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# TELEVISION VIEWING AND DEMORALISATION SYNDROME IN THE ELDERLY IN THREE EUROPEAN COUNTRIES

## RESULTS FROM THE EU-MENTDIS\_65+ STUDY



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### Introduction

- Television (TV) viewing is one of the most widespread ways of spending leisure time.
- There is a growing evidence of a **negative association between TV and physical and mental health**

- Time spent watching TV by Europeans average 22.1 hours per week
- People of 60+ over 55% more than 2 hours of TV daily
- Associations have been found with higher risk of:
  - Obesity and type 2 diabetes, Cardiovascular diseases, Metabolic syndrome
  - Neck and low back pain
  - Cognitive impairment
  - Mental health problems (anxiety, depression)

#### Demoralization Syndrome:

- A clinical condition where people experience existential despair symptoms, such as loss of meaning, hopelessness, impotence-helplessness, loss of purpose, pessimism, feeling of being trapped, social isolation, aloneness and lack of support
- Generally derives from the combination of situations of Distress and Subjective Incompetence
- Distinct from depression: no anhedonia, no reduction in magnitude of motivation
- Could be risk factor for psychopathological conditions and/or physical illnesses

- The demoralisation syndrome has so far been associated with severe physical illnesses
- However, given the major changes in people's life that ageing entails, it could be an important problem also in the elderly

This study aimed at evaluating the association between time spent watching TV and the level of demoralisation within the general 65-84 years population

### Methods

#### Recruitment and sampling

- Within the MentDis\_ICF65+ study, subsample of 1354 subjects aged 65-84 years from 3 out of 7 centres (Italy, Switzerland, Germany)

#### Assessment instruments:

- Demoralization Scale (DS) by Kissane: 24 questions on 5-points Likert scale (0= never; 4= always) on people's issues around demoralization (see above)
- Time spent watching TV: self-report of n° of days and hours during previous week

#### Other Instruments:

- International Physical Activity Questionnaire (IPAQ) self-report of n° of days and hours of different types of physical activity during previous week
- MMSE (cognitive performance)
- WHODAS II (Disability level)
- Self reported list of Medical diagnoses in the previous year

#### The MentDis\_ICF65+ Study<sup>§</sup>

- Funded by the EC, 7<sup>th</sup> Framework Program
- Run between 2008 and 2012
- 7 centres, 6 countries involved: Italy, Germany, Spain, Switzerland, Israel, UK
- **Inclusion:** 65-84 general population from the catchment areas
- **Exclusion:** MMSE >27
- **Study design:** cross-sectional and longitudinal (1-year follow-up)
- **Sampling:** age and gender stratified, 500 people from each study centre (tot 3142)



### Results

Table 1: socio-demographic data and associations with Demoralization Score

*p< 0.05 **p< 0.001	Value	N	%	Demoralization total score	*p< 0.05 **p< 0.001	Value	N	%	Demoralization total score
	<b>TOTAL</b>	1354		24.31 (9.08)					
<b>Gender</b>	Female	637	47.0	25.34 (9.61)**		Alone	390	28.9	26.26 (10.58)**
	Male	717	53.0	23.39 (8.49)**		Not alone	961	71.1	23.53 (8.29)**
<b>Level of education</b>	Low (< 8 yrs)	366	27.1	25.08 (10.04)*	<b>Physical activity</b>	Low (< 600 MET)	205	15.1	26.49 (11.35)*
	Intermed. (9-12 yrs)	444	32.9	24.58 (8.65)*		Moderate	582	43.0	23.99 (8.61)*
	High (> 13 yrs)	540	39.9	23.57 (8.73)*		High (> 3000 MET)	567	41.9	23.85 (8.53)*
<b>Financial situation</b>	Very good	178	13.2	22.85 (7.74)*	<b>Disability (WHODAS II)</b>	no disability (=12)	400	29.8	21.20 (6.61)**
	Good	643	47.6	23.96 (8.80)*		Mild disability (13-16)	497	37.0	23.67 (8.42)**
	Just enough, low or very low	529	39.2	25.24 (9.76)*		Moderate disability (17-21)	260	19.3	26.43 (8.95)**
<b>Cognitive Impairment (MMSE)</b>	No cognitive impairment	241	17.4%	23.92 (8.77)*		Severe disability (> 22)	187	13.9	29.61 (11.92)**
	Mild cognitive impairment	1113	80.5%	26.08 (10.24)*	<b>Medical problems previous year</b>	No	217	16.0	22.40 (7.59)*
						Yes	1136	84.0	24.67 (9.30)*

Age, employment status and study centre had no statistically significant relationship with Demoralization

