

NURSING DIAGNOSIS IMPAIRED MOOD REGULATION AND DEPRESSIVE SYMPTOMS IN INSTITUTIONALIZED ELDERLY PEOPLE

Diagnóstico de enfermagem regulação do humor prejudicada e sintomas depressivos em pessoas idosas institucionalizadas

Diagnóstico de enfermería deterioro de la regulación del estado de ánimo y síntomas depresivos en ancianos institucionalizados

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ABSTRACT

Objective: to verify the prevalence of nursing diagnosis of impaired mood regulation and depressive symptoms in institutionalized elderly people. **Method:** descriptive, cross - sectional, quantitative study with 35 elderly people in a long - stay institution for the elderly. Data collected through a subsidized interview with a structured instrument. Pearson's Chi-square test was used for the analysis. **Results:** the prevalence of the nursing diagnosis of impaired mood regulation was observed in 65.7% of the elderly, and mild to moderate depression in 57.1% of these, as well as statistical significance among the variables. **Conclusion:** considering the malicious effects of depression on the health of the elderly, it is important that nurses seek to identify the nursing diagnosis impaired mood regulation, as well as the presence of depressive symptoms in this population. **DESCRIPTORS:** Nursing; Nursing diagnosis; Aged; Depression; Homes for the aged.

RESUMO

Objetivo: verificar a prevalência do diagnóstico de enfermagem regulação do humor prejudicada e de sintomas depressivos em pessoas idosas institucionalizadas. **Método:** estudo descritivo, transversal, quantitativo, realizado com 35 pessoas idosas, em uma

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instituição de longa permanência para idosos. Dados coletados por meio de entrevista subsidiada por instrumento estruturado. Para a análise, foi utilizada estatística descritiva e teste Qui-quadrado de *Pearson*. **Resultados:** observou-se prevalência do diagnóstico de enfermagem regulação do humor prejudicada em 65,7% das pessoas idosas, e depressão leve a moderada em 57,1% destes, bem como significância estatística entre as variáveis. **Conclusão:** considerando os efeitos maléficos da depressão para a saúde da pessoa idosa, é importante que os enfermeiros busquem identificar o diagnóstico de enfermagem regulação do humor prejudicada, assim como a presença de sintomas depressivos nesta população.

DESCRITORES: Enfermagem; Diagnóstico de enfermagem; Idoso; Depressão; Instituição de longa permanência para idosos.

RESUMEN

Objetivo: verificar la prevalencia del diagnóstico de enfermería de la regulación del estado de ánimo alterada y los síntomas depresivos en ancianos institucionalizados. **Método:** estudio descriptivo, transversal, cuantitativo con 35 ancianos en una institución de larga estancia para ancianos. Datos recogidos a través de una entrevista subvencionada con un instrumento estructurado. Se utilizó la prueba de Chi-cuadrado de Pearson para el análisis. **Resultados:** la prevalencia del diagnóstico de enfermería de la alteración de la regulación del estado de ánimo se observó en el 65,7% de los ancianos y la depresión leve a moderada en el 57,1%, así como la significación estadística entre las variables. **Conclusión:** considerando los efectos maliciosos de la depresión en la salud de los ancianos, es importante que las enfermeras traten de identificar la regulación del estado de ánimo afectada por el diagnóstico de enfermería, así como la presencia de síntomas depresivos en esta población.

DESCRIPTORES: Enfermería; Diagnóstico de enfermería; Ancianos; Depresión institución de larga estancia para ancianos.

INTRODUCTION

At the global level, the elderly population has been growing significantly, characterizing the process called demographic transition. In Brazil, the situation is no different, considering that in 2000, there were 14.2 million people aged 60 years or more, in 2010, a figure of 19.6 million was observed. An index of 41.5 million is expected for 2030, and 73.5 million elderly people are expected in the country by 2060.¹

Linked to the demographic transition, the prevalence of chronic health conditions is also observed, as well as the presence of functional disabilities in elderly people, corroborating the need for specific care strategies. Among such conditions, those that affect the mental health of this population deserve attention, especially depression.²

Depression is a psychopathology that is characterized by mood or affection changes, decrease of energy (tiredness, fatigue) after a minimum effort, reduction of the capacity for fun, interest and concentration. The individual depressive presents changes in sleep pattern, appetite, cognitive impairment, behavioral alterations and somatic symptoms.³ It is noteworthy that both internationally and nationally the prevalence of depression in the elderly population is

significant, especially in the context of Long Term Institutions for the Elderly (LTIEs).⁴⁻⁵

