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国内 7 省市老年人抑郁症的检出率及影响因素分析 *

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摘要 目的:调查分析国内 7 省市老年人抑郁症的检出率及特点,并从老年人基本情况、躯体健康、认知功能等方面综合分析抑郁症的影响因素。**方法:**采用 GDS-30 量表分析 2011-2012 年在北京、上海、哈尔滨、西安、成都、长沙和重庆市及周边乡镇的 9200 名 60 岁以上老年抑郁症的发生情况,并分析影响抑郁检出率的相关因素。**结果:**调查老年对象的抑郁症检出率为 17.2%,其中男性为 15%,女性为 19.6%。女性老年人在各个年龄段的抑郁症检出率均高于男性。抑郁症检出率随着年龄的增加逐渐增加。文化水平、健康自评、认知功能与抑郁症检出率密切相关。**结论:**抑郁症是国内 7 省市老年人常见的心理疾病,女性、高龄、低文化水平、健康自评差、认知功能障碍的老年人患抑郁症的几率更高。

关键词:抑郁症;老年人;影响因素

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Prevalence of Depression in Chinese Elderly Persons and Associated Factors*

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ABSTRACT Objective: To investigate the prevalence of depression in the elderly in 7 provinces in China and determine the impact factors from the aspects of personal information, physical health, and cognitive function. **Methods:** The incidence and impact factors of depression in 9200 cases of elderly people aged over 60 years in Beijing, Shanghai, Harbin, Xi'an, Chengdu, Changsha, Chongqing and surrounding towns were analyzed by GDS-30 scale. **Results:** The prevalence of depression in total elderly was 17.2% and 15% in male and 19.6% in female respectively. At all ages, the prevalence of the depression in female was higher than that in man. With the increase of age, the prevalence of depression increased. Educational level, health self-evaluation and cognitive function were closely associated with the prevalence of depression in the elderly. **Conclusions:** Depression is a common mental disorder in the elderly in the domestic 7 provinces. Female, older people, lower educational level, lower health self-evaluation and lower cognitive function of the elderly are higher risks for depression.

Key words: Depression; Elderly; Risk factors

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前言

抑郁是老年人常见的心理疾患^[1]。2014 年发表的分析报告表明中国有高达 23.6% 的老年人有抑郁症状^[2],其症状主要表现为心境低落、思维迟缓、意志活动减退及相关躯体症状,如睡眠障碍、食欲减退等^[3]。抑郁症会严重影响老年人的身体健康、情绪状态以及生活质量,甚至还会导致自杀倾向^[4,5]。但由于老年人对抑郁症的认识普遍不足,因此老年人抑郁症常常被忽视^[6]。国内对于老年人群中的抑郁症检出率和影响因素的研究大

部分集中在某个小范围区域内,如个别省市、社区或医院等^[7-9],缺少对国内较大范围老年人抑郁症检出率的调查分析。另外,对老年人抑郁表现和综合健康情况特点的联系与分析不够深入^[10,11]。本研究以 2011 年开展的老年健康综合评估研究为基础,分析从国内 6 个地区 7 个城市调查的 9000 多名老年人 GDS 问卷,旨在为了解老年人心理情绪状态提供信息并进一步分析与老年人心理情绪相关的影响因素。

1 材料与方法

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1.1 研究对象

研究对象为国内 7 个城市(北京、上海、重庆、哈尔滨、成都、西安、长沙)及其周边乡镇的 9200 名 60 岁及以上年龄的老年人。

1.2 方法

横断面调查的方法。老年人健康综合评估问卷由中国卫生部行业基金老年健康综合评估课题组和中国老年人保健及疾病防治联盟联合设计,调查前培训调查员,然后采用标准问卷,以面对面的方式询问相关信息,调查内容包括 A 基本情况、B 躯体健康评估、C 躯体功能评估、D 生活行为与社会功能评估、E 心理健康、F 认知功能、G 医疗情况、H 失能等级评估、I 辅助检查,涉及九大项 482 个问题。共完成调查并收集数据 9503 份,除去部分年龄小于 60 岁、或心理健康评估量表填写不完整的人群,得到实际可用样本 9200 例。

