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A Causal Model of Depression Among Older Adults in Chon Buri Province, Thailand

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The purposes of this study are to develop and empirically test a theoretical model that examines the relationships between a set of predictors and depression among older adults. A biopsychosocial model was tested with 317 community dwelling older adults residing in Chon Buri Province, Thailand. A face-to-face interview was used in a cross-sectional community-based survey. A hypothesized model of depression was tested by using path analysis. It was found that the modified model fitted the data and the predictors accounted for 60% of the variance in depression. Female gender, activities of daily living, loneliness, stressful life events, and emotional-focused coping had a positive direct effect on depression. Social support and problem-focused coping had a negative direct effect on depression. Additionally, perceived stress, stressful life events, loneliness, and income had a negative indirect effect on depression through social support. Female gender, activities of daily living, and perceived stress also had a positive indirect effect on depression through emotional-focused coping. Stressful life events, perceived stress, and income had a negative indirect effect on depression through problem-focused coping. These findings contribute to a better understanding of the variables that predict depression in older adults. Thus, health care providers should consider the effects of these contributing factors on depression in the older adult person and can devise a program to prevent and promote health in older adults alleviating depression.

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The proportion of Thai older adults age 60 years and older was 9.5% in 2000 and increased to 13.8% in 2005. By the year 2020, the proportion of Thai older adults is estimated to rise to 18%. At that time, adults 60 and older are expected to reach 12 million (Knodel & Chayovan, 2009). As the number of older adults increases in Thailand, there are many physical and mental health problems that Thai older adults will experience. Depression is one of the most common and disabling psychiatric illnesses in later life and tends to increase with age, thus having a major impact on the health of older adults (Katsumata et al., 2005). The prevalence of depression in older adults is reported to be high in all parts of the world, ranging from 14.4% to 80% (Anstey & Sargent-Cox, 2007; Haseen & Prasartkul, 2011; Ku, Lui, & Tsai, 2006; Piboon et al., 2009; Sherina, Sidik, Aini, & Norhidayati, 2005).

According to the World Health Organization (WHO) (2011), depression is now the fourth ranked disease in the world and will be the second by 2020, after heart disease. Depression is known to be a significant predictor of suicide. It also affects well-being and the ability to function in daily life and reduces quality of life among older adults. Depression not only affects the individual but also the whole family system. The depressed person needs emotional, physical, and financial support. Depression interferes with the immediate family and has an impact on society in the form of social stigma, which also can affect older adults and their families, especially in Asian cultures. Additionally, the high health care costs for the treatment of depression have an impact on society. Existing research studies about