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RESEARCH ARTICLE

THE EFFECT OF RETIREMENT ON THE PREVALENCE OF DEPRESSION IN BABYLON GOVERNORATE/ IRAQ 2022

Dr. Abdulmuttaleb Abduljabbar F.
M.B.Ch.B., F.I.C.M.S.

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Abstract

Background: Retirement is an important turning point in an individual's life and also a significant social stressor that can have an impact on physical and mental health, moving from a relatively busy and regular lifestyle to a relatively inactive one is a challenge, and the change of roles might be a trigger for some retirees to develop mental health problems, on the other hand, retirement provides people with more leisure time and opportunities as well as freedom from the stress of work, which might improve their mental health, however the relationship between retirement and mental health can vary by the type of retirement and country.

Objectives: To assess the association between retirement and the prevalence of depression in Iraq Babylon 2022

Methods: Data was collected in a cross-sectional study at different district of Babylon health department primary health care centers for a period of four months, from September 2022 and ended at the end of November 2022, and included 250 participants, The questionnaire contained a depression scale that contained 8 questions, according to the total score before and after retirement the participant is either diagnosed to have depression or below the diagnostic score of 4.

Results: 33 patients had depression before retirement (13.2 %), the number of patients raise to 51 (20.4 %) after retirement (Relative risk = 1.54).

Conclusions: The prevalence of depression increase after retirement, the prevalence risk raised by 7.2 % after retirement, relative risk = 1.54.

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Introduction:-

Depression is a mental state of low mood and aversion to activity, ⁽¹⁾ which affects more than 280 million people of all ages (about 3.5% of the global population). ⁽²⁾ Classified medically as a mental and behavioral disorder, ⁽³⁾ the experience of depression affects a person's thoughts, behavior, motivation, feelings, and sense of well-being. ⁽⁴⁾ The core symptom of depression is said to be anhedonia, which refers to loss of interest or a loss of feeling of pleasure in certain activities that usually bring joy to people. ⁽⁵⁾ Depressed mood is a symptom of some mood disorders such as major depressive disorder or dysthymia. ⁽⁶⁾ it is a normal temporary reaction to life events, such as the loss of a loved one; and it is also a symptom of some physical diseases and a side effect of some drugs and medical treatments. It may feature sadness, difficulty in thinking and concentration and a significant increase or decrease in appetite and time spent sleeping. People experiencing depression may have feelings of dejection, hopelessness, and suicidal

thoughts. It can either be short term or long term, Depression is the leading cause of disability worldwide, ⁽⁷⁾ the United Nations (UN) health agency reported, estimating that it affects more than 300 million people worldwide – the majority of them women, young people and the elderly. ⁽⁸⁾ An estimated 4.4 percent of the global population has depression,

according to a report released by the UN World Health Organization (WHO), which shows an 18 percent increase in the number of people living with depression between 2005 and 2015. ⁽⁹⁾

Retirement is generally defined as withdrawing from an occupation or job and no longer actively seeking work. ⁽¹⁰⁾ Retirement is an important turning point in an individual's life and a significant social stressor that can have an impact on physical and mental health. ⁽¹¹⁾ Moving from a relatively busy and regular lifestyle to a relatively inactive one is a challenge, and the change of roles might be a trigger for some retirees to develop mental health problems. ⁽¹²⁾ On the other hand, retirement provides people with more leisure time and opportunities as well as freedom from the stress of work, which might improve their mental health, however the relationship between retirement and mental health can vary by the type of retirement and country. ⁽¹³⁾⁽¹⁴⁾

Aim of the study:-

To assess the association between retirement and the prevalence of depression in Iraq / Babylon

The Method:-

The study was conducted in Iraq Babylon governorate for a period of four months, data collection started at the first September 2022 and ended at the end of December 2022 another two months were required to process the data and complete the thesis, Data was collected in a cross sectional study from Babylon health directory including all the health care districts, Al-Hilla first and second districts Al-Mussayab and Al-Mahawil districts north Babylon and Al-Hashimiaa districts south Babil, 5 primary health centers were selected randomly from each district, the study included 250 participant.

A preformed questionnaire containing the demographic variables of (Age, Gender, education, residency, marital status, smoking and Occupation before and after retirement), the past medical history (DM, HTN, IHD, HF, thyroid Disease, and cancer) and a depression scale of 8 questions regarding the mood and mental status during the last two weeks before and after retirement for each participant was used accordingly.

The eight question criteria for the diagnosis of depression are:

1. Decrease or lack of interest in life.
2. Felling of guilt or hopelessness.
3. Decrease energy level or fatigue.
4. Decreased concentration.
5. Sleep disturbance (hypersomnia, hyposomnia or insomnia)
6. Appetite disturbance (decrease or increase)
7. Suicidal attempts (multiple thoughts about death)
8. Psychomotor retardation or agitation

Inclusion criteria:-

1. Those who have been retired for more than 5 years.
2. Unable to fill the questionnaire or refuse to participate in the study
3. Have been diagnosed or taking a treatment that may affect memory (Alzheimer, dementia)
4. Have been sent to retirement for medical causes.
5. Patients who have depression before retirement.

