



## Effect of Domain-Specific Life Satisfaction on Depressive Symptoms in Late Adulthood and Old Age: Results of a Cross-Sectional Descriptive Survey

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### ABSTRACT

**Purpose:** The aim of this study was to determine the effect of domain-specific life satisfaction on the risk of depressive symptoms in late adulthood and old age.

**Methods:** A cross-sectional descriptive survey was conducted using stratified data from the Korean Longitudinal Study of Aging (KLoSA). The respondents completed the Korean version CES-D and domain-specific life satisfaction.

**Results:** In both groups, satisfaction with health and economic status were significant predictors of depressive symptoms. In the old age group, depressive symptoms were also predicted by satisfaction with the relationships with one's spouse and with one's children.

**Conclusion:** Life satisfaction was a crucial predictive factor for depressive symptoms in late adulthood and old age.

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DEPRESSION IS THE most prevalent type of mood disorder of later life. The World Health Organization (WHO) has predicted that depression will become the second leading cause of disability worldwide by 2020 (World Health Organization, 2008). A recent study in South Korea reported that around 15% of the population will experience at least one episode of depression during their lifetime, and that 10% of those affected will commit suicide (Organization for economic co-operation and development, 2009).

Depression is the most common psychiatric disorder among old people in South Korea. It can manifest as major depression or as minor depression (National Health Insurance Corporation, 2009). Furthermore, the prevalence of depressive symptoms in late adulthood has also rapidly increased in South Korea (National Health Insurance Corporation, 2009). Many studies have indicated severe under-recognition and under-treatment of depressive symptoms in old age (Baiyewu et al., 2007; Bergdahl, Allard, & Gustafson, 2010; Ganatra et al., 2008) and late adulthood (Fiske et al., 2009; Snowden et al., 2008). Thus, improving the ability and validity of screening for depressive symptoms are important. Even low life satisfaction might indicate a need for more careful evaluation, since it may be an early sign of an increased risk of depressive symptoms (Swami et al., 2007).

Life satisfaction is viewed as an indicator of overall life quality, and is an important component of “positive mental health” (Hwang & Kim, 2008). From a conceptual perspective, life satisfaction has been defined as a subjective, cognitive appraisal of status in terms of various life domains (Daig, Herschbach, Lehmann, Knoll, & Decker, 2009; Diener, 1984). It may be defined as a subjective process in which individuals assess the quality of their lives by their own standards (Ohaeri, Awadalla, & Gado, 2009). Subjective life satisfaction thus reflects the differences between individual's hopes, expectations, and desires and what individuals consider their current state (Chang & Boo, 2007). Life satisfaction can be assessed globally or according to the specific domains of health economic status, and interpersonal relationships (Daig et al., 2009). Each specific domain of life satisfaction can be associated with depressive symptoms (Lau, 2011; You et al., 2009).

Satisfaction with health has been reported to be a predictive factor for depressive symptoms in old age (Hassel et al., 2011), and in patients with various physical diseases (Lopes et al., 2010; Slovacek, Slovackova, Slanska, Petera, & Priester, 2009). Other studies of satisfaction with health have reported age group differences (Chang & Boo, 2007), and an age-gender interaction (Daig et al., 2009). However, research findings have been inconsistent. Chang and Boo described that individuals in late adulthood (50–59 years of age) reported the highest level of satisfaction with their health. In contrast, Daig et al. showed that the highest level of satisfaction with health was reported in men from the age-group 61 years and above.

In several studies, the difference in satisfaction with economic status across socio-economic groups (SEGs) was a major determinant

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of the differences in the incidence of depression (Bridges & Disney, 2010; Ferrie, Shipley, Stansfeld, Davey Smith, & Marmot, 2003). According to Bridges and Disney, although objective measures of financial stress have only a limited direct effect on psychological well-being, they may have an indirect effect on depressive symptoms, which is mediated through subjective indicators of financial well-being. Furthermore, economic hardship due to unemployment and retirement, and depressive symptoms in one's spouse, have been identified as factors contributing to family dissolution (Zhang & Li, 2011).

Good family relationships have been reported to be an important source of support during periods of financial or psychological hardship (Daig et al., 2009; Sun et al., 2007). Daig et al. reported that satisfaction with family life was an important predictive factor for depressive symptoms, depending on gender, age and marital status. The authors hypothesized that the significantly lower satisfaction with family life observed among their cohort of older German women might be associated with their marital status such as widowed or divorced. In Korea, as in all Confucianism-based Asian cultures, strong bonds exist between family members, and children take responsibility for the support of their parents. Previous studies have shown that satisfaction with family members, such as spouse or children, was a potential predictive factor of depressive symptoms in individuals with old age in Korea. That is, people who were satisfied with their relationships with family members were less likely to suffer depressive symptoms in old age (Chang & Boo, 2007; Shin, 2009).

