

## COMMENTARY

# The later-life depression in nursing homes compared with private households

With the decline in physical and cognitive functioning, older adults gradually emphasize emotional experiences (Carstensen, 1991). However, older adults are more likely to experience depression than those in other stages of life, and such negative emotions significantly decrease their quality of life (Doraiswamy *et al.*, 2002; Shao *et al.*, 2022). The present commentary mainly focused on the uniqueness of later-life depression and the difference in later-life depression between nursing home residents and private households. We attempted to answer these questions by commenting on this article titled, “Depression in Nursing Home Residents and Its Correlation with Meaning of Family Involvement and Depression of Family.” Finally, we added to Wu *et al.*'s (2022) future research areas to advance the field of older adults' adoption and well-being in nursing homes.

### What is unique about later-life depression compared to other stages of life

With the significant changes in physical, and cognitive functioning and lifestyle, older adults struggle to suffer from depression (Djernes, 2006; Gao *et al.*, 2020; Lum, 2022). There are many surveys examining the prevalence of depression to reveal the uniqueness of later-life depression (Luppa *et al.*, 2012; Rodda *et al.*, 2011). However, previous studies did not show a consistent tendency. For instance, the meta-analysis by Moreno-Agostino *et al.* (2021) found that the prevalence of older adults over 65 years was lowest (ranging from 3.3% to 4.9%), followed by youth under 30 years (ranging from 2.1% to 12.8%), and then adults aged 30–64 (ranging from 2.1% to 37.3%). However, some other studies exhibited a relatively high prevalence of depression in older adults (Chi *et al.*, 2005; Kim *et al.*, 2020; Sjöberg *et al.*, 2017). For example, the study by Kim *et al.* (2020) showed that the prevalence of depression increased with age, and the prevalence of older adults over 65 years was around 15% in 2013. The study by Chi *et al.* (2005) showed similar results, finding that 11.0% and 14.5% of community-dwelling Chinese older adults age 60

and over scored above the cutoff, a prevalence rate similar to those found in other countries, including the United States, England, and Finland. In summary, previous studies exhibited an inconsistent tendency of the prevalence of depression with age increases, some showing the prevalence of depression decreasing with age and others showing the opposite trend.

Although the inconsistent results on the prevalence of later-life depression, depression is a common and disabling psychiatric disorder for older adults (Lu *et al.*, 2022; Shao *et al.*, 2022). It harms older adults' well-being and daily functioning and even increases their suicidal thoughts and mortality (Cramm *et al.*, 2012; Ko *et al.*, 2019; Shao *et al.*, 2022). Compared to other life stages, some unique factors lead to the prevalence of later-life depression. Specifically, increasing age, female gender, lower household income, cognitive impairment (especially hearing loss), functional impairment, growing number of medical conditions, social capital, history of depression, and lower social support were associated with depression in older adults (Blazer, 2003; Djernes, 2006; Glaesmer *et al.*, 2011; Lawrence *et al.*, 2020; Kok and Reynolds, 2017; Lu *et al.*, 2022; Riedel-Heller *et al.*, 2006).

### What is unique about later-life depression in nursing home compared with private households

Older adults living place might partly contribute to the inconsistent tendency in the prevalence of later-life depression. Previous studies have shown that depression rates are higher among older adults who live in nursing homes than those who live in private households (Anstey *et al.*, 2007; Donna *et al.*, 2010; Jongenelis *et al.*, 2004). They found that the prevalence of later-life depression in nursing homes was higher than twice as high or three to four times higher than in private households, with the prevalence rates varying from 6 to 50% (Anstey *et al.*, 2007; Donna *et al.*, 2010; Jongenelis *et al.*, 2004; McDaniel *et al.*, 1995). For example, the review by Djernes (2006) found that the prevalence of major

later-life depression ranged from 0.9% to 9.4% in private households and 14% to 42% in institutional living.

Unlike older adults living in private households, nursing home residents have different living surroundings and stressors. Therefore, factors associated with depression might differ between nursing home residents and private households. Besides the above factors, older adults in nursing homes suffer a heavier lack of social support, negative life events, perceived inadequacy of care, and other care-related reasons, resulting in severe depression (Tiong *et al.*, 2013; Wu *et al.*, 2022).

A more recent study by Wu *et al.* (2022) used Geriatric Depression Scale-Short Form 11 to measure the prevalence of later-life depression for eight nursing home residents in northern Taiwan through face-to-face interviews. Furthermore, it also used the Center for Epidemiologic Studies Depression Scale-Short 12 Form to measure family members' depression and the Family Meaning of Nursing-Home Visits scale to measure caregivers' nursing home visits to examine the relationship between family Involvement and family members' depression and later-life depression for nursing homes residents. It found that the prevalence of later-life depression in nursing homes in northern Taiwan was 58.3%.

Besides nursing home residents' age and self-perceived health status commonly evidenced by previous studies, it initially found that depressive symptoms for nursing home residents increased with having a caregiver motivated to visit to assuage their guilt. The authors argued that when cultures emphasized filial piety, older adults expected that children would care for them. Furthermore, residents' adjustment is related to caregiver adjustment (Whitlatch *et al.*, 2001). Therefore, when perceiving children's motivation to visit to assuage their guilt, which is similar to filial piety responsibilities and cannot meet the filial piety expectation, aging parents may exacerbate depression. The authors claimed that longitudinal and cross-culture studies were needed to understand the cause and effect between children's motivation to visit to assuage their guilt and nursing home residents' depression.


### Future work

Moving beyond later-life depression, we provide two recommendations for future research on older adults' adoption and well-being in nursing homes. First, longer lifespans, a low birth rate, and widespread industrialization result in an increasing number of older adults residing in nursing homes worldwide. For older adults, being institutionalized

is a stressful life event. Before adapting to the new living situation in nursing homes, they experience stress and need adjustments (McCubbin and McCubbin, 1987; McCubbin, 1987). However, most of the included studies in the systematic review are correlational and cross-sectional research (Lu *et al.*, 2022; Wang *et al.*, 2021; Wu *et al.*, 2022). Therefore, longitudinal studies are needed to understand the adoption process in nursing homes for older adults and identify factors that influence and affect their adoption. Second, institutionalizing older adults has become an indispensable way of old-age care even in cultures emphasizing filial piety (Lan *et al.*, 2019; Wang *et al.*, 2021). Previous studies indicated that social support reduced the negative effects of limited daily living and loneliness on suicidal ideation of nursing home residents and life satisfaction (Lin *et al.*, 2020; Lu *et al.*, 2022; Wang *et al.*, 2021). Therefore, future work can find ways to help nursing home residents adapt to the new situation and reduce their negative emotions, such as adults and children keeping in touch with them and providing the emotional connection.

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