Depression in Late Life: Cross National Comparison Between Egyptian and Libyan Cultures

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Abstract:

Objective: This study aimed at assessing differences in the clinical presentation of depression in elderly patients, and the influence of risk factors and life events in the Egyptian and Libyan cultures. ***Method:*** 96 Egyptian and 91 Libyan depressed patients have been assessed using the Present State Examination (PSE10), Life events and difficulties schedule (LEDS), Geriatric Depression Scale (GDS), the Hamilton Depression Rating Scale (HDRS) and Mini Mental State Examination (MMSE). Four depressive subtypes have been included. ***Results:*** A significant influence of some risk factors and life events have been found in either samples, particularly health, financial and marital problems. Regarding symptomatology, the cultural impact was found to affect few symptoms while other significant differences were mainly due to clinical backgrounds. ***Conclusion:*** The two cultures showed nearly identical cultural influences on the psychopathology of depression in late life. Few differences have been found. Key words: Depression, late life, culture, life events.

Introduction:

Transcultural psychiatry is an extension of cultural psychiatry beyond one cultural unit. Cultural psychiatry is defined as; the cultural aspects of etiology, frequency, and nature of mental illness, the care and aftercare of the mentally ill within the confines of that culture (Okasha, 1988). The cultural contribution to the disorders of mood is not so much in the area of manifestation and categorization of the psychopathology, but in the underlying causes or stress that lead a subject to react with a mood disorder. Therefore, attention must be focused also on the understanding of the nature of stress (Mezzeich et al., 1996). The available repertoire of affective and behavioral responses to a distressing event would be most likely substantially culturally shaped (Jenkins et al., 1992).Geriatric mood disorders have important medical, social and financial consequences. Mood disorders causes suffering to the elderly patients and their families, exacerbate medical illness, contribute to disability and require extensive support systems. Geriatric depression often occurs in the context of mental, medical or neurological brain diseases whose symptoms are similar to the symptoms of depression (Kaplan & Sadock, 1998). In an Arab perspective, Okasha and Maj (2001), reviewed some of the socio-cultural standards lin the Arab world, they mentioned some risk factors which could contribute to depression in the elderly, categorized in three main domains; the relevance of extended family, the status of the elderly in the Arab culture, and the recent cultural changes in the region. El Islam (2000) suggested that in Arab communities, the components of mental health are implicitly defined on socio-cultural grounds. He reported that, depressed patients prove to have the same depressive core of symptomatology as in other cultures. A somatization front usually covers background guilt which is elicited by specific probing and is rarely volunteered by the patient. In the revised literature, it can be noticed that, although depression has been a focus of many transcultural studies; little attention was directed to the possible impact of cultural factors in relation to depression in certain age groups, particularly in old age.

Aim of the work:

This study aimed at assessing the possible impact of cultural differences on clinical characteristics of depression in late life, through a comparison of two groups of depressed late-life patients from the Egyptian and Libyan cultures.