

Is Hardiness a Mediator between Depression and Appetite in Older Adults?

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ABSTRACT

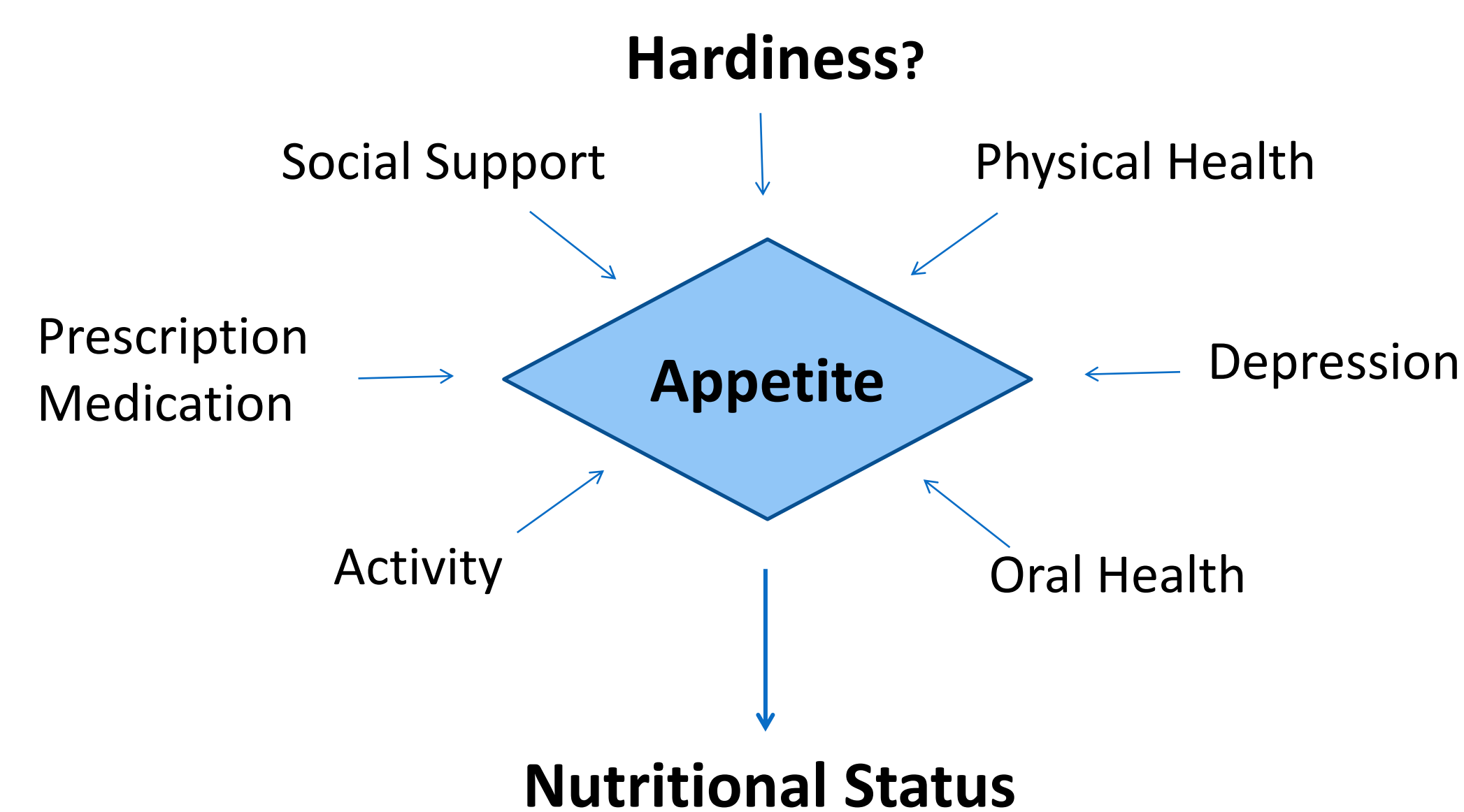
Background: As nutrition is vital to maintaining health in older adults and appetite declines with age, determining modifiable risk factors that affect appetite would be beneficial to development of interventions to improve health in older adults. Poor appetite is a problem among many older adults, and leads to an increase in chronic disease complications and morbidity. Appetite is influenced by many factors, including chronic disease and depression. Hardiness is believed to be another risk factor that may influence appetite in older adults, and is characterized by a positive outlook on life.

