

**Mental health and community program for people over 60 years****Saúde mental e programa comunitário para pessoas acima de 60 anos****Programa de salud mental y comunitaria para mayores de 60 años**

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Abstract

Introduction: The programs that develop actions focused on the health of the older adult in their integrality, provide improvements in aspects of quality of life (physical, functional, social, emotional). With the spread of an acute respiratory infection caused by the coronavirus SARS-CoV-2 (Covid-19), internationally eligible as "severe" and highly transmissible, there was an extensive period of incarceration at home by the majority of the population, here, in this case, Brazilian, resulting in a large part of the older adult population emotional, social sequelae and declines in functional capacity. Among them, we can highlight anxiety and depression, psychopathological symptoms that are related as risk factors for quality of life affecting the performance of their daily activities. **Objective:** To compare, through the Geriatric Depression Scale GDS-15 and GDS-5 and the Geriatric Anxiety Inventory (GAI), possible changes in psychopathological parameters in older people after 3 months of participation in the activities developed in the "Living Better" project. **Methods:** In this section 35 participants of the Better Living Project, carried out at the Community Health Center - CSC, Deise de Fátima Araújo de Paula, health unit of the City Hall of Palmas (TO), answered the questionnaires GAI and GDS-15 and GDS-5 at the beginning and after 3 months of activities offered (stretching, memorization, lectures). Descriptive statistics, normality test (Shapiro-Wilk), and T-student test for dependent samples were performed using the Jamovi 2.2 software. We adopted a significance level of $p \leq 0.05$ for all variables. **Results:** There were no data related to depression during pre and post-collections (GDS-15 and GDS-5). When comparing the pre-and post-GAI data, one observed that there was a reduction in anxiety parameters, statistically significant according to $p = 0.0471$ in an interval of 3 months of participation in the activities offered by the project. **Conclusion:** It is perceived the need for a more cautious look at the older population, which was highlighted to the increase in anxiety symptoms presented by the research participants, pointing to the participation in physical and social exercise programs as fundamental factors for the maintenance of integral health.

Keywords: COVID-19. Elderly. Anxiety. Depression.

Resumo

Introdução: Os programas que desenvolvem ações voltadas para a saúde de pessoas idosas na sua integralidade, proporcionam melhoras em aspectos da qualidade de vida (físicos, funcionais, sociais, emocionais). Com a disseminação de uma infecção respiratória aguda

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causada pelo coronavírus SARS-CoV-2 (Covid-19), elegível a nível internacional como “grave” e de elevada transmissibilidade, houve um período extenso de reclusão em casa por parte da maioria da população, aqui no caso, brasileira, acarretando para uma grande parte da população idosa sequelas emocionais, sociais e declínios na capacidade funcional. Dentre eles podemos destacar a ansiedade e depressão, sintomas psicopatológicos que estão relacionados como fatores de risco para a qualidade de vida afetando a realização de suas atividades diárias. **Objetivo:** Comparar através da Escala Geriátrica de Depressão GDS-15 e GDS-5 e o Inventário de Ansiedade Geriátrica (GAI) possíveis alterações nos parâmetros psicopatológicos em pessoas idosas após 3 meses de participação das atividades desenvolvidas no projeto “Viver Melhor”. **Métodos:** Neste recorte 35 participantes do Projeto Viver Melhor, realizado no Centro de Saúde Comunitária - CSC, Deise de Fátima Araújo de Paula, unidade de saúde da Prefeitura Municipal de Palmas (TO), responderam os questionários GAI e GDS-15 e GDS-5 no início e após 3 meses de atividades oferecidas (alongamento, memorização, palestras). Foi realizada estatística descritiva, teste de normalidade (Shapiro-Wilk) e o teste *T-student* para amostras dependentes através do *software* Jamovi 2.2. Adotamos um nível de significância de $p \leq 0,05$ para todas as variáveis. **Resultados:** Não houve dados relacionados a depressão durante pré e pós coletas (GDS-15 e GDS-5). Quando comparados os dados pré e pós da GAI percebe-se uma que houve uma redução nos parâmetros da ansiedade, estatisticamente significativos de acordo com $p= 0.0471$ em um período de 3 meses de participação das atividades oferecidas pelo projeto. **Conclusão:** Percebe-se a necessidade de um olhar mais cauteloso para a população de pessoas idosas, o que foi ressaltado em relação ao aumento dos sintomas de ansiedade apresentados pela pesquisa, apontando a participação em programas de exercícios físicos e sociais como fatores fundamentais para a manutenção da saúde integral.

