

Bereavement as A Risk Factor for Depression in The Elderly: An Evidence Based Case Report

Dewanto Andoko¹, Marshel Timotius Handoko¹, Darien Alfa Cipta²

¹ Department of Family Medicine and Primary Care, Faculty of Medicine, University of Pelita Harapan, Jendral Sudirman Boulevard, Lippo Karawaci, Tangerang, Indonesia 15811

² Department of Psychiatry, Siloam Hospital Lippo Village, Tangerang, Banten, Indonesia

Abstract

Citation : Andoko Dewanto, Handoko Mashel T., Cipta Darien A. Bereavement as a Risk Factor for Depression in the Elderly: An Evidence Based Case Report. *Medicus*. 2024 October. 14(1): 55-61.

Keywords: Elderly, Depression, Risk Factors, Bereavement.

Correspondance : Dewanto Andoko. Department of Family Medicine and Primary Care, Faculty of Medicine, Universitas Pelita Harapan, Tangerang, Banten, Indonesia
E-mail : dewantoandoko@gmail.com
Online First : October 2024

Background: Depression disorder among the elderly population is a serious issue that is often underdetected and undertreated. Depression can lead to functional impairments, which are comparable to or even worse than those in individuals with chronic conditions such as heart and lung diseases. Bereavement is believed to be one of the risk factors for depression in the elderly. This literature search aims to explore bereavement as an etiology of depression in the elderly.

Method: A structured search was conducted using the PubMed, Cochrane, and Science Direct databases, using tailored keywords aligned with the clinical question to obtain relevant results.

Results: The search and selection process yielded one selected article that was deemed relevant to the case. This article provided a summary of evidence concerning the relationship between bereavement and the emergence of depression diagnosis in the elderly.

Conclusion: The results of this systematic review and meta-analysis indicate that bereavement increases the risk of depression in the elderly. However, further studies are still needed to elucidate the mechanisms underlying depression in the elderly.

Introduction

Depression is categorized as an affective disorder, characterized by three typical symptoms: a depressed mood, loss of interest and pleasure, and reduced energy leading to increased fatigue and decreased activity. These symptoms persist for at least two weeks, with distinct changes in affect, cognition, and individual functioning. Careful consideration is necessary to differentiate between normal sadness and grief-related bereavement.¹

Bereavement can cause significant suffering, yet it is not immediately labeled as a depressive disorder. Bereavement and depression co-occur, depressive symptoms and impaired functioning tend to be more severe, with a worse prognosis compared to bereavement without concurrent depression.² Bereavement can disrupt sleep in the elderly who have lost their partners, which is not correlated with the length of time since the loss but is related to the level of perceived sadness. Bereavement-related sadness exhibits

depressive symptoms such as decreased functioning, sleep disturbances, and withdrawal from usual activities. Monk et al. noted in their study that 28% of cases of bereavement progress into depression among the elderly.³

Prevalence data indicates that depression can occur in 1-3% of the general elderly population, with 8-16% exhibiting significant functional impairments. Findings from studies highlight that depression in the elderly is a serious issue, with less than 20% of those experiencing depression receiving a diagnosis and undergoing therapy. A meta-analysis study conducted over a 24-month follow-up period found that among depressed elderly individuals, 33% fully recovered, 33% remained in a depressive state, and 21% passed away.⁴ A program designed to prevent delirium in elderly patients during hospitalization was proven effective. It is expected that depression prevention in the elderly would yield similar effectiveness, yet risk factors associated with depression need to be identified for targeted prevention, including bereavement.⁴

The author draws attention to bereavement as an etiology of depression in the elderly, given the number of geriatric patients diagnosed with depression following a bereavement. The outcomes of this literature review are anticipated to provide conclusions, insights, and an

overview of the risk factors linking bereavement to depressive disorders in the elderly. Ultimately, this could aid in the prevention and management of depression in the elderly population.

Case Illustration

A 68-year-old female patient arrived alone at the Primary Care Clinic. Occasionally, tears welled up in her eyes as she recounted the passing of her husband, who had died about 1.5 years ago. She had four children with varying personalities, including how they reacted when she talked about her late husband in front of them. Some remained silent and indifferent, while others became angry and scolded her, saying it was pointless to speak of him since he had been gone for a long time. The patient lacked a space to share her memories of her late husband.

Her sleep was disrupted; if she totaled it up, she managed to sleep for only about 30-60 minutes a day. Her mind was consumed by many thoughts, such as her eldest unmarried daughter, who was 42 years old. Every night she thought that God was unfair for taking her husband before her. Her husband's death had been caused by a malignancy. He had been under treatment for several months in a hospital until the malignancy spread to his brain, resulting in behavioral changes that eventually led to his demise. During his treatment, the patient revealed

that she had mentally prepared herself for the possibility of his condition deteriorating and his passing. At that time, she felt and expressed to the medical team that she had come to terms with and was ready for whatever might happen. She felt strong back then, knowing her husband would eventually pass away. She even considered that perhaps this was for the best. If she were to die first, there would be no one to care for her husband, who was bedridden. The situation would be better this way. Despite these thoughts, in reality, she still cried every day whenever she remembered her late husband. She also struggled with concentration, frequently forgetting things, having a loss of appetite, losing interest, and feeling a lack of energy.