Objectives: The aim of this project is to establish the relationship between hardiness, depression and appetite in adults aged 60 and greater. This project will evaluate whether hardiness is correlated with appetite in older adults, as well as whether hardiness mediates the relationship between depression and appetite.

Methods: A questionnaire which evaluates hardiness, depression and appetite in older adults has been compiled. Surveys have been administered to 292 older adults, residing in both assisted-living facilities and senior centers in the greater Washington D.C. area.

Expected Results: We expect to find that increased hardiness will correlate with increased appetite in older adults, and that high hardiness will correlate with increased appetite in depressed individuals.

Implications: If our hypotheses are correct, interventions could be designed to explore how hardiness may be developed in older adults with low appetite to improve overall quality of life and increase appetite.



Proposed Framework- Factors affecting appetite in older adults.

INTRODUCTION

Appetite decreases with increasing age due to a variety of physiological and psychological factors. These factors may include depression, social isolation, onset of chronic disease, poor oral health and medication use.

Depression is common among older adults, is considered a public health problem, and is a common cause of weight loss in older adults.

Hardiness is defined as an individual's ability to resist illness when under stress (1). It is believed that individuals with high hardiness are less affected by depression and poor health as a result of stressful events (1).

STUDY DESIGN

To evaluate hardiness, depression and appetite in older adults, a survey tool was developed and cognitively tested, and includes questions designed to assess appetite derived from the four-question Simplified Nutritional appetite questionnaire (SNAQ).

Study population:

Survey data has been collected from 292 older adults at Senior Centers and Assisted Living facilities throughout the greater Washington, DC area. Older adults at both locations were surveyed in order to increase the generalizability of the results to multiple types of senior living.

The Survey Tool:

A sixty-five-item questionnaire was used to gather data. Questions cover basic demographic and socioeconomic information, health status, depression, social support, hardiness and appetite. Most questions were drawn from or based upon previously validated survey tools.

Depression – A five-question Geriatric Depression Scale (GDS-5)

Hardiness – Adapted from from the Dispositional Resilience Scale II (DRS-II)

Appetite – A four-question Simplified Nutritional Appetite Questionnaire (SNAQ)

Sociodemographic – Household income, years of education, and ethnicity, among others

Overall Health and Lifestyle factors - Questions on overall physical health, a list of comorbidities, and self-reported health status

PRELIMINARY DATA

Characteristic	Senior Center (n=145)	Assisted Living (n=147)	P value
Age	74	83	<0.0001
Years of education	13.2	14.0	<0.05
Comorbidities present	3.0	3.5	<0.05
Low Hardiness*	26.1%	41.1%	<0.01

Comparison of characteristics- *Low hardiness is defined as a score of less than 65, or the lowest tertile.

