

Margalida Vives^{1, 2}
Mauro García-Toro^{1, 2}
Silvia Armengol³
Maria C. Perez²
Jose R. Fernández^{4, 5}
Margalida Gili^{1, 2}

Prevalence and factors associated to mental disorders in primary care attenders aged 75 and older

¹Institut Universitari d'Investigació en Ciències de la Salut (IUNICS)

²Red de Investigación en Actividades Preventivas y de Promoción de la Salud (Rediapp)

³Departamento Médico Almirall

⁴Universidad de Oviedo

⁵Instituto Europeo de Estudios en Prevención (IREFREA)

Background: Mental disorders in old age are a major public health problem. However, few epidemiological studies provide data on prevalence and risk factors of mental illness in older old population. The aim of this study is to assess the prevalence of common mental disorders and their associated factors in primary care patients over 75 years.

Method: Cross-sectional epidemiologic study carried out in a sample of 426 older old patients who were attended at Primary Health Care settings, proportionally distributed for provinces and health centers. The Spanish version of the *Primary Care Evaluation of Mental Disorders* (PRIME-MD) was used in order to diagnose the most common psychiatric disorders in this field.

Results: Prevalence and comorbidity rates of affective, anxiety and somatoform disorders are high. 47.4% of the sample presented one or more psychiatric disorder. The most prevalent were affective (33.8%), somatoform (24.4%) and anxiety (14.3%) disorders. 6.3% had comorbidity between affective, anxiety and somatoform disorders. Perceived health status and physical illnesses were significantly associated with these mental disorders.

Conclusions: Affective, anxiety and somatoform disorders are highly prevalent in older old population with high rates of comorbidity. Their detection and treatment should be considered a relevant issue in primary care.

Keywords: Depressive disorders, Anxiety disorders, Somatoform disorders, Primary Care, Old age

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Correspondence:
Margalida Vives
Institut Universitari d'Investigació en Ciències de la Salut (IUNICS)
Red de Investigación en Actividades Preventivas y de Promoción de la Salud (Rediapp)
Cra Valldemossa km 7.5
07122 Palma de Mallorca (Spain)
phone: +34971259888
fax: +3497125993
E-mail: vivesmarga@hotmail.com

Prevalencia de trastornos mentales y factores asociados en pacientes de atención primaria mayores de 75 años

Introducción: Los trastornos mentales en la vejez constituyen un importante problema de salud pública. No obstante, pocos estudios epidemiológicos aportan datos sobre prevalencia y factores de riesgo de enfermedades mentales en personas muy ancianas. El objetivo de este trabajo es evaluar la prevalencia de los trastornos mentales más comunes en atención primaria (AP) y sus factores asociados en pacientes mayores de 75 años.

Metodología: Estudio epidemiológico trasversal con una muestra de 426 pacientes muy ancianos atendidos en AP y distribuidos proporcionalmente por provincias y centros de salud. Se utilizó la versión española de la entrevista *Primary Care Evaluation of Mental Disorders* (PRIME-MD) para diagnosticar los trastornos psiquiátricos más frecuentes.

Resultados: Existe una alta prevalencia y comorbilidad de los trastornos del estado de ánimo, de ansiedad y somatomorfos. El 47.4% de la muestra presenta uno o más trastornos psiquiátricos. Los más prevalentes fueron los trastornos del estado de ánimo (33.8%), seguidos por los somatomorfos (24.4%) y los de ansiedad (14.3). El 6.3% presenta comorbilidad psiquiátrica ente estos tres diagnósticos. La percepción del paciente sobre su estado de salud y la presencia de patologías físicas se asocia significativamente con estos trastornos mentales.

Conclusiones: Los trastornos depresivos, de ansiedad y somatomorfos tienen una alta prevalencia en población muy anciana, con una elevada comorbilidad. Su detección y tratamiento es una cuestión prioritaria en AP.

