

Psychosocial Risk Factors for Late-Life Depression

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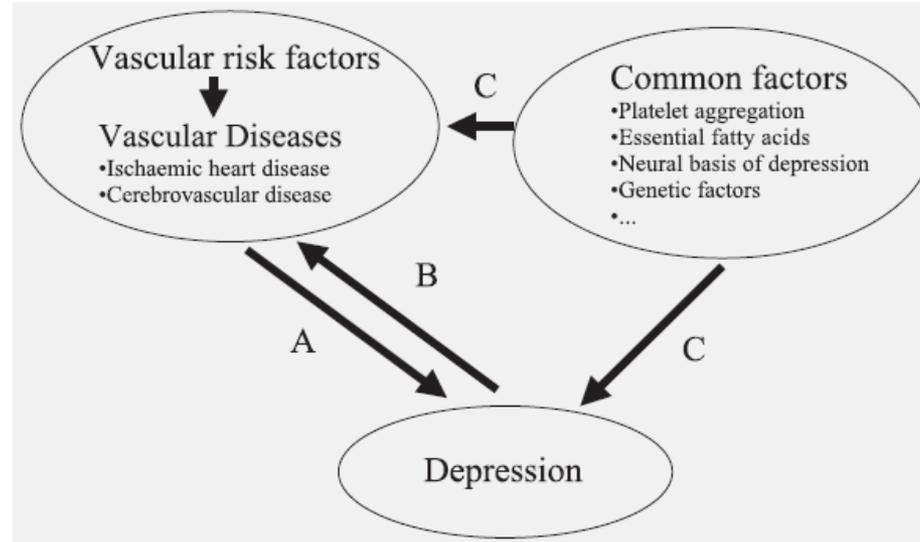
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- ▶ many contributing factors

- ▶ : biological, psychosocial, or environmental factor

- ▶ discovery of the best treatments for late-life depression will come from a solid understanding of how all these factors impact mental illness.

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- ▶ although the valence of biological risk factors is stronger in late-life depression than others, the addition of psychosocial stress can influence the course and outcome of even biologically loaded illnesses.



The purpose to review

- ▶ how psychosocial variables contribute to the onset and maintenance of depression in late life
- ▶ how psychosocial variables influence treatment outcomes
- ▶ how these variables can be modified to prevent the onset and relapse of depression
- ▶ how nonmodifiable risk factors can be addressed to prevent onset and relapse
- ▶ how research in this area needs to evolve to improve prevention and treatment.

Common Psychosocial Risk Factors in Late-Life Depression



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- ▶ demographic variables, such as socioeconomic status, negative life events, and other events characterized by loss and/or disability
 - ▶ the most important and best-studied risk factors for new-onset and recurrent depression in later life
 - ▶ : bereavement, caregiver strain, interpersonal conflict, role transition, social isolation, disability from medical illness, and need for rehabilitation (Bruce 2002).
 - ▶ the actual number and duration of stressful life events might be related to new onset or maintenance of depression (Brilman & Ormel 2001; Chen et al 2000),
 - ▶ the undesirability, uncontrollability, magnitude, and duration of these psychosocial events (Bruce 2002).

The onset of medical illness

- ▶ the onset of medical illness also contributes to the onset of depression in older adults.
- ▶ even if medical burden increases depression risk, psychological factors mediate the impact medical burden will have on the onset of depression.
- ▶ the development of postoperative depressive symptoms in older elective hip replacement surgery patients (Kurylowicz 1998). *poor self-efficacy* related to their ability to handle recovery from hip replacement surgery.

Loss of a loved one

- ▶ loss of a loved one is one of the most significant risk factors for depression in late life (Bruce et al 1990).
- ▶ overlapping presentation of normal grief and depression
- ▶ linking feature between loss and new-onset depression;
 - ▶ how one copes with the death of a loved one,
 - ▶ how traumatic or unexpected the death is, and the degree to which the death results in social isolation

Exposure to a traumatic event

- ▶ the event evokes intense fear, helplessness, or horror in the exposed person -> problematic
- ▶ older, low-income elderly persons might be a potential group at risk for this exposure.
 - ▶ the rate for low-income elderly populations is 154 per thousand, whereas the rate for household crime in higher-income elderly populations is 70 per thousand (Norris 1992).
- ▶ other studies suggest that for the low-income elderly, fear of victimization is an even greater problem than actual victimization (Johnson-Dalzine et al 1996).
- ▶ fear of victimization -> increased avoidance of outside activities -> increased social isolation

Lower income, socioeconomic status

- ▶ a worst-case scenario;
 - ▶ poorer access to health and mental health services -> influences the diagnosis and treatment of depression
- ▶ although progress in biomedical research has been dramatic in the past 20 yrs, it has not narrowed the gap in health status between minority and majority groups (Charney et al 2003).
- ▶ they are often reluctant to accept referral to mental health specialists (Miranda et al 2003) because of logistic (e.g., transportation, financial disincentives) and personal factors (e.g., personal preferences, stigma) (Cooper et al 2003).

