

## ORIGINAL ARTICLE

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## Even mild depression reduces health related quality of life (HRQL) among healthy elderly

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### ABSTRACT

■ **Aim of the study** To assess the impact of mild depression on health related quality of life among healthy elderly.

■ **Subjects-Methods** For the study group were tracked 161 healthy subjects (63 men and 98 women) of age between 57 and 94 years. The development of depressive disorder was diagnosed with the use of the Geriatric Depression Scale (GDS). The health related quality of life of the study group was determined by the WHOQOL-BREF questionnaire. Data regarding socioeconomic factors and reproductive history were collected with the use of structured interviews.

■ **Results** The 12.1% of the males and 12.2% of the females suffered from mild depression (no gender differences in the prevalence of mild depression were present). The depressed ones had a significant impact on health related quality of life. They rated their health related quality of life significantly lower than their non depressive counterparts. This was confirmed by testing the five domains of the WHOQOL BREF. As regards to socioeconomic factors, age or reproductive history, they were not related with the quality of life in the depressed participants. As the depression score was elevated the health related quality of life decreased significantly. This was confirmed in all domains of the WHOQOL BREF.

■ **Conclusions** Even mild depression affects the health related quality of life independently of socioeconomic factors, gender and age.

■ **Keywords:** Depression, health related quality of life (HRQL), old age.

### INTRODUCTION

Demographic transition is occurring very rapidly throughout the world resulting in an increasing absolute number as well as relative amount of elderly people in developing and developed countries.<sup>1</sup> Inevitably, increasing age is associated with increased exposure to risk factors and reduced adaptability<sup>2</sup>, which results in disease, vulnerability and reduced quality of life.<sup>3,4</sup> During the last decades the evaluation of quality of life among older adults has become increasingly important in health as well as in social sciences.<sup>5-12</sup> Within the medical sciences the term quality of life is a concept with a history dating back to the sixties, although the initial attempts to quantify and analyze social phenomena, comparable to quality of life, but using other terms, were introduced in the 19<sup>th</sup> century, in England. Since the seventies the number of papers focusing on quality of life or health related quality of life increased exponentially and the concept of quality of life became a key term in medical indexes.<sup>13</sup> This concept however remained problematic because no compulsory definition was accepted. Therefore in 1991 the WHO (World Health Organisation) started to develop a unifying and trans-cultural definition of the quality of life. They defined it as “the individual’s perception of his or her position in life, within the cultural context and value system he or she lives in, and in relation to his or her goals, expectations, parameters and social relations. “It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, level of independence, social relationships and their relationship to salient features of their environment”.<sup>14</sup>

Based on this definition the concept of health related quality of life was introduced, which is a broad and multidimensional model that includes various domains of physical, psychological and social health.<sup>14</sup> The process of senescence affects all these domains and reduce health related quality of life among the elderly in general. Beside the expected somatic impairment such as poor physical health and increased vulnerability, there are age-typical psychosocial problems, first of all loneliness and geriatric depression, which

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