Palabras clave: Trastornos afectivos, Trastornos de ansiedad, Trastornos somatomorfos, Atención Primaria, Vejez

INTRODUCTION

The European population is characterized by its increasing level of aging, the large number of older old persons (over 75 years) being significant. The continuing increase in life expectancy has important health care and social repercussions. These are, for example, the weight of the chronic diseases, mental diseases and incapacity for personal autonomy in this population.¹ Mental health and well-being of the geriatric population are acquiring increasingly greater relevance. Considering that the aging process of the population is very rapid, it is important to evaluate and eventually treat psychiatric disorders in older old persons.

Mental disorders in the elderly are associated to a significant reduction of quality of life, increased disability and mortality^{2,3} and increase of the use of health care services.⁴⁻⁶ Affective and anxiety disorders are a first magnitude problem in the elderly population. Prevalence levels in the general population of mental disorders in the elderly in Europe is estimated to be approximately 3.1-27.5% for depressive disorders, 4.5-14.2% for anxiety disorders, 0.3-13% for somatomorphic disorders, and 0.5-3.3% for alcohol dependence or abuse disorders.⁷ Prevalence levels for major depression in the elderly attended in primary care range from 4.3% and 34.2%;⁸⁻¹³ from 1.8% to 32% for anxiety disorders,^{12,14,15} and 4% to 7.2% for somatomorphic disorders.^{14,16}

Anxiety and somatomorphic disorders in the geriatric population have not created the same interest as affective disorders, there being much fewer studies existing on the former.⁷ Some studies on depression and anxiety disorders in the elderly^{11,13,17-19} suggest that, as occurs in other age ranges, sociodemographic characteristics such as gender and civil status are factors associated to these diseases. Equally, mental disorders often affect persons with medical diseases, mainly metabolic, gastrointestinal, respiratory, cardiovascular, musculoskeletal and neurological ones.^{3,20-24}

Risk factors such as mourning, social isolation, somatic diseases and functional deterioration increase with age. These may have a different impact among the elderly and older old. In spite of this, there are few epidemiological studies that provide data on prevalence and risk factors of mental diseases in the older old (over 75 years). It is necessary to have knowledge of these factors to define the group at high risk and to be able to improve the diagnosis and treatment of the mental diseases in this age group.^{13,25,26}

This work has aimed to study the prevalence of the most common mental disorders in Primary Care (affective, anxiety and somatomorphic disorders) and their associated factors in patients over 75 years of age.

METHODOLOGY

Participants and procedure

The cross-sectional epidemiological study SCREEN on mental disorders in primary care in the Spanish population²⁷ invited 2000 primary care physicians, proportionally distributed by provinces and health care centers throughout the country, 1356 of whom agreed to participate in the study (response rate 67.8%). Each medical practitioner was asked to recruit 5 to 6 patients. The sample was made up of 7936 subjects from the participating health care centers. These centers had been randomly selected to participate in the study by randomized allotment of the work days of the week and the time range (morning or afternoon). Patients over 18 years who consulted their medical practitioner for any reason were included with the exclusion of those who came for administrative reasons and scheduled visits (pregnancy, results of blood tests, etc.). Those subjects who were not capable of completing the study protocol were also excluded, individuals with any type of dementia or cognitive deterioration that would make it impossible to collect the data being excluded. Written informed consent was obtained from each one of the participants. Recruitment period was 12 weeks, between September and November 2006. The Ethics Committee of the Clínica Teknon (Barcelona, Spain) approved the study.

In the current work the data from the SCREEN study on the subjects with age equal to or greater than 75 years were used and constitute a sample of 426 subjects.

Instruments

The Spanish version²⁸ of the *Primary Care Evaluation of Mental Disorders* (PRIME-MD) interview²⁹ for the diagnosis of mental disorders was used. This instrument was elaborated from the diagnostic criteria of the DSM-IV³⁰ and is made up of a self-administered questionnaire for the patient (PQ). It consists of 25 items organized into five modules that correspond with the most frequent mental disorders in Primary Care (mood state disorders, anxiety disorders, somatomorphic disorders, disorders related with alcohol and eating disorders); and an Assessment Guideline for the Professional (AGP), that consists in a structured interview for the physician. The Spanish version of the PRIME-MD questionnaire offers adequate sensitivity and specificity values (81.4% and 66.1%, respectively).²⁸

Furthermore, a questionnaire prepared by the authors was used for the physician to collect the following sociodemographic and clinical variables: age, gender, weight, height, civil status, cohabitation in the home, level of studies, occupation, reason for consultation, concomitant conditions and therapeutic approach.

