cortisol in the body, which can increase blood pressure in patients with stress, anxiety, and depression disorders (American Heart Association, 2015). Previous research has shown that depression can lead to increased blood pressure. This is because the initial phase of depression is often accompanied by anxiety disorders. Anxiety disorders can increase the work of the sympathetic nervous system which can cause an increase in blood pressure and heart rate (Rubio-Guerra et al, 2013).

Anxiety is an unclear fear accompanied by feelings of uncertainty, helplessness, isolation and discomfort (Stuart, 2013). Anxiety can result in sympathetic stimulation which increases heart rate, cardiac output and is vascular resistance, this sympathetic effect increases blood pressure (Arifuddin & Nur, 2018). Elderly experience anxiety due to difficulty sleeping, nervous / restless, often shaking, disappointed, worried, often feeling worried if there are minor problems, being anxious during activities, often alone and easily anxious / timid, and feeling uncomfortable (Lestari, Wihastuti, & Rahayu, 2013).

The factors that influence the symptoms of anxiety are relatively high among the elderly who have a history of stroke, are five times more likely

to experience anxiety, in addition to having depressive symptoms are prone to anxiety. Excess anxiety is a psychological symptom indicating anxiety (Ismail et al., 2015). Anxiety that occurs out of control and lasts a long time and interferes with daily activities, it can develop into a clinical condition called Generalized Anxiety Disorder and can affect the individual's life resulting in depression (Moniung, Dundu, & Munayang, 2015).

Based on the results of interviews, it was found that there were some elderly who lacked attention from their families, felt sad because they were neglected by their families, long lived in the orphanage, felt they did not have a family, no family visited the elderly to the orphanage, and lived by their spouses . So that it becomes one of the trigger factors in the elderly's mindset to be negative or unproductive and lead to depression.

RESEARCH METHODS

Type of quantitative research with a design cross-sectional. The population and sample taken by a total sampling of 41 elderlies with hypertension. They were living in old folk homes Ciparay- west java under Indonesian Department of Social Welfare. Measurement tool using Geriatric Depression Scale (GDS) and screening by mini mental status examination (MMSE). The GDS compose of 15 question items with a reliability test of 0.85. GDS-15 has a sensitivity of 80.5% and specificity of 75% at the cutoff point of the score 5/6, with the Structure Clinical Interview for DSM IV (SCID) as a comparison (Njoto, 2014). The ethical clearance taken from Padjadjaran University with the number: 0116.44.02.406.06.2020

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RESULTS**Table 1. Demographic Characteristics of Respondents (N = 41)**

Demographic Characteristics of Respondents	n	%	M±SD
Age (Years)(Range: 60-75)			70.93±2.82
Length of Stay in Old Folk Homes (Years)(Range: 1-12)			7.03±2.44
MMSE Score(Range: 26-30)			27.23±2.44
Gender			
- Male	25	61.0	
- Female	16	39.0	
Marital Status			
- Never Married	6	14.6	
- Married	13	31.7	
- Widowed	15	36.6	
- Divorced	7	17.1	
Education Level			
- No School	11	26.3	
- Primary School/Equivalent	11	26.3	
- Junior High School/Equivalent	3	7.3	
- Senior High School/Equivalent	12	29.3	
- Bachelor/Equivalent	4	9.8	
Depression Level			
- Normal	10	24.4	
- Mild Depression	24	58.5	
- Moderate depression	7	17.1	

Based on table 1. Knowing that the most of the respondents by range of 60-75 years old, a mean age of 70.93 years old and standard deviation of 2.82 years old, length of stay in old folk homes by range of 1-12 years, a mean of 7.03 years and standard deviation of 2.44 years. MMSE Score by range of 26-30, a mean of 27.23 and standard deviation of 2.44.

The most of the respondents were male, as many as 25 (61.0%), with the most education were

high school graduates as many as 12 (29.3%), widowed by 15 (36.6%). The depression level of 24 (58.5%) respondents in mild depression category.

DISCUSSION

The frequency distribution based on gender shows that 25 (61.0%) are male, according to previous researchers, there was a significant relationship between gender and high blood pressure. This shows that the incidence of high

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blood pressure is more in female which is influenced by the level of the hormone estrogen, which will decrease when enter old age so that women are more susceptible to experiencing high blood pressure (Sarasaty, 2011).

This is like previous research which states that depression affects women more than men with a ratio of 1: 2. From the observations of female respondents, the highest level of depression (Muhith & Siyoto, 2016).

This statement supported by previous researchers stating that female are twice as likely to experience depression as men. This is due to hormonal differences, the effect of childbirth, differences in psychosocial stressors between men and women, and learned behavioral models about helplessness (Elvira & Hadisukanto, 2010).

It differs from previous research, that female elderly have better coping than male elderly in dealing with existing problems. Elderly women often use coping emotion focused (when having problems they often say coconut themselves and cry) and seeking support (looking for someone who is professional to help solve the problem at hand, another way is praying, and surrendering to God Almighty) (Prabhaswari & Ariastuti, 2015).

Distribution of frequency based on age got data on the age of respondents 60-75 years old with an average (mean) 70.93 years \pm 2.82. The development of life expectancy projections in Indonesia has increased from year to year. Indonesia's population projection for 2010-2035 has increased, which causes the proportion of the elderly population to increase. Life expectancy in Indonesia in 2010 reached 70.1 years, and it is projected by Indonesian the Central Bureau of Statistics that life expectancy in Indonesia in 2035 will reach an age level of 72.2 years (Wulandari, 2020).

