



多维社会剥夺感对老年人衰弱的影响——抑郁的中介效应分析*

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【摘要】 目的 探究抑郁在老年人多维社会剥夺感与衰弱间关联的中介效应。方法 采用便利抽样法抽取成都市某区533名老年人进行问卷调查。采用Spearman秩相关分析社会剥夺感、抑郁、衰弱之间的关联,并采用MacKinnon乘积分布法检验抑郁在社会剥夺感与衰弱间中介效应的显著性。结果 研究对象社会剥夺感平均得分为(48.9±7.1)分,抑郁检出率为12.8%,衰弱发生率为8.4%。社会剥夺感与衰弱($r=0.212, P<0.001$)和抑郁($r=0.399, P<0.001$)呈正相关;抑郁与衰弱呈正相关($r=0.248, P<0.001$)。中介效应检验结果表明,抑郁在社会剥夺感与衰弱之间起部分中介作用($P<0.05$),中介效应占比64.95%。其中抑郁在社会经济状况、综合性感觉维度与衰弱之间起部分中介作用($P<0.05$),中介效应占比分别为70.30%和64.76%,在家庭与社会关系、政治与社会活动维度与衰弱之间起完全中介作用($P<0.05$)。结论 社会剥夺感能够影响老年人衰弱结局,抑郁部分介导了这一关联。

【关键词】 社会剥夺 衰弱 抑郁 中介效应 老年人

Multidimensional Social Deprivation Impacts on Frailty in the Elderly: The Mediating Effect of Depression RAN Guangquan, WANG Yan, LIU Shuai, LIU Danping[△]. Department of Health Behavior and Social Medicine, West China School of Public Health and West China Fourth Hospital, Sichuan University, Chengdu 610041, China

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【Abstract】 **Objective** To investigate the mediating role of depression in the association between multidimensional social deprivation and frailty among the elderly. **Methods** A total of 533 elderly individuals were enrolled from a district in Chengdu using a convenience sampling method. The participants responded to a questionnaire survey. Spearman rank correlation coefficient was employed to assess the correlations among social deprivation, depression, and frailty. MacKinnon's product-of-coefficients method was used to test the significance of the mediating effect of depression between social deprivation and frailty. **Results** Among the participants, the average score for social deprivation among the participants was 48.9±7.1, the depression detection rate was 12.8%, and the frailty incidence rate was 8.4%. Social deprivation was positively correlated with frailty ($r=0.212, P<0.001$) and depression ($r=0.399, P<0.001$), while depression was positively correlated with frailty ($r=0.248, P<0.001$). The results of the mediation analysis showed that depression partially mediated the relationship between social deprivation and frailty ($P<0.05$), accounting for 64.95% of the mediation effect. Specifically, depression partially mediated the relationship between socio-economic status, comprehensive feeling, and frailty ($P<0.05$), accounting for 70.30% and 64.76% of the mediating effect, respectively. Depression fully mediated the relationship between family and social support, political and social participation dimensions, and frailty ($P<0.05$). **Conclusion** Social deprivation can influence frailty in elderly people, with depression partially mediating this association.

【Key words】 Social deprivation Frailty Depression Mediating effect The elderly

截至2023年末,我国60岁及以上人口已达2.97亿,占总人口的21.1%。其中,65岁及以上人口2.17亿,占比15.4%^[1]。在日益严重的老龄化背景下,老年群体的健康状况成为社会关注的焦点。衰弱作为一种常见但复杂的老年健康问题,表现为身体机能、认知能力和心理健康水平的逐渐衰退^[2],影响老年人日常生活能力和社会参与,给社会和家庭带来了重大的经济和心理压力^[3-4]。在老年人衰弱问题的背后,除了生理老化因素之外,社会和心理因素也起着重要的作用。社会剥夺感指个人在和其他群体或同一群体中的其他个体比较时所产生的心理失衡或

落差感^[5],它是影响衰弱的重要心理因素^[6-7]。然而既往研究大多局限于社会剥夺感的某一方面,如经济剥夺、社交剥夺、文化剥夺等^[8-10],缺乏对社会剥夺感的多维度综合研究;并且社会剥夺感与衰弱之间的作用机制尚不明确。因此,本研究拟探究多维社会剥夺感与衰弱的关联,并进一步分析抑郁在其中的中介作用,以期改善衰弱、促进老年人健康提供理论支持。

