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# Depression and sleep quality in older adults

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## Abstract

**Background:** Aging causes physiological and psychological changes that increase elderly vulnerability to depression and sleep disturbances, negatively impacting quality of life.
**Purpose:** To analyze the relationship between depression and sleep quality among the elderly at Garut residential care facility for the elderly.
**Method**: A quantitative cross-sectional study was conducted using purposive sampling (n=53). Instruments included the Geriatric Depression Scale (GDS) and the Pittsburgh Sleep Quality Index (PSQI). Data were analyzed using univariate and bivariate methods.
**Results:** Univariate analysis showed that 79.2% of respondents had poor sleep quality, and 47.2% experienced depression (35.8% mild, 5.7% moderate, 5.7% severe). Bivariate analysis revealed a statistically significant, positive, but weak correlation between depression and sleep quality (r=0.303; p=0.028).
**Conclusion:** This study reveals a weak yet significant link between depression and sleep quality among elderly residents, with other emotional, social, physical, and environmental factors also contributing. The findings highlight the need to address both mental health and environmental conditions to improve overall quality of life.

**Keywords: Depression; Elderly; Geriatric Health; Sleep Quality.**

## INTRODUCTION

The global elderly population continues to experience significant growth in line with increasing life expectancy. According to the World Health Organization people around the world can now live to the age of 60 or older, with projections that by 2030, 1 in 6 people worldwide will be aged 60 and above (1.4 billion people, up from 1 billion in 2020), and by 2050, this number will reach 2.1 billion people, while those aged 80 and above will triple to 426 million people (World Health Organization, 2025). This phenomenon of population aging was initially dominant in high-income countries such as Japan (30% of the population is over 60 years old), but now low and middle-income countries, including Indonesia, are experiencing the greatest change, with two-thirds of the world's elderly population in 2050 living in these regions. In Indonesia, the proportion of elderly people will reach 11.93% in 2025, marking the aging population phase, while in West Java it will be 11.25%, driven by successful health development (Pinilih, Astuti, & Rini, 2018). However, the degenerative aging process triggers physical, cognitive, emotional, social, and sexual changes that are prone to causing health problems, one of which is sleep disorders (Rusiana, Istiana, Purqoti, & Syafitri, 2021).

Sleep quality disorders in the elderly are characterized by a reduction in the duration of nighttime sleep, an increase in the frequency of waking up, and a decrease in deep sleep phases, which are not normal conditions even though they are part of aging. The negative effects include forgetfulness, confusion, time or place disorientation, concentration disorders, decreased decision-making, loss of interest in daily activities, and an overall decline in quality of life (Ayuningtias & Burhanto,

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2021). The global prevalence reaches 12-40%, one of which is insomnia (Budiman, Susanty, Hasan, & Apriliyasari, 2024). The figures in Indonesia depend on age, with a prevalence of 20-24% or 30.3% (Rahman, Lin, & Lin, 2024), while in West Java it reached 40% in 2023 (Statistics Indonesia, West Java Provincial Office, 2025), and specifically at the Garut residential care facility for the elderly, poor sleep quality reached 81.4% for mild insomnia and 7% for severe insomnia (total 88.4%) (Tanjung, 2024). The impacts include decreased immunity, cognitive impairment, increased risk of falling, and decreased ability to perform daily activities.

Sleep disorders do not stand alone but are closely related to psychological conditions such as depression, which often goes undetected because it is considered part of aging. The global prevalence is 5.7%, higher in older adults with chronic diseases, activity limitations, or low social support (Handajani, Schröder-Butterfill, Hogervorst, Turana, & Hengky, 2022); in Indonesia, it is high with regional variations, with West Java having the highest rate at 3.3% (vs. East Kalimantan at 2.2%) Ministry of Health of the Republic of Indonesia, 2024). Symptoms of depression include prolonged sadness, loss of interest, energy disturbances, and changes in sleep patterns that worsen sleep quality; depressed older adults show difficulty falling asleep, frequent nighttime awakenings, and duration <6.5 hours due to increased adrenaline and hyperarousal (Ati & Setiawan, 2020; Putri, Mufarokhah, & Fani, 2025).

