



DEPRESSION AFTER RETIREMENT: A CROSS SECTIONAL STUDY

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ABSTRACT

Background: Individuals who have worked for a major part of their lives are likely to get affected by retirement. Depression in post-retirement life is a routine occurrence and fairly commonly seen in individuals attending psychiatry OPD. Since old age itself is associated with increased incidence of depression, anxiety and other cognitive defects it is important not to attribute depression solely to retirement. Many studies have come up with conflicting conclusions as to whether retirement have a positive or negative impact on mental health.

Study Design: This was a cross sectional study comprising of 60 patients selected on the basis of pre-defined inclusion criteria and was carried out in Department of psychiatry of a tertiary care medical institute situated in an urban area. All patients attending psychiatry OPD who were retired within last 3 years were included in this study. Dependent variable of our study was depression while independent variables were demographic and clinical factors such as age, gender, marital status, financial status, residence status, education level and presence of social support. All the patients were interviewed using the preformed questionnaire specifically designed for this study. The data was tabulated and analyzed using paired 't' test. For statistical comparisons P value less than 0.05 was taken as significant.

Results: Out of 60 studied individuals there were 42 males and 18 females with a M:F ratio of 1:0.42. 54 (90%) patients belonged to age group more than 58 years and retired as per age while 6 (10%) patients took voluntary retirement. Majority of the patients were married and living with spouse (70%) followed by widowed or divorced in 25% cases. 5% patients were never married. Advancing age, marital status (living alone) and absence of social group was associated with increased risk of depression after retirement. Strong social support was found to be having protective effect against post-retirement depression.

Conclusion: Depression is fairly common in post-retirement life. A strong social support system and getting involved in social work was found to have a protective effect against depression in post-retirement life.

KEYWORDS : Retirement, Depression, social support, Marital Status.

Introduction:

Increasing Per Capita Income, improvements in socioeconomic status and advances in medical facilities is responsible for increased life expectancy throughout the world¹. This increase in life expectancy is associated with increase in number of retired individuals. This proportion of retired people is increasing rapidly in developed and developing world and it is estimated that the number of retirees per worker will approximately double by the year 2050. The life after retirement comes with its own problems including but not limited to social issues, physical and mental health issues and problems of interpersonal relationship with other family members². The common mental health issues associated with ageing and retirement include depression and anxiety. Several studies have come up with the conclusion that retirement is associated with increased potential for development of depression and decreased functional ability³. In these studies depression and disability were associated with the physical and social disability. There is also increased chances of difficulties in coping mechanisms and motivation⁴. Many authors have found tangible beneficial effects of mental health on employability and It is expected that employment will improve mental health by keeping an individual pre-occupied with mental work thereby reducing chances of loneliness and depression⁵.

Many researchers have conducted various trials to know the impact of retirement on physical and mental health of an individual. It is interesting to note that while some researchers have come up with the conclusion that retirement is having a beneficial effect on mental health of an individual⁶ others have concluded that retirement has a detrimental effect on mental health. While many concluded that there is no effect of retirement, whatsoever, on mental health of an individual. To confuse the things further there are some authors who found that retirement is more beneficial for employees in high socio-economic status individuals as compared with low socio-economic group⁷. These variations are not totally unexpected as there are many variables which might affect the mental well-being of an individual after retirement. These include age, gender, social class, and personal relationships to name a few⁸. An individual who is alone (widowed or divorced with no children) is

more likely to be affected negatively than an individual who has a good family support system in the form of spouse and children⁹. Moreover, factors like older age, number of chronic diseases, recent loss of a family member, lack of friends or social group, less participation in social activities and less involvement in religious events are also found to have increased susceptibility of an individual for developing depression after retirement. Loneliness after retirement is associated with increased depression scores suggesting that it is an independent risk factor for developing depressive symptoms¹⁰.

