



Feature Article

Mental health disorders in home care elders: An integrative review

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ABSTRACT

Home care is the fastest growing U.S. health care sector, serving a predominance of highly vulnerable elderly patients. Mental health disorders (MHDs) are a major health concern in this population, however, current knowledge regarding their occurrence and associated correlates is inadequate. To address this gap, this integrative review examined existing findings regarding the prevalence and correlates of MHDs in home care elders. A search of six electronic databases and a hand search produced a final group of 36 articles for review. Poor data representativeness and methodological limitations impacted the quality of these studies, as reflected in an extremely wide range of prevalence estimates for these disorders (12% – 62%). A number of recommendations are made with respect to future research in this area. These include conducting multi-site investigations and the use of consistent and clear protocols for identification of MHDs in home care elders, a growing and significantly under-served population.

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Introduction

Home care is comprised of health care services that are provided to patients in their home due to an illness or an injury.¹ In 2012, the home care sector provided services to approximately 4 million older Americans, making it the largest long-term care modality in the U.S. elderly population.² There is abundant evidence regarding the high prevalence of mental health disorders (MHDs) in home care elders (32.4% – 37.9%), occurring at more than twice the rate found in the general elderly population.^{3–5} Older home care patients also tend to develop more severe MHDs, such as major depression and suicidal ideation,⁶ when compared with their non-home care peers. Further, untreated MHDs in this group are characterized by profound and chronic negative sequelae, including decreased quality of life,⁷ greater morbidity rates and functional limitations,^{8,9} higher dependence on family caregivers,¹⁰ and higher risk for medical events.^{11,12} These disorders lead to higher consumption of health care services and medical expenditures.¹³ Therefore, several U.S. health policy initiatives have highlighted

the significance of MHDs in the home care and elderly population, including those from the National Institute of Mental Health and the Institute of Medicine.^{14,15}

Many studies have examined MHDs in U.S. home care elders. However, findings in these studies are varied and often inconsistent. This is especially evident in the wide percentage variation in reported MHD diagnoses. For instance, one study based on an individual home care agency in an urban New York area reported that 13.5% of their elderly patients had major depression,¹⁶ a finding substantially different from earlier evidence suggesting rates of up to 42%.^{3,17,18} In addition, studies also report conflicting findings with respect to risk factors for MHDs in this population,^{19–23} particularly those related to patient age.^{3,4,21,24} Due to the variability and lack of consensus in the empirical literature, we conducted this integrative review to examine the body of published reports on the prevalence and correlates of MHDs in the population of U.S. home care elders. The purpose of this review is to inform our understanding of the current literature and to indicate necessary directions for further investigation.

Methods

Literature search strategy

A comprehensive literature search was conducted in six electronic databases, including PubMed, PsycINFO, CINAHL, Cochrane Library, Scopus, and Web of Science. Three groups of key words were searched both individually and in combination, including (1) mental health, mental health disorders, depression,

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anxiety, behavioral problems, behavioral disorders, psychiatric symptoms; (2) home care services, home health care, home care; (3) elderly population, aged, health services for the aged, geriatric patients, aging, elder care, geriatrics. A hand search of the reference lists from identified articles was also conducted.

Study selection

Primary research articles with a focus on the prevalence of, or risk factors for MHDs in the elderly home care population, written in English, and published up to April 19, 2014 were included. Commentaries, editorials, opinion pieces, and policy documents were excluded. Experimental studies that aimed to develop treatment protocols or interventions and psychometric studies that focused on the testing of psychological instruments were also excluded as this review was focused solely on the prevalence and correlates of MHDs. The initial search strategy yielded a large amount of literature ($n = 342$). However, title screening, abstract screening and full-text review greatly reduced the number of final reviewed articles to 36 (Fig. 1).

Quality appraisal of reviewed studies

The quality of reviewed studies was assessed using the grading criteria developed by Whittemore and Knafl according to the

criteria of “methodological rigor” and “data relevance.”^{25,26} The model for assessment of methodological rigor includes sampling (sampling method and specific eligibility criteria), sample size justification, attrition (60% as the cutoff point for “High” and “Low”), measurement (appropriateness, validity, and reliability of outcome measurements), threats to validity (control of confounders), statistical analysis (appropriateness and examination of 95% confidence interval), discussion (conclusion supported, limitations and biases addressed). Data relevance was rated based on the contribution of data to this literature review, i.e., how relevant the data were to the topic of interest in this review.

