

Control of Depression Improves Quality of Life in Community-Dwelling Older Adults with Mild Physical Disability

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Received date: November 04, 2016; Accepted date: January 24, 2017; Published date: January 30, 2017

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Citation: Chang YC, Wang JD (2017) Control of Depression Improves Quality of Life in Community-Dwelling Older Adults with Mild Physical Disability. Int J Phys Med Rehabil 5: 389. doi:10.4172/2329-9096.1000389.

Keywords: Depression; Older adults; Mediation; Physical disability

Commentary

In apparently healthy adults, chronic health conditions such as hypertension, diabetes, or mild problems in the neck or back do not seem to influence the quality of life as much as depression [1,2]. Physiologically most organ-systems of a human body begin to lose some function after adulthood [3,4]. In older adults, single or multiple mild symptoms or functional impairment may result from a combination of different chronic health conditions. Therefore, instead of focusing on curing respective diseases, improving the physical function and quality of life (QOL) should be a high priority in caring for older adults [5,6].

Physical function impairment or physical disability is very common in older adults and may affect QOL even more than chronic conditions [1,7]. Varying levels of depressive symptoms affect the relationship between QOL and its determining factors in older adults [8]. Furthermore, the association between physical function (Activities of Daily Living score ≥ 60) and QOL may be mediated by depressive symptoms in community-dwelling older adults [9]. This result, on an individual level, implies that older adults with mild physical disability may not necessarily suffer from poor QOL. It also indicates that control and/or prevention of depressive symptoms, along with restoration of physical function, is crucial in improving QOL. For the general population, this study suggests that the efforts to improve QOL would be more effective if depression could be properly managed amongst community-dwelling older adults. A cohort study with long-term follow-up will be required for further corroboration.

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