Decreased social support in the form of emotional support

- ▶ not the absolute number of people in one's life that serves as a protective factor against depression onset but rather the type of support received regarding more emotional matters
- ▶ “socio–emotional selectivity”;
 - ▶ although the social network begins to decrease, the quality of social interaction and emotional support increases. Once that social network begins to dwindle over time and there are fewer and fewer people to provide emotional support, the risk of depression onset is likely to increase (Bruce and Hoff 1994)

Coping style, or psychological resilience

- ▶ is related to the onset and maintenance of depression in late life.
- ▶ older people who take a more passive coping in solving everyday problems tend to be more vulnerable to depression and anxiety.
- ▶ active coping is defined as
 - ▶ any strategy that directly addresses solving or adjusting to a new problem. This includes the spectrum from actively mobilizing resources in the community to solve problems to relying on prayer to adjust to a stressor.
- ▶ Denney (1995) found that using problem-solving skills to deal with life strain is related to better psychological adjustment in late life.
- ▶ Koenig et al (1997) found that spirituality is also related to better psychological well-being in later life.
- ▶ passive coping is consistently related to depression in both older and younger adults.

Are Psychosocial Risk Factors Modifiable?



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- ▶ the moderating effects of other variables on psychosocial risk factors
 - ▶ The targets of intervention are modifiable risk factors, and many of them are psychosocial in nature, thus providing a rationale for psychosocial interventions (Bruce 2002).
 - ▶ according to the existing research, the impact that a negative life event or negative living situation will have on the onset of depression in late life has to do with several psychological and socioeconomic *factors*(*psychological resilience, strength of social support, and past psychiatric history*).

Psychological resilience

- ▶ a variable that has been found to influence the negative effects of stress in older adults (Wagnild and Young 1993). Wagnild (2003) defines psychological resilience as consisting of five characteristics:
 - ▶ equanimity (a balanced view of life)
 - ▶ meaningfulness (a sense of purpose in life)
 - ▶ perseverance (ability to function even in the face of failures)
 - ▶ existential aloneness (acceptance of one's life)
 - ▶ self-reliance (self-efficacy)
- ▶ is potentially modifiable through behavioral intervention
- ▶ Cognitive behavioral therapies;
 - ▶ address people's beliefs about the world (equanimity), their lives (meaningfulness), and their abilities to function in the world despite adversity (perseverance) and teach people skills to cope with adversity, which often leads to improved self-reliance.

The impact of social support

- ▶ the impact of social support on the onset and maintenance of depression is less clear.
- ▶ the quality of social support can have a protective influence on life stress (Fratiglioni et al 2000), but others have shown that social support can be affected by depression (Gurung et al 2003).
- ▶ person's social networks have specific roles in moderating the impact of negative life events
- ▶ the loss of protective people in a social network can result in particularly devastating results and can be moderated through interventions designed to mitigate bereavement-related depression
- ▶ Interpersonal psychotherapy, traumatic grief psychotherapy...

