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Depression and well-being: A comparative study of adults and older adults

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Abstract

Background: Depression is a common mental health condition that increases with age, yet diagnosing depression in older adults is challenging due to co-occurring physical illnesses and overlapping symptoms of aging. **Objective:** This study examines the relationship between depression and well-being by comparing two age groups: adults aged 20-59 and older adults aged 60 and above. **Material and Methods:** A total of 120 participants were assessed using the Beck Depression Inventory (BDI) to measure depression levels and a Well-Being Scale evaluating mental, physical, social, emotional, and spiritual well-being. Results indicated that older adults reported significantly higher levels of depressive symptoms than younger adults. Paradoxically, they also exhibited greater overall well-being. Further analysis revealed a significant negative correlation between depression and several well-being dimensions, particularly mental, social, and spiritual well-being among older adults. **Conclusion:** These findings suggest that while aging may increase vulnerability to depression, older individuals may also develop coping mechanisms, resilience, or life satisfaction that enhance their well-being. This study highlights the complex interplay between aging, depression, and well-being, emphasizing the need for targeted mental health interventions for older adults. Given the rapid global increase in the elderly population, future research should explore longitudinal trends to inform effective, age-specific mental health policies and interventions.

Keywords: Depression, well-being, aging, older adults, mental health

Introduction

The global phenomenon of population aging, characterized by increased longevity and a higher proportion of older individuals, presents both opportunities and challenges for societies worldwide. Aging is an intricate process, marked by the progressive decline in physiological functions, heightened vulnerability to diseases, and significant psychological and social adjustments (Medawar, 1952; de Magalhães & Toussaint, 2004) ^[15, 10]. These multifaceted changes often lead to increased dependency, social isolation, and a greater susceptibility to mental health issues, most notably depression.

Depression in older adults is not merely a personal struggle but a significant public health concern with far-reaching implications. Epidemiological studies consistently demonstrate a high prevalence of depressive symptoms among older adults, with estimates ranging from 15% to 20% (Kaplan & Sadock, 1996) ^[13]. However, the accurate diagnosis of depression in this population is often hindered by the presence of comorbid medical conditions, polypharmacy, and the confounding effects of age-related losses such as bereavement and declining physical health. These factors can obscure the recognition of depressive symptoms, leading to underdiagnosis and undertreatment, which in turn exacerbate the burden of this condition.

In the context of aging, the concept of well-being extends beyond the mere absence of disease or infirmity. It encompasses a holistic sense of satisfaction with life, characterized by positive emotions, strong social connections, and a sense of purpose (Bradshaw, Hoelscher, & Richardson, 2007; Shin & Johnson, 1978) ^[5, 21]. Shin and Johnson (1978) ^[21] (Shin & Johnson, 1978) ^[21] defined well-being as a global evaluation of life quality based on individual criteria, while Bradshaw (Bradshaw, Hoelscher, & Richardson, 2007) ^[5] emphasized the proactive role of individuals in shaping their well-being through effective coping and resource utilization. Within the field of gerontology, depression is frequently regarded as a critical indicator of diminished psychological well-being, underscoring the

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imperative to identify and implement strategies that foster resilience and enhance overall life satisfaction in older adults.

While the interplay between depression and well-being in older adults has been explored in previous research, several gaps remain. Firstly, there is a need for comparative studies that examine these constructs across different adult age groups to elucidate the unique challenges faced by older adults. Secondly, the multidimensional nature of well-being, encompassing physical, psychological, social, emotional, and spiritual domains, necessitates a more granular analysis to understand the specific aspects that are most salient in the context of aging.

This study seeks to address these gaps by adopting a comparative approach to investigate the mean differences in depression and overall well-being between adults and older adults. Furthermore, it aims to explore the intricate relationships between depression and the various dimensions of well-being within each age group. By elucidating these associations, this research endeavors to provide valuable insights into the factors that promote or hinder psychological well-being in aging, thereby informing the development of targeted interventions to support the mental health and overall quality of life of older adults.

Method

Study Design and Participants

This study employed a cross-sectional, comparative design to investigate the relationship between depression and well-being in adults and older adults. A purposive sampling method was utilized to recruit a total of 120 participants from Aligarh, India. The sample comprised two groups: 60 adults, aged 20 to 59 years, recruited from students and employees of Aligarh Muslim University; and 60 older adults, aged 60 years and above, consisting of retired professors, teachers, and officers residing in Aligarh. Both male and female participants were included in each group to ensure gender representation.