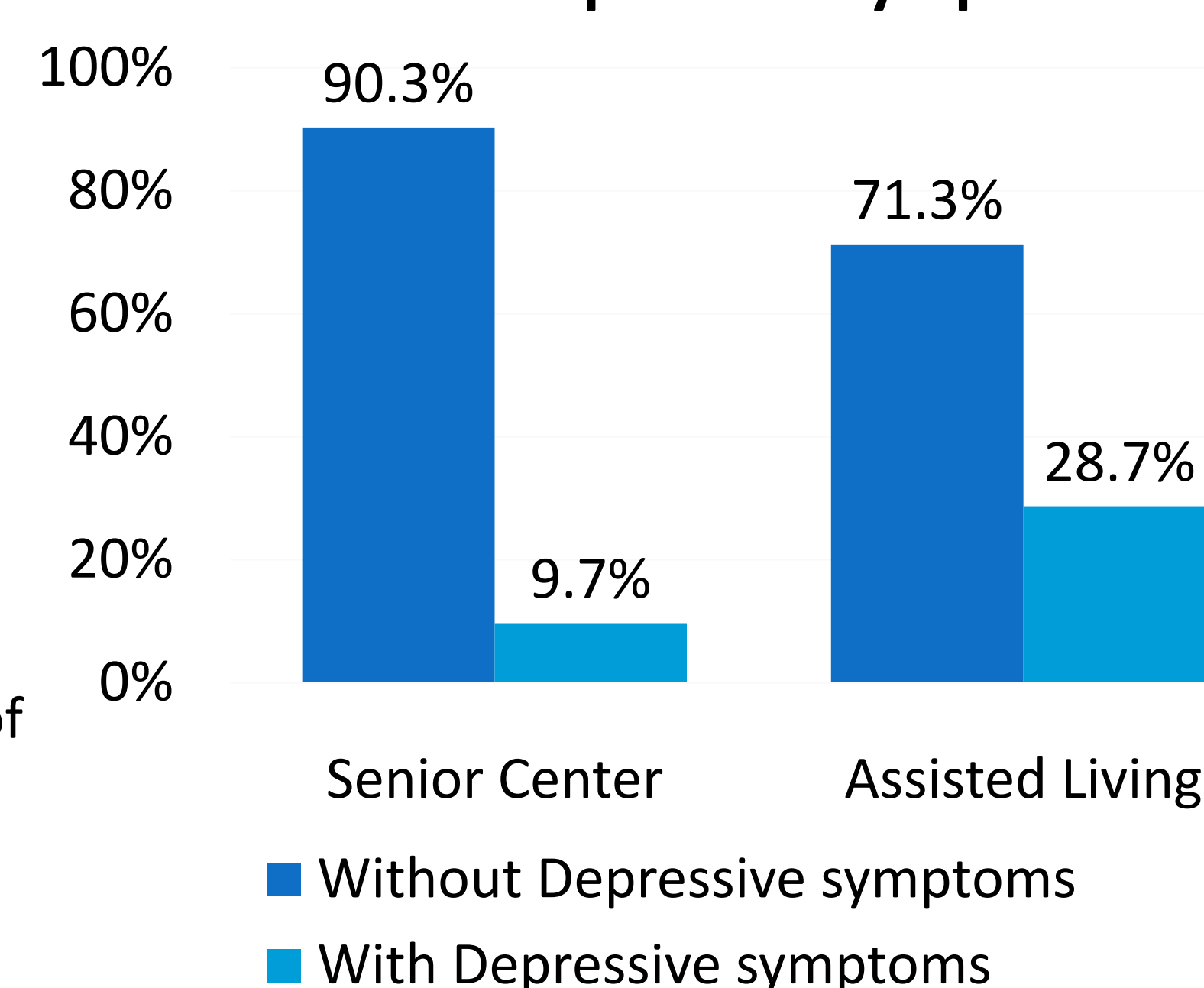
Statistical Methodology

The correlation between hardiness and appetite will be examined.

Using multiple logistic regression analysis, we will examine:

- Independent effect of hardiness on appetite
- Independent effect of depression on appetite
- Interaction between the effects of hardiness and depression on appetite

Presence of Depressive Symptoms*



*Differences between sites are significant p<0.05

EXPECTED RESULTS

The relationship between hardiness, appetite and health outcome has not been previously examined.

