



ORIGINAL ARTICLE

## Behavior of Anxiety-Depressive Disorder in Older Adults at the Daytime Gerontological Center Amparo Social, El Chaco

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**Received:** December 9, 2025

**Accepted:** December 10, 2025

**Published:** December 11, 2025

**Citar como:** Abata-Erazo AP, Alvear-Castro PJ, Guerra-Abata JM. Comportamiento del trastorno ansioso depresivo en adultos mayores del Gerontológico Diurno Amparo Social, El Chaco. Rev Ciencias Médicas [Internet]. 2025 [citado: fecha de acceso]; 29(S1): e6967. Disponible en: <http://revcmpinar.sld.cu/index.php/publicaciones/article/view/6967>

### ABSTRACT

**Introduction:** older adults may develop anxiety and/or depression, affecting their social environment and emotional health.

**Objective:** to identify the presence of anxious-depressive disorder in older adults attending the Amparo Social Day Gerontological Center in the canton of El Chaco.

**Methods:** an observational, descriptive, cross-sectional study was conducted in a sample of 50 older adults. The application of instruments enabled the collection of information that addressed the analyzed variables, using descriptive statistical methods.

**Results:** 42 % and 34 % of the sample presented moderate and mild depression, respectively, with mild anxiety identified in 46 % of the population. Regarding risk factors, it is noteworthy that 62 % of older adults do not participate in events or activities, 57 % suffer from chronic-degenerative diseases, 46 % do not engage in physical activity, 42 % are widowed, 36 % sometimes participate in family gatherings, while 30 % are never consulted for such occasions, and 80 % report experiencing abuse.

**Conclusions:** the levels of anxiety and depression identified in the study reflect the need to develop educational strategies aimed at preventing anxious-depressive disorder, focusing on recreational physical activities and social engagement in order to reduce the prevalence of depression and anxiety in the studied population.

**Keywords:** Aged; Anxiety; Depression; Healthy Aging; Depressive Disorder.

## INTRODUCTION

Depression is one of the most common mental disorders among older adults, with a global estimated prevalence of approximately 7 %. This condition accounts for about 5,7 % of years lived with disability in this age group and is associated with a significant reduction in productivity and quality of life—even more so than chronic conditions such as respiratory diseases.<sup>(1,2)</sup>

The current global context highlights the need for preventive interventions for depression and anxiety in older adults, as these disorders are often diagnosed late and receive insufficient attention. The World Health Organization (WHO) estimates that more than 300 million people suffer from depression, a considerable proportion of whom are aged 60 years or older.<sup>(3,4)</sup>

In Latin America, this issue is equally significant. Recent studies have identified a high prevalence of depression among older adults, associated with socioeconomic factors, inequality, and chronic health conditions.<sup>(5)</sup> In Mexico, longitudinal research has shown that demographic and social determinants significantly influence the onset of depressive symptoms in individuals over 50 years of age.<sup>(6)</sup>

The situation in Cuba and other countries in the region reflects alarming figures in geriatric institutions, where moderate to high levels of anxiety and depression are reported among most residents.<sup>(7)</sup> These findings are linked to factors such as loss of social role, social isolation, widowhood, and lack of participation in community activities, which heighten psychological vulnerability. Evidence indicates that the interaction between cognitive decline and depressive symptoms creates a negative feedback loop that impairs autonomy and well-being.<sup>(8)</sup>

Therefore, it is essential to design educational and community-based strategies that promote resilience, physical activity, and social integration as preventive measures. In light of the aforementioned, the present study was conducted with the objective of identifying the presence of anxious-depressive disorder in older adults attending the Amparo Social Day Gerontological Center in the canton of El Chaco.

## METHODS

An observational, descriptive, cross-sectional study was carried out in a sample of 50 older adults from the Amparo Social Day Gerontological Center in El Chaco. Participants were selected using non-probabilistic convenience sampling, including all older adults who regularly attended the institution during the study period and who voluntarily agreed to participate.

Two instruments were used for data collection:

- The DASS (Depression, Anxiety and Stress Scales) psychometric test, designed to assess levels of depression, anxiety, and stress, considering these dimensions as continuous rather than categorical diagnoses.
- A structured questionnaire of 16 closed-ended questions, developed by the researchers, which explored sociodemographic factors (age, sex, marital status, educational level, occupation) and associated risk factors (sedentary lifestyle, polypharmacy, family abandonment, social isolation, participation in recreational activities, among others).

The instruments were administered in individual sessions, in a controlled setting and with the support of trained personnel, ensuring comprehension of the questions and confidentiality of the information. Collected data were entered into a database and subjected to descriptive analysis, using frequencies and percentages to characterize the distribution of the studied variables.

The ethical principles for research involving human subjects were respected, ensuring informed consent, confidentiality of results, and exclusive use of the information for academic and scientific purposes.

