

# Older Chinese adults with dementia and depression have a significantly higher risk of mortality

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(Medical Xpress)—Older adults with dementia and depression living in rural China have a significantly higher risk of mortality than their urban counterparts, according to a new report by UK and Chinese scientists.

The study, published in the *British Journal of Psychiatry*, found that individuals in rural areas with [dementia](#) had a three times higher risk of mortality compared to those in urban areas. For people with depression in rural areas there was about a four times greater risk of mortality.

The authors suggest that mental health interventions and investment in rural medical care and insurance should be implemented to tackle survival inequality.

Dementia and depression are highly prevalent in people aged over 60. It is estimated that globally around 40-50 million people are living with dementia and 50 million older adults have depression, with evidence that they have significantly reduced survival rates.

Previous studies have suggested that people with low socioeconomic status have an increased risk of mortality from dementia and late-life depression, but until now there has been lack of data from low- and middle-income countries on the association.

Since China's economic reforms of the 1980s, there has been a growing disparity in socioeconomic status between rural and urban areas. People living in rural areas have an average annual income that is two to five times lower than those in towns and cities.

Dr Ruoling Chen from King's College London and colleagues from Anhui Medical University set out to examine the impact of [low socioeconomic status](#) (indicated by levels of education, occupation and income) and living in a rural area on survival among older adults with dementia and depression.

They carried out research in Anhui province, China, interviewing 2,978 people aged over 60 living in rural and urban areas. General health, mental state and risk factors for depression and dementia were assessed, as well as baseline [socioeconomic status](#) – using factors such as educational level, occupational class, income and rural versus urban living.

The team diagnosed 223 people with dementia and 128 with depression. Over five and a half years they followed up to investigate rates of mortality across the group.

The team found a significant association between the rural–urban

variable and dementia or depression, with dementia and late-life depression significantly associated with increased mortality.

Dr Ruoling Chen, senior lecturer in public health, module leader of MPH Global Public Health and PhD supervisor from King's College London, said: 'In China rural residents have little medical insurance, unlike those in towns and cities who have medical coverage provided by the government or their employers. People in rural China also lack medical facilities and healthcare compared with their urban counterparts.'

'Our data suggest that there may be an unequal distribution of mental healthcare between rural and urban areas, which needs to be urgently tackled. These findings should act as a warning to governments and healthcare professionals to reduce mental health inequalities.'

Co-author Professor Zhi Hu, School of Health Administrations, Anhui Medical University, said: 'In China, people living in urban areas have much better access to community health services and social support from their families, and a family doctor often provides services to older people.'

In contrast, many older people in rural areas, who would typically rely on their children for support, may have a lower level of care because the children have moved to [urban areas](#) for a job.'

The authors suggest that innovative primary and secondary care strategies targeting people in [rural areas](#) are required, along with effective measures to promote the uptake of mental health interventions, including relatively simple strategies such as social support in lower socioeconomic groups.

They conclude that investments in rural medical care and insurance and the introduction of new mental healthcare systems from high-income

countries, with evidence-based dementia and depression services for [older adults](#), should be considered to help to reduce mortality for individuals with both early and established cases of dementia and late-life [depression](#).

**More information:** Ruoling Chen, Zhi Hu, Li Wei, and Kenneth Wilson, "Socioeconomic status and survival among older adults with dementia and depression." *BJP* bjp.bp.113.134734; published ahead of print February 13, 2014, [DOI: 10.1192/bjp.bp.113.134734](https://doi.org/10.1192/bjp.bp.113.134734)

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