

Correlates of Physical Health Conditions and Depressive Symptoms among Elderly Women

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Abstract

There is a common misconception that depressive symptoms are a part of aging rather than a diagnosable and treatable condition. An important demographic trend in the older population is that the number of women is increasing relative to men. Previous studies have indicated that women have more depression than men in old age. The prevalence of depressive symptoms was related to having a chronic medical condition in later life. Perceived health condition was significantly related to depressive symptoms among the elderly. Little is known specifically about the correlates of the relationship between chronic diseases and depressive symptoms among elderly women. Using data from the 2004 Health and Retirement Study (HRS), this study attempted to look at the role of physical health conditions in perpetuating depressive symptoms and investigate socio-economic factors associated with the level of depressive symptoms for older women aged 65 and above.

The study sample was 5,370 women aged 65 or older. As the dependent variable, this study utilized 8 items of the Center for Epidemiologic Studies-Depressed (CES-D) score. Then, the dependent variable, depressive symptoms in the OLS model, was the sum of the rating of those 8 depressive items: depressed, effort, sleepless, loneliness, not get going, sadness, unhappiness, and not-enjoying life. As the independent variables, chronic disease, self-reported health status, net worth, age, marital status, education, and race were included in the model.

Descriptive findings indicated that about 59 percent of respondents experienced at least one depressive symptom. Twenty-five percent of the elderly women reported depressive symptoms with more than 3 occurrences. About eight percent of the elderly women had never experienced any of the 8 chronic diseases. More than 90 percent of the elderly women had experienced an onset of any chronic diseases in later life. Only 1.1 percent of the sample reported that they had never experienced any of those eight chronic diseases, but they still had experienced the severe level of depressive symptoms. Just over 14 percent of the sample women reported that they had the severe levels of the depressive symptoms as well as the severe levels of physical health conditions.

The OLS results indicated that as the number of chronic disease increased, the level of depressive symptoms increased. As compared to women in excellent health, women with poor, fair, or good health reported higher levels of depressive symptoms. As compared to married women, widowed or divorced women had higher levels of depressive symptoms. However, never-married was not statistically significant. Black women or women with other races did not have a higher level of mental health problem than White women. As expected, physical health conditions were significantly related to the level of depressive symptoms among elderly women.

This study concludes that more physical health problems and poorer reported health status affected higher levels of depressive symptoms for older women. In addition, the findings of this study suggest that having lower level of wealth, being unmarried, and having less education were significant predictors of higher levels of depressive symptoms among elderly women. Working on improvement of both physical conditions and mental health of older women can be important strategies by policy makers, social workers, or related professionals.

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