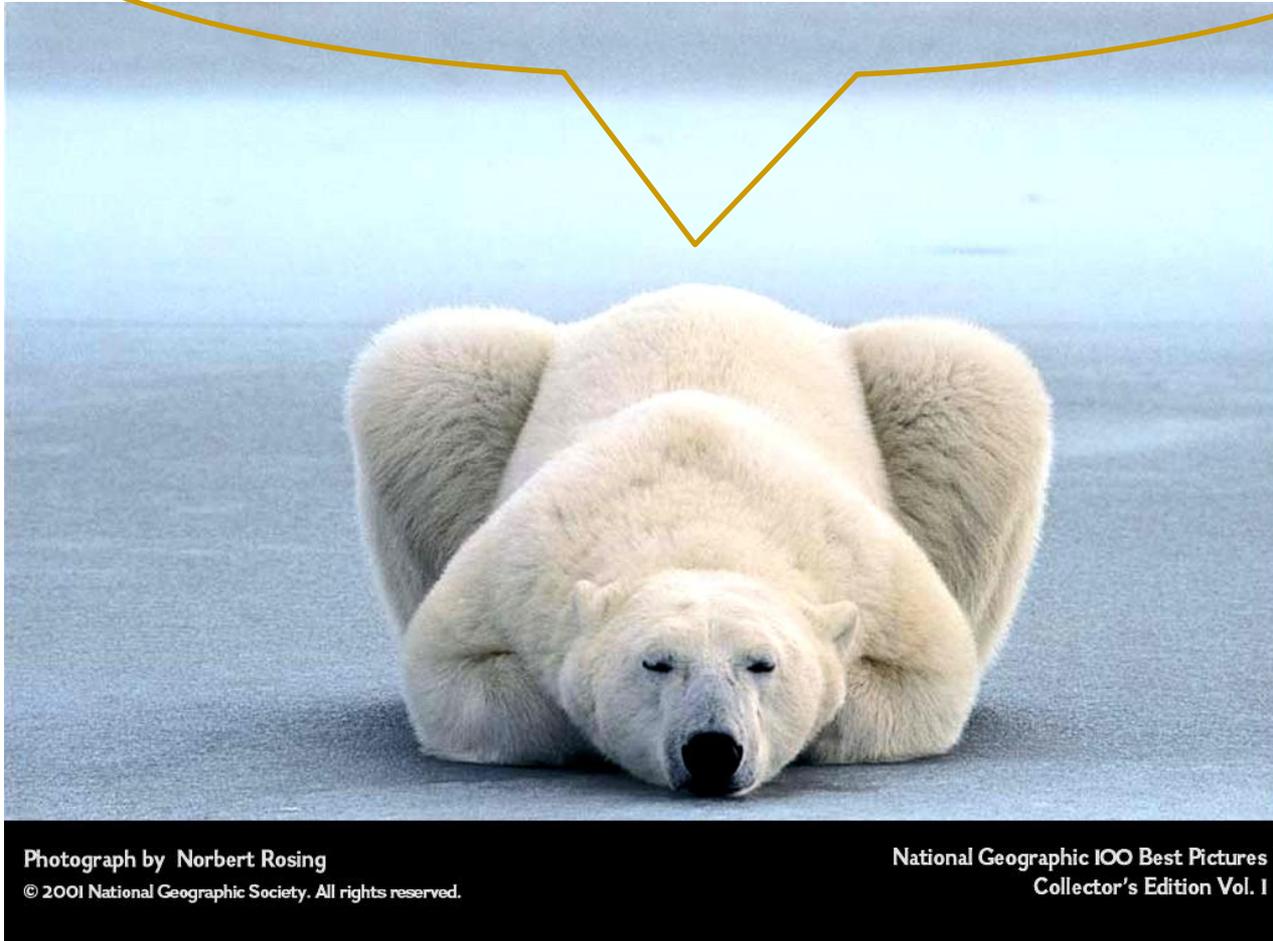
Past psychiatric history

- ▶ another moderator of negative life events
- ▶ nonmodifiable?
- ▶ relapse prevention interventions for depression show some promise in offsetting the recurrence of depression in older populations (Reynolds et al 1999); however, these interventions tend to address relapse prevention immediately after treatment. There is little research on recurrence prevention interventions in the face of new life events.

Socioeconomic status

- ▶ is difficult to modify through psychiatric intervention
- ▶ the sequelae of poverty and social strain might be modifiable through case management-types of interventions.
- ▶ case management services addressing housing, legal, financial, and entitlement issues
- ▶ in some older adults with milder depression, case management alone is sufficient to decrease depression symptoms
(Areán et al, 2005)

Suggested Agenda for Research on Psychosocial Risk Factors for Late-Life Mental Illness



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- ▶ there has been considerable epidemiologic research on psychosocial risk factors and their impact on depression in older adults.
 - ▶ suggest that the field is now ready to move toward an integrative model of mental health risk, one that incorporates biological and psychosocial factors to produce a better understanding of the onset and maintenance of mental illness.
 - ▶ As Inui (2003) has noted, researchers will not truly understand mental health in late life until they recognize the complexities and interrelatedness of biological and psychosocial variables in mental health.

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- ▶ Detecting At-Risk Patients
 - ▶ Predicting Onset, Maintenance, and Offset of Late-Life Mental Illness
 - ▶ Treating Late-Life Depression: Selection of Treatment According to Psychosocial Risk Factors for Treatment Response

 - ▶ different etiologies for depressive disorder that could act as qualifiers for treatment decision making and subclassifications of late-life mental illness.

 - ▶ “bereavement-related depression”
 - ▶ “depression due to socioeconomic stress”
 - ▶ “apathetic presentation and significant executive dysfunction”
 - ▶ tend to respond poorly to antidepressant medication but have a good response to selected psychotherapies (Alexopoulos et al 2002, 2003).

Future

- ▶ First, there is a need for a better understanding of how psycho-social events intermingle with other medical and biological risk factors in the development of late-life depression.
- ▶ Second, methods for using psychosocial assessments to identify older adults at risk of developing late-life depression in the face of a life event need to be developed—tools that have both ecologic validity and clinical functionality.
- ▶ Third, research on the use of psychosocial factors in treatment response will assist clinicians in two areas: diagnostic classification and treatment selection.

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