Measures

Beck Depression Inventory (BDI)

Depressive symptoms were assessed using the Beck Depression Inventory (BDI), developed by Beck *et al.* (Beck, Steer, & Brown, 1996) [4]. The BDI is a 21-item self-report questionnaire that measures the intensity of depressive symptoms. Each item is scored on a 4-point Likert scale, ranging from 0 (not present) to 3 (severe). The total score ranges from 0 to 63, with higher scores indicating greater severity of depression. The BDI has demonstrated strong psychometric properties, with test-retest reliability coefficients ranging from 0.74 to 0.83, indicating good temporal stability.

Well-Being Scale

Overall well-being was assessed using the Well-Being Scale, developed by Jagsharabu Singh and Asha Gupta (Singh & Gupta, 2001) [22]. This scale consists of 50 items, divided into five subscales: physical well-being, mental well-being, social well-being, emotional well-being, and spiritual well-being. Each subscale comprises 10 items, and items are scored using a Likert scale (specific scoring information was not provided in the document, this should be added if possible). Higher scores indicate higher levels of well-being. The well-being scale demonstrated high

reliability, with a test-retest reliability of 0.98 and a split-half reliability of 0.96.

Procedure

Data collection was conducted individually with each participant in Aligarh. Participants were provided with detailed instructions on how to complete the questionnaires. To ensure accurate completion, researchers were available to address any questions and clarify instructions. Upon completion, questionnaires were reviewed to verify that all items were answered. Participants were assured of the confidentiality of their responses.

Data Analysis

Data were analyzed using SPSS version 17. Independent samples t-tests were conducted to compare the mean scores of depression and overall well-being between the adult and older adult groups. Pearson's correlation coefficients (*r*) were calculated to examine the relationships between depression and overall well-being, as well as between depression and the five subscales of well-being, within each age group. Statistical significance was set at $p < 0.05$.

Results

Table 1: Showing the Mean Difference of Depression between Adults and Aged.

Variable	Adults		Older Adults		df	t	p
	M	SD	M	SD			
Depression	11.37	8.27	15.72	10.81	118	2.47	0.02

Table 1 presents the descriptive statistics and independent samples t-test results for depression scores in adults and older adults. The mean depression score for older adults ($M = 15.72$, $SD = 10.81$) was significantly higher than that of adults ($M = 11.37$, $SD = 8.27$), $t(118) = 2.47$, $p < 0.05$. This indicates that older adults reported significantly greater depressive symptoms compared to adults.

Table 2: Showing the Mean Difference of Well Being between Adults and Aged.

Variable	Adults		Older Adults		df	t	p
	M	SD	M	SD			
Well being	147.95	16.93	154.15	20.42	118	1.81	0.01

Table 2 presents the descriptive statistics and independent samples t-test results for well-being scores in adults and older adults. The mean well-being score for older adults ($M = 154.15$, $SD = 20.42$) was significantly higher than that of adults ($M = 147.95$, $SD = 16.93$), $t(118) = 1.81$, $p < 0.05$. This indicates that older adults reported significantly greater well-being compared to adults.

Table 3: Showing Correlation between Depression and Well-Being Along with Its Dimensions in Adults and Aged.

Dimension	Adults (<i>r</i>)	Older Adult (<i>r</i>)
Overall Well-Being	0.192	-0.464*
Physical Well-Being	0.145	-0.021
Mental Well-Being	-0.242*	-0.505*
Social Well-Being	-0.118	-0.325*
Emotional Well-Being	0.034	-0.115
Spiritual Well-Being	-0.242*	-0.289*

Table 3 presents the Pearson correlation coefficients (r) examining the relationships between depression and overall well-being, as well as the relationships between depression and the subscales of well-being, for both adults and older adults. In adults, there was no significant correlation between depression and overall well-being ($r = .192$, $p > 0.05$). In older adults, there was a significant negative correlation between depression and overall well-being ($r = -.464$, $p < 0.01$). This indicates that higher levels of depression were associated with lower levels of overall well-being in older adults. Significant negative correlations were observed between depression and mental well-being ($r = -.242$, $p < 0.05$) and spiritual well-being ($r = -.242$, $p < 0.05$) in adults. Significant negative correlations were found between depression and mental well-being ($r = -.505$, $p < 0.05$), social well-being ($r = -.325$, $p < 0.05$), and spiritual well-being ($r = -.289$, $p < 0.05$) in older adults. No significant correlations were found between depression and physical or emotional well-being in either adults or older adults.