Once residing in LTIE, the person has a certain susceptibility to the occurrence of psychosomatic disorders, such as depression. It is important to stress that the early detection of depressive symptoms converges directly for its prevention, improving the quality of life of the elderly in this environment.⁶

In this context, in the health field, and more specifically in nursing, the identification of elderly people with depressive symptoms gathers essential subsidies for the planning and implementation of specific interventions.⁷ It should also be emphasized that for the effectiveness of nursing care anchored in scientific precepts, the North American Nursing Diagnosis Association - International (NANDA-I, 2018-2020) gathers possible nursing diagnoses to be identified in the management of patients with depressive symptoms, such as for example regulation of impaired mood, this being defined as a mental state characterized by changes in mood or affection and covering a series of affective, cognitive, somatic and/or physiological manifestations ranging from mild to severe.⁸

Similarly, the prevalence of depressive symptoms in older people, especially institutionalized ones, ratifies the importance of special attention. For this, the identification of the diagnosis regulation of mood impairment in elderly people with depressive symptoms enables the nurse to know altered human responses, contributing to the planning and implementation of systematic nursing interventions.

Based on these reflections, the relevance of this study is justified by the necessity of increasing knowledge about depressive symptoms, with the purpose of preventing the occurrence of depression in elderly people, in addition to the recognition of the nursing diagnosis of NANDA-I, regulation of mood impairment, in this population. Thus, the following objective was delimited for this survey: to verify the prevalence of nursing diagnosis of impaired mood regulation and of depressive symptoms in institutionalized elderly people.

METHOD

It is a descriptive research, of the transversal type, with quantitative approach carried out in an LTIE, located in the municipality of João Pessoa, Paraíba, whose studied population was comprised of 65 institutionalized elderly people of the referred service. The selection of the sample occurred through a non-probabilistic technique for convenience, considering mainly the cognitive capacity of the participants, being at the end composed by 35 elderly people. The inclusion criteria were: elderly people of both sexes, who presented preserved cognitive capacity according to the scores of the Mental State Mini-examination (MSME).⁹

The data collection was carried out between April and May 2017, through an interview subsidized by a structured

instrument divided into two sections: the first section contemplated questions about the sociodemographic and clinical characterization of these participants; the second involved the Geriatric Depression Scale - reduced version (GDS-15), to identify possible depressive symptoms. This has questions with dichotomous answers (yes and no), with a maximum total score of 15, where 0 to 5 points represents absence of depression, 6 to 10 points means mild to moderate depression and 11 to 15 points indicates severe depression.¹⁰ It was also found that this scale is valid for screening depressive symptoms in the elderly population.¹¹ The second section also contemplated the defining characteristics and related factors of nursing diagnosis regulation of mood impairment of NANDA-I.⁸

The data were analyzed using a quantitative approach, using descriptive statistics for all variables of a univariate nature, including measures of frequency, position and dispersion. Regarding the comparison of the main categorical variables, the Pearson's Chi-squared Test was used, considering the objectives proposed for the study. For this, we used Microsoft Excel 2016 software and the Statistical Package for the Social Sciences - SPSS version 20.0 computational system, due to its adequacy to the study objectives, as well as to its accuracy and generalization of results.

It should be noted that the ethical aspects that regulate research involving human beings were observed, as set forth in Resolution 466/12 of the National Health Council, whose participants agreed to respond to the collection instruments by signing the informed consent form (ICF). The project was assessed and approved by the Ethics and Research Committee of the Faculty of Medical Sciences of Paraíba, under process n° 1,969,980 and CAAE 65207117.6.0000.5178.

RESULTS

Among the elderly people interviewed there was a prevalence of males with 19 (54.3%) compared to females with 16 (45.7%), highlighting the age group from 70 to 79 years, with 21 (60.0%) people, being 20 (57.1%) widowed.

Regarding depressive symptoms, it was observed that 22 (62.8%) elderly people presented such symptoms, statistically significant result (p=0.001). Of these, 12 (57.1%) had scores between 6 and 10 for EDG-15, characterizing mild to moderate depression, and two (5.8%) had scores between 11 and 15, which expresses severe depression.

Regarding the association between sociodemographic characteristics and depressive symptoms, it was evidenced that a considerable percentage of women showed mild to moderate depression. Older people aged between 70 and 79 years showed indicators of depressive symptoms in the mild to moderate category. In the elderly widowed we observed the presence of mild/moderate depressive symptoms with proven statistical significance, as expressed in Table 1.