Given the fact that many studies have come up with conflicting conclusions about the positive as well as negative impact of retirement on mental health of individuals we conducted this comparative study to find out whether retirement was associated with increased chances of depression.

Materials and Methods:

This was a cross sectional study comprising of 60 individuals selected on the basis of pre-defined inclusion criteria. Those patients having any of the exclusion criteria were excluded from the study. The study was carried out over a period of 1 year in the department of psychiatry at a tertiary care medical college situated in an urban area. The consent of patients to participate in study was sought and they were also assured about confidentiality of the information. Only those patients who have given informed consent were included in this study. The composition of age groups was selected carefully so as to have a statistically insignificant mean age so as to exclude ageing as a cause of depressive symptoms. All the patients were interviewed using the preformed questionnaire specifically designed for this study. Dependent variable of our study was depression while independent variables were demographic and clinical factors such as age, gender, marital status, financial status, residence status, education level and the clinical variables were presence of chronic illnesses such as diabetes, hypertension or presence of life threatening or terminal illnesses such as malignancies etc.

The main instrument used for data collection was a self-structured

proforma. It was designed from ICD-10 to assess depressive symptoms. Every patient was evaluated against the list of 9 predefined depressive symptoms (as per criteria of ICD 10) and those patients were identified as depressed who had at least four or more of the symptoms out of seven and one of those must include either depressed mood or loss of interest/pleasure. The other seven symptoms were decrease in weight, decrease in appetite, insomnia, psychomotor agitation or retardation, fatigue, diminished concentration or decision making, feeling of guilt and suicidal ideation. Beck Depression Inventory II was used to measure the level of depression of patients with stroke. The cognitive impairment was assessed using Mini Mental Status Examination (MMSE). The data was tabulated and analyzed. Minitab version 17 was used to analyze the collected data. Description of categorical variables like age, sex, marital status, socio-economic status, chronic illnesses and depression were presented as numbers. Analysis was computed to determine the relationship between retirement and depression.

Inclusion Criteria:

- 1- Individuals who have retired within last 3 years.
- 2- Those who have given informed consent.

Exclusion Criteria:

- 1- Those who refused consent.
- 2- Patients on antipsychotics for any mental illness.
- 3- History of Mental illness in past.
- 4- History of substance abuse.

Results:

The cross-sectional study of individuals who have retired within last 3 years conducted by us included a total of 60 patients out of which 42 were males and 18 females with a M:F ratio being 1:0.42.

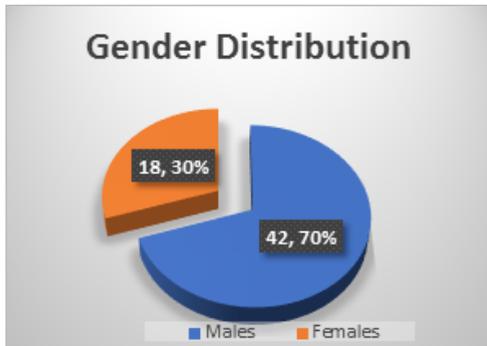


Figure 1: Gender Distribution of the studied cases.

Study of demographic characteristics of the patients showed 54 (90%) patients belonged to more than 58 years (retirement age) age group while 6 (10%) patients were less than 58 years and have taken voluntary retirement.

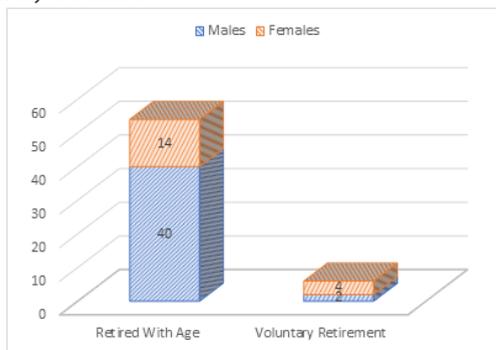


Figure 2: Age at retirement.