Statistical analysis

The results were analyzed using the SPSS statistical program, version 19.0. Prevalence of the different mental disorders was calculated by an estimation range of the prevalence of the diagnosis suspicion of these disorders, with a 95% confidence interval, on the sample of patients obtained. Contingency tables were used to identify the subgroups of patients who had anxiety disorders, mood state and somatomorphic disorders comorbidly, and to identify the subjects with medical comorbidity, specifying the type of disease. Association between the associated factors and mental disorders was analyzed using a logistic regression analysis with all the adjusted variables (gender, civil status, level of studies, cohabitation in the home, perception of health condition and number of medical diseases. All the statistical tests were conducted with a significance level of 0.05.

RESULTS

Of the 426 subjects evaluated, 65.3% were women. Mean age of the sample was 79.1 years, with a standard deviation of 3.59 (95% CI 78.72-79.41). According to age ranges, 63.4% were aged 75 to 79, 27.2% were between 80 and 84 years and 9.4% were older than 85 years. Prevalence levels of mental disorders evaluated indicated that 47.4% of the sample had some psychiatric diagnosis. The category of affective disorders was the most frequently diagnosed (33.8%; 95% CI 29.31-38.29). This was followed by somatomorphic disorders (24.4%; 95% CI 20.33-28.49) and anxiety disorders (14.3%; 95% CI 10.99-17.65) (Table 1). The greatest comorbidity between mental disorders was found in those patients with affective and somatomorphic disorders (14.8%), this being less in patients suffering anxiety disorders together with affective disorders (9.4%) or with somatomorphic disorders (8.5%). Percentage of subjects in the sample who presented comorbidly these three diagnosed categories was about 6.3% (Figure 1).

In all the disorders evaluated, there were significant differences in the perception of the health status and presence of medical diseases (Table 1). Once all the variables were adjusted, the highest likelihood of suffering an affective disorder occurred in those who perceived their health as poor (OR=5.66 95% CI 2.92-10.96; $p<0.001$) and, although not significantly, in women (OR=1.36 95% CI 0.83-2.24; $p=0.221$) and in those patients who lived alone (OR=1.22 95% CI 0.7-2.14; $p=0.485$). Furthermore, as the comorbid physical conditions increased, the frequency of these disorders increased (OR=1.3 95% CI 1.07-1.58; $p=0.007$) (Table 2).

The subjects who considered that they had poor health constituted the group of subjects with the greatest risk of suffering anxiety (OR=2.86 95% CI 1.22-6.69; $p=0.016$) and

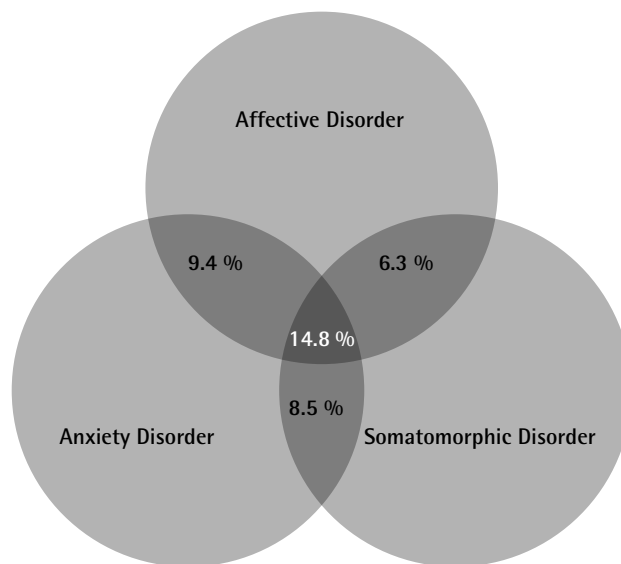


Figure 1

Psychiatric comorbidity in the sample of patients

somatomorphic disorders (OR=5.5 95% CI 2.5-12.12; $p<0.001$). Furthermore, it could be observed that the number of medical diseases is a variable associated to suffering a somatization disorder (OR= 1.42 95% CI 1.14-1.76; $p<0.001$). On the other hand, there were no significant differences based on gender, civil status or cohabitation in the home, even though subjects who lived alone had these diagnoses more frequently (Table 3 and 4).

