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Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Effects of childhood multiple maltreatment experiences on depression of socioeconomic disadvantaged elderly in Brazil

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ARTICLE INFO

Keywords:

Childhood trauma
Child abuse
Maltreatment
Depression
Aged
Elderly

ABSTRACT

Childhood maltreatment is a risk factor for depression in nonelderly individuals. We investigated the effect of childhood abuse and neglect on the development of geriatric depression and its severity in socioeconomically disadvantaged individuals. A cross-sectional study investigated 449 individuals aged 60–103 years sorted by data using the enrollment list health coverage from the city of Porto Alegre, Brazil. The fifteen-item Geriatric Depression Scale was used to assess depression. The Childhood Trauma Questionnaire was used to identify emotional and physical neglect, in addition to emotional, physical, and sexual abuse. Geriatric depression was associated with emotional and physical abuse and neglect. Emotional abuse and neglect, as well as physical abuse, increased the odds of an individual developing severe depression. Correlations were observed for combined forms of maltreatment, with two to five maltreatment types producing mild to moderate symptoms. Similar trends were observed for severe symptoms in a limited number of cases. The cross-sectional design limit causal inference. Retrospective measurement of childhood maltreatment may increase recall and response bias. Late-life depression and its severity significantly correlated with the extent of childhood emotional and physical abuse and neglect. Thus, research should focus on supporting trauma survivors late in life, particularly when they come from low or middle income countries because these patients have higher rates of depression in elderly populations.

1. Introduction

Depression is a heterogeneous disorder that mostly converge to a few more stable phenotypic types with course dynamically shaped during life (Vares et al., 2016). Geriatric depression is a worldwide concern because it contributes significantly to the worsening of diseases and quality of life. It also increases the incidence of disabilities and mortality (Barry, Murphy, & Gill, 2011). Brazil is facing an unprecedented increase in the number of elderly people. In a few decades, the elderly will constitute the majority of the population, and they will have significant health needs (Simões, 2016). Increased longevity often correlates with an increase in years that patients suffer from disabilities caused by depression (Kassebaum et al., 2016). Depression is the second-leading illness for years lived with disabilities (YLDs) for all ages and it remains among the top ten most common global diseases in all age categories. In

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<https://doi.org/10.1016/j.chiabu.2018.02.013>

Received 28 September 2017; Received in revised form 9 February 2018; Accepted 15 February 2018
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southern and tropical Latin America, including Brazil, depression ranks second in YLDs (Kassebaum et al., 2016).

Although estimates of the prevalence and lifetime pathways vary substantially across communities for a variety of reasons, a number of sociodemographic correlates of depression are consistently found (Kessler & Bromet, 2013). Numerous variables are associated with the manifestation of depression, including individuals living with psychosocial adversities, previous history of depression, stressful events, and low socioeconomic status. In addition, in older age groups, morbidity and fragility are predominant factors in the etiology of this disease (Luppa et al., 2012). In Brazil, the prevalence of depression in the elderly is around 30.6% (Nogueira, Moretti et al., 2014), which is similar to data found in the literature, ranging from 15.0% to 30.0% (Hoffmann, Ribeiro, Farnese, & Lima, 2010).

Early adversities, such as quality of parental care and attachment, have been associated with subsequent mental disorders or satisfactory mental health (Bowlby, 2002). The effect of traumatic experiences in childhood are related to many problems later in life (McLaughlin et al., 2010), and specific types of child abuse and neglect (Infurna et al., 2016; Mandelli, Petrelli, & Serretti, 2015; Schulz et al., 2014) are predictors of subsequent depression in adulthood. Current evidence also relates depression in the elderly to many subtypes of childhood neglect, such as emotional and physical neglect (Comijs et al., 2013; Ege, Messias, Thapa, & Krain, 2015). Late-life depression is also associated with adversities at the beginning of life in a “dose-dependent” fashion (Comijs et al., 2013; Raposo, Mackenzie, Henriksen, & Afifi, 2014).

The emergence of depressive symptoms in older adults may represent a traumatic reactivation, since it implies that some survivors of maltreatment may remain emotionally stable (or asymptomatic) for decades (Comijs et al., 2013) and successfully overcome the natural challenges of youth and adulthood. The reasons for greater latency may be explained by a variation in the acquisition of emotional regulation skills and other gains in psychological maturity, which are usually achieved through late adulthood and are related to improved mental health (Charles & Carstensen, 2010).

In general, studies that found an association between geriatric depression and childhood trauma were performed in high-income countries in population-based, primary care, and clinical samples of varying ages (McLaughlin et al., 2010; Green et al., 2010; Pitzer & Fingerman, 2010; Scott, 2011; Wainwright & Surtees, 2002). Few studies have focused on low- and middle-income countries where the majority of the elderly live in the world. Thus, socioeconomic disadvantages have not been adequately addressed, despite their importance in increased late-onset depression, which is often observed in populations with low literacy and poverty (Almeida et al., 2012; Luppa et al., 2012).

Recent empirical evidence suggests that different forms of maltreatment are likely to overlap and interact and that those specific combinations, rather than subtypes of abuse alone, may be uniquely related to particular psychosocial consequences

Thus, the objectives of our study are to investigate: 1) the association between current geriatric depression and types of childhood maltreatment; 2) whether the number of childhood maltreatment events correlate with current geriatric depression; 3) whether the types of maltreatment are related to depression severity; 4) if the increase in intensity of depression is related to the number of maltreatment events suffered during childhood.

2. Methods

2.1. Design and study context

This was a cross-sectional study using a database generated by a previous multidimensional survey conducted between March 2011 and August 2012. It included a randomized sample of elderly individuals (60 years or older) based on the geographical registry list of the Family Health Strategy (FHS) of Porto Alegre, Brazil (Gomes, Lopes, Engroff, & Scheer, 2013).

Briefly, the FHS is a proactive approach to community public health implemented by the Brazilian Ministry of Health. It actively and continuously promotes and monitors health at the community level, replacing the previous model centered on health care facilities (Macinko & Harris, 2015). The FHS prioritizes regions that have predictors of vulnerability, which are primarily the result of socioeconomic disadvantage (SED), and works to expand health care to the poorest people with limited access to health care. The Community Health Workers (CHW) represent a communication interface between the community and the Brazilian health system (Macinko & Harris, 2015).

The implementation of the project did not alter the routine of the health professionals working in the community or the dynamics of the FHS. Thirty family health teams from a total of 97 serving the city of Porto Alegre were selected through stratified random sampling. A total of 1080 individuals aged 60 years or more were randomly selected to receive home visits from the community health workers. The final sample of 449 was formed of those participants who subsequently attended the São Lucas Hospital and performed the evaluation. Individuals who were unable to understand the issues involved or were unable to travel to the hospital were excluded. Trained medical doctors and psychologists, who had experience of providing mental health care for the elderly, collected the mental health information used in the study (Nogueira, Rubin, de S. Giacobbo, Gomes, & Cataldo Neto, 2014).

2.2. Assessments and variables

2.2.1. Outcome variable: current depression

The 15-item Geriatric Depression Scale version is one of the most important ways to assess geriatric depression specifically for the elderly. It avoids questions regarding somatic complaints, age-related characteristics that are potentially confounding (such as changes in sleep and slowness), and comorbid medical conditions that affect the elderly. Recent research showed that context influence is low (Gana, Bailly, Broc, Cazauvieilh, & Boudouda, 2017). As in many other countries, studies in Brazil demonstrated that

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