Table 1 - Distribution and association between the socio-demographic characteristics and the classification of the Geriatric Depression Scale (GDS-15)(n = 35). João Pessoa, PB, Brazil, 2017.

Variables	**Sdep	**Deplm	**Depg	p-value
	n (%)	n (%)	n (%)	
Gender				
Female	4 (11,4)	11 (31,4)	1 (2,9)	0,391
Male	9 (25,7)	9 (25,7)	1 (2,9)	
Age Group				
60 to 69 years	5 (14,3)	3 (8,6)	1 (2,9)	0,267
70 to 79 years	5 (14,3)	15 (42,9)	1 (2,9)	
Over 80 years	3 (8,6)	2 (5,7)	-	
Civil Status				
Married	2 (5,7)	-	-	0,001*
Widow(er)	1 (2,9)	17 (48,6)	2 (5,7)	
Single	6 (17,1)	3 (8,6)	-	
Divorced	4 (11,4)	-	-	

*Test Pearson Chi-squared: Value p<0,05.

**Sdep: no depression; Deplm mild to moderate depression; Depg: severe depression.

The present study also pointed out the prevalence of nursing diagnosis regulation of mood impairment (NANDA-I) in 23 (65.7%) participants. It was also found that they presented one or more defining characteristics of this phenomenon, especially: sad affection and remoteness, occurring in eight (22.9%) of the elderly, followed by psychomotor agitation and irritability in seven (20.0%), and impaired concentration in five (14.3%) of participants. Regarding the frequency of the factors related to that diagnosis, loneliness was present in 14 (40.0%) of the elderly, followed by a change in sleep pattern in 10 (28.6%), anxiety in eight (22.9%), and finally, social isolation in seven (20.0%) of the participants.

Regarding the association between the sociodemographic characteristics and the nursing diagnosis regulation of mood impairment (NANDA-I), it was highlighted: prevalence of the same in both genders; the age group that showed the most impaired mood was between 70 and 79 years; the elderly widowed presented mood alteration, with statistical relevance, shown in Table 2.

Table 2 - Distribution and association between socio-demographic characteristics and nursing diagnosis regulation of impaired mood (n = 35). João Pessoa, PB, Brazil, 2017.

Variables	Regulating mood swings	p-value
	n (%)	
Gender		
Female	12 (34,3)	0,288
Male	11 (31,4)	

Variables	Regulating mood swings	p-value
	n (%)	
Age group		
60 to 69 years	4 (11,4)	0,066
70 to 79 years	17 (48,6)	
Over 80 years old	2 (5,7)	
Civil status		
Married	-	0,000*
Widow(er)	19 (54,3)	
Single	3 (8,6)	
Divorced	1 (2,9)	

*Pearson's Chi-squared test: value $p < 0,05$.

Considering Table 3, it was found that elderly people with absence of depressive symptoms did not present the nursing diagnosis of mood regulation impaired, with statistically significant association, thus indicating that the non-occurrence of such diagnosis increases the probability of absence of depressive symptoms. It should also be noted that the participants with altered mood regulation presented depressive symptoms, contemplated in the EDG-15, with scores categorized as mild to moderate and statistically associated.

Table 3 - Distribution and association between the prevalence of nursing diagnosis, regulation of the mood impairment and classification of depressive symptoms (n = 35). João Pessoa, PB, Brazil, 2017.

Variables (EDG-15 score)	Nursing Diagnosis		p-value
	Regulation mood swings		
	Yes n (%)	No n (%)	
Without depression	1 (2,9)	12 (34,3)	0,000*
Light to moderate depression	19 (54,3)	-	0,000*
Severe depression	3 (8,6)	-	0,191

*Pearson's Chi-squared test: value $p < 0,05$.

DISCUSSION

The results of this investigation show the prevalence of males within the ILPI studied, a fact that diverges from the literature, which emphasizes the emphasis on the female population, in the context of ILPI given the process of feminization of old age.^{7,12-13} Regarding the distribution by age, there was a predominance of the age group between 70 and 79 years. This finding is similar to another research that showed an average age of 73.6 years among institutionalized elderly.⁶ As for marital status, it was found that most of the participants were widowed, as opposed to another study in which approximately half of the participants were married or lived with a partner.⁷

Regarding the degree of depressive symptoms proposed by EDG-15, the present study pointed out the occurrence

of depressive symptoms in institutionalized elderly people, with mild to moderate scores, among the investigated elderly people. Another research carried out on an ILPI showed that 74.2% of the studied sample presented signs of mild to moderate depression.¹⁴