Research has shown that depressive symptoms can be predicted by demographic factors such as age (Strine et al., 2009), gender (Van de Velde, Bracke, & Levecque, 2010), and marital status (Zhang & Li, 2011), and that life satisfaction is correlated to a certain extent with both economic and social status (Baumann, Lurbe, Leandro, & Chau, 2012). Life satisfaction is widely assumed and expected to decline in later life, particularly as the health of the individual deteriorates. This is refuted, however, by findings of previous studies on the relationship between age and life satisfaction (Angelini, Cavapozzi, Corazzini, & Paccagnella, 2012; Gwozdz & Sousa-Poza, 2010).

Most studies of the correlation between life satisfaction and depressive symptoms have assessed single items in old age and psychiatric populations. However, the present authors hypothesized that optimal investigation of life satisfaction involves analysis of the impact of demographic factors, satisfaction with health and economic status, and relationships with one's spouse and with one's children. Moreover, few population-based studies have examined the association between depressive symptoms and life satisfaction in late adulthood (i.e. 45–59-years-of-age) in Korea. In assessing risk factors for poor prognosis in depressive symptoms, it is important to assess factors that are related to age rather than simply assessing the effect of age per se (Mitchell, Subramaniam, Mitchell, & Subramaniam, 2005). Therefore, detailed investigation of differences in life satisfaction and depressive symptoms between late adulthood and old age groups in Korea is warranted.

The aims of the present comparative study were two-fold. The first was to compare the differences in gender, marital status and domain-specific life satisfaction according to depression-status in late adulthood and old age. The second was to compare predictive factors of depressive symptoms in the two age groups.

## Methods

### *Subjects and Data Collection*

The study used data from the 2007 Korean Longitudinal Study of Aging (KLoSA). We have the permission from the KLoSA to obtain the data. This study was approved by the research ethics committee. The KLoSA focused on Koreans aged 45 and above. To ensure representative sampling of geographical areas, individuals from households selected by multistage stratified probability sampling were included.

A total of 10,254 individuals were interviewed by trained interviewers. The interviewers used the Computer and Person Interviewing (CAPI) approach to administer questionnaires concerning life satisfaction, depressive symptoms, and demographics. In the CAPI approach, information obtained from face-to-face interviews and Web-based interviews was combined. The household response rate was 70.7%, and the individual response rate within households was 75.4%. Weights were assigned to the enumerated districts to estimate parameters reflecting the sampling process, the survey process, and the accuracy of external data. The enumerated districts are geographic areas assigned to each census taker, usually representing a specific portion of a city or county. In the multidisciplinary KLoSA survey, participants were asked to respond to a number of multi-faceted questions, including questions concerning emotional and psychosocial issues.

For the purposes of the present study, the cohort was divided into two age groups: persons in late adulthood (PLA, 45–59 years;  $n = 3,844$ ) and persons with old age (POA, above 60 years;  $n = 6,410$ ). We chose the age of 60 as the cut-off point because it is recognized as the starting point of old age in the social and cultural context of South Korea (Kim, 2008; Lee, 2005).

### *Depressive Symptoms*

Depressive symptoms were assessed using the Korean version of the Center for Epidemiological Studies Depression 10 Scale (CES-D 10) (Andresen, Malmgren, Carter, & Patrick, 1994; Cho & Kim, 1998). This self-report scale was designed to measure depressive symptoms in the general population. The items assess the presence of the following features over the previous month: feelings of depression, pessimism, irritability, tearfulness, fatigue, sleep problems, loss of interest, loss of appetite, reduced concentration, and loss of enjoyment. Each item is rated according to a four-point Likert scale ("rarely or none of the time" = 0 to "all of the time" = 3). Possible total scores ranged from 0 to 30, with higher scores indicating greater symptom severity. A score of 10 out of 30 was used as the cut-off for clinically meaningful depressive symptoms (Andresen et al., 1994). Using this cut-off, we determined if the respondents have depressive symptoms. We transformed the data to nominal values with two values ("yes" or "no") to use for logistic regression. The mean scores were used for the analyses. Previous studies have shown that this scale has very high internal consistency, adequate test-retest reliability and validity (Chang & Boo, 2007; Jang et al., 2009), and good internal consistency was observed in the present cohort. The Cronbach's alpha on the CES-D 10 scale for the two subgroups was the same, 0.79.

### *Domain-Specific Life Satisfaction*

The life satisfaction scale used in the study was a four-item Satisfaction with Life Scale (SWLS). This instrument was modified from the previous version used for measuring life satisfaction in general as employed in the Survey of Health, Ageing and Retirement in Europe (SHARE) (Boo & Chang, 2006). The four-item SWLS consists of four specific domains, which assesses subjective and judgmental aspects of life satisfaction. These domains include: health, economic status, relationship with one's spouse, and relationship with one's children. Responses range from 0 (completely dissatisfied) to 100 (completely satisfied). The questions on the SWLS include: How satisfied are you with your health? How satisfied are you with your economic status? How satisfied are you with your relationship with your spouse? and How satisfied are you with your relationship with your children? The mean scores of the four domains were used for the analyses. Previous studies have shown that reliability and validity of the four-item SWLS are well established (Boo & Chang, 2006; Chung, 2007). The Cronbach's alpha on the four-item SWLS for PLA was 0.77 and for POA was 0.75.

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