The study sample were accordingly subdivided to those who have a scale of 4 or more and diagnosed to have depression, and those who have a scale of less than four who are normal.

Results:-

The mean age of the study group (n=250) was (62.4) years with 198 male participant (79.2 %) and 52 female participant (20.8 %), Most of the study sample have graduated from a college or an institute 113 participant (45.2 %),

followed by secondary school with 51 participant (20.4), master degree or high diploma 38 participant (15.2 %), primary school 24 participant (9.6 %), reads and writes 16 participant (6.4 %) and the Doctorate and PhD level of at least common with only 8 participants (3.2 %), Most of the study population live in rural areas with 143 participant (57.2 %), the other 107 (42.8 %) participant are living in urban areas, Most of them are also married 215 (86 %), 27 (10.8 %) are widowed or divorced and only 8 participants (3.2 %) are single till the study time, Most of the MOH staff that participated in this study are administrators 47 (18.8 %) and medical, pharmacist, or lab assistants with 43 participants (17.2 %), other occupation like nurses 27 (10.8 %), laboratory personal 24 (9.6%), pharmacists 23 (9.2 %), medical doctors 19 (7.6 %), dentists 16 (6.4 %) and technicians 12 (4.8 %) follow respectively.

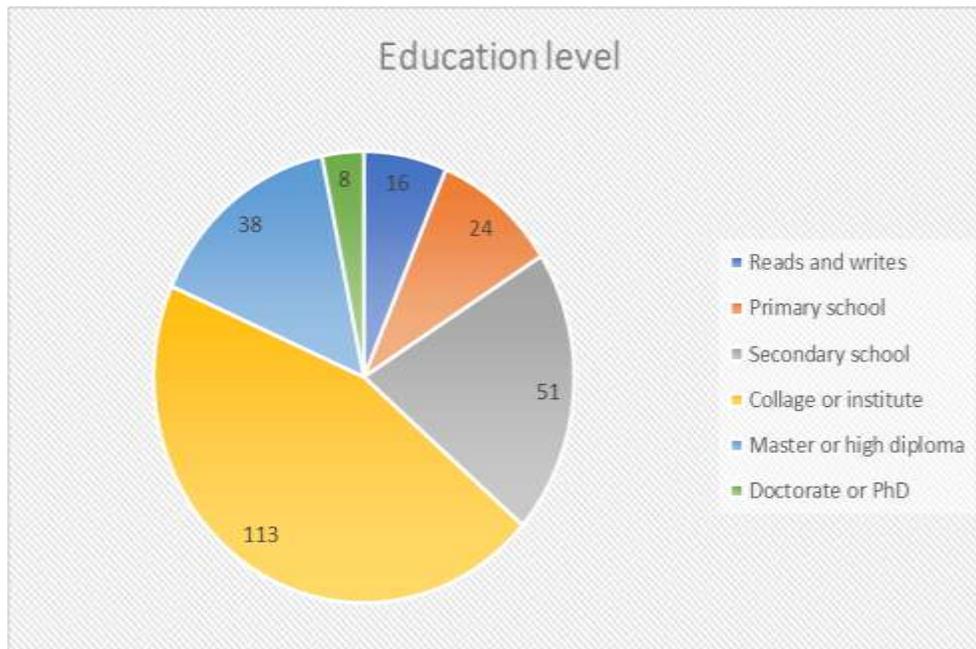


Figure 1:- Education level of the study sample.

Table 1:- The demographic characteristics of the study group (n=250).

Age	Mean \pm SD	N	%
	62.4 \pm 1.7		
Gender	Male	198	79.2
	Female	52	20.8
Education level	Reads and writes	16	6.4
	Primary school	24	9.6
	Secondary school	51	20.4
	Collage or institute	113	45.2
	Master or high diploma	38	15.2
	Doctorate or PhD	8	3.2
Residency	Rural	143	57.2
	Urban	107	42.8
Marital status	Married	215	86
	Single	8	3.2
	Widowed or Divorced	27	10.8
Occupation	Doctor	19	7.6
	Dentist	16	6.4
	Pharmacist	23	9.2
	Nurse	27	10.8
	Laboratory Personal	24	9.6
	Assistant med./pharma./lab.	43	17.2
	Technician	12	4.8
	Administrator	47	18.8
	others	39	15.6