1 资料与方法

1.1 研究对象

于2023年7月采用便利抽样法在成都市某区选取符合纳入标准的研究对象,进行面对面调查。纳入标准:年龄≥60周岁;具备理解问卷内容与完成问卷调查的能力;

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自愿参与研究。排除标准:听力、视力受损及神志不清、精神异常等原因无法完成问卷调查者。最终纳入533名研究对象。本研究获得四川大学华西第四医院/华西公共卫生学院伦理委员会的批准(批准号:Gwl2022103)。

1.2 调查工具

1.2.1 人口学资料

包括性别、年龄、户口、婚姻状况、教育程度、就业状况、医疗保险、养老保险、家庭人均月收入、吸烟、饮酒、体育锻炼/健身活动以及慢性病患病情况等。

1.2.2 社会剥夺感

采用项目组构建的老年人多维度社会剥夺感评价量表^[5]。该量表包含社会经济状况、家庭与社会支持、政治与社会参与、综合性感觉4个维度,共25个条目。经加权后4个维度满分分别为29分、29分、20分和22分,量表总分为100分,分数越高表示社会剥夺程度越严重。80分及以上:重度社会剥夺感;60~79分:中度社会剥夺感;40~59分:轻度社会剥夺感;39分及以下:无社会剥夺感。该量表Cronbach's α 系数为0.894。

1.2.3 抑郁

使用10项流调中心抑郁自评量表^[11],该量表由10个项目构成,每个项目0~3分,总分0~30分,得分10分及以上被认定为存在抑郁。该量表在中国老年群体中信效度良好,Cronbach's α 系数为0.815^[12],在本研究人群中该量表Cronbach's α 系数为0.827。

1.2.4 衰弱

采用FRAIL量表^[13]。该量表包含疲乏、阻力增加、自由活动下降、多种疾病共存和体重减轻5项内容的评估,每个项目0分或1分,总分0~5分,得分3分及以上被认定为存在衰弱^[14]。该量表在中国社区老年人中有效性已得到验证^[15-16]。

1.3 统计学方法

使用SPSS 25.0进行描述性统计和单因素分析。采用 $n(\%)$ 描述分类变量; $\bar{x} \pm s$ 描述正态连续型数值变量, $M(P_{25}, P_{75})$ 描述非正态数值资料;单因素分析中,依据变量类型和分布,分别采用 χ^2 检验、独立样本 t 检验和Mann-Whitney U 检验。使用R 4.3.1进行相关性分析和中介效应分析。采用Spearman秩相关分析社会剥夺感、抑郁、衰弱之间的关系。中介效应分析使用三步中介效应检验程序^[17]。为探究多维社会剥夺感对老年人衰弱的不同影响,分别以社会剥夺感及其四个维度为自变量 X 进行单独的中介效应分析,因变量 Y 为衰弱,中介变量 M 为抑郁,控制变量为单因素分析中有统计学意义的其他变量。第一步为 X 对 Y 的logistic回归分析,得到 X 对 Y 的总效应 c ;第二

步为 X 对 M 的logistic回归分析,得到 X 对 M 的效应 a ;第三步为 X 和 M 对 Y 的logistic回归分析,得到 M 对 Y 的效应 b 和 X 对 Y 的直接效应 c' 。最后使用RMediation包^[18]采用MacKinnon乘积分布法计算 $Z_a \times Z_b$ 的95%置信区间(confidence interval, CI),若区间不含0,则中介效应显著 [Z_a 和 Z_b 分别为 a 、 b 的 Z 检验统计量, $Z_a = a/SE(a)$, $Z_b = b/SE(b)$]^[19]。检验水准 $\alpha = 0.05$ 。