Palavras-chave: COVID-19. Idosos. Ansiedade. Depressão.

Resumen

Introducción: Los programas que desarrollan acciones enfocadas a la salud de las personas mayores en su integralidad, aportan mejoras en aspectos de calidad de vida (física, funcional, social, emocional). Con la propagación de una infección respiratoria aguda causada por el coronavirus SARS-CoV-2 (Covid-19), internacionalmente elegible como "grave" y altamente transmisible, hubo un extenso período de encarcelamiento en el hogar por parte de la mayoría de la población, aquí en este caso, brasileña, lo que resultó en una gran parte de la población anciana emocional, secuelas sociales y disminuciones en la capacidad funcional. Entre ellos podemos destacar la ansiedad y la depresión, síntomas psicopatológicos que se relacionan como factores de riesgo para la calidad de vida que afectan al desempeño de sus actividades diarias. **Objetivo:** Comparar a través de la Escala de Depresión Geriátrica GDS-15 y GDS-5 y el Inventario de Ansiedad Geriátrica (GAI) posibles cambios en los parámetros psicopatológicos en las personas mayores después de 3 meses de participación en las actividades desarrolladas en el proyecto "Vive Mejor". **Métodos:** En esta sección 35 participantes del Proyecto Vida Mejor, realizado en el Centro Comunitario de Salud - CSC, Deise de Fátima Araújo de Paula, unidad de salud del Ayuntamiento de Palmas (TO), respondieron a los cuestionarios GAI y GDS-15 y GDS-5 al inicio y después de 3 meses de actividades ofrecidas (estiramientos, memorización, conferencias). La estadística descriptiva, la prueba de normalidad (Shapiro-Wilk) y la prueba T-student para muestras dependientes se realizaron utilizando el *software* Jamovi 2.2. Se adoptó un nivel de significancia de $p \leq 0,05$ para todas las variables. **Resultados:** No hubo datos relacionados con la depresión durante las colecciones pre y post (GDS-15 y GDS-5). Al comparar los datos pre y post-GAI, se notó que hubo una reducción en los parámetros de ansiedad, estadísticamente significativa según $p= 0,0471$ en un período de 3 meses de participación en las actividades ofrecidas por el proyecto. **Conclusión:** Se percibe

la necesidad de una mirada más cautelosa para la población mayor, lo que se enfatizó en relación al aumento de los síntomas de ansiedad que presenta la investigación, apuntando a la participación en programas de ejercicio físico y social como factores fundamentales para el mantenimiento de la salud integral.

Palabras-clave: COVID-19. Anciano. Ansiedad. Depresión.

INTRODUCTION

Aging is a natural process and inherent to the human being throughout life, it is an important stage of human development that must be observed with new perspectives from the increasing increase in longevity considering the need for greater care and attention to this age group¹. The importance of staying active during this process contributes to a delay in physiological and mental declines that may happen with physical and social inactivity².

The idea of old age being an important stage of human development is recent and would tell a lot about negative stereotypes about aging. Disease, inactivity, depression, loneliness, and disability are some of the distorted representations associated with the most advanced stages of life^{3,4}.

To achieve this look, one must have a mentality that overcomes prejudices and negative attitudes towards old age, and that considers age not as something determinant of the vital possibilities of the individual, but as an increased variable to those that condition his situation. Thus, through joint efforts, it will be possible to think of preventive

measures and interventions that ensure new feelings that are free of stereotypes associated with aging.

When the older adults retire or stop practicing some professional activity, serious changes can occur in the daily activities of life of this population, confusion about their social role, and difficulty in family relationships, among others. The network of relationships is an important support base and participating in group activities becomes a predictor of diminutive quality of life for older adults⁵.

Research shows that the projects developed to serve the community of the old contribute to a positive association for the maintenance of physical independence, reduction of stress and fragility, and together with the possible treatments performed by the medical team, contribute to the maintenance of the quality of life^{5,6}.

Social participation for older people is related to interaction with other people and cultures, and the functioning of daily life and can contribute to the maintenance of the health and well-being of participants, reducing cognitive and

functional decline and the risk of anxiety and depression⁷.

