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Depression as a Barrier to Older Adult Participation in Physical Activity

What are the major barriers to physical activity?

The Physical Activity Guide to Healthy Active Living for Older Adults recommends that older adults participate in 30 to 60 minutes of physical activity on most days of the week (Health Canada, Active Living Coalition for Older Adults, and Canadian Society for Exercise Physiology, 1999).

Citing the National Population Health Survey, the Canadian Fitness and Lifestyle Research Institute reports that in Canada 67% of older adult women and 55% of older adult men are inactive (CFLRI, 2002). "Lack of time," "lack of energy," and "lack of motivation" are major barriers to physical activity for more than 50% of adult Canadians (CFLRI, 1996, 1997).

However, other studies have found that, as people age, "lack of time" as a reported barrier decreases, while the response "poor health" increases (Booth, Bauman, & Owen, 2002; Cohen-Mansfield, Marx, & Guralnik, 2003).

What about depression?

While the studies above do not specifically address depression, the most common psychiatric illness (Canadian Mental Health Association, 1996), as a barrier to physical activity, depression clearly falls within the scope of poor health. The symptoms of depression typically include lack of energy and loss of interest in previously pleasurable activities (Health Canada, 2002).

Worldwide, depression is responsible for more years of living with a disability than any other illness (Health Canada, 2002). In Canada, this disease affects approximately 8% of adults at some point in their lives (Health Canada, 2002) and up to 20% of adults over age 65 (National Advisory Council on Aging, 2000).

Though the effectiveness of exercise as an antidepressant has been questioned (Zeiss, 2003), plenty of research suggests that physical activity improves mood and can reduce symptoms of anxiety and depression (e.g., Hays, 1999; Moore et al., 1999; Singh, Clements, & Fiatarone Singh, 2001).

However, the research has failed to ask whether (given the symptoms of depression) people with the illness will regularly participate in physical activity. In other words, can we expect people who experience physiological and psychological symptoms severe enough to make it difficult to function in daily life (National Advisory Council on Aging, 2000) to become physically active?

We felt compelled to further investigate this issue after some of the 32 older adult participants in our larger study on exercise self-talk unexpectedly told us stories about their ongoing experiences with depression and its role as a barrier to their physical activity participation.

Method

The sample, a subgroup of our larger study, included two males and seven females, aged 49 to 71, who suffered from depression. Each participant consented to an in-depth, audio-taped interview, ranging from 30 to 90 minutes (this interview was later transcribed by the researchers).

The data were analysed using an interpretive paradigm of constant thematic comparison (Charmaz, 2000) to uncover common themes as well as unique life experiences (Silverstein, 1988). We reported qualitative data by interweaving participants' verbatim responses into the Results section. In doing so, we preserved the context and provided a better picture of participants' perspectives and experiences (Kvale, 1996).

Results

Participants told us that their symptoms were debilitating during times of pronounced depression, affecting not only participation in physical activity, but participation in life itself.

Respondents acknowledged that physical activity improved mood. However, they also said that medication was not only an essential element of treatment, but often required to facilitate their participation in active living.

The study yielded four main themes. The first three clearly illustrated that depression was a barrier to older adults' physical activity. The fourth theme included participants' thoughts about how to help people with depression break the cycle of physical inactivity.

The list below includes a representative quotation from each of the four themes.



1. **“No energy”**
“It just flattens you...I would have to drag myself out of bed ...I didn't go for walks with my husband 'cause I just couldn't get my rear off the couch. I used to be a very active person, but I sure went from highly active to nothing because of that.”
2. **“Consumed by depression”**
“...nothing's gonna work, cause nothing is working. You're being tossed around by depression. You're consumed by depression.”
3. **“Kind of a conundrum”**
“...to do exercise, it's not like, 'I have to be'...it's something you would have to talk yourself into being a 'have to be,' so the self-talk would have to be very, very positive...it's hard to get positive self-talk when you're already depressed anyhow. There's kind of a conundrum there.”
4. **Moving “out of a depressed state”**
“I do believe that I need some physical exercise, maybe if it's in...little increments...I was pretty depressed when I started taking yoga—but I went anyways—because I paid for it...”

Conclusion

The rich description within the main themes sheds new insights on the experience of depression in the context of health-promoting physical activity.

We found that depression is insufficiently recognized as a key barrier to participating in regular physical activity. Our study's data suggest that we need a collaborative professional process to help older adults with depression in their attempts to promote their health by being physically active.

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