The patient was a retired midwife. She understood that she needed to eat even when her appetite was gone and sleep even when sleep evaded her. She inquired whether the grief she was experiencing was causing the symptoms she currently felt, even though over a year had passed since her husband's death.

Method

The question under consideration is whether the elderly population that undergoes bereavement is more susceptible to experiencing depression in the future. To address this query, the clinical framework is structured using the

PECO format. The patients in question are elderly individuals, the exposure involves the experience of bereavement, the comparison entails those without bereavement, and the primary outcome of interest is the occurrence of depression disorder. This framework will guide the exploration of the potential association between bereavement and heightened risk of depression among the elderly.

The search was conducted using keywords formulated based on Boolean operators. The evidence searches engines employed included Pubmed, Cochrane, and Science Direct, illustrated in Table 1.

Table 1. Results of journal article search

Search Engine	Keywords	Result
Pubmed	((elderly[Title/Abstract]) AND(depression[Title/Abstract])) AND (risknfactors[Title/Abstract]) OR (bereavement[Title/Abstract])	50
Cochrane	(elderly) AND (risk factors) AND (depression) OR (bereavement)	12
Medline	elderly AND risk factors AND depression OR bereavement	27

The article selection process was carried out in stages. In the first stage, keywords were utilized, while in the second stage, screening was performed for meta-analyses and systematic reviews. Further filtering was then conducted according to the inclusion criteria: 1) Written in English; 2) Full-text format; 3) Human studies; 4) Elderly subjects. Articles obtained were

screened based on their titles and abstracts, aligning them with the clinical question. Subsequently, after the selection process from 3 databases, a systematic review and meta-analysis article was selected:

1. Cole MG, Dendukuri N. *Risk factors for depression among elderly community subjects: a systematic review and meta-analysis*. Am J Psychiatry. 2003 Jun;160(6): 1147-56. doi: 10.1176/appi.ajp.160.6.1147. PMID: 12777274. PMCID: PMC7862357

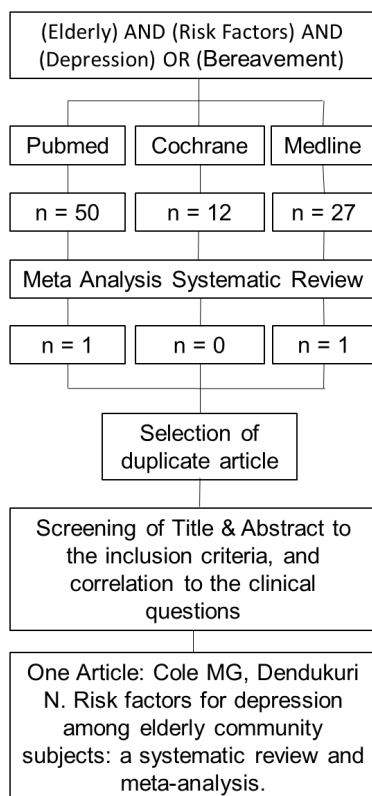


Figure 1. Results of journal article search

Results

The process of critical appraisal was conducted by assessing the validity, importance, and applicability of the

selected articles using the meta-analysis appraisal sheet provided by the Centre for Evidence-Based Medicine.⁵

The objective of this systematic review and meta-analysis by Cole and Dendukuri is explicitly stated: to investigate the association between risk factors and depression in the elderly. This systematic review and meta-analysis detail the search for relevant studies. The study utilizes multiple databases, namely MEDLINE and PsychINFO. In addition, the study outlines inclusion and exclusion criteria. The individual studies have been thoroughly assessed for their validity, and there is a summary presented in tabular form.

The researchers present individual studies that yielded results regarding risk factors for depression in the elderly. Participants were older adults, and the outcomes were presented as odds ratios, enabling meta-analysis. A forest plot can be provided, facilitating the measurement of the magnitude of risk factors in the occurrence of depression among the elderly.

From the study findings, the elderly are at a 3.3-fold increased risk of experiencing depression in the presence of bereavement. Therefore, when clinicians identify the risk of bereavement in the elderly, periodic support can be provided to help patients prepare for and navigate through the grieving process. If symptoms meeting the criteria for depression are

detected, early intervention can be initiated promptly. For other family members such as children, education on preventing depression in the elderly who have lost significant individuals in their lives can be imparted. In cases of depression, family members can also be educated about providing social support for elderly individuals dealing with depression.

In the discussion of the study, limitations are acknowledged. Nevertheless, the researchers remain hopeful that risk factors that haven't been successfully identified can be further investigated, potentially serving as valuable insights for developing depression prevention programs for bereaved elderly individuals.

