HUMAN DEVELOPMENT AND FAMILY STUDIES

DISSERTATION DEFENSE FOR

AMANDA LEGGETT

TITLE: LATE-LIFE DEPRESSION IN CONTEXT

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DATE: June 4, 2013  
TIME: 1 - 3 p.m.  
PLACE: Room 1 Henderson

Area of Specialization: Individual Development and Family Studies

ABSTRACT

Depression is a common form of emotional distress that can significantly impact the health and well-being of older adults. Though depression has been found to be less common among older adults than younger age groups, there are certain stressful contexts where rates of depression are very high. This dissertation examines two stressful, social contexts: caregiving for a relative with dementia and the transition process to long-term care residency. A biopsychosocial approach is taken to examine biological, psychological, and social risk and protective factors that may be associated with depressive mood in these stressful contexts. Multi-level modeling is utilized to examine these risk and protective factors in association with depressive mood across time.

In Study 1, 175 older adults who transitioned from home to long-term care residency were studied across five measurement waves each spaced three years apart. Personal control variables, mastery and self-efficacy, which have previously been identified as protective factors for depression, were examined as covariates across the time-to/from transition continuum. Depressive symptoms increased linearly across the transition and the transition and adjustment periods showed significant between person differences suggesting heterogeneity following the transition. Mastery and self-efficacy significantly covaried with depressive mood across the waves such that an increase in control was associated with a decrease in depressive mood. Additionally, individuals' level of mastery prior to the transition was associated with differences in depressive mood during the adjustment period. These results suggest the importance of studying depressive mood in response to major life events and considering how risk and protective factors may influence individuals' responses to these events.

In Study 2, 164 family caregivers of individual's with dementia were examined with daily diaries assessing their mood, health, and care tasks over eight consecutive days. In addition caregivers collected five saliva samples daily. The aim of Study 2 was to assess the association of diurnal cortisol patterns with depressive mood and anger in the caregivers. In dependent models, a blunted, mean-level cortisol awakening response (CAR) was associated with greater depressed mood and a below average variation in area under the curve (AUC) cortisol was associated with greater anger. In full models including daily stressors, a greater frequency of care-related stressors and poorer sleep quality were associated with depressed mood and anger. However, while the CAR association held with depressed mood, anger was no longer associated with AUC when additional predictors were included in the model. These findings indicate a strong
association between the blunted cortisol patterns associated with chronic stress and negative mood in caregivers.

In conclusion, it is critical to examine biological, psychological, and social factors that may be associated with depressed mood in stressful contexts where individuals are at increased risk for the development of mental health problems. By fully understanding these contexts and associations, interventions may be forged to prevent or reverse the course of mental health problems that take away from a healthy and fulfilling late-adulthood.