2 结果

2.1 研究对象的人口学资料

533名研究对象中,男性251例(47.1%),女性282例(52.9%);中位年龄为71.0(65.5, 76.0)岁。人口学资料详见表1。衰弱的总发生率为8.4%,其中男性发生率为11.5%,女性发生率为5.7%。整体来看,衰弱的发生更容易出现在男性、高龄、无配偶、离退休、不参加体育锻炼/健身活动和慢病共病的特征人群中,差异具有统计学意义($P < 0.05$)。衰弱群体社会剥夺感得分(54.6 ± 7.1)高于非衰弱群体得分(48.4 ± 7.8),并且其社会经济状况、家庭与社会支持、政治与社会参与和综合性感觉四个维度得分均呈现同样的差异;衰弱群体有抑郁症状的比例(40.0%)显著高于非衰弱群体(10.2%)($P < 0.05$)。

2.2 社会剥夺感、抑郁与衰弱之间的相关性分析

控制单因素分析中存在显著性差异的变量后,相关性分析结果如表2所示。老年人社会剥夺感与衰弱($r = 0.212, P < 0.001$)和抑郁($r = 0.399, P < 0.001$)存在正相关关系,社会剥夺感四个维度同样与衰弱和抑郁存在正相关关系;老年人抑郁与衰弱存在正相关关系($r = 0.248, P < 0.001$)。

2.3 抑郁在多维社会剥夺感与衰弱之间的中介效应分析

以单因素分析中差异具有统计学意义的变量(性别、年龄、婚姻状况、就业状况、体育锻炼/健身活动和慢性病患病情况)为控制变量,社会剥夺感及其四个维度为自变量,抑郁为中介变量,衰弱为因变量进行中介效应分析。

2.3.1 社会剥夺感与衰弱的关联

首先进行自变量(社会剥夺感及其四个维度)对因变量(衰弱)的Logistic回归分析。回归结果显示,社会剥夺感得分每增加1分,衰弱危险度增加13.7%(OR=1.137, 95%CI 1.070~1.216);社会经济状况、政治与社会活动和综合性感觉三个维度每增加一分,衰弱危险度分别增加19.5%(OR=1.195, 95%CI: 1.059~1.356)、19.8%(OR=1.198, 95%CI: 1.051~1.384)、44.9%(OR=1.449, 95%CI: 1.201~1.769),而家庭与社会关系与衰弱未见显著关联($P > 0.05$),见表3。

表 1 衰弱与非衰弱群体特征比较
Table 1 Comparison of characteristics between frail and non-frail individuals