1.3 抑郁测评

老年人抑郁症采用老年抑郁量表 GDS-30 (Geriatric Depression Scale)^[12]来评估,量表包括 30 个问题,总分 0-10 分为无抑郁,11-20 分为轻度抑郁,21-30 分为中重度抑郁,即 0-10 分为无抑郁,11-30 分为有抑郁。抑郁检出率 = 抑郁检出人数 / 对应类的人数 × 100 %。

1.4 认知功能测评

老年人认知功能采用简短精神状态量表 (MMSE)^[13] 来评估,量表包括 11 项内容,满分为 30 分。考虑到认知功能对于文化水平的敏感性,根据 MMSE 得分和文化水平对个体所属认知功能等级进行界定。文盲、小学、中学和大学的痴呆节点分别是 17、20、22、23;得分在 27 分以上为认知功能正常,否则为认知功能受损或失能,见表 1。

表 1 基于 MMSE 量表的老年人认知功能界定标准

Table 1 Definition of Cognitive Function of Elderly Based on MMSE Scale

Cognitive function score	Educational level	Cognitive function
≥27	~	Normal
24~26	~	Damaged
18~23	Illiteracy	Damaged
21~23	Primary	Damaged
23	Middle	Damaged
≤17	Illiteracy	Disability
≤20	Primary	Disability
≤22	Middle	Disability
≤23	College and above	Disability

1.5 统计分析方法

采用 R 语言进行描述性分析、 χ^2 检验以及逻辑回归分析,统计老年人健康综合数据基本特点,并分析老年人抑郁症影响因素。

2 结果

2.1 一般情况

所调查老年群体年龄跨度为 60-99 岁。其中,男性 4836 人(52.57 %),女性 4360 人(47.39 %);高中 / 大专 / 研究生学历比例为 47.72 %,文盲率为 10.18 %;认知功能正常的老年人比例为 65.96 %,认知功能受损或失能的老年人比例为 32.65 %;81.25 % 的老年人健康自评为一般及以上,约 18.75 % 的老年人健康自评较差,见表 2。

2.2 老年人抑郁症的检出情况

运用老年抑郁量表 GDS-30 对 9200 位老年人进行抑郁症筛查,GDS 得分在 0-10 分(无抑郁)的有 7617 人(82.79 %),11-20 分(轻度抑郁)的有 1464 人(15.91 %),21-30 分(中重度抑郁)的有 119 人(1.29 %),即老年人抑郁症的检出率为 17.2 %,其中,在无抑郁人群中,男性人数多于女性,在有抑郁人群中,女性人数多于男性。男性在不同抑郁程度下的检出人数比例分

别为 84.99 %、14.08 %和 0.93 %,女性在不同抑郁程度下的检出人数比例分别为 80.39 %、17.91 %和 1.70 %,见表 3。

2.3 老年人抑郁症的影响因素

老年人抑郁症在性别、年龄、文化水平、认知功能及健康自评方面差异具有统计学意义($P < 0.001$),且是老年人抑郁症的危险因素($OR > 1$)。男性的抑郁症检出率为 15.01 %,女性的抑郁症检出率为 19.61 %。随着年龄的增加,抑郁症检出率增加;文化水平降低,抑郁症检出率提高,且文化水平每降低一个等级,抑郁症检出率提高约 4 %;认知功能降低,抑郁症检出率提高,且认知功能每降低一个等级,抑郁症检出率提高约 9 %;健康自评降低,抑郁症检出率提高,且健康自评每降低一个等级,抑郁症检出率提高约 8 %,见表 4。

在 60~64 岁人群中,不管抑郁程度如何,男性人数均少于女性;在 65~74 岁无抑郁人群中,男性人数多于女性,其他抑郁程度人群中,男性人数少于女性;在 75~84 岁无抑郁和轻度抑郁人群中,男性人数多于女性,中重度抑郁人群中,男性人数少于女性;在 85~99 岁人群中,除两个特例外,其余均是男性人数多于女性。在不同年龄段内,均体现出女性抑郁症检出率高于男性的特点,尤其是 80 岁以上人群,女性抑郁症检出率明显高于男性,见表 5。