The relationship between the two is not merely correlational but causal and bidirectional based on the reciprocal influence model (Zhou, Bailey, & Strunk, 2024). Regarding the causal pathway from sleep to depression: poor sleep quality acts as a physiological stressor that triggers HPA axis hyperactivity. This results in chronically elevated cortisol levels, which can impair hippocampal function and induce serotonin and norepinephrine imbalance (mechanisms directly linked to the onset of depressive symptoms) (Brouwer, van de Ven, Kok, Snoek, Beekman, & Bremmer, 2022; Fang, Tu, Sheng, & Shao, 2019). Conversely, regarding the causality from depression to sleep: depression is an independent causal factor for insomnia. The reduced serotonin levels in depressed elderly individuals disrupt the circadian rhythm and sleep-wake cycle regulation. Furthermore, depressive symptoms such as cognitive rumination generate a state of cortical hyperarousal and negative thoughts, which physiologically prevent the onset of sleep (Alvaro, Roberts, & Harris, 2013; Zhou et al., 2024). Thus, sleep disturbances are not merely secondary symptoms but play a critical role in the neuroendocrine feedback loop that sustains depression.




Figure 1. Neuroendocrine Pathways

Despite the strong theoretical link, empirical evidence regarding this relationship remains inconsistent. While some studies confirm that depressed older adults are at higher risk of poor sleep (Jepisa, Riasmini, & Guslinda, 2020; Putri et al., 2025), others find no statistical significance (Maulani, Prabowo, & Rabia, 2023) or suggest dynamic reciprocity without clear long-term causality (Brouwer et al., 2022). This inconsistency highlights the complexity of the phenomenon and the need for context-specific investigation. This is particularly relevant in West Java, a region recording the highest prevalence of depression among the elderly (3.3%) and a high incidence of sleep disorders (40%). The urgency is even more pronounced at Satuan Pelayanan Griya Lansia Garut, where 88.4% of the elderly suffer from insomnia (Ministry of Health of the Republic of Indonesia, 2024; Tanjung, 2024). Therefore, this study aims to examine this causal relationship among the elderly in that specific location to strengthen the basis for promotive-preventive interventions amid the global aging population trend (World Health Organization, 2025).

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## RESEARCH METHOD

A quantitative cross-sectional design with a correlational approach was employed to examine the relationship between sleep quality as a dependent variable and depression levels as an independent variable in older adults, in line with the research gap that identified inconsistencies in empirical findings regarding the relationship between the two. The study was conducted in October 2025 at Garut residential care facility for the elderly (*Satuan Pelayanan Griya Lansia Garut*) in West Java.

The study population included all elderly people in the facility (N = 87), with a sample of 53 respondents selected through purposive sampling based on the following inclusion criteria: age ≥60 years, willingness to participate voluntarily, ability to communicate and complete the questionnaire, and no severe cognitive impairment (severe dementia) or extreme hearing impairment that hinders communication.

Depression levels (independent variable) were measured using the Indonesian version of the Geriatric Depression Scale (GDS-15) (Hadrianti, Saherna, Arji, Pratama, Putri, & Khaliza, 2024), which consists of 15 yes/no items with a score range of 0-15 (cut-off ≥6 indicates depression), validated with Cronbach's α = 0.755 and good correlation with HAM-D. Sleep quality (dependent variable) was measured using the Indonesian version of the Pittsburgh Sleep Quality Index (PSQI) with 19 self-report items yielding a global score of 0-21 (cut-off ≥5 = poor sleep), with Cronbach's α = 0.803 for the Indonesian elderly population (Fauzi, Ahmedy, & Rosidah, 2024). Both instruments have passed contextual validity and reliability tests, ensuring measurement accuracy according to Indonesian elderly standards.

The research procedure has obtained ethical approval from the Health Research Ethics Committee of Muhammadiyah University Purwokerto, number KEPK/UMP/66/X/2024. After obtaining verbal permission from the nursing home management, each respondent received a complete explanation and signed a written informed consent form guaranteeing anonymity and confidentiality of data, the right to withdraw at any time without consequences, and the absence of financial incentives. Data collection was conducted individually for 20-30 minutes per respondent by trained researchers under supervision to minimize bias.

Data analysis was performed using SPSS version 23 with a hierarchical approach. Univariate analysis was used to describe respondent characteristics (age, gender, length of stay in the facility) and the distribution of main variables through frequency, percentage, mean ± standard deviation (SD), and median. Next, a Kolmogorov-Smirnov normality test was performed to determine the data distribution. Bivariate analysis used the Spearman Rank correlation test (ρ) at a significance level of α = 0.05 to test the relationship between sleep quality scores (PSQI) and depression levels (GDS), with the following interpretation of the strength of the relationship: 0.00–0.19 (very weak), 0.20–0.39 (weak), 0.40–0.59 (moderate), 0.60–0.79 (strong), and 0.80–1.00 (very strong).

