

ASSOCIATION OF SOCIOECONOMIC STATUS (SES) AND SOCIAL SUPPORT WITH DEPRESSIVE SYMPTOMS AMONG COMMUNITY-DWELLING ELDERLY

INSIDE THIS ISSUE

1. Depression in the elderly
2. SES and Social Support
3. Marine Parade Elderly Needs Survey
4. Associations between SES, social support and depression

Depression in the elderly is a major public health issue. While depression is a function of many contributing factors, low socio-economic status (SES) (a measure of economic, social and work status) and social support are often strong risk factors for depression in older adults.

In this issue, the second in the series on **community health**, we examine the association of SES and social support with depressive symptoms among community-dwelling elderly in Marine Parade.

Depression in the elderly

Depression in the elderly can often be undiagnosed and untreated because it is frequently viewed as a normal part of ageing and a natural consequence to chronic illnesses, loss of independence and function, and bereavement. Older adults who have depression have higher risks of impairments in physical, mental and social functioning, with some even being suicidal.

In Singapore, depression is the second leading cause of disability (Figure 1), and population-based surveys have found that 6% of community-dwelling elderly depression, while 13% of them have depressive symptoms.

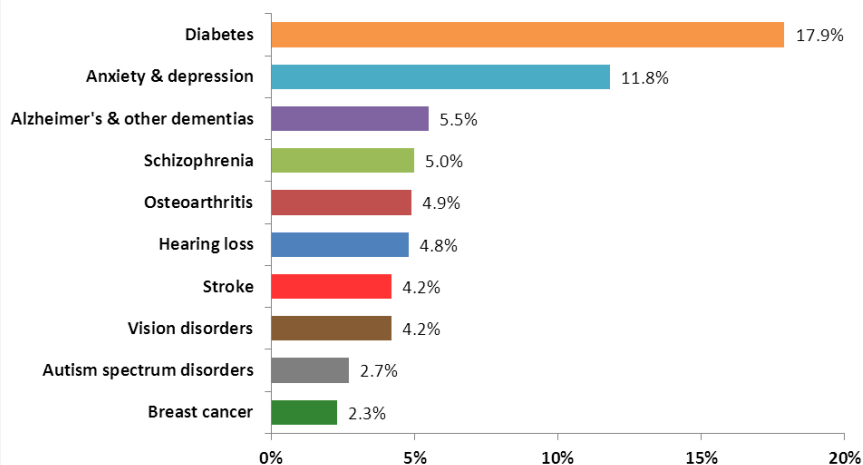


Figure 1 – Top 10 causes of disability burden in years of life lost due to disability (Singapore Burden of Disease Study 2004)

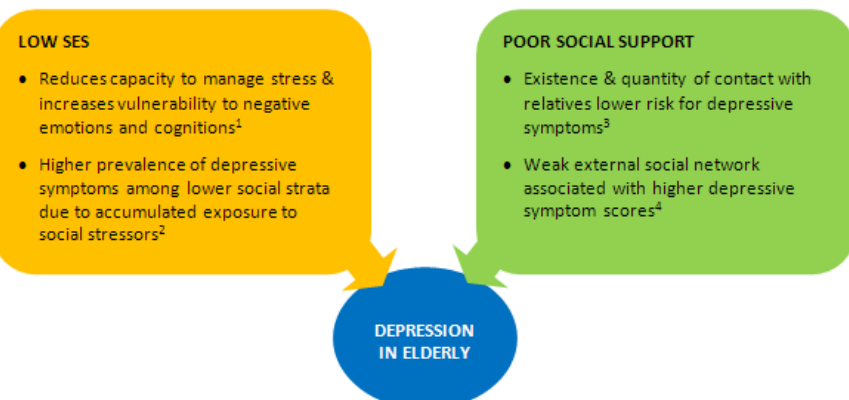


Figure 2 — Literature findings on the association between low SES, and poor social support with depression in elderly

SES and Social Support

Low SES and poor social support have consistently been found to be associated with depression in elderly populations (Figure 2). Social support may also moderate the impact of SES on health.

However, local evidence regarding the association between social relations and health across SES groups is unclear.

MARINE PARADE ELDERLY NEEDS SURVEY

In collaboration with several ministries, the Marine Parade Elderly Needs Survey was conducted in 2011 on 4,200 residents aged 60 years and above, to facilitate a better understanding of the needs of community-dwelling elderly persons. We studied associations between SES and social support with depressive symptoms (Figure 3). The analysis was also adjusted for chronic diseases, functional status, pain and cognition.

The 15-item Geriatric Depression Scale (GDS-15) was used to determine the presence of depressive symptoms, scores range from 0 to 15, and scores ≥ 5 were suggestive of depression⁵.

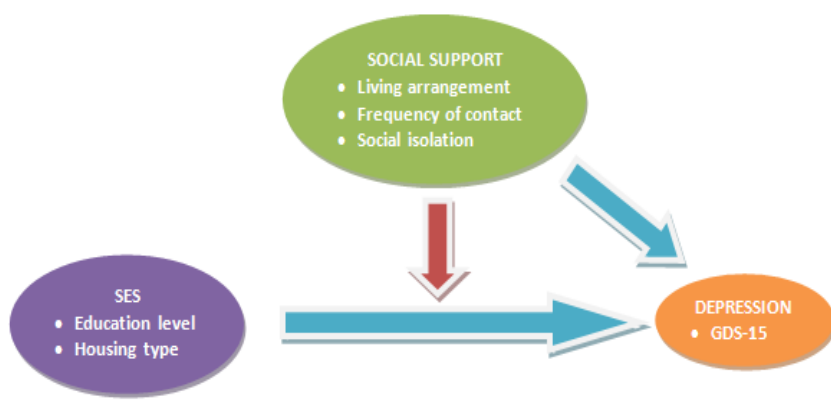


Figure 3 – Measurements of and associations between SES, and social support with depression

Associations between SES, and social support with depression

Of 2,447 responses analysed, 188 (7.8%) elderly persons had depressive symptoms. When compared to elderly persons with no depressive symptoms, those with depressive symptoms were more likely to have the following characteristics:

- Lower income housing (2-room)
- Living alone or with domestic helper
- Infrequent leisure time with family (< once a month)
- Childless
- Occasionally or often feeling socially isolated

The impact of social support on depression was however not consistent across SES groups. While we expected social support

to alleviate the effect of SES on depression, we found that when compared to elderly persons living with spouse and children in 4-/5-room housing, those living:

- (i) With spouse and children in 2-room housing; (ii) With children only in 3-room housing; and (iii) Alone or with domestic helper in 4-/5-room housing, were *more likely* to have depressive symptoms
- With others (friends & tenants) in 2-room housing were *least likely* to have depressive symptoms
- With spouse only appeared to be a protective factor against depressive symptoms across SES classes, although the effect was not statistically significant

Conclusion

Depression interventions for the elderly should take a holistic approach to attend to the financial and social needs of older adults. Specific interventions need to target different SES groups to better help older adults who may be at risk of developing depression.

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Author

Charis Ng Wei Ling
BA (Psychology & Communications)
Senior Research Analyst



Charis is a Senior Research Analyst who has experience in survey design, implementation and analysis (patient satisfaction, needs assessment), and in the evaluation of new intervention (dementia integrated care programme, end-of-life care for nursing home residents). She has published widely in peer-reviewed international journals, and received a merit award for her work at the 1st Singapore International Public Health Conference in 2012.

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Feedback and enquiries: hsor@nhg.com.sg