The marital status of the patients was married and living with spouse in majority of the cases (70%) followed by widowed or divorced in 25% cases. 5% patients were never married.

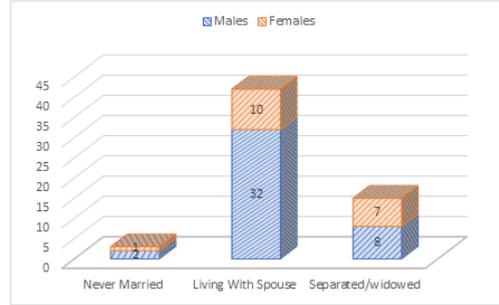


Figure 3: Marital Status Of the studied cases.

The majority i.e. patients had studied up to graduation (63.33 %) followed by secondary (26.66%) and primary education (10 %).

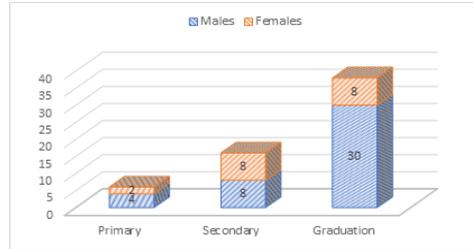


Figure 4: Educational status of the patients.

Most of the patients belongs to middle income group (Rs.20000-30000/ month). According to residence status patients 40 patients (66.66 %) hailed from urban areas and 20 (33.33%) patients came from rural areas.

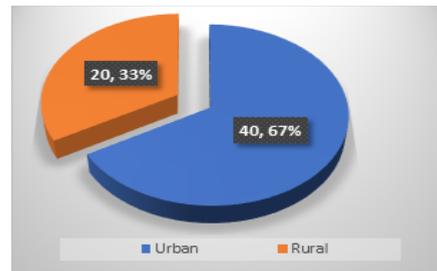


Figure 5: Residential area of the studied cases.

The variables like age, marital status, area of residence and education and their correlation with depression in post-retirement life was tabulated and analyzed (Table 1).

Table No: 1 Demographic characteristic of the studied cases.

Variable		Male	%	Female	%	Total	%
Age	> 58 years	40	66.66	14	23.33	54	90
	< 58 years	2	3.33	4	6.66	6.66	10
Marital Status	Single	02	3.33	01	1.66	03	5
	Married	32	53.33	10	16.66	42	70
	Divorced / Widowed	08	13.33	07	11.66	15	25
Residence	Urban	30	50	10	16.66	40	66.6
	Rural	12	20	8	13.33	20	33.3
Retirement	According to Age	40	66.66	14	23.33	54	90
	Voluntary	02	3.33	04	6.66	06	10
Education	Primary	4	6.66	02	1.66	6	10
	Secondary	8	13.33	08	13.33	16	26.6
	Graduation	30	50	08	13.33	38	63.3
Monthly Salary (Before Retirement)	<Rs.20,000	06	10	02	3.33	08	13.3
	>Rs.20,000	36	60	16	26.66	52	86.6

The analysis of the studied cases on the basis of age, gender, area of residence, marital status and presence or absence of social support showed that advancing age, marital status (living alone) and absence of social group was associated with increased risk of depression after retirement and this risk was found to be statistically significant while gender and area of residence was not found to be associated with depression in statistically significant way (Table 2).

Table 2: Demographic characteristics and their association with depression

Variable	Categories	Depression				Total		p value
		Yes	%	No	%		%	
Age	<58 years	2	3.33	4	6.66	6	10	P=0.03 Significant
	>58 years	40	61.6	14	23.3	54	90	
	Total	42	70	18	30	60	100	
Gender	Male	28	46.6	14	23.3	42	70	P= 0.38 Not significant
	Female	14	23.3	4	6.66	18	30	
	Total	42	70	18	30	60	100	
Residence	Urban	28	46.6	12	20	40	66.6	0.916 Not significant
	Rural	14	23.3	6	10	20	33.3	
	Total	42	70	18	30	60	100	
Marital Status	Unmarried/divorced Or widowed	16	16.66	02	3.33	18	30	P=0.03 Significant
	Married and living with spouse	26	43.33	16	26.66	42	70	
	Total	42	70	18	30	60	100	
Social Support	Strong Social Group	5	8.33	12	20	17	28.33	P=0.0001 Significant
	Lack of Social Support	37	61.66	6	10	43	71.66	
	Total	42	70	18	30	60	100	