表 2 老年人群一般情况

Table 2 The general situation of elderly population

Factor	Group	Mean Age($\pm$ SD)	Number	Proportion(%)
Elderly population	Total	72($\pm$ 7.78)	9200	100
Gender	Male	73($\pm$ 7.95)	4836	52.57
	Female	71($\pm$ 7.45)	4360	47.39
Age	60~64	62($\pm$ 1.39)	1894	20.59
	65~69	66.9($\pm$ 1.43)	1860	20.22
	70~74	72($\pm$ 1.42)	1916	20.83
	75~79	76.8($\pm$ 1.40)	1780	19.35
	80~84	81.7($\pm$ 1.38)	1156	12.57
	85~89	86.6($\pm$ 1.35)	460	5.00
	90~94	91.5($\pm$ 1.42)	122	1.33
	95~99	96.8($\pm$ 1.70)	12	0.13
Educational level	Illiteracy	74.6($\pm$ 7.42)	937	10.18
	Primary	71.7($\pm$ 7.37)	1890	20.54
	Junior	70.3($\pm$ 7.93)	1820	19.78
	High/Secondary	71.5($\pm$ 7.87)	1636	17.78
	College/Undergraduate	73.1($\pm$ 7.63)	2677	29.10
	Postgraduate	71($\pm$ 8.45)	77	0.84
Cognitive function	Disability	77.2($\pm$ 8.39)	922	10.02
	Damaged	73.8($\pm$ 7.56)	2082	22.63
	Normal	70.6($\pm$ 7.19)	6069	65.96
Self-rated health	Very good	70.8($\pm$ 7.85)	501	5.45
	Good	71.8($\pm$ 7.83)	2740	29.78
	General	71.8($\pm$ 7.61)	4234	46.02
	Bad	73.8($\pm$ 7.86)	1504	16.35
	Very bad	74.5($\pm$ 8.11)	165	1.79

表 3 老年人抑郁症的检出情况

Table 3 The detection of depression in the elderly

The degree of depression(GDS Score)	Total number	Proportion(%)	Gender	Detection Number	Proportion in different gender(%)
No depression (0-10)	7617	82.79	Male	4110	84.99
			Female	3505	80.39
Mild depression (11-20)	1464	15.91	Male	681	14.08
			Female	781	17.91
Moderate or severe depression(21-30)	119	1.29	Male	45	0.93
			Female	74	1.70

Note: Proportion in different gender % = Detection Number / Number of different gender * 100.

3 讨论

3.1 抑郁症是老年人常见的心理疾病

本文研究对象的抑郁症检出率为 17.2 %, 其中男性为 15 %, 女性为 19.6 %, 表明抑郁症是老年人常见的心理疾病。与王义强^[14]等人研究得到的杭州市社区老年人抑郁症检出率为

16.7 % 的结论相当, 高于熊健^[15]对辽宁省锦州市某社区老年居民研究所得的抑郁症检出率为 16.22 % 的结果, 低于张迪等人^[16]对北京市城市 2 个社区调查所得的抑郁症检出率为 18.259 % 的结果。综上, 全国大部分省市的老年人表现出较高的抑郁症发病率, 严重影响老年人的生活质量。

表 4 不同因素对老年人抑郁症的影响

Table 4 The effects of different factors on the depression in the elderly

Factor	Group	Number of depression (Detection rate%)	P	OR
Gender	Male	726(15.01)	<0.001	1.498
	Female	855(19.61)		
Age	60~64	248(13.09)	<0.001	1.006
	65~69	306(16.45)		
	70~74	315(16.44)		
	75~79	330(18.54)		
	80~84	228(19.72)		
	85~89	111(24.13)		
	90~99	45(33.58)		
Educational level	Illiteracy	276(29.46)	<0.001	1.025
	Primary	408(21.58)		
	Junior	345(18.96)		
	High/Secondary	278(16.99)		
	College/Undergraduate	264(9.86)		
Cognitive function	Postgraduate	4(5.19)	<0.001	1.966
	Disability	358(38.83)		
	Damaged	547(26.27)		
	Normal	644(10.61)		
	Very good	13(2.59)		
Self-rated health	Good	258(9.42)	<0.001	3.016
	General	713(16.84)		
	Bad	524(34.84)		
	Very bad	72(43.64)		

表 5 不同年龄、不同性别下不同程度抑郁症的检出率

Table 5 Detection rate in different degrees of depression, different age, different sex