### Results

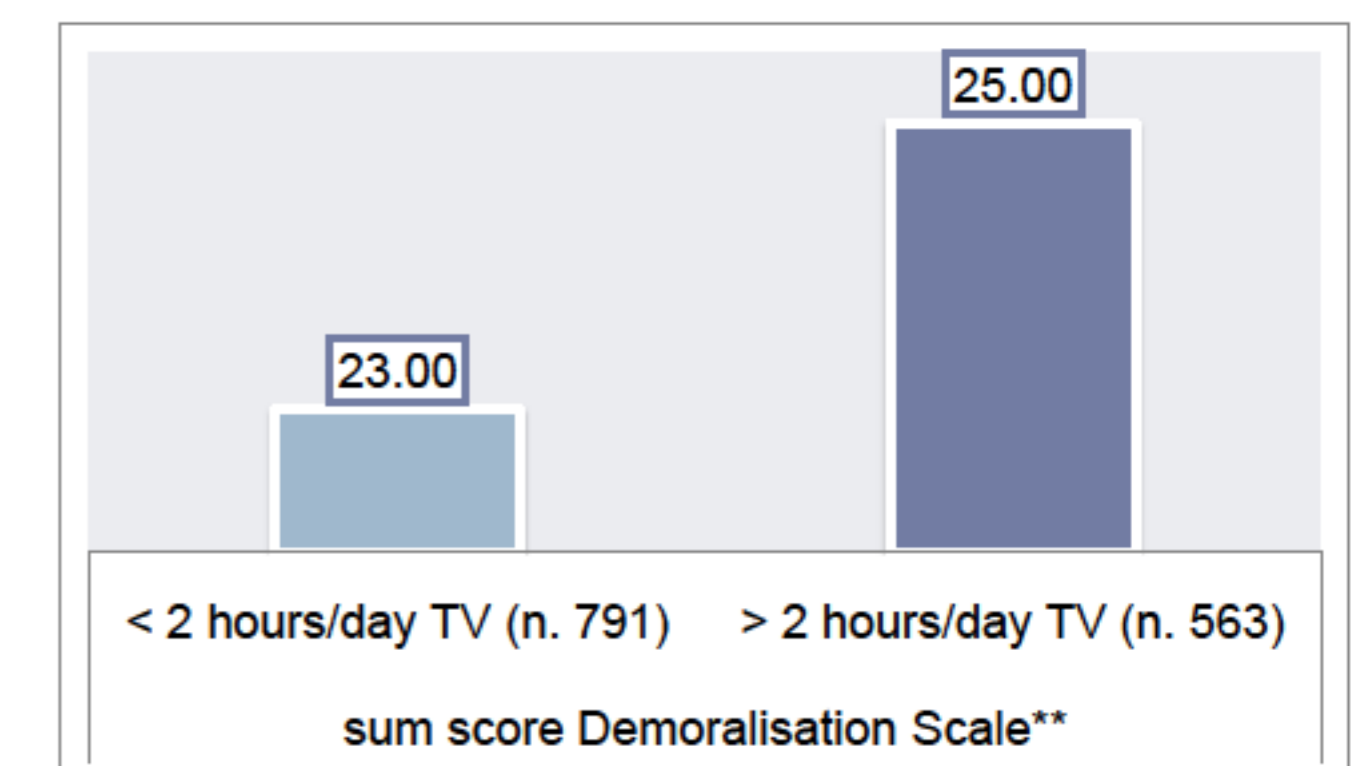
- Demoralization average score was 24.31 (SD 9.08), 41.5% watched more than 2 hours of TV per day on average.
- Various socio-demographic variables (gender, level of education, financial situation etc), and other variables such as physical activity levels, showed a statistically significant association with the DS score (table 1).
- The ANOVA showed a significant difference in terms of demoralization between people watching TV for more (25.39 (SD 9.76)) or less than 2 hours (23.54 (SD 8.49), p<0.001) (table 2, graph 1).

Table 2: ANOVA test of association between Daily hours of TV viewing and DS score

**p< 0.001	Value	N	%	Demoralization total score
<b>Daily hours TV viewing</b>	< 2h/day	791	58.4	23.54 (8.49)**
	> 2h/day	563	41.6	25.39 (9.76)**