Discussion

Bereavement is the period of mourning and grieving following a death. When someone experiences grief, it's a normal process of reacting to loss. Grief can manifest mentally, physically, socially, or emotionally. Mental reactions can trigger anger, guilt, anxiety, sadness, and despair. Physical reactions may include disrupted sleep, changes in appetite, other physical health issues, or illness. The duration of grieving varies based on the closeness to the deceased and whether the death was anticipated. Friends, family, and faith can serve as sources of support. Grief counseling or therapy can also be beneficial for some individuals.⁶

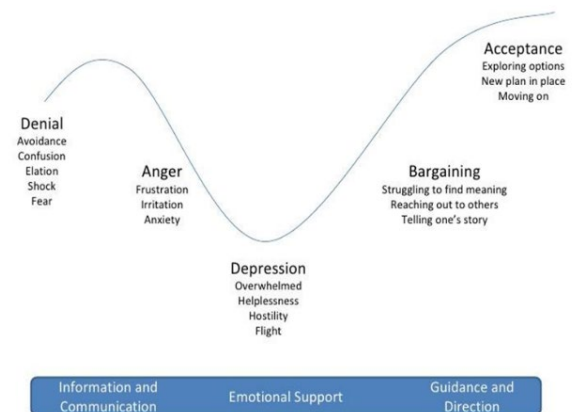


Figure 2. Kubler-Ross Grief Cycle

In a state of bereavement, the grieving process needs to be navigated for individuals to come to terms with their loss. Kubler-Ross proposed the theory of the grief cycle, consisting of five stages.⁷

The grief process comprises several stages. Initially, there's denial, where an individual refuses to believe in the permanence of the loss, often accompanied by avoidance, confusion, shock, and fear. This leads to anger, where frustration and irritability arise due to the loss, often mixed with anxiety. Following that is depression, a phase marked by a sense of helplessness, desperation, and withdrawal. Bargaining ensues as the bereaved seeks meaning, attempting to find solace by sharing memories and seeking support from others. Finally, there's acceptance, as the individual gradually plans for their future, embraces new experiences, becomes self-reliant, and emerges stronger and more resilient.

The progression through these stages doesn't always follow a linear path from step 1 to step 5; it can involve back-and-forth movement, revisiting previous stages. Moreover, there's no specific timeframe for transitioning between these phases. When providing support during the denial and anger stages, a therapist can convey information while employing communication techniques that consider the client's emotional state. During the depression phase, emotional support becomes crucial. As the journey reaches the bargaining and acceptance phases, therapists can accompany and guide clients in making forward-looking decisions.

In the depicted case illustration, the patient is currently experiencing the anger stage. They feel resentful towards God, perceiving an injustice due to their spouse's premature passing. As per the literature, they are undergoing a depressive disorder.

Notably, the patient possesses risk factors including bereavement (3.3-fold increased risk), sleep disturbances (2.6-fold increased risk), and a previous history of depression (2.3-fold increased risk). These factors, in sequence, contribute to the risk of depression in the elderly, necessitating comprehensive management for addressing the patient's depression in a holistic manner.

Conclusion

The conclusion drawn from the evidence-based review conducted is that bereavement is one of the etiological risk factors for depression in the elderly. Bereavement potentially increases the risk of depression in the elderly by 3.3 times. Further studies are still needed to explore the etiology and risk factors associated with depression in the elderly, in order to facilitate the effective and comprehensive implementation of depression prevention programs for the elderly.

References

1. Departemen Kesehatan Republik Indonesia. Pedoman Penggolongan dan Diagnosis Gangguan Jiwa di Indonesia III - PPDGJ III. Pertama. Jakarta: Departemen Kesehatan; 1993.
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorder Fifth Edition (DSM-5). 5th ed. Arlington: American Psychiatric Publishing, Inc.; 2013.
3. Monk TH, Pfoff MK, Zarotney JR. Depression in the spousally bereaved elderly: Correlations with subjective sleep measures. *Depress Res Treat.* 2013;2013:1–5. <https://doi.org/10.1155/2013/409538>

4. Cole MG, Dendukuri N. Risk factors for depression among elderly community subjects: A systematic review and meta-analysis. *Am J Psychiatry*. 2003;160(6):1147–56. <https://doi.org/10.1176/appi.ajp.160.6.1147>
5. Shannon S. Critical appraisal of systematic reviews. *Can Assoc Radiol J*. 2002;53(4):195–8.
6. National Cancer Institute. [Internet]. Bethesda: National Institutes of Health; [updated 2022 Aug 1. Available from: <https://medlineplus.gov/bereavement.html>.
7. Kubler-Ross E. On death and dying. *Soc Work A Read*. 2013;82–7. <https://doi.org/10.1093/bja/aen384>

Author's Statement

The authors declare that all images, figures, and content in this manuscript are the authors' original work or have obtained the necessary permissions for reuse from the respective authors and publishers of the referenced materials.



(Dewanto Andoko)