Results

Characteristics of studies

The final review pool consisted of 36 studies, including 34 quantitative studies and two mixed method studies.^{19,27} In terms of the overall research design, 24 of the 36 primary studies were cross-sectional,^{3,10,16–19,21,22,24,28–42} 10 were prospective,^{3,4,6,12,23,43–47} and two were retrospective.^{27,48} With regard to the MHDs examined (Table 1), most of the reviewed studies focused on depression and/or anxiety ($n = 31$, 79.5%); while very few examined other MHDs ($n = 8$, 19.5%), such as schizophrenia,³

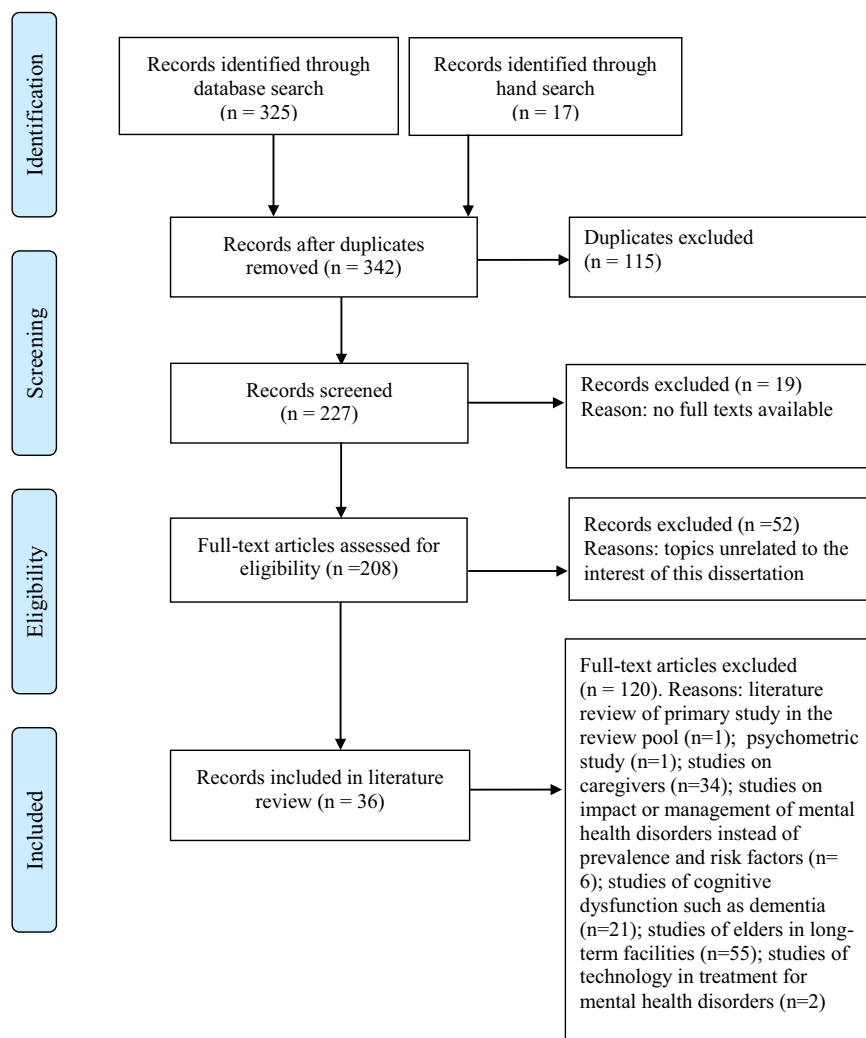


Fig. 1. Literature search flowchart (PRISMA format)*. *Reference: Moher, D, Liberati, A, Tetzlaff, J, Altman, DG, The PRISMA Group (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA Statement. *Journal of Clinical Epidemiology*, 62 (10), 1606–1612. doi: <http://10.1016/j.jclinepi.2009.06.005>.

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