Discussion

The demographic landscape is undergoing a significant transformation, marked by a global increase in life expectancy due to advancements in medical technology (United Nations, 2009). This demographic shift has resulted in a rapidly expanding aging population, with projections indicating a substantial rise in the proportion of older adults worldwide. As individuals transition into later life, they often experience a complex interplay of physiological, psychological, and social changes, including potential declines in functional abilities and social engagement. In this context, depression emerges as a significant concern, potentially exacerbating the challenges associated with loneliness and diminished social roles.

The current study's findings, which revealed significantly higher levels of depressive symptoms in older adults compared to adults, align with a substantial body of literature (Baldwin, 2008; Chiu, Ames, Draper, & Snowden, n.d.; Cummings, 2002; Bryant, Jackson, & Ames, 2009) [2, 8, 6]. This increased vulnerability to depression in later life may be attributed to a confluence of factors, including age-related physiological changes, the accumulation of life stressors such as bereavement and chronic illness, and the experience of social isolation and reduced social support. However, it is important to acknowledge that some studies have reported contradictory findings (Nolen-Hoeksema, 1988; Regier *et al.*, n.d.; Australian Bureau of Statistics, 2008) [19, 20], underscoring the need for further research to elucidate the complex factors influencing depression in aging populations.

In contrast to the increased prevalence of depression, our findings also indicated that older adults reported higher levels of overall well-being. This observation is consistent with research suggesting that older adults may exhibit enhanced emotional regulation and a greater focus on positive experiences (Mroczek & Kolarz, 1998; Baltes, 2003; Carstensen, Pasupathi, Mayr, & Nesselroade, 2000; Tejal, 2010) [17, 3, 7, 23]. Carstensen *et al.* (2000) [7] (Carstensen, Pasupathi, Mayr, & Nesselroade, 2000) [7], for example, have demonstrated that older adults often prioritize emotionally meaningful experiences, contributing to higher levels of subjective well-being. Nevertheless, it is crucial to recognize that age-related

declines in various aspects of well-being have also been documented (Baltes, 2003; Carstensen, Pasupathi, Mayr, & Nesselroade, 2000) [3, 7], highlighting the multifaceted nature of well-being in later life.

The observed negative correlation between depression and well-being in older adults underscores the importance of addressing depressive symptoms to enhance overall quality of life in this population (Tejal, 2010; Kunzmann, Little, & Smith, 2000; Wyrwich *et al.*, 2003) [23, 14, 25]. Furthermore, the significant negative correlations between depression and specific dimensions of well-being, such as mental, social, and spiritual well-being, suggest that depression has a pervasive impact on various aspects of psychosocial functioning in older adults.

Limitations

Several limitations of this study warrant consideration. Firstly, the cross-sectional design precludes the establishment of causal relationships between variables. Secondly, the purposive sampling method may limit the generalizability of the findings. The sample, drawn from various colonies in Aligarh, may not be representative of the broader population of older adults. Specifically, the recruitment of participants primarily from affluent areas may have introduced selection bias, potentially limiting the applicability of the findings to individuals from diverse socioeconomic backgrounds. Furthermore, the study did not control for the presence of comorbid health conditions, which may have influenced the observed levels of depression in older adults. It is important to acknowledge that decreased health and functioning are often symptomatic of aging, and future research should explore the complex interplay between physical health and psychological well-being in this population.

Suggestions for Future Research

To address the limitations of the current study, future research should employ longitudinal designs to examine the temporal relationships between depression and well-being in aging populations. Furthermore, studies should utilize random sampling methods to enhance the generalizability of findings. Future research should also explore the influence of socioeconomic status, cultural factors, and comorbid health conditions on the experience of depression and well-being in older adults.

Specifically, endeavors can be executed to analyse more than 120 data of sample with efficacy to attain better results. Data should be analyzed longitudinally, by analyzing the young adults group when they become aged. Co-morbidity of various health related disorders should be ruled out.

Given the increasing prevalence of depression in older adults, targeted interventions are needed to address their mental health needs. These interventions should focus on enhancing social support, promoting engagement in meaningful activities, and providing access to mental health services. Future research should also investigate the effectiveness of different interventions in improving the psychological well-being of older adults.

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