Life expectancy in West Java in 2018 is 72.66 (Ministry of Health of the Republic of Indonesia, 2018). The elderly are identical with various decreases in health status, especially physical health status. Various theories about the aging process show the same thing. The health status of the elderly which decreases with age will affect the quality of life of the elderly. Increasing age will be

accompanied by the emergence of various diseases, decreased body function, body balance and the risk of falling (Setyorini et al., 2019). With regard to age, the increasing age of an individual will experience many changes in mental and physical, especially a decrease in various functions and abilities that the individual has had. Changes in physical appearance that are part of the normal aging process, such as decreased senses.

The frequency distribution based on education shows that 12 (29.3%) high school students degree, base on the theory that the formation of behavior starts from cognitive domain factors, namely the higher a person's education, the better his knowledge. And conversely, low education level will hinder the development of one's attitudes and knowledge (Notoatmodjo, 2012). Elderly who no school are 7 times more likely to suffer from depression than those who go to school. This condition causes the lack of ability of the elderly to find solutions to their life problems, so that many suffer from depression. Based on the results of some literature, the researchers concluded that the elderly have low knowledge because of low education, so they do not understand what they are experiencing, including depression. This low level of education (cognitive level) tends to be more difficult to understand problem solving than with high education so that low education is more likely to trigger depression, because education level is related to the ability to think logically and rationalize the problems faced so that it does not cause depression. Respondents with low education cause the elderly to not have the ability to face and overcome the psychological burden of the problems they face, causing depression (Danesh & Landeen, 2007). The marital status finding that 15 (36.6%) widowed, Previous research states that major depressive disorder is more common in elderly who are widowed or unmarried compared to those who are married. Elderly who are widowers / widows or unmarried have their own risk of life, where the risk of living alone is one of the factors for depression in the elderly (Prabhaswari & Ariastuti, 2015).

The elderly who married or have a spouse have a place to support them in dealing with old age and

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sharing, so they are at a lower risk of depression. Elderly who have a partner can experience depression. Rather than elderly people who unmarried, such as unmarried, widows, and widowers (Mahendra & Muhlisin, 2016). Based on the theory from previous researchers that there are family breakdowns and interactions between depressed people and their spouses often occur. Elderly who live alone will experience lower depression because the frequency of anger reduced (Davison, Neale, & Kring, 2006). Length of Stay in Old Folk Homes by range of 1-12 years, a mean of 7.03 years and standard deviation of 2.44 years. In previous research, the elderly living in nursing homes had high levels of depressive symptoms (Gul, 2012). Similar with previous studies, the data on length of stay in the orphanage between 2-5 years and 6-8 years was 49.1%. Not all of the elderly who live in the home are normal. 94.5% of the elderly experienced depression. Depression experienced by the elderly because they feel sadness because of losing their family or loved ones (Mahendra & Muhlisin, 2016). According to previous researchers, one of the factors causing depression is family support for the elderly (Kaplan, Saddock & Grebb, 2010). Family support is very important for the elderly, the lack of family support for the elderly can lead to depression, because they feel they don't get attention from their families so they feel neglected (Santoso & Ismail, 2009). Mini mental status examination (MMSE) scores ranged from 26 to 30, mean 27.23 and standard deviation 2.44. From the results of the screening, respondents still had a perfect cognitive.

Based on the state of depression level, 24 (58.5%) have a mild depression (58.5%), similar to previous research, the elderly experienced depression as much as 42%, mild depression by 24%, moderate depression as much as 11% and those experiencing major depression as much as 7% (Riannisa, 2015). According to previous research, there were 24 (80%) depressed with hypertension (Priyoto, 2017).

Elderly who experience depression in nursing homes due to lack of social support, some elderly have a physically unable to do daily activities, feel

bored with their lives, fear bad things will happen to them, are unhappy, sleep poorly, and always expect family support. In contrast to previous studies, the elderly depressed and experienced hypertension as much as 84%. The results of the test chi-square regarding the relationship between depression and hypertension obtained p -value=0.260 (> 0.05). It concluded that there is no significant relationship between depression and the incidence of hypertension (Hartini, Nuripah, Suryani, Garna, Ratnawati, & Kharisma, 2015).

Similar previous studies in China that depression is not directly related to hypertension and hypertension is not directly related to depression in the elderly (Wen et al., 2010). Most of the elderly experienced mild depression, seen from 25 (61.0%) male respondents and 16 (39.0%) women this was one factor, because according to previous researchers stated that women were twice as likely to experience depression as male (Elvira & Hadisukanto, 2010). In addition, if seen from the marital status, there were 6 (14.6%) unmarried, 13 (31.7%) married, 15 (36.6%) widowed and 7 (17.1%) divorced. Elderly who are married or have a life partner have a place to support in facing old age and sharing, so they have a lower risk of depression (Prabhaswari & Ariastuti, 2015).

CONCLUSION

Based on data analysis, there were 10 (24.4%) elderly with hypertension and without a depression symptom, 24 (58.5%) elderly with hypertension and have a mild and 7 (17.1%) elderly with hypertension and have a moderate depression. The concluded that most of the elderly with hypertension can cause a depression who were living in old folk homes Ciparay- west java

SUGGESTION

The management of old folk homes Ciparay-health workers, including the nursing profession, to provide psychologist consultation regularly and continue to take promotional actions with health education to increase knowledge about the impact of depression and hypertension on the elderly.

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This research is expected to be used as a basis for information, data and evaluation sources for recommendations on service program plans for elderly hypertension with depression so as to reduce depression.

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