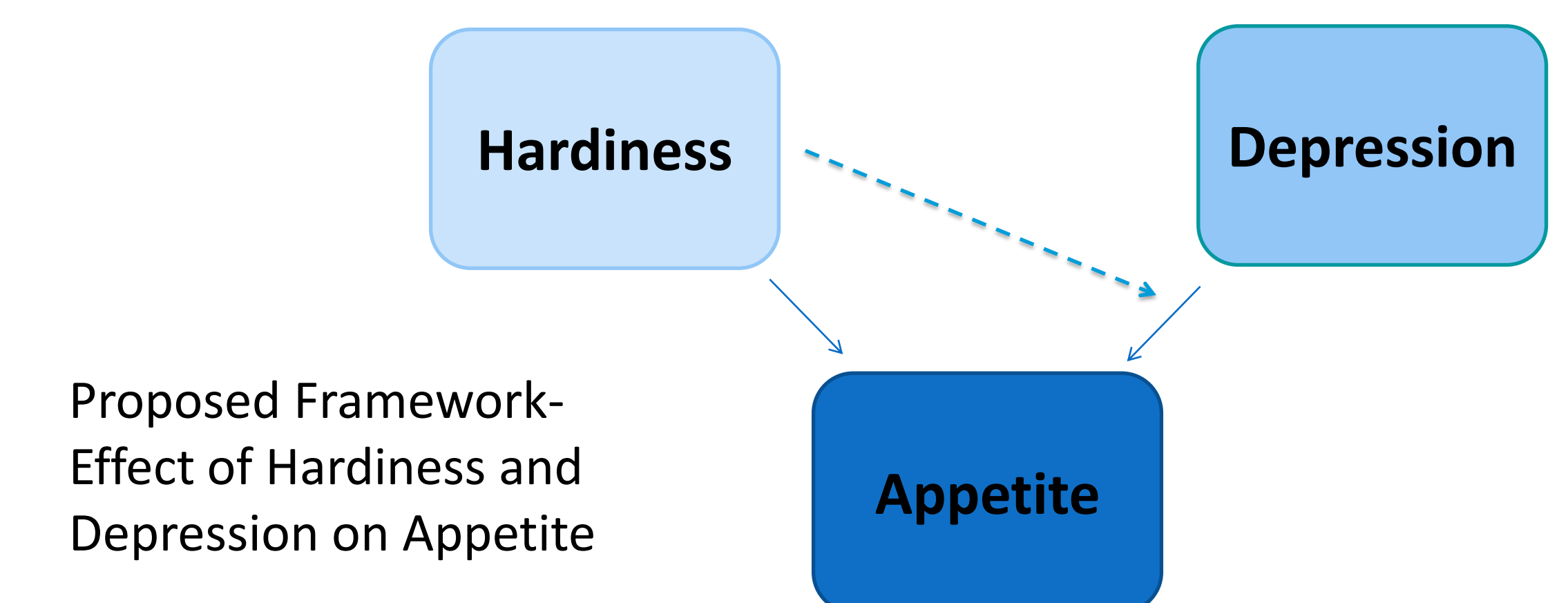
We expect to find that those individuals with high hardiness will also have healthful appetites and low incidence of recent weight loss, indicating that hardiness is positively correlated with appetite in adults aged 60 and greater. This would be consistent with the findings by Cataldo that an inverse relationship between hardiness and disability exists in institutionalized older adults (2).

We expect that hardiness and depression will not be significantly correlated, confirming what other studies have shown: that low hardiness is not a proxy for depression. The DRS-II has content validity and does not measure depression (3).

We expect to find that a hardy personality mediates between depression and loss of appetite. A depressed person with high hardiness will have better appetite than a depressed person with low hardiness.

IMPLICATIONS

It has been shown that hardiness can be fostered in individuals with high stress in their lives, and result in positive changes in thoughts, feelings and behaviors (1). If low hardiness is indeed correlated with decreased appetite and weight loss in older adults, then interventions designed to foster hardiness could be utilized to improve well-being and hence overall health and appetite.



Proposed Framework- Effect of Hardiness and Depression on Appetite

ACKNOWLEDGMENTS

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