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**The relationship between apathy and depression in care recipients in healthcare facilities for the elderly**Hiroaki Morita<sup>1</sup>, Tomoko Kakizaki<sup>2</sup>, Rumi Ichinohe<sup>3</sup>, Humio Watanabe<sup>3</sup> and Junichi Hashimoto<sup>1</sup><sup>1</sup>Aomori University of Health and Welfare, Japan

**Background & Aim:** Apathy and depression are psychological characteristics that prevent effective rehabilitation of care recipients of healthcare facilities for the elderly. The relationship between the two psychological factors remains to be elucidated. This study aimed to identify the relationship of apathy with a depressed mood, low energy and lack of positive emotions, which are the symptoms of depression, in care recipients of healthcare facilities for the elderly.

**Method:** This study involves 105 care recipients of healthcare facilities for the elderly (mean-age: 77.1±8.5 years; 40 males and 65 females), a personal interview was conducted using questionnaires and we measured scores on the Apathy Scale developed by Morita, et al. for care recipients of healthcare facilities for the elderly and those on geriatric depression scale 15 (GDS). The partial correlation coefficient with age and sex as an adjustment factor was used for analysis on the relation between depressed mood, low energy, lack of positive emotions which are 3 GDS sub-scales and apathy scale score. This study was conducted with the approval of the Research Ethics Committee of the Aomori University of Health and Welfare.

**Result:** The partial correlation coefficient between the Apathy Scale and depressed mood/low energy/lack of positive emotions was 0.40, 0.39 and 0.37, respectively, at the 0.01 significance level.

**Conclusion & Implication:** Apathy can be modified by providing appropriate rehabilitation interventions. The results showed that in care recipients, improving apathy by providing interventions may contribute to improving a depressed mood and low energy levels and increasing positive emotions.

**Biography**

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