DISCUSSION

The importance of this work is because no previous study has been found on the prevalence of mental disorders and their associated factors in subjects over 75 years attended in primary care that evaluates anxiety and somatomorphic disorders. The works published up to now in this population have only studied affective disorders^{9,13,19} or when they included anxiety and somatomorphic disorders, the studies were not exclusively focused on the older old.^{14,15,27,31}

The prevalence values of somatomorphic disorders and psychiatric comorbidity in the elderly population over 75 years of age are inferior to the results obtained by our group in the sample of adults and elderly of the SCREEN study²⁷ and the prevalence rates of depression and anxiety are similar in both studies. In the Roca et al. work,²⁷ the most prevalent disorders, diagnosed with the PRIME-MD, were affective (35.8%), somatomorphic (28.8%) and anxiety (25.6%) disorders. The higher levels of comorbidity were

Table 1		Sociodemographic and clinical characteristics of the sample				
Characteristics	Total	Mental disorder	Without mental disorder	χ^2	Sign	
	N (%)	N (%)	N (%)			
Gender						
Man	148 (34.7)	69 (46.6)	79 (53.4)	0.06	0.839	
Woman	278 (65.3)	133 (47.8)	145 (52.2)			
Civil status				4.95	0.293	
Married	185 (43.4)	93 (50.3)	92 (49.7)			
Single	27 (6.3)	8 (29.6)	19 (70.4)			
Widow(er)	207 (48.6)	98 (47.3)	109 (52.7)			
Separated or Divorced	7 (1.6)	3 (42.9)	4 (57.1)			
Study level %				2.14	0.544	
No studies or incomplete primary studies	285 (66.9)	133 (46.7)	152 (53.3)			
Complete primary studies	79 (18.5)	42 (53.2)	37 (46.8)			
Complete secondary studies	38 (8.9)	15 (39.5)	23 (60.5)			
University studies	24 (5.6)	12 (50)	12(50)			
Cohabitation in the home				0.03	0.916	
Alone	129 (30.3)	62 (48.1)	67 (51.9)			
Accompanied	297 (69.7)	140 (47.1)	157 (52.9)			
Perception of health status				37.43	0.001	
Good	141 (33.1)	40 (28.4)	101 (71.6)			
Regular	207 (48.6)	112 (54.1)	95 (45.9)			
Poor	78 (18.3)	50 (64.1)	28 (35.9)			
Medical diseases						
Nervous system disease	38 (8.9)	26 (68.4)	12 (31.6)	7.38	0.010	
Cardiovascular disease	277 (65)	137 (49.5)	140 (50.5)	1.32	0.264	
Respiratory disease	80 (18.8)	42 (52.5)	38 (47.5)	1.02	0.323	
Liver disease	10 (2.3)	1 (10)	9 (90)	5.75	0.022	
Osteoarticular disease	290 (68.1)	154 (53.1)	136 (46.9)	11.77	0.007	
Digestive disease	93 (21.8)	54 (58.1)	39 (41.9)	5.41	0.025	
Neoplasms	19 (4.5)	11 (57.9)	8 (42.1)	0.88	0.360	
Other diseases	103 (24.2)	56 (54.4)	47 (45.6)	2.63	0.113	
Number of medical diseases						
No diseases	41 (9.6)	9 (22)	32 (78)	21.26	0.001	
1 disease	78 (18.3)	36 (46.2)	42 (53.8)			
2 diseases	145 (34)	64 (44.1)	81 (55.9)			
3 diseases	114 (26.8)	62 (54.4)	52 (45.6)			
4 diseases	40 (9.4)	24 (60)	16 (40)			
5 diseases	8 (1.9)	7 (87.5)	1 (12.5)			
Diagnosis						
Affective disorder	(33.8)	-	-	-	-	
Anxiety disorder	(14.3)					
Somatomorphic disorder	(24.4)					

found in patients with affective and anxiety disorders (19.1%), affective and somatomorphic disorders (18.6%) and anxiety and somatomorphic disorders (14.8%).