## RESULTS

Regarding the marital status of the older adults, 42,0 % were widowed, while 28,0 % were divorced. With respect to the source of economic support, 32,0 % were still working, 26,0 % received retirement pensions, and 22,0 % relied on financial support from family members.

The findings reveal marked vulnerability among the evaluated older adults: 57,0 % suffered from chronic-degenerative diseases, and 84,0 % took one or more medications daily. Concerning care and support, 34,0 % reported having no one to turn to when ill, while 28,0 % sought help from individuals outside their close circle. Collectively, these results underscore the importance of strengthening family and community support, as well as implementing public health programs that ensure comprehensive and safe management of illnesses and treatments in old age.

As shown in Table 1, there was a predominance of patients with moderate and mild depression (42,0 % and 34,0 %, respectively), with 46,0 % exhibiting mild levels of anxiety.

**Table 1.** Distribution of the sample according to anxiety and depression.

| Variable   |                  | No. | %  |
|------------|------------------|-----|----|
| Depression | Low              | 17  | 34 |
|            | Moderate         | 21  | 42 |
|            | Severe           | 7   | 14 |
|            | Extremely severe | 5   | 10 |
| Anxiety    | Low              | 23  | 46 |
|            | Moderate         | 19  | 38 |
|            | Severe           | 5   | 10 |
|            | Extremely severe | 3   | 6  |

Regarding cohabitation, Table 2 shows that 42,0 % of respondents live alone, with 36,0 % spending  $\geq 6$  hours per day alone. Additionally, 38,0 % of older adults reside in rented housing, while 36,0 % live in their own homes.

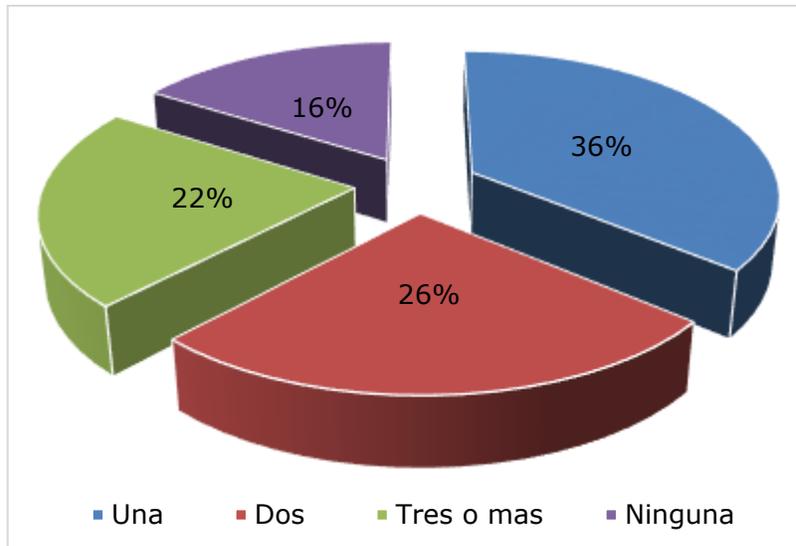
**Table 2.** Distribution of the sample according to factors associated with cohabitation.

| Variable                                   | No.             | %  |    |
|--|-----------------|----|----|
| With whom do you currently live?           | Alone           | 21 | 42 |
|  | Caregivers      | 7  | 14 |
|  | Relatives       | 15 | 30 |
|  | Others          | 7  | 14 |
| How many hours per day do you spend alone? | Not Alone       | 7  | 14 |
|  | 2 a 4 Hours     | 14 | 28 |
|  | 4 a 6 Hours     | 11 | 22 |
|  | 6 Hours or more | 18 | 36 |
| Is the place where you live...?            | Own             | 18 | 36 |
|  | Rented          | 19 | 38 |
|  | Borrowed        | 13 | 26 |

The results show that a considerable proportion of older adults face limitations in their daily lives: 38 % require assistance to perform daily activities, 40 % need occasional support, and only 22 % manage independently, reflecting the increasing dependency associated with aging. Regarding physical exercise, 46 % do not engage in any physical activity during the week, while 30 % exercise between 4 and 6 times per week, and 24 % do so 1 to 3 times per week. These findings highlight the importance of promoting regular physical activity as a strategy to prevent emotional and cognitive decline, as well as to foster the creation of support networks and social spaces that contribute to healthy and inclusive aging.

