

Needs and Depressive Symptoms in Elderly Living in Residential Care: is There a Relationship?

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Introduction: An ageing population requires new and different approaches to care. In institutionalized settings it is well known that depression, among other psychiatric symptoms, is presented by a high proportion of residents, associated with an increase in needs, which are nevertheless often underestimated.

Objectives: To analyze the relation between met/unmet needs and depression in an elderly institutionalized sample.

Methods: This cross-sectional study included an elderly sample (≥ 50 years) recruited from three Portuguese residential homes. All permanent residents were eligible, but residents with delirium or who were unresponsive or unwilling to complete the assessment were not included. Participants were assessed with Geriatric Depression Scale/GDS and Camberwell Assessment of Needs for the Elderly/CANE.

Results: The sample ($n=175$) had a mean age of 81 ($sd=10$), the majority were female (90%), widowed (51%), had a low educational level (86.1%, 0-4 years) and had been institutionalized for 7 ($sd=11$) years on average. According to GDS score, 45.2% presented depression. Daytime activities (73.1%), Eyesight/Hearing (67.4%), Psychological distress (52.0%), Company (40.6%) and Memory (37.1%) were the most frequent unmet needs. A significant correlation between the GDS score and the total of unmet ($r_s=0.683, p<0.05$) and global needs ($r_s=0.407, p<0.05$) was found in contrast to no significant correlation with met needs.

Conclusions: In this residential sample the presence of depressive symptoms was correlated with the number of needs. This association is coherent with previous findings and highlights the importance of an early assessment of these symptoms, in order to cover the unmet needs that were mostly psychological and amenable to interventions with improvement in wellbeing.