

The Relationship Between Stressful and Traumatic Life Events and Depression in the Elderly

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Introduction

In the past two decades, several studies have revealed a relationship between negative life events and depression. Experiencing a loss, whether physical, social, or psychological, is seen as important risk factors for depression [for a review, see Paykel, 1994]. The loss-experience that has received the most emphasis is bereavement of a close relative [Green et al., 1992; Norris & Murrell, 1990]. It is suggested that adults who lost their mother before the age of 17 years are twice as likely to become depressed [Bifulco et al., 1987]. Other important life events in relation to physical and emotional health in adulthood are physical, sexual, and emotional abuse and maltreatment during childhood [Allers et al., 1992; Anderson et al., 1993; Bifulco et al., 1991; Moeller et al., 1993; Weissmann-Wind & Silvern, 1994].

Researchers have focused primarily on the effects of negative life events on adult depression; However, depression in the elderly (e. g., after the age of 60 years) has received little attention, despite this being a major problem [Ruegg et al., 1988]. In order to be able to prevent elderly depression and to design effective intervention programs, it is important to identify the risk factors for depression in the elderly. Studies con-

cerning elderly depression to date have only investigated the association between recent life events and elderly depression. Although recent negative life events (e. g., bereavement, chronic social difficulties, personal physical illness, and moving during the past year) appear to be correlated with elderly depression [for a review, see Katona, 1993], there is still a lack of consensus [Linn et al., 1980; Mitchell et al., 1993].

The present study focuses on stressful and traumatic life events in relation to elderly depression. A distinction will be made between life events that occurred in childhood and early adolescence (before the age of 15 years), late adolescence and adulthood, and 1 year prior to the interview. This is a pilot study for a second study including a larger sample and a wider range of variables. The results presented here are therefore preliminary.

Method

Stressful and traumatic life events were measured by the Life Events Questionnaire [Kerkhof et al., 1989]. This instrument consists of 96 questions concerning negative life events during childhood and early adolescence (0–14 years), late adolescence and adulthood (≥ 15 years), and in the year prior to the interview.

Depressive symptoms were measured by the 30-item Geriatric Depression Scale (GDS) [Yesavage et al., 1983]. The GDS was chosen because of the high reliability and validity, which have been frequently reported [for a review, see Kok, 1994].

Between March and May a total of 171 elderly people were asked to participate. Seventy-four Dutch elderly people (mean age 82.3 years, SD 6.7, range 68–97 years; 3/4 female) living in a nursing home or service apartments were interviewed by specially trained students in psychology. The response rate was 43%.

Results

The mean score on the GDS was 8.4 (SD 4.9), with 18 (24%) elderly subjects meeting the GDS diagnosis of depression (the cut-off score for depression was 11). First the correlation of each separate life event with the GDS score was examined. Not all life events could be investigated, since suicide (attempt) by others or the self and sexual and physical abuse were not reported.

Of the total number of events, 73% occurred in late adolescence/adulthood, 15% in childhood/early adolescence, and 12% in the year prior to the interview. Twelve life events appeared to be correlated with the severity of depressive symptoms (see Table 1). Three events in childhood/early adolescence were significantly correlated with the GDS score. They reflected a separation from parents and problems in making friends. Life events in the year prior to the interview which were correlated with depression included: problems with other

Table 1
Pearson Product-Moment Correlations Between Life Events and the GDS Scores

Stressful and traumatic life events	Through life	Child-hood/early adolescence	Late adolescence /adulthood	Year prior to interview
Problems with friends	0.24*	0.14	0.20*	0.05
Cheated by someone important	0.20*	—	0.20*	0.01
Mentally mistreated by brother(s) or sister(s)#	0.22*	0.05	0.22*	0.18
Problems in contact with brother(s) or sister(s)#	0.2-8**	—	0.28**	0.22*
Chronic, life-threatening disease child(ren)	0.25*	—	0.24*	0.10
Brought up by others than parents#	0.20*	0.20*	—	—
Divorce/separation parents#	0.20*	0.20*	—	—
Serious financial worries	0.28**	0.24*	0.21*	—
Loss of friends and relatives after translocation	0.21*	0.14	0.26**	0.05
Problems in making contact with other people	0.26**	0.14	0.14	0.32**
Problems in making friends	0.21*	0.21*	0.12	0.33**
Convicted or sentenced to jail#	0.20*	—	0.20*	—

* $p < .05$, ** $p < .01$. # Less than 5 people answered with "yes." — The coefficient could not be computed; blank = not applicable

Table 2
Spearman Correlations between Sum Variables of Life Events in Different Periods and the GDS Scores and Variance Accounted for (* $p < .05$, ** $p < .01$)

	Correlation	Variance accounted for
Sum of childhood/early adolescence events	0.15	2.2%
Sum of late adolescence/adulthood events	0.25*	6.4%
Sum of recent events	0.30**	8.9%

people (brother[s], sister[s], and friends), problems in making contact, and serious financial worries. Most significant life events occurred in late adolescence/adulthood, and showed a large degree of heterogeneity. Four events represented problems with friends and family, while the others included illness of a child, financial worries, loss of contact after moving, and being convicted or sentenced to jail.

The finding that most of the significant correlations were found for

events that occurred in late adolescence/adulthood does not necessarily mean that these events are the most important ones in relation to depression. The sum of late adolescence/adulthood events and the sum of recent events were significantly correlated with the GDS score, with the sum of recent events accounting for most of the variance. Table 2 shows the correlations between the sum of events and the GDS scores, as well as the variance accounted for.

Discussion

This study examined the relationship between negative life events and depression in the elderly. In interpreting the results, one should take into consideration the fact that the study was conducted among a relatively small and selective (i.e., nursing home and service apartment) sample. Thus, one should be careful in generalizing the results.

A number of stressful life events, which are related to adult depression, were also found to be correlated with depression in the elderly. These events included chronic social difficulties (problems in contact with others [friends and family]), financial worries, separation from parents, moving, physical illness of child(ren), and being sentenced to jail. Loss experiences (e.g., bereavement) were not correlated with depression; however, in this sample all elderly people had experienced the loss of a loved one in one of the three periods. The fact that a number of

events related to adult depression were similar to those related to depression in the elderly provides support for the idea that depression in the elderly is not (only) age related [Ayuso-Gutiérrez et al., 1982]. This may have implications for treatment and prevention programs for depression in the elderly.

Most life events that significantly correlated with depression occurred in late adolescence/adulthood, which may be explained by the length of this period. However, previous studies have all focused on recent events which could be related to depression. The findings of the study described here indicate that events occurring during late adolescence/adulthood or in earlier periods might be important as well.

The correlation between a number of traumatic events and depressive symptoms could not be investigated, because suicide and sexual/physical abuse were not reported. One possible explanation for not reporting these events is that older people may be reluctant to talk about suicide and abuse since these are "forbidden" topics. Another explanation is the problem of recall of these events [Brewin et al., 1993; Loftus et al., 1994]. Thus, not all severe events may be reported.

In agreement with findings of other studies [for a review, see Katona, 1993], the events experienced in the year prior to the interview showed the highest correlation and explained most variance with depression, even though the percentage of recent events was the lowest.

The population included in this study was a nonpsychiatric population with relatively few depressive individuals. Therefore, the correlations between different life events

and depressive symptoms may be stronger in a clinical population.

In conclusion, the results of this study show that not only recent events correlate with elderly depression, but life events that occur throughout life also appear to be related to depression in late life. Further research is needed to investigate whether specific events in early and later life are related to the onset of depression among the elderly, including the role of mediating factors.

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