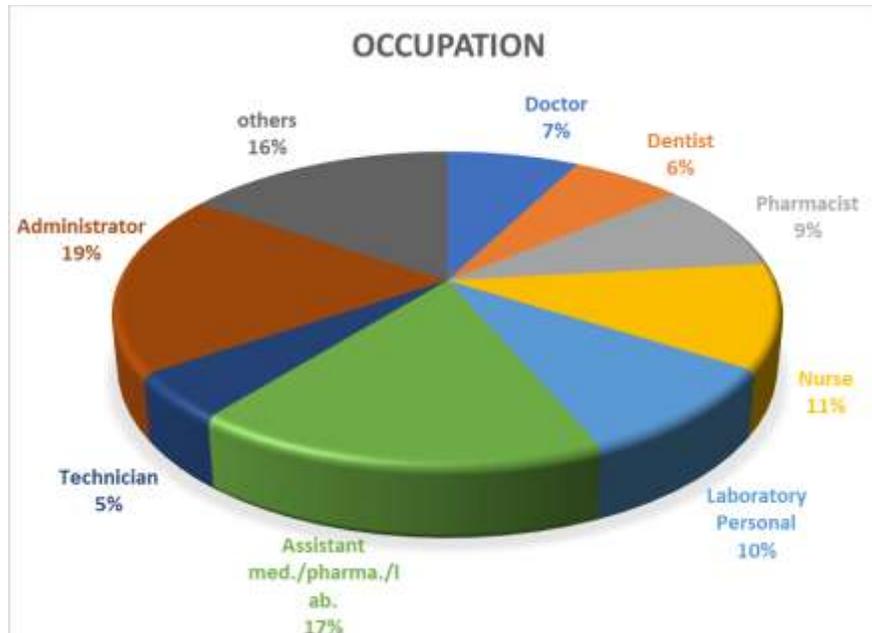


Figure 2:- Study sample participants occupational distribution.

93 participants of the study sample were active smoker (37.2 %), 24 (9.6 %) have quit smoking and 133 (53.2 %) are non-smokers, after retirement 188 participant (47.2 %) are still working and have a second job till the time the study conducted, while 132 (52.8 %) have become unemployed after retirement and leaving the governmental MOH job, Most of them 156 (62.4 %) have various chronic medical conditions (DM, HTN, IHD, HF, thyroid Disease, or cancer) and taking a chronic medication, while 94 (37.6 %) are healthy and not complaining from any chronic disease.

Table 2:- Smoking history, employment after retirement and past medical history of the study sample.

Variable		N	%
Smoking	Active	93	37.2
	Non	133	53.2
	X-Smoker	24	9.6
Still working after retirement	Yes	118	47.2
	No	132	52.8
have any chronic medical condition	Yes	156	62.4
	No	94	37.6

According to the depression scale participants are subdivided into those who have depression who have a score of 4 or more, or not having depression with a score of 3 or less, 33 patients had depression before retirement (13.2 %), the number of patients raise to 51 (20.4 %) after retirement (Relative risk = 1.54)

Table 3:- Depression scale and prevalence before and after depression.

Retirement	Have Depression		P Value
	Yes (n/%)	No (n/%)	
Before	33/13.2	217/86.8	0.0319
After	51/20.4	199/79.6	

Discussion:-

Settlement to retirement is considered a major stressful event, it may mean a permanent loss of job for many especially those who don't have a second job beside their main governmental employment, it is also a financial stressor despite the fact that the retired patient will be paid after retirement a portion of his previous salary but it's always a downgrade of payment and not a joyful promotion, Several studies that were established after the great recession that began in 2007 and resulted in a recorded raise of unemployment and job loss in Europe and the United States have confirmed that job loss and unemployment is associated with increased rates of unhealthy behaviors, **Ásgeirsdóttir et. Al.** (2014) study on the effect of the crisis in Iceland concluded that loss of job significantly leads to increase in health compromising behaviors that were, examined such as smoking, heavy drinking, and higher incidence of depression ⁽¹⁵⁾ The decision of retirement for participants in this study was mainly made by lows, the current Iraqi governmental employment regulations force employees to retirement after the age of 60 years, the mean age in the study is (62.4) years because the participants that are included start from retirement to a maximum period of 5 years to avoid the recall bias, and most of them would like to continue their jobs but are forced to a permanent layoff.

The current study results found 33/250 depressed participant before retirement and the prevalence raised to 55/250 after retirement, according to research by **Greenberg et al.** (2003) Rates of depression among the unemployed are nearly double that of employed individuals causing a significant economic burden to society. ⁽¹⁶⁾ The prevalence of depression before retirement was (13.2 %), the prevalence of depression in the elderly group vary according to the studies from 10% to over 20% **Kulaksizoglu** (2003) study in Istanbul that included 623 (% 61.2) females and 395 (38.8 %) males found that 163 subjects (16%) of the total group have depression according to the scale they used. ⁽¹⁷⁾, **Lee et. al.** (2009) study in south Korea concluded that retired people are often more depressed than working people but the study explained that mandatory retirement is not associated with subsequent depression rather than depression is associated with reduced participation in labor force. ⁽¹⁸⁾ **Kail et. al.** on the other hand concluded that settling to retirement may improve social connections and reduce depressive behaviors they explained that work is a stressful, repetitive and time consuming experience that impact social live and that People are inherently social creatures and retirement is a life course transition, marking a shift in daily activities and social roles and with proper social support and family engagement retired people may find more spare time to be socially engaged in relationships and activities compared to full time workers. ⁽¹⁹⁾ **Reitzes et. al.** (1996) found the opposite and explained that work improve self-esteem and that people who continue to work after retirement have lower prevalence of depression compared to totally unemployed persons. ⁽²⁰⁾

Conclusion:-

The prevalence of depression increase after retirement, the prevalence risk raised by 7.2 % after retirement, relative risk = 1.54

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