Age	Gender	Total number	The degree of depression	Number	Number of depression (Detection rate%)
60~64	Male	849	No depression	759	90(10.58)
			Mild depression	84	
			Moderate or severe depression	6	
	Female	1044	No depression	887	157(15.04)
			Mild depression	138	
			Moderate or severe depression	19	
65~69	Male	950	No depression	812	138(14.53)
			Mild depression	130	
			Moderate or severe depression	8	
	Female	910	No depression	742	168(18.46)
			Mild depression	158	
			Moderate or severe depression	10	
70~74	Male	947	No depression	819	128(13.52)
			Mild depression	122	
			Moderate or severe depression	6	
	Female	969	No depression	782	187(19.30)
			Mild depression	174	
			Moderate or severe depression	13	

75~79	Male	971	No depression	810	161(16.58)
			Mild depression	154	
			Moderate or severe depression	7	
	Female	807	No depression	639	168(20.82)
			Mild depression	149	
			Moderate or severe depression	19	
80~84	Male	726	No depression	606	120(16.53)
			Mild depression	112	
			Moderate or severe depression	8	
	Female	430	No depression	322	108(25.12)
			Mild depression	99	
			Moderate or severe depression	9	
85~89	Male	307	No depression	240	67(21.82)
			Mild depression	60	
			Moderate or severe depression	7	
	Female	153	No depression	109	44(28.76)
			Mild depression	42	
			Moderate or severe depression	2	
90~99	Male	86	No depression	64	22(25.58)
			Mild depression	19	
			Moderate or severe depression	3	
	Female	47	No depression	24	23(48.94)
			Mild depression	21	
			Moderate or severe depression	2	

Note: Detection rate% = Number of depression / Total number * 100.

3.2 老年人抑郁症影响因素

女性老年群体的抑郁症检出率高于男性,尤其是80岁以上人群,说明女性较男性患抑郁症的风险更高,与李秀丽等人^[17]对太原市社区老年人、袁群等人^[18]对长沙市社区老年人、俞丽华^[19]对江西省精神病院老年患者、Li Yunming 等人^[20]对西安市某社区老年人抑郁症调查的结论一致。这可能与女性特殊的生理构造导致的情绪不稳、社会角色分工造成的心理压力有关。

随着老年人年龄的增加,抑郁症检出率逐渐增加,与韩冬梅等人^[21]对包头市老年人抑郁症调查的结论一致。老年人随年龄增加,躯体疾病发病率上升,会增加患抑郁症的风险。崔向军等人^[22]的研究结果也表明高龄老年人的抑郁症患病率更高。由于高龄老年人可能患有多种疾病,精神压力较大,负性生活时间增多,导致其更容易产生抑郁情绪^[23]。

文化水平越低的老年人,抑郁症检出率越高,且文化水平每降低一个等级,抑郁症检出率提高约4%。Park^[24]、李秀丽等人^[17]、曹裴娅等人^[25]的研究也显示,低文化程度的老年人抑郁症检出率更高。这些群体由于社会地位、经济地位较低,容易产生负性情绪,从而引发抑郁症。

健康自评越差的老年人抑郁症检出率越高,且健康自评每降低一个等级,抑郁症检出率提高约9%,雷冬兰^[26]、袁群等人^[18]、郝艳华等人^[27]的研究也反映出抑郁症检出率与健康自评情况相关,而胡月等人^[28]的研究结果表明健康自评受到收入水平、慢性病、听说障碍、饮食、锻炼等因素的影响。健康自评能够在一定程度上反映老年人的心理健康状况,有些老年人的身体

健康状况不一定很好,但由于其心态乐观,对自身的健康评价较好,不容易产生抑郁情绪;相反,有些老年人虽然身体健康状况较好,但总是过分担心自身的健康状况,因此更容易产生抑郁情绪。

认知功能越低的老年人抑郁症检出率越高,且认知功能每降低一个等级,抑郁症检出率提高约8%,与李秀丽等人^[17]对太原市社区老年人、秦碧勇等人^[29]对湖北省十堰市人民医院住院患者的研究结果相一致。认知功能损害是抑郁症的常见伴发症状,严重影响老年人的生活质量。

综上所述,性别、年龄、文化水平、健康自评以及认知功能是老年人抑郁症的影响因素。

3.3 对策与建议

针对本研究的结果,提出以下对策与建议预防老年人抑郁症的发生:关注老年人的情绪变化,尤其是女性高龄老年群体;营造良好的社会氛围,发展老年教育,让老年人继续学习,更好地融入社会;帮助老年人纠正不健康的行为和生活方式,坚持定期体检;引导老年人积极参加健康的社会活动,对其进行心理健康教育干预^[30],延缓生理和心理功能的下降。

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