In this respect, the literature stresses that the process of institutionalization contributes to changes in mood and is characterized by the process of depression, which also corroborates the increase in fragility in older people.¹⁵ Furthermore, it is noted that once institutionalized, older people begin to experience situations that contribute to greater vulnerability to depressive disorders, commonly characterized by factors such as sudden and sudden changes in lifestyle, confinement, social and family isolation.¹⁶

By correlating sociodemographic characteristics and depressive symptoms, a higher percentage of women with mild to moderate depressive symptoms was observed. An international study also showed an association between female and depressive symptoms.¹⁷ The majority of elderly people between 70 and 79 years of age showed depressive symptoms with a mild to moderate score, confirming that advanced age corroborates a greater vulnerability of the elderly person to depression.¹⁸ Regarding marital status, widowhood was associated with the manifestation of depressive symptoms, which is why it should be taken into account that stressful events, such as bereavement, can converge to the occurrence of depressive symptoms.¹⁸

Considering the defining characteristics of the nursing diagnosis "regulation of mood impairment" that prevailed in the studied elderly population, such as remoteness, sad affection, psychomotor agitation and irritability, the literature stresses that such attributes should be considered as criteria for the classification of depression, confirming the relevance of these characteristics of the nursing diagnosis under study.¹⁹

Regarding the factors related to the nursing diagnosis studied, it is important to emphasize that loneliness as well as anxiety, influence variations in the mood of elderly people, causing depression.⁵ It should be noted that other factors such as changes in the sleep pattern and social isolation were also expressed by the elderly. Research has found that in addition to mood swings, depressive symptoms are directly associated with poor quality and sleep disorders and may influence the health and quality of life of institutionalized elderly people.²⁰ In the context of ILPIs, social isolation is generally associated with the absence of visits from relatives, solitude or widowhood, since interpersonal relationships corroborate quality of life and maintenance of psychic health.⁵ From this point of view, the literature also emphasizes the risk of suicidal behavior linked to the institutionalization process, considering aspects such as the loss of affective ties, the occurrence of chronic diseases, loneliness, hopelessness and lack of meaning for life.²¹ For many, facing old age, particularly in the context of institutionalization, means being vulnerable to all the aforementioned factors, which may induce a depression picture.

Considering that depression is characterized by certain symptoms, among them depressed mood, the significant relationship between this disease and the diagnosis of

nursing regulation of the impaired mood has been asserted, ratifying the results emerging in this study, which found a significant association between mild to moderate symptoms and the aforementioned diagnosis of nursing.^{8,22} It should also be noted that as the aforementioned diagnosis was recently introduced in NANDA-I, in 2017, no research was found to demonstrate a relationship between these variables, which is why the relevance of these results is justified.

From this perspective, it should be noted that nursing diagnoses represent the basis for the selection of interventions, in order to achieve results for which the nurse is primarily responsible, especially in the ILPI environment, which also allows a mapping of the care needs of these elderly people.¹⁵

In view of the reality faced by the institutionalized elderly person, it is relevant to identify the nursing diagnosis regulation of the impaired mood, considering that this is directly related to depressive symptoms, in order to plan and implement specific nursing interventions, aiming to minimize the negative impacts of the institutionalization process.

CONCLUSION

The results found show the prevalence of mild to moderate depressive symptoms among the elderly people investigated, being more frequent in individuals aged between 70 and 79 years old male and widowers.

As for the nursing diagnosis of impaired mood regulation, the identification of empirical indicators and determining factors of this diagnosis, constitutes an aspect of essential relevance for the realization of individualized care for the elderly in the scope of ILPIs. The significant association between widowhood marital status, impaired mood and the presence of depressive symptoms is also highlighted, in addition to the ratification of impaired mood as a symptom of depression.

Considering all the aspects approached, it is highlighted that the present study gathers significant data for the recognition and valorization of the NANDA-I nursing diagnoses in the care given to the institutionalized elderly person, and mainly, the one with depressive symptoms. It is also recognized that this research contributes directly to nursing practice, whether in teaching, research or care.

Thus, it is recommended that new studies be developed on the subject of depressive symptoms and impaired mood regulation, since this is a multifaceted phenomenon of considerable complexity. For this reason, such diagnosis should be applied in other socio-cultural contexts. The limitation of this study refers to its descriptive nature, non-probabilistic sampling, and consequently to the sample size, even though it is the most indicated one to achieve its objectives.

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