Previous epidemiologic studies^{27,31-34} indicate that 20% to 53% of the patients attended in primary care suffer a mental disorder and the patients with medical-psychiatric comorbidity constitute most of the population of these units³⁵ In our sample, these levels are also elevated, it being found that 43.3% of the subjects have a mental disorder

together with one or more medical conditions, principally nervous system, hepatic, osteoarticular and digestive diseases. In regards to psychiatric comorbidity, the data are in line with those provided in other works with adult samples,^{31,36} thus confirming the strong association existing between somatization and anxiety disorders. The comorbid conditions, which interfere with the identification and subsequent treatment received by the patients, should consider specific diagnoses when designing instruments, since most of them do not contemplate these situations.³⁶

Table 2	Adjusted associations with affective disorder				
	Total N (%)	Affective disorder n (%)		OR adjusted to all the variables (IC 95%)	p
		Yes	No		
Gender					
Man	148 (34.7)	44 (30.6)	104 (36.9)	1	-
Woman	278 (65.3)	100 (69.4)	178 (63.1)	1.36 (0.83-2.24)	0.221
Civil status					
Married	185 (43.4)	58 (40.3)	127 (45)	1	-
Single	27 (6.3)	5 (3.5)	22 (7.8)	0.42 (0.13-1.33)	0.139
Widow(er)	207 (48.6)	78 (54.2)	129 (45.7)	1.01 (0.58-1.74)	0.976
Separated or Divorced	7 (1.6)	3 (2.1)	4 (1.4)	1.62 (0.32-8.06)	0.558
Study level %					
No studies or incomplete primary studies	285 (66.9)	92 (63.9)	193 (68.4)	1	-
Complete primary studies	79 (18.5)	34 (23.6)	45 (16)	1.89(1.08-3.32)	0.026
Complete secondary studies	38 (8.9)	11 (7.6)	27 (9.6)	1.11 (0.5-2.49)	0.8
University studies	24 (5.6)	7 (4.9)	17 (6)	1.01 (0.35-2.9)	0.993
Cohabitation in the home					
Alone	129 (30.3)	47 (32.6)	82 (29.1)	1.22 (0.7-2.14)	0.485
Accompanied	297 (69.7)	97 (67.4)	200 (70.9)	1	-
Perception of health status					
Good	141 (33.1)	23 (16)	118 (41.8)	1	-
Regular	207 (48.6)	77 (53.5)	130 (46.1)	2.63 (1.52-4.55)	0.001
Poor	78 (18.3)	44 (30.6)	34 (12.1)	5.66 (2.92-10.96)	<0.001
Number of medical diseases					
No diseases	41 (9.6)	4 (2.8)	37 (13.1)	1.3 (1.07-1.58)	0.007
1 disease	78 (18.3)	26 (18.1)	52 (18.4)		
2 diseases	145 (34)	44 (30.6)	101 (35.8)		
3 diseases	114 (26.8)	48 (33.3)	66 (23.4)		
4 diseases	40 (9.4)	17 (11.8)	23 (8.2)		
5 diseases	8 (1.9)	5 (3.5)	3 (1.1)		

There is a real difficulty when directly comparing our results with other similar works because of the many diverse ways used to define and classify the different mental disorders and the heterogeneity of ages of the samples. The work published in 2005 by Licht-Strunk et al.⁹, in a sample of Primary Care patients evaluated with the PRIME-MD, provided data that was slightly inferior to ours on the prevalence of depression in Primary Care. A total of 27.6% of the elderly subjects over 75 years had some depressive disorder versus 33.8% obtained in our sample. Osborn et al.¹⁹ and Weyerer et al.¹³ conducted two studies similar to our work. They analyzed the prevalence and risk factors of depression in some samples of subjects having our same age group (over 75 years) in Primary Care, based on the *15-item Geriatric Depression Scale* (GDS).³⁷ The first one, conducted in the United Kingdom, used a sample of 14,214 subjects. The second one was performed on 3,242 participating subjects from Germany. In both studies, the prevalence levels were much lower than those obtained in our work. One possible explanation to this discrepancy is found in the differences existing between the health care systems of these countries and the Spanish one. In