The year 2020 came with a worldwide challenge, with the spread of SARS-CoV-2, the virus causing COVID-19, and the changes needed to mitigate its infection in humans, such as an extended period of incarceration at home by the majority of the population, causing mental health among several deleterious effects in older adults worldwide. Social isolation was the safest way to avoid contamination, a mechanism of prevention, but fear, and loneliness in isolated older adults can generate or increase mental health conditions^{8,9}.

Recognizing and diagnosing depression and anxiety in people going to people can be particularly challenging because the old may be less likely to report symptoms of depression or anxiety and their symptoms of depression and anxiety are often masked or confused by physical problems¹⁰.

The present study aimed to improve through the Geriatric Depression Scale GDS-15 and GDS-5 and the Geriatric Anxiety Inventory (GAI) possible changes in psychopathological parameters in older people after 3 months of participation in the activities developed in the "Better Living" project.

METHODS

The current work is a cutout of the data from a randomized study (two arms), with blind results evaluations.

This research was approved by the Project Evaluation and Research Commission (CAPP) of the Palmas School of Public Health Foundation (FESP) with protocol:28013.56Xov6b*zq45k. It was also approved by the Ethics Committee on Research with Human Beings (Plataforma Brasil), CAAE: 26526119.0.0000.5519, protocol no. 3,986,922, developed in compliance with the standards established in resolution 466/12 of the National Health Council regarding the conduct of research on human beings and registered in the ClinicalTrials.gov (NCT04719130), on January 20, 2021.

Sample

In this section participated 35 older adults (29 female and 6 male), residents in the municipality of Palmas-TO, and participants of the Living Better Project, held at the Community Health Center - CSC, Deise de Fátima Araújo de Paula, health unit of the City Hall of Palmas (TO) and coordinated by physiotherapist Vanessa Beatriz Gonçalves Borges.

The project began in May 2000, intending to serve the old, offering the

practice of social, intellectual, and physical exercise and interaction activities. All actions are aimed at the health of the older adults in their entirety.

The inclusion criteria were: participants of both sexes, aged 60 years or older, who attended the activities offered by the Live Better project and signed the Informed Consent Form (TCLE).

Table 1. Descriptive data of the participants.

Descriptives			
	Sexo	GAI pré	GAI pós
N	Fem	29	29
	Masc	6	6
Missing	Fem	0	0
	Masc	0	0
Mean	Fem	14.4	5.28
	Masc	14.7	4.83
Median	Fem	14	5
	Masc	15.0	5.00
Standard deviation	Fem	1.54	0.528
	Masc	1.51	0.753
Minimum	Fem	12	4
	Masc	13	4
Maximum	Fem	18	6
	Masc	17	6

Instruments

For data collection, due to the easy application and understanding by participants, in addition to the low cost and minimum risk in its performance, we chose to use the Geriatric Depression Scale GDS-15 and GDS-5 and the Geriatric Anxiety Inventory (GAI).

The Geriatric Anxiety Inventory (GAI)^{11,12} - was applied to assess anxiety symptoms in the old. It is an instrument

composed of 20 items and participants are asked to answer "agree" or "disagree" about these items based on how they felt in the last week. It presents a cutoff score between 10/20 points, where the score of 0-10 indicates no Anxiety, 11-15 Mild or moderate anxiety, and 16-20 Severe anxiety (Table 1).

The Geriatric Depression Scale (GDS-15 and GDS-5)^{10,13} is one of the most frequently used instruments for the detection of depression in older persons. Several studies have shown that GDS offers valid and reliable measures for the evaluation of depressive disorders. As it is a brief inventory, with dichotomous responses (type yes/no), its application in situations of fatigue, low educational level, or mild cognitive impairment is feasible. The scale is scored as a unit of measure - a score of 6 points for GDS-15 and a score of 2 points for GDS-5 is equivalent to suspected depression (Table 2).

The participants answered the GAI and GDS-15 and GDS-5 questionnaires at baseline (pre-collection) and after 3 months (post-collection) of activities offered (stretching, memorization, lectures). Descriptive statistics, normality test (Shapiro-Wilk), and *T-student test for dependent samples* were performed using the Jamovi 2.2 software. We adopted a significance level of $p \leq 0.05$ for all variables.

