Correlations between psychological symptoms and Quality of Life in Resident Elderly-A Regional Hospital in Taiwan

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Objective:

According to the Council for Economic Planning Committee in Taiwan, said the United Nations and our population data and comparison of the data with the U.S. Census Bureau found that Taiwan's population is aging while compared with 193 countries in the United Nations, and our ranked world No. is 48 in 2010(1). At present, Taiwan's population's "aging index" in only 69% (the so-called aging index is defined as the population aged 65 and over accounted for 0 to 14 year-old the proportion of the elderly population is a young population that's 0.6 times) (2). However, Taiwan's fertility rate is too low, leading to aging rate increases. The study aims:

1. Investigate relevance of the elderly inpatient quality of life, psychiatric symptoms and suicidal ideation.
2. Understand the mind of the elderly residents and psychological needs to feel.
3. Providing the reference of clinical care in the elderly related medical personnel and health education.

Methods:

During this study were enrolled from February 7, 2012 to December 24, 2012, for 65 years or psychiatric inpatients General Division conducted a comprehensive screening, received a total of 2198 cases hospitalized elderly, those who do not meet the inclusion criteria with 35, accounting for 1.64%, of which there are eight younger than 65 years old, 27 have significant cognitive impairment (1.23%), the final number of samples collected 2165 (98.41%), in which a result of completing the questionnaire completion rate below 60%, the excluded, the final data analysis included in the total number of hospitalized elderly sample 2164 (N = 2164).

Inclusion criteria: (1) 65 years (or more) of the hospitalized patients (2) clear consciousness, attention sustainability 30 minutes, depressive symptoms will not interfere with interviews and gather information, vision, hearing acuity and oral communication without prejudice (3) no alcohol or drug dependence phenomena (4) willing to participate in this study sample and other conditions.

Exclusion criteria: (1) Impairment of cognitive function, moderate or severe dementia and mental retardation (2) Mental disorder such as schizophrenia or bipolar disorder with manic episodes (3) patients with substance addiction (4) cannot communicate and talks (5) Concentration inability to last 30 minutes.

Based on ethical considerations, this study oath by the body through the audit committee , parties to close the case.

In this study, this scale of the top 5 questions (BSRS-5) for hospitalized elderly suicidal ideation assessment, scoring more than six points above expressed suicidal ideation, and if questionnaires to express any active or passive suicidal intent, also expressed suicidal ideation scale scores higher, which means that the stronger suicidal ideation. This scale applies to the elderly in the community of internal consistency reliability Cronbach's alpha value of .84. Used in different populations of patients achieved good internal reliability. Obviously the extensiveness of its reliability and validity for a good internal consistency. (BSRS-5’s Cronbach's α=0.77-0.90, Test-retest reliability was 0.82) Which sensitivity was 78.9% and specificity of 74.3%. Compare with the mental illness diagnostic results of Mini-International Neuropsychiatric Interview schedule. To six points as the cut-off point scale can be obtained 76.3% of the correct diagnosis.

Results:

1. A hospitalization for the elderly quality of life and the presence of suicidal ideation score situation.

The results showed that the age distribution of elderly residents in the 65 to 101 years old, of which 65-74 years old (44.8%), 75-84 years old at most (39.0%) followed. Mean age 76.5±7.4 years, males accounted for 55.8% majority, females 44.2%. Up to literacy education level (35.8%), followed by the junior high school (31.0%). Hospitalized elderly States (including) accounted for 84.1% the following display generally low level of education. Most hospitalized elderly live with their children (28.4%) or living with their spouse (25.6%). Conscious state of the economy as “fair” (76.6%), however, 55% perceived health status "bad". BSRS-5 <6 points accounted for 74.9% and ≥ 6 points accounted for 25.1%, which is more than 1/4 of the screening of elderly hospitalized with suicidal ideation, more worthy of our investment in more research and tracking.

2. Elderly residents socio-demographic characteristics on the differences of suicidal ideation compared

Compare Brief Symptom Rating Scale (BSRS-5) is less than 6 points, and greater than or equal to 6 points(with or without suicidal ideation) and elderly residents of the differences in socio-demographic characteristics analysis of the results: gender, education level, economic status and health status significant differences were reached. Among elderly residents of the age, marital status and state of residence of the statistical analysis on the presence or absence of suicide ideation found no statistic difference exists.

3. Correlation between Elderly residents BSRS-5 and Quality of Life Scale

The elderly residents of suicidal ideation and quality of life scores for conduct Pearson correlation analysis found Brief Symptom Rating Scale and physical health domain (QoL1), psychological domain (QoL2), environmental aspects (QoL3) social category (QoL4) and quality of life score (QoL Total) were statistically significant differences in the correlation coefficients between the scales 0.062 – 0.79, are moderate to strong correlation, but in order to score with suicidal ideation the correlation coefficient between the comparative scales are negatively correlated.

Conclusions:

The BSRS-5 score is predictive for scores of all four domains and 28 items of the Taiwanese version of the WHOQOL-BREF for resident elderly. This study aimed to investigate relevance of the elderly inpatient mental function, quality of life, psychiatric symptoms (insomnia, nervousness and depression) and suicidal ideation, and impact of patient factors associated with suicidal ideation in the elderly.

Suicide among the elderly is a complex and multi-faceted problem, and the suicide mortality rate ranks the highest of all ages. The development of preventive, risk screening and case management strategic plan should be positive for the elderly suicide and timely assessment of the effectiveness of prevention in order to gradually reduce the incidence of suicide among the elderly.

In order to understand the mind of the elderly residents and psychological needs to feel in order to be able to collect more elderly suicidal ideation associated with a message, providing the reference of clinical care in the elderly related medical personnel and health education.