the English sample, 7.7% showed a depressive disorder. This was slightly inferior to the German one in which the depressive disorder was found in 9.7% and the prevalence of this disease increased according to the age range, reaching 13.7% for those subjects over 85 years. As many community studies in geriatric populations have indicated^{10,17,18,38} and similar to that which occurs in other ages,^{27,31,39} in these works, the rates of depression are significantly higher among the women. However, as also occurs in our study, after adjusting all the variables, there was no significant correlation between gender and depression. Although it is very difficult to explain why the differences of gender in the prevalence of depression become equal with age, we believe that it may be because some factors that determine these differences, such as the differences of roles in men and women or hormone factors, do not have the same impact in the elderly as in the adult age. This result supports the hypothesis of Jorm,⁴⁰ who postulated that the differences of gender in depressive disorders are less marked as the age increases in the elderly population. Our data follow the line of those obtained by Osborn et al.,¹⁹ which indicate that the number of physical conditions is significant

Table 3	Adjusted associations with anxiety disorder				
	Total N (%)	Affective disorder n (%)		OR adjusted to all the variables (IC 95%)	p
		Yes	No		
Gender				1	-
Man	148 (34.7)	19 (31.1)	129 (35.3)		
Woman	278 (65.3)	42 (68.9)	236 (64.7)	1.07 (0.57-2.02)	0.838
Civil status				1	-
Married	185 (43.4)	27 (44.3)	158 (43.3)		
Single	27 (6.3)	3 (4.9)	24 (6.6)	0.79 (0.2-3.15)	0.735
Widow(er)	207 (48.6)	31 (50.8)	176 (48.2)	0.74 (0.35-1.53)	0.415
Separated or Divorced	7 (1.6)	-	7 (1.9)	-	-
Study level %				1	-
No studies or incomplete primary studies	285 (66.9)	45 (73.8)	240 (65.8)		
Complete primary studies	79 (18.5)	11 (18)	68 (18.6)	0.88(0.42-1.86)	0.74
Complete secondary studies	38 (8.9)	2 (3.3)	36 (9.9)	0.32 (0.07-1.4)	0.13
University studies	24 (5.6)	3 (4.9)	21 (5.8)	0.7 (0.18-2.7)	0.603
Cohabitation in the home				1.36 (0.65-2.87)	0.416
Alone	129 (30.3)	20 (32.8)	109 (29.9)		
Accompanied	297 (69.7)	41 (67.2)	256 (70.1)	1	-
Perception of health status				1	-
Good	141 (33.1)	11 (18)	130 (35.6)		
Regular	207 (48.6)	32 (52.5)	175 (47.99)	1.84 (0.88-3.88)	0.108
Poor	78 (18.3)	18 (29.5)	60 (16.4)	2.86 (1.22-6.69)	0.016
Number of medical diseases				1.33 (1.04-1.71)	0.058
No diseases	41 (9.6)	3 (4.9)	38 (10.4)		
1 disease	78 (18.3)	7 (11.5)	71 (19.5)		
2 diseases	145 (34)	20 (32.8)	125 (34.2)		
3 diseases	114 (26.8)	20 (32.8)	94 (25.8)		
4 diseases	40 (9.4)	8 (13.1)	32 (8.8)		
5 diseases	8 (1.9)	3 (4.9)	5 (1.4)		

when suffering a depressive disorder, but the rest of the variables studied are not significant.

