



Service Priorities and Programmes
Electronic Presentations

Convention ID: 155

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**Correlation between Sleep Disturbance, Pain and Depression in
Psycho-geriatric Patients with Depressive Syndrome: A Cross Sectional Study.**
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Keywords:

Correlation

Prevalence

Elderly

Sleep

Pain

Depression

Introduction

Sleep disturbance, pain and depression are common in the elderly. In Hong Kong, available data regarding sleep disturbance, pain and depression among elderly were limited. Prevalence of sleep disturbance, pain and depression had only investigated by few studies. Moreover, there were strong correlation between sleep disturbance, pain and depression, and was not thoroughly understood. There was scanty of studies on the correlation between sleep disturbance, pain and depression in psycho-geriatric patients.

Objectives

(1) To determine the prevalence of sleep disturbance, pain and depression in the psycho-geriatric patients and (2) to examine the correlation between sleep disturbance, pain and depression in psycho-geriatric patients with depressive syndrome.

Methodology

A total of 54 (1) depressive elderly were enrolled from the (2) Li Ka Shing Psychiatric Out Patient Department (LKSPOPD) Prince of Wales Hospital (PWH) on the basis of convenience sampling. (1) Pittsburgh Sleep Quality Index (PSQI), (2) the Short-Form McGill Pain Questionnaire (SF-MPQ) and (3) Hamilton Depression Scale (HDS) were used in assessment of the participants.

Result

The participants' mean age was 74.31 years (Standard Deviation (SD)=7.44) and the mean Mini Mental State Examination (MMSE) score was 23.00 (SD=5.55). All of them were depressed. The mean HDS score was 17.00 (SD=5.90). Dementia with

depressive mood was the most commonly seen psychiatric diagnosis which involved 25 (46.3%) of individuals. 45 of the individuals had a poor sleep quality prevalence of 83.3%; the mean global PSQI score was 11.03 (SD=4.46). 39 of the individuals had a pain prevalence of 72.2%; the mean visual analog scale score was 4.70 (SD=2.19) and the mean SF-MPQ score was 10.44 (SD=5.59). 5 (9.3%) of individuals were diagnosed with pain related disease of gout and arthritis respectively. Moreover, there was a significant positive correlation between sleep disturbance, pain and depressive severity among the elderly.

Overall, the prevalence of pain among depressive or demented elderly was high. However, the prevalence of pain related disease was lower than expected, it was doubted that if pain was overlooked in the depressive or demented elderly. Sleep disturbance was one of the diagnostic criteria of major depressive disorder, but not did the pain. However, high pain prevalence was found in patient diagnosed with depression. Pain might not be chronic musculoskeletal pain. It might be somatic symptoms of depression or perceived as increased severity during depressive episode. It was suggested that pain might be the neglected part of the treatment of depression. There was high pain prevalence in demented elderly. Pain is often neglected when the demented patient is assessed, as they were more prone to inability to communicate pain successfully, making them as susceptible patient groups. It was recommended to have more comprehensive assessment and treatment for pain in depressive or demented elderly.