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Sadness as perceived by nursing home patients

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Background and Aim: Depression is prevalent among nursing home patients, but may be difficult to disentangle from non-pathological sadness. Diagnostics on psychological symptoms in nursing homes is sometimes haphazard, and there are reasons to believe that sadness is commonly treated as depression with antidepressant drugs.

The aim of this study was to explore sadness as perceived by nursing home patients.

Methods: The first author (a GP) conducted individual interviews with 12 long term care patients without dementia, but perceived to be sad by primary nurses. The interviews were audio-recorded and transcribed verbatim. The analysis was based on systematic text condensation in accordance with Malterud.

Results: The interviews revealed three main themes. (I) Decay and loss of agency. The informants expressed that sadness was caused by declining health and functional ability, reliance on long-term care and dysfunctional technical devices and aids, (II) Loneliness in the middle of the crowd. Loss of family and friends, staff members having little time to converse and poor caretaking were sources of sadness. (III) Relating and identity. According to the participants, what helped them avoid sadness was accepting the realities of old age, gratitude for remaining function and relating to own and family's life history. Some informants also conveyed that religious beliefs and practice were resources of comfort to them.

Conclusions: Doctors and nurses in nursing homes should identify and support coping resources among patients, avoid undue medicalization and address manageable causes of sadness.