

**TITLE - Correlates of depression in self-neglecting older adults: a cross-sectional study examining the role of alcohol abuse and pain in increasing vulnerability**

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**SOURCE** - Webinar ([recording located here](#))



## SUMMARY OF RESEARCH

Older adults with confirmed self-neglect report high rates of depressive symptoms. It has been estimated that between 50-62% of older adults with confirmed self-neglect suffer from at least sub-clinical levels of depressive symptomatology. Depressive symptoms in this population have been linked to untreated medical conditions. Further study is needed to understand the association between elder self-neglect and depressive symptoms, including studies determining potential correlates of depression in this population. Identifying such correlates could inform clinical social work and other mental health approaches for reducing depressive symptoms and self-neglect behaviors in this population. The current cross-sectional study reviewed a host of self-reported cognitive, functional, demographic and clinical measures and identified a positive history of alcohol abuse, low self-rated health and pain as significant correlates of depressive symptomatology in older adults with Adult Protective Services (APS) validated self-neglect. Those with a positive screen for prior alcohol abuse were approximately 3 times more likely to have at least sub-clinical depression (Geriatric Depression Scale-15 >4). Having lower self-rated health was associated with a 53% increase in the likelihood of reporting at least sub-clinical depression. Reporting pain was associated with a 37% increase in the likelihood of reporting at least sub-clinical depression. These findings did not allow for establishing a temporal direction between depression, history of alcohol abuse, low self-rated health or pain. Nevertheless, they do provide insight into possible targets for improving outcomes in elder self-neglect populations given their evidence-based associations with both depression and self-management activities including accessing healthcare and completing activities critical for safety and protection.

This research summary is part of a series sponsored by the National Adult Protective Services Association (NAPSA) and the National Committee for the Prevention of Elder Abuse (NCPEA) joint Research Committee. The purpose of this research summary is to provide direct access to findings in order to enhance practice and clarify policy choices.

## PRACTICE & POLICY IMPLICATIONS

Depression is a condition that should always be assessed when an older adult has confirmed self-neglect. Because depression can increase apathy, decrease motivation and lower an older adults health and social perspective, it may be an important target for intervention to reduce self-neglecting behaviors such as refusing to see a doctor, not adhering to medical recommendations or completing activities of daily living. When discovering depression in this population, interventionist should consider potentially important contributors to depression such as prior or current alcohol abuse, low self-rated health and pain. Addressing these conditions could be highly important for effectively reducing depression and self-neglect, potentially.

## FURTHER READING

Hansen M, Flores DV, Coverdale JH, & Burnett J. Correlates of Depression in Community-dwelling Older Adults with Adult Protective Services Substantiated Self-Neglect. *Journal of Elder Abuse and Neglect*, 2016; 28:1, 41-56.

Burnett J, Coverdale J, Pickens S, Dyer CB. What is the association between self-neglect, depressive symptoms and untreated medical conditions? *JEAN*, 2006, 18(4):25-34.

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