

# Prevalence and Gender Differences in Late-Life Depression: A Population-Based Study

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**Objective:** *The worldwide phenomenon of an aging population combined with the increasing prevalence of depression in late life are issues that need to be addressed. This study aims to estimate the frequency of depression and subthreshold depression occurring in a sample of cognitively well-functioning, community-dwelling, older Italian adults and to investigate sociodemographic and clinical correlates of depression, exploring gender differences. Methods:* We used a cross-sectional analyses of survivors in a population-based study (the Faenza Project) that included 359 subjects aged 74 years and older (49.3% women). A modified version of Cambridge Examination for Mental Disorders of Elderly Persons-Revised was administered to all participants. Prevalence rates of depression and 95% confidence intervals (CIs) were estimated according to International Classification of Diseases, Tenth Revision criteria. Statistical analyses were implemented to describe sociodemographic and clinical features associated with depression. Odds ratios were estimated by multivariate logistic regression, and the dependant variable was any type of depression. **Results:** Overall prevalence of depression was 25.1% (95% CI: 20.6–29.6), with no evidence of gender difference. Prevalence of mild, moderate, and severe depression was 16.4% (95% CI: 12.6–20.2), 7.5% (95% CI: 4.8–10.2), and 1.1 (95% CI: –0.4–2.6), respectively. A rate of 5.6% of the population complained of subthreshold depressive symptoms. After age 81, depression occurrence decreased as age increased. The association between depression and functional measures, such as primary activity, mobility, and disability in performing household chores, were stronger in men than in women. Similarly, severely disabling conditions like stroke were more strongly associated with depression in men than in women. **Conclusion:** Our data suggest a disparity between men and women regarding the impact of depression on everyday life. Specific gender differences need to be taken into account for the evaluation of the depression-related burden in late life. (Am J Geriatr Psychiatry 2014; 22:370–380)

**Key Words:** Depression, late life, population based, gender differences

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## INTRODUCTION

The incidence of mental health problems is expected to increase among adults in general as well as in older populations specifically.<sup>1</sup> Depression affects about 121 million people worldwide and represents the second leading cause of disability.<sup>2</sup> In community-based studies on older adults, estimated prevalence of total depression by *Diagnostic and Statistical Manual of Mental Disorders* (DSM IV) criteria varies between 4.8%<sup>3</sup> and 13.7%,<sup>4</sup> and prevalence of major depression varies between 1%<sup>3</sup> and 5.37%.<sup>5</sup> According to *International Classification of Diseases, Tenth Revision* (ICD-10) criteria, Djernes et al.<sup>6</sup> found a prevalence of depressive disorders of 18% among subjects older than age 70 years.

In Italy, only two population-based studies<sup>7,8</sup> have estimated the occurrence of depressive symptoms in late life by using psychometric scales rather than clinical psychiatric interviews. Depression occurred in 28%<sup>7</sup> to 34%<sup>8</sup> of men and between 50.7%<sup>7</sup> and 58%<sup>8</sup> of women. Depression seems to be more prevalent among institutionalized subjects, who report depressive symptoms in 30%<sup>9</sup> of cases.

The conditions most frequently associated with depressive disorders and depressive symptoms are female gender, cognitive impairment, functional impairment, lack or loss of close social contacts, bereavement, sleep disturbances, and a history of depression.<sup>10,11</sup> Depression often co-occurs with serious illnesses so common among older subjects,<sup>12</sup> especially chronic diseases, as confirmed in several Italian studies.<sup>8</sup> Patients diagnosed with general medical illnesses are at a significantly greater risk of developing depression and/or anxiety disorders: Studies indicate that 20%–50% of patients with common medical illnesses will develop depression.<sup>13</sup>

According to the literature, evidence shows that gender differences in depression occurrence tend to decrease in extreme old age.<sup>14</sup> Although older women are more likely than men to be exposed to social and economic risk factors for depression (lower education, lower income, lower level of employment at skilled occupations, greater likelihood of widowhood and consequently higher degree of social isolation, greater morbidity, and functional limitations), women do not seem to be more vulnerable than men to depression after taking into account sociostructural and health-related factors.<sup>15</sup>

The main purpose of this study was to estimate the frequency of depression and subthreshold depression among cognitively intact older Italian subjects, community dwellers, and to investigate the socio-demographic and clinical correlates of depression. In particular, gender differences were evaluated.

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## METHODS

### Participants

In the area of Faenza and Granarolo (55,000 inhabitants) located in Emilia-Romagna (northern Italy), an epidemiologic study on dementia and cognitive impairment has been ongoing since 1992.<sup>14</sup> The baseline cohort (N = 7,930; 60.3% women; mean age: 72.6 ± 8.2 years) included all subjects residing in the Faenza area on prevalence day (January 1, 1992) who were born before 1930. On January 1, 2006, 3,275 subjects were still alive and living in the same area (1,157 men, aged 76–105 years; 2,118 women, aged 73–115 years). A cross-sectional evaluation of surviving subjects who were cognitively intact at the time of the first evaluation was carried out on a randomly chosen sample of 773 individuals. Of these, 71 (9.2%) were lost to follow-up; 702 were invited to participate in the study, and 462 (65.8% of 702) agreed to take part in the study. The randomization procedure took into account the higher probability that subjects belonging to the older age groups had died in the interval; thus, higher proportions of individuals were invited to participate in the older age groups. Nevertheless, due to the differential participation rate (older persons refused to participate more often than younger ones), the mean age of the cohort (N = 462) was slightly younger than expected (mean age: 85.09 ± 6.86 years) and consisted of 53.2% women (longer survival and higher willingness to participate).

To investigate a cognitively well-functioning population, we further excluded subjects suffering from dementia (N = 88, 19.0%) and those living in institutions (N = 15, 3.2%). The present study is based on the cross-sectional evaluation of the remaining 359 survivors.

### Instruments

The Cambridge Mental Disorders of the Elderly Examination-Revised (CAMDEX-R)<sup>16</sup> was administered to participants. This is a diagnostic schedule

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