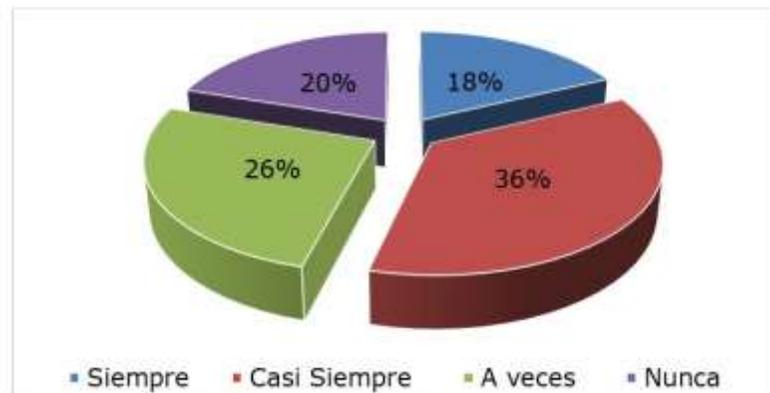
The results also reveal significant limitations in the social integration of older adults: 36 % maintain only occasional contact with their relatives, 24 % almost always, another 24 % never, and only 14 % always do so. Similarly, regarding attendance at family gatherings, 36 % participate sometimes, 30 % are never included, and only 16 % to 18 % participate regularly—indicating a pattern of exclusion within the family unit. Compounding this, 62 % do not participate in recreational activities, compared to 38 % who do, which limits opportunities for socialization, creativity, and emotional well-being. Collectively, these findings underscore the need to strengthen family and community inclusion and to promote recreational spaces that support mental health and quality of life in older adulthood.

Figure 1 indicates the number of people with whom older adults (OAs) have had telephone contact in the past week, showing that 36,0 % spoke with only one person and 26,0 % with two people.



**Fig. 1** Number of people with whom older adults established telephone communication in the past week.

The results also show that 58 % of surveyed older adults have experienced the loss of loved ones in the past three months, while 42 % have not. This finding reflects the high frequency of bereavement at this stage of life, where the death of peers is common and may intensify the perception of one’s own vulnerability. This situation underscores the need for emotional and social support, as well as the promotion of activities and behaviors that enable older adults to feel useful, active, and connected to their surroundings, thereby mitigating the negative impact of grief and fostering healthier aging.



**Fig. 2** Perception of violence experienced by older adults.

As shown in Figure 2, older adults’ perception of violence received from family members, caregivers, or people around them indicates that 80 % have experienced violence, with 36.0% reporting being victimized "almost always" and 18,0 % "always."

## DISCUSSION

In Cuba, Espinosa Ferro et al.,<sup>(4)</sup> reported that 42,1 % of institutionalized older adults exhibited low levels of depression, 52,6 % showed moderate levels, and 5,3 % presented high levels. These findings are consistent with the results of our study, where 42 % of older adults presented moderate depression, 34 % mild, 14 % severe, and 10 % extremely severe. Notably, severe and extremely severe depression combined reach 24 %, underscoring the urgent need for interventions in mental health promotion, prevention, and treatment within this population group.

Regarding anxiety, Jalali et al.,<sup>(9)</sup> reported similar results in a systematic review conducted among older adults, describing a predominance of moderate to high anxiety levels, with no cases of mild anxiety. In contrast, our study identified lower anxiety categories, including mild forms. However, our findings also revealed higher proportions in the severe and extremely severe categories compared to several international studies, reinforcing the urgency of implementing comprehensive preventive and therapeutic strategies.<sup>(10,11,12)</sup>

Depression and anxiety in older adults are multifactorial processes influenced by chronic conditions such as diabetes, cardiovascular diseases, and persistent pain, all of which heighten psychological vulnerability.<sup>(13,14)</sup> In our study, 57 % of participants suffered from at least one chronic-degenerative disease, representing a significant risk factor. Likewise, social isolation and bereavement emerged as key determinants in the development of anxious-depressive disorders, highlighting the profound psychosocial impact.<sup>(15)</sup>

Socioeconomic conditions also affect mental health. In our sample, 38 % of respondents lived in rented housing, 26 % in borrowed accommodations, and only 36 % owned their homes. Additionally, 32 % continued working to cover their expenses, while others relied on pensions, family support, or third parties. These circumstances reflect vulnerabilities that compromise quality of life and increase the risk of mental disorders.<sup>(16,17)</sup>

It is imperative to emphasize the need for public policies that ensure a dignified life for older adults, adopting a holistic approach that prioritizes mental health. Social participation, strengthening of support networks, and active inclusion in family and community life are essential components for reducing the incidence of depression and anxiety in this population.<sup>(18,19)</sup>

## CONCLUSIONS

Among the older adult population studied, a high prevalence of depression and anxiety was observed, with a predominance of mild and moderate forms; however, a significant proportion exhibited severe and extremely severe symptoms. These rates exceed those reported in other countries in the region and are associated with risk factors such as family abandonment, social isolation, physical inactivity, polypharmacy, and limited participation in recreational activities. The vulnerability of this group is further exacerbated by loneliness, recent bereavement, and the burden of chronic illnesses, all occurring within a context where public mental health policies remain insufficient for effective promotion, diagnosis, and treatment. Therefore, there is an urgent need for more in-depth research and timely interventions across all levels of health care to ensure a comprehensive and equitable response.

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