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## RESEARCH RESULTS

**Table 1. Characteristics of the Respondents (N=53)**

| Variable | Results |
|---|---|
| **Age (Mean±SD)(Range)(Year)** | (70.26±5.762)(≥60) |
| **Age (n/%)** | |
| 60-69 | 24/45.3 |
| 70-79 | 27/50.9 |
| ≥80 | 2/3.8 |
| **Gender (n/%)** | |
| Male | 29/54.7 |
| Female | 24/45.3 |
| **Length of Stay (n/%)** | |
| < 1 year | 9/17.0 |
| 1-5 year | 33/62.3 |
| > 5 year | 11/20.7 |
| **GDS Category (n/%)** | |
| Normal | 28/52.8 |
| Mild Depression | 19/35.8 |
| Moderate Depression | 3/5.7 |
| Severe Depression | 3/5.7 |
| **PSQI Category (n/%)** | |
| Poor | 42/79.2 |
| Good | 11/20.8 |

Table 1 indicates that the majority of respondents are male (54.7%), with a mean age of 70.26 years (SD ± 5.762), most of whom fall within the 70–79 year age bracket (50.9%). In terms of length of stay, a substantial proportion (62.3%) have resided in the facility for an intermediate period of 1–5 years. Clinical assessments highlight a notable disparity: while more than half (52.8%) demonstrate normal psychological status according to the GDS classification, sleep quality is markedly impaired, with 79.2% of participants categorized as experiencing poor sleep.

**Table 2. Frequency Distribution of Diseases (N=41)**

| Type of Disease | Results (n/%) |
|---|---|
| Hypertension | 18/43.9 |
| Post-Stroke | 7/17.1 |
| Osteoarthritis | 7/17.1 |
| Gout | 5/12.2 |
| Cataracts | 2/4.9 |
| Gastritis | 1/2.4 |
| Parkinson's Disease | 1/2.4 |

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Table 2 outlines the distribution of physical comorbidities among the participants. Of the 53 elderly respondents, a considerable majority (41 individuals) are affected by degenerative conditions. Hypertension emerges as the most prevalent diagnosis (18 cases), followed by musculoskeletal disorders, including osteoarthritis (7 cases) and gout (5 cases). In addition, seven respondents reported a history of post-stroke events.

**Table 3. Normality Test Results**

| Variable | r | *p-value* | Description |
|---|---|---|---|
| Depression Level (GDS) | 0.137 | 0.014 | Data is not normal |
| Sleep Quality (PSQI) | 0.145 | 0.007 | Data is not normal |

Table 3 indicates that the depression level and sleep quality data are not normally distributed, so further statistical analysis using a nonparametric approach is considered most appropriate to accurately describe the relationship between variables.

**Table 4. Bivariate Results with *Spearman's Rho Correlation***

| Test | r | *p-value* | Description |
|---|---|---|---|
| *Spearman's Rho* | 0.303 | 0.028 | Positive Relationship (Weak) |

Table 4 reports a correlation coefficient of r = 0.303 with a significance level (p = 0.028). Since the p-value is below 0.05, the association between the two variables is statistically significant, indicating that the observed relationship is unlikely to be due to chance and can be considered reliable at the 95% confidence level. The positive coefficient (r = 0.303) suggests a unidirectional relationship, meaning that higher levels of depression are generally accompanied by poorer sleep quality, and conversely, better sleep quality tends to align with lower depression scores, although the strength of this association is modest.

## DISCUSSION

The results of this study show a weak but statistically significant positive correlation (r = 0.303; p = 0.028) between sleep quality and depression levels in elderly people at the Garut residential care facility for the elderly, confirming the relationship between the two variables. Univariate analysis describes the homogeneous characteristics of the respondents, with a mean age of 70.26 years (SD ± 5.762), predominance of males (54.7%), the 70–79 age group (50.9%), and a length of stay at the nursing home of 1–5 years (62.3%). The clinical distribution showed a striking contrast, with 52.8% of the elderly having a normal psychological status (normal 52.8%, mild 35.8%, moderate 5.7%, severe 5.7%) based on the GDS, while 79.2% experienced poor sleep quality based on the PSQI. This significantly higher proportion of poor sleep reflects sleep disorders as a primary issue among nursing home residents (Rusiana et al., 2021; Tanjung, 2024).

The distribution of depression was mostly normal but accompanied by mild to severe cases. Depression in the elderly often arises as an accumulation of chronic emotional stress without resolution (Mujiadi & Rachmah, 2022). This finding is reinforced by a study which reported that after a 10-year follow-up of 777 new cases of depression, a decrease in sleep quality in good sleep increased the risk of depression (OR=1.67, 95% CI: 1.21–2.31) and improved sleep in moderate sleep reduces the risk (OR=0.70, 95% CI: 0.50–0.98), with pain/functional disability mediating this relationship (Yang, Tian, Xia, Hu, Xiao, Leng, & Gong, 2025). Meanwhile, the dominant proportion of poor sleep (79.2%) is consistent with a study stating that elderly people with severe emotional stress experience difficulty sleeping due to restless thoughts and uncertainty (Mujiadi & Rachmah, 2022).