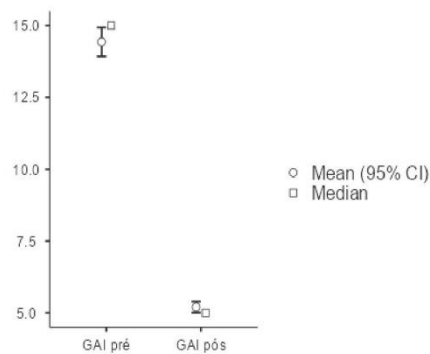


Figure 1. Descriptive means of the Pre and Post-collection values of the Ansiedade Geriatric Inventory (GAI).

RESULTS

There were no data related to depression during pre and post collections (GDS-15 and GDS-5). According to the instruments used, the participant's scores were not associated with depressive symptoms, so no figures and tables were presented for this parameter.

When comparing the pre-and post-GAI data, one observed that there was a reduction in anxiety parameters (Figure 2), statistically significant ($p = 0.0471$; Figure 3) in a period of 3 months of participation in the activities offered by the project.

The mean score of participants related to the GAI questionnaire at baseline was 14 points (moderate anxiety) for female participants, reaching a maximum of 18 score points, which reflects severe anxiety. The male

participants reached similar results at baseline (14,7 points).

CONCLUSION

The need for a more cautious look at the older population is necessary, which was highlighted to the increase in anxiety symptoms presented by the research, pointing to participation in physical and social exercise programs as fundamental factors for maintaining integral health.

		W	p	
GAI pré	-	GAI pós	0.938	0.0471

Note. A low p-value suggests a violation of the assumption of normality

Figure 3. Normality test (Shapiro-Wilk), demonstrating the significance index of $p \leq 0.05$.

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Appendices**GERIATRIC ANXIETY INVENTORY-GAI**

GERIATRIC ANXIETY INVENTORY: Please respond to items according to how you have been feeling in the last week. Mark the circle I AGREE if you agree to a greater degree that this item describes you; Mark the Circle I DISAGREE if you disagree to a greater degree that this item describes you.

	AGREE	DISAGREE
I worry most of the time.	<input type="radio"/>	<input type="radio"/>
I find it hard to make a decision.	<input type="radio"/>	<input type="radio"/>
I feel agitated often.	<input type="radio"/>	<input type="radio"/>
I find it hard to relax.	<input type="radio"/>	<input type="radio"/>
I often can't enjoy things because of my worries.	<input type="radio"/>	<input type="radio"/>
Little things bore me a lot.	<input type="radio"/>	<input type="radio"/>
I often feel like I have a "cold in my belly".	<input type="radio"/>	<input type="radio"/>
I think I'm worried.	<input type="radio"/>	<input type="radio"/>
I can't help but worry about trivial things.	<input type="radio"/>	<input type="radio"/>
I often feel nervous.	<input type="radio"/>	<input type="radio"/>
My own thoughts often make me anxious.	<input type="radio"/>	<input type="radio"/>
I have a stomachache because of my worries.	<input type="radio"/>	<input type="radio"/>
I see myself as a nervous person.	<input type="radio"/>	<input type="radio"/>
I always hope the worst will happen.	<input type="radio"/>	<input type="radio"/>
I often feel tremendous inside.	<input type="radio"/>	<input type="radio"/>
I think my worries interfere with my life.	<input type="radio"/>	<input type="radio"/>
My worries often overwhelm me.	<input type="radio"/>	<input type="radio"/>
Sometimes I feel like I have a big knot in my stomach.	<input type="radio"/>	<input type="radio"/>
I lose things because I worry too much.	<input type="radio"/>	<input type="radio"/>
I often feel upset.	<input type="radio"/>	<input type="radio"/>

Table 1 - Massena, 2014

GDS-15 AND GDS-5 GERIATRIC DEPRESSION SCALE				
	Question	Answer		
		Yes	No	
GDS-5	Are you basically satisfied with your life?			
	Do you get bored often?			
	Do you feel useless under the present circumstances?			
	Would you rather stay home and do new things?			
	Do you feel that your situation has no way out?			
	Are you afraid that some evil will happen to you?			GDS-15
	Do you think your situation is hopeless?			
	Do you think it's wonderful to be alive?			
	Do you feel that your life is empty?			
	Do you feel that most people are better off than you?			
	Do you feel like you have more memory problems than most?			
	Have you left many of your interests and activities?			
	Do you feel in a good mood most of the time?			
	Do you feel full of energy?			
Do you feel happy most of the time?				

Table 2 - Carrasco -2012.