Somatization and anxiety disorders, as occurs in other ages, are less frequent than the affective disorders.²⁷ However, the prevalence figures for these disorders are elevated. In our sample of subjects, it is observed that variables such as gender, civil status or number of persons who live in the home are not significantly associated with these disorders. On the contrary, the variable of perception of state of health and presence of medical diseases constitute factors associated to these conditions. In these two groups of disorders and in affective disorders, as age increases, gender stops being a mediator factor between these diagnoses. Thus, we see that the prevalence is almost twice in women than in men in adult persons.^{15,27,41} There are some studies with samples of elderly patients in primary care who are younger than in our sample of the elderly^{14,15} and some with older old subjects not from this setting^{17,42} that show data that are inferior to ours on the

prevalence and comorbidity of these disorders (between 0.8% and 10.6% of the subjects have anxiety disorders, 5.4% have somatization disorders and 2.8% have comorbidity between affective and anxiety disorders). We cannot compare our results with similar works because we have not found any study that provides data on these disorders in elderly population over 75 years in primary care. Anxiety and somatization disorders in the elderly have not aroused much interest among the scientific community. However, the results provided in this work and the fact that the population is in the process of aging makes clear the need to continue investigating in this age group and to cope with the possible specific challenges in this population.

Limitations and strengths

The greatest strength of this study resides in the fact that it is the only work published up to now that evaluates

Table 4	Adjusted associations with somatization disorder				
	Total N (%)	Affective disorder n (%)		OR adjusted to all the variables (IC 95%)	p
		Yes	No		
Gender					
Man	148 (34.7)	36 (34.6)	112 (34.8)	1	-
Woman	278 (65.3)	68 (65.4)	210 (65.32)	0.85 (0.5-1.45)	0.548
Civil status					
Married	185 (43.4)	50 (48.1)	135 (41.9)	1	-
Single	27 (6.3)	6 (5.8)	21 (6.5)	1.03 (0.34-3.13)	0.960
Widow(er)	207 (48.6)	48 (46.2)	159 (49.4)	0.57 (0.31-1.04)	0.069
Separated or Divorced	7 (1.6)	-	7 (2.2)	-	-
Study level %					
No studies or incomplete primary studies	285 (66.9)	74 (71.2)	211 (65.5)	1	-
Complete primary studies	79 (18.5)	19 (18.3)	60 (18.6)	0.86 (0.45-1.62)	0.634
Complete secondary studies	38 (8.9)	7 (6.7)	31 (9.6)	0.68 (0.27-1.74)	0.425
University studies	24 (5.6)	4 (3.8)	20 (6.2)	0.45(0.13-1.52)	0.198
Cohabitation in the home					
Alone	129 (30.3)	31 (29.8)	98 (30.4)	1.38 (0.73-2.59)	0.32
Accompanied	297 (69.7)	73 (70.2)	224 (69.6)	1	-
Perception of health status					
Good	141 (33.1)	12 (11.5)	129 (40.1)	1	-
Regular	207 (48.6)	64 (61.5)	143 (44.4)	4.51 (2.28-8.95)	<0.001
Poor	78 (18.3)	28 (26.9)	50 (15.5)	5.5 (2.5-12.12)	<0.001
Number of medical diseases					
No diseases	41 (9.6)	7 (6.7)	34 (10.6)	1.42 (1.14-1.76)	<0.001
1 disease	78 (18.3)	14 (13.5)	64 (19.9)		
2 diseases	145 (34)	25 (24)	120 (37.3)		
3 diseases	114 (26.8)	34 (32.7)	80 (24.8)		
4 diseases	40 (9.4)	20 (19.2)	20 (19.2)		
5 diseases	8 (1.9)	4 (3.8)	4 (1.2)		

anxious and somatomorphic disorders in addition to affective disorders in a sample of persons over 75 years seen in primary care. A second strength of the study is its sample size and that it is distribution proportionally throughout the country. It is important to consider the fact that the Spanish public health system covers almost the entire population, so that the most disadvantaged groups are included. For all these reasons, we can state that this is a truly representative sample of the clinical reality of primary care in Spain.

Among the limitations, it stands out that this is a cross-sectional study so that associations of risk or protection cannot be established. Furthermore, it should be considered that the study was performed by a large number of primary care physicians, which may have affected the inter-rated reliability, and that an instrument was used which had been designed to be administered in the adult population, but was not specific for the geriatric population. However, the fact that an instrument was used with well-established

psychometric properties and that was widely used in studies reduces the impact of these last two limitations

CONFLICT OF INTERESTS

There are no conflicts of interests.

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