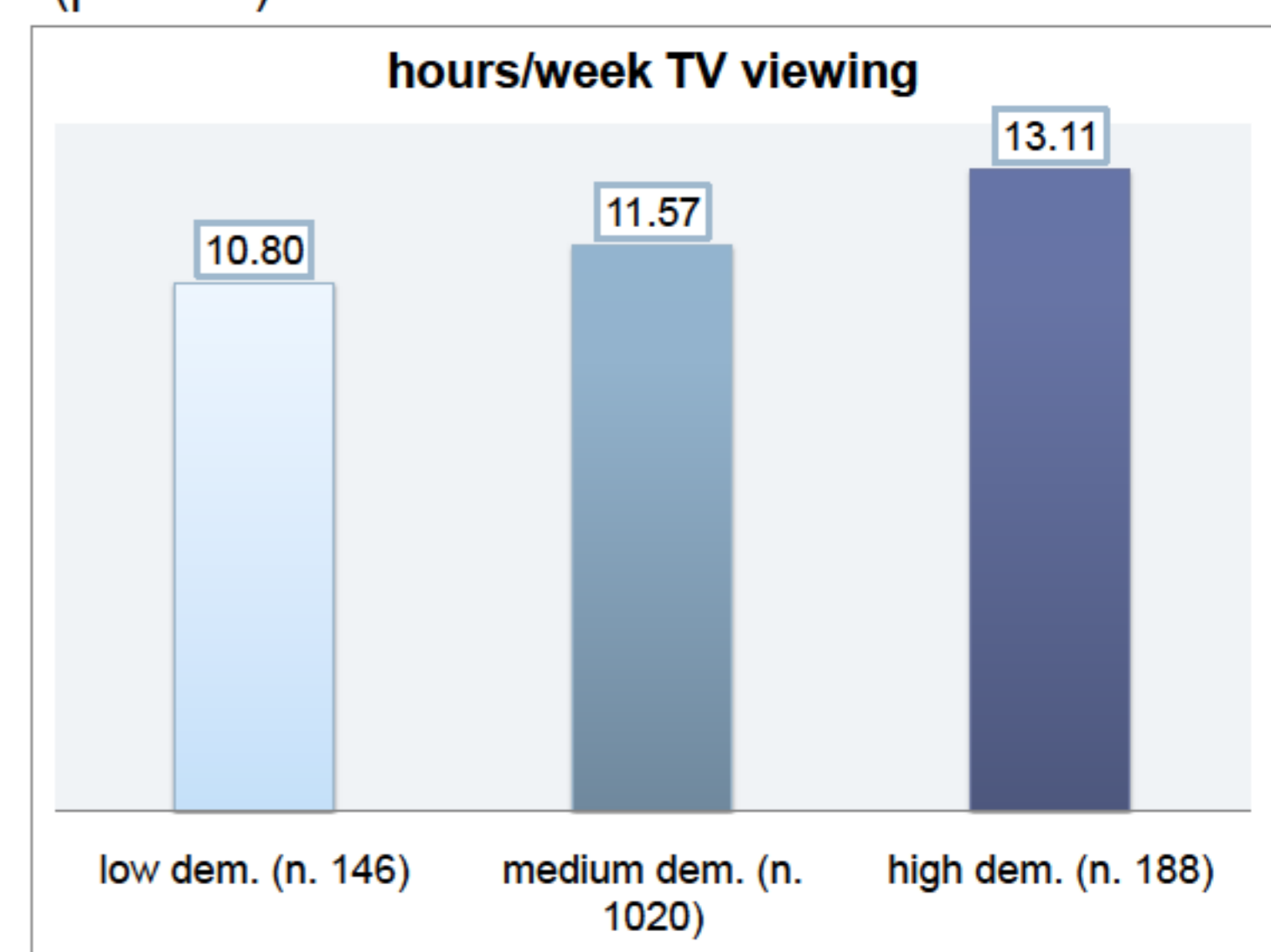
ANOVA: F (1, 1352)= 13.67; p< 0.001

Graph 1: distribution of Daily hours of TV viewing and DS score



- Dividing the different DS scores into 3 categories as suggested by Mullane (average DS score (24.31 ± 1 SD (9.01): low (≤15.2), medium (≥15.3, ≤33.32), high (≥ 33.33) demoralization) and performing an ANOVA test with weekly TV time as dependent variable, we found a significant association where the higher the DS score, the longer the TV time (ANOVA: F (2, 1351)= 5.46; p< 0.01) (graph 2).

Graph 2: distribution of Daily hours of average weekly TV viewing hours and DS score category (p< 0.01)



- A stepwise multiple regression was applied with possible covariates: the association between TV viewing time and demoralisation score was confirmed (corrected R<sup>2</sup>= 0.075; F<sub>4,1327</sub>, β = 0.074, t= 2.65, p<0.01).

### Conclusions

- The findings showed relatively low levels of demoralization in the general elderly population
- Higher demoralization scores appear to be associated with longer TV viewing
- Even though the direction of the influence between Demoralization and TV viewing could not be derived from this study, as both being Demoralized and watching long TV hours are risk factors for mental and physical issues, these result should be taken into account in future research and when designing programs for a more active and healthier ageing

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