Out of the studied cases minimal depression was found in 45.23 % cases followed by mild depression, moderate depression and severe depression which was seen in 26.19 %, 16.66 % and 11.90% respectively. Minimal depression being the most common form of depression was a very common finding seen in our patients.

Table 3: Levels of Depression among studied cases.

Levels of Depression	Male	%	Female	%	Total	%
Minimal depression	12	28.57	7	11.66	19	45.23
Mild depression	7	16.66	4	6.66	11	26.19
Moderate depression	6	14.28	1	1.66	07	16.66
Severe depression	3	7.14	2	3.33	5	11.90
Total	28	66.66	14	23.33	42	100

Discussion:-

Though presence of depression is a common occurrence after retirement it is important to understand that there are many factors which may influence presence and severity of depression in an individual¹¹. For example, ageing itself is associated with some degree of anxiety and depression. Moreover, with advancing age there is increased chances of individuals having comorbid medical conditions such as diabetes, hypertension and malignant diseases. The relationship of depression with retirement has been subject of intense research and there are many randomized controlled trials studying this aspect. Not surprisingly there is no unanimous conclusion which can be drawn about association of retirement with presence of depression¹².

In our study age of retirement was a significant determinant of presence of depression. Those who took voluntary retirement at an earlier age because of some or the other reasons were found to have less incidence of depression than those who retired at a normal age.

The difference was found to be statistically significant. Similar conclusion was drawn in the study conducted by Iris van der Heide et al who found that retirement have a beneficial effect on mental health. The authors concluded that retirement can have both beneficial as well as adverse health effects. Strong evidence was found for retirement having a beneficial effect on mental health and conflicting evidence was found for retirement having an effect on perceived general health and physical health. Furthermore the authors recommended further longitudinal studies on the relationship between retirement and health¹³.

In our study no statistically significant difference was found in the incidence of depression after retirement in men as well as women. This was contrary to study conducted by Jinkook Lee et al who in their longitudinal study of ageing found that women were more likely to suffer from depression after retirement as compared to their male counterparts and the association between work and depression was found to be considerably stronger for men than for women in their study¹⁴.

One of the important factor which is found to have a direct bearing on chances of an individual's getting affected by depression after retirement is whether the person is living with spouse or widowed/separated. In our study individuals who were separated, widowed or divorced were more likely to be affected by depression than those who were living with their spouses. Similarly, unmarried individual was found to be more likely to be affected. The difference was found to be statistically significant. Similar study by Rabia Khalaila found that widowhood was associated with a higher risk for persistent depression¹⁵. Similar findings were seen in studies conducted by Kessler RC et al¹⁶ and Szinovacz ME et al¹⁷.

Finally, in our study we found that individuals with strong social support, large friend circle and those who were involved in some or the other kind of social work were less likely to suffer from depression than those individuals who lack social support, had small friend circle and who were not actively involved in any kind of social work. Grav S et al conducted a cross-sectional survey to find out whether there was a relationship between social support and depression in the general population. The authors found that older people who lack social support are more likely to have depression than those with a strong social support¹⁸. Similar findings were seen in studies conducted by Paykel ES¹⁹ and Maija Reblin et al²⁰.

Conclusion: Depression is common after retirement. Its more likely to be seen in older individuals who lack strong social support. Living with spouse and engaging in social work appears to be having protective effect against depression in post-retirement life.

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