The normality test confirmed non-normal data, so the Spearman Rank analysis produced a correlation coefficient of r = 0.303 with a p-value = 0.028 (<0.05), indicating a statistically significant relationship at a 95% confidence level. The positive value indicates a

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unidirectional relationship where an increase in depression is followed by a decrease in sleep quality (and vice versa), although the strength is weak (category 0.20–0.39). These findings were confirmed by some some studies stating that depressed elderly people are at higher risk of poor sleep, with the mechanism of that high depression activates the sympathetic nervous system excessively, causing alertness that inhibits sleep relaxation (Jepisa et al., 2020; Putri et al., 2025; Pradana, Wantonoro, & Ruhyana, 2024). Depressed in the elderly people experience changes in sleep patterns due to decreased melatonin (Ninef, Kartinah, Putra, Rahmawati, Purwanti, & Rohimah, 2025), which disrupts the circadian rhythm, causing difficulty in falling asleep, nighttime fragmentation, and restless sleep (Ardian, 2022; Rachmadina, Zahra, Ritonga, Pratama, & Nayla, 2025).

This relationship is further supported by prior research demonstrating a significant link between stress/depression and sleep quality in older adults, where chronic illness disrupts physiological functions and heightens stress vulnerability; conversely, physically healthy elders tend to experience lower stress levels, while deteriorating health increases susceptibility (Saroinsong, Kundre, & Toar, 2023). In the opposite direction, persistent poor sleep has been shown to impair cognitive performance, emotional regulation, and executive functioning, thereby fostering maladaptive behaviors that destabilize mental well-being and elevate the risk of depression (Suswanti, Rahesi, & Sahara, 2025). Moreover, endotoxin exposure elevates IL-6 and TNF levels similarly in both insomnia and control groups, yet depressive mood scores (POMS-D, MADRS, HAMD) rise more significantly and persistently (>6 hours) in individuals with insomnia (d = 0.64), progressing to mild depression characterized by social withdrawal and anhedonia (Irwin, Boyle, Cho, Piber, Sadeghi, Castillo, & Olmstead, 2025).

The relatively weak correlation (r = 0.303) observed in this study suggests that sleep difficulties in the elderly are not solely driven by depressive symptoms. Sleep disturbances are multifactorial, involving emotional factors (mental fatigue, chronic anxiety), social inadequacy, and notably, physical medical conditions (Wibowo, Tanoto, & Heni, 2022). This multifactorial etiology is clearly evidenced by the discrepancy found in the current study's data, where a high prevalence of poor sleep quality (79.2%) persists even though the majority of respondents (52.8%) are categorized as non-depressed. This divergence indicates that for a significant portion of the sample, sleep architecture is degraded primarily by physical discomfort rather than mood disorders. Specifically, the dominance of comorbidities such as Osteoarthritis and Hypertension among respondents serves as a major confounding variable. Physiologically, Osteoarthritis-induced nocturnal pain causes sleep fragmentation and frequent awakenings, while Hypertension is often associated with nocturia, which disrupts sleep continuity independently of the respondent's psychological state. Furthermore**,** the environmental factors of nursing homes reinforce this relationship, as the KASEHPAD study found that low adaptation during a 1–5-year stay (62.3% of respondents) increased depression and poor sleep due to sudden changes, loss of familiarity, limited control over routines, noise, poor lighting, and uncomfortable spaces (Boucaud-Maitre, Amieva, Pic, Letchimy, Simo, Dartigues, & Tabué-Teguo, 2025).

## CONCLUSION

This study shows a significant but weak relationship between sleep quality and depression levels at the Garut residential care facility for the elderly, indicating a link between the two. Although this relationship is weak, these findings confirm that depression in the elderly has the potential to affect their sleep quality. However, other factors such as emotional, social, and physical conditions, environment, and length of stay at the nursing home also contribute to poor sleep quality. The significant decline in sleep quality among elderly people with depression points to the importance of paying attention to environmental factors and the mental well-being of elderly people in efforts to improve their quality of life.

## RECOMMENDATIONS

It is recommended that the Garut residential care facility for the elderly adopt routine screening procedures utilizing the GDS and PSQI. For future investigations, a longitudinal design with a larger cohort—at least 200 participants drawn from diverse regions across West Java—is advised to strengthen causal inference and assess the sustained effects of

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interventions. Given the relatively weak bivariate correlation observed in this study, subsequent analyses should employ multivariate models to account for potential confounders, particularly physical comorbidities (e.g., chronic pain due to osteoarthritis, hypertension) and environmental stressors. Such an approach would help clarify the multifaceted determinants of sleep quality beyond depression alone.

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