Index	Total (n=533)	Frail group (n=45)	Non-frail group (n=488)	$\chi^2/t/Z$	P
Sex/case (%)				5.940	0.015
Male	251 (47.1)	29 (64.4)	222 (45.5)		
Female	282 (52.9)	16 (35.6)	266 (54.5)		
Age/yr., median (IQR)	71.0 (65.5, 76.0)	74.0 (69.9, 80.0)	70.5 (65.0, 75.0)	-3.571	<0.001
Residency/case (%)				0.003	0.959
Urban	227 (42.6)	19 (42.2)	208 (42.6)		
Rural	306 (57.4)	26 (57.8)	280 (57.4)		
Marital status/case (%)				9.366	0.002
Married and having a spouse	358 (67.2)	21 (46.7)	337 (69.1)		
Divorced/widowed/single	175 (32.8)	24 (53.3)	151 (30.9)		
Education attainment/case (%)				3.009	0.390
No formal education	82 (15.4)	7 (15.6)	75 (15.4)		
Primary school	227 (42.6)	24 (53.3)	203 (41.6)		
Middle school	160 (30.0)	11 (24.4)	149 (30.5)		
High school and above	64 (12.0)	3 (6.7)	61 (12.5)		
Employment/case (%)				7.337	0.026
Currently employed	27 (5.1)	0 (0.0)	27 (5.5)		
Retired	371 (69.6)	39 (86.7)	332 (68.0)		
Unemployed	135 (25.3)	6 (13.3)	129 (26.4)		
Medical insurance/case (%)				0.257	0.612
Yes	467 (87.6)	41 (91.1)	426 (87.3)		
No	66 (12.4)	4 (8.9)	62 (12.7)		
Endowment insurance/case (%)				0.763	0.382
Yes	499 (93.6)	44 (97.8)	455 (93.2)		
No	34 (6.4)	1 (2.2)	33 (6.8)		
Per capita monthly household income/case (%)				2.741	0.254
<¥ 1 000	135 (25.3)	14 (31.1)	121 (24.8)		
¥ 1 000-3 000	321 (60.2)	28 (62.2)	293 (60.0)		
>¥ 3 000	77 (14.4)	3 (6.7)	74 (15.2)		
Smoking status/case (%)				4.013	0.134
Current smoker	47 (8.8)	1 (2.2)	46 (9.4)		
Former smoker	30 (5.6)	1 (2.2)	29 (5.9)		
Never smoked	456 (85.6)	43 (95.6)	413 (84.6)		
Alcohol use/case (%)				2.201	0.138
Yes	67 (12.6)	2 (4.4)	65 (13.3)		
No	466 (87.4)	43 (95.6)	423 (86.7)		
Exercise/physical activities/case (%)				24.748	<0.001
Yes	474 (88.9)	30 (66.7)	444 (91.0)		
No	59 (11.1)	15 (33.3)	44 (9.0)		
Number of chronic diseases/case (%)				18.572	<0.001
0	66 (12.4)	1 (2.2)	65 (13.3)		
1	127 (23.8)	2 (4.4)	125 (25.6)		
≥ 2	340 (63.8)	42 (93.3)	298 (61.1)		
Score of social deprivation ($\bar{x} \pm s$)	48.9 \pm 7.1	54.6 \pm 7.1	48.4 \pm 7.8	-5.160	<0.001
Socio-economic status ($\bar{x} \pm s$)	14.9 \pm 3.2	16.3 \pm 3.1	14.7 \pm 3.2	-3.131	0.002
Family and social support ($\bar{x} \pm s$)	11.2 \pm 3.3	12.6 \pm 3.4	11.0 \pm 3.3	-3.045	0.002
Political and social participation ($\bar{x} \pm s$)	10.6 \pm 3.2	12.3 \pm 2.7	10.5 \pm 3.2	-3.673	<0.001
Comprehensive feeling ($\bar{x} \pm s$)	12.3 \pm 1.9	13.5 \pm 2.1	12.2 \pm 1.8	-4.571	<0.001
Depression/case (%)				32.771	<0.001
Yes	68 (12.8)	18 (40.0)	50 (10.2)		
No	465 (87.2)	27 (60.0)	438 (89.8)		

表 2 社会剥夺感、抑郁及衰弱的相关性分析 ($r, n=533$)Table 2 Correlation of social deprivation, depression, and frailty ($r, n=533$)

Index	Frailty	Depression	Social deprivation	Socio-economic status	Family and social support	Political and social participation	Comprehensive feeling
Frailty	1.000						
Depression	0.248***	1.000					
Social deprivation	0.212***	0.399***	1.000				
Socio-economic status	0.135***	0.303***	0.722***	1.000			
Family and social support	0.125***	0.214***	0.732***	0.347***	1.000		
Political and social participation	0.150***	0.283***	0.711***	0.297***	0.327***	1.000	
Comprehensive feeling	0.178***	0.285***	0.492***	0.230***	0.179***	0.218***	1.000

The analysis was controlled for sex, age, marital status, employment, exercise/physical activities, and the number of chronic diseases. *** $P < 0.001$.

表 3 社会剥夺感与衰弱的logistic回归分析 ($n=533$)Table 3 Logistic regression analysis of social deprivation and frailty ($n=533$)

Variable	β	SE	OR (95% CI)	P
Social deprivation	0.128	0.033	1.137 (1.070-1.216)	<0.001
Socioeconomic status	0.178	0.063	1.195 (1.059-1.356)	0.005
Family and social support	0.082	0.056	1.086 (0.973-1.212)	0.141
Political and social participation	0.181	0.070	1.198 (1.051-1.384)	0.010
Comprehensive feeling	0.371	0.098	1.449 (1.201-1.769)	<0.001

The analysis was controlled for sex, age, marital status, employment, exercise/physical activities, and the number of chronic diseases.

2.3.2 社会剥夺感与抑郁的关联

随后进行自变量(社会剥夺感及其四个维度)对中介变量(抑郁)的logistic回归分析。回归结果显示,社会剥夺感得分每增加1分,抑郁危险度增加20.1%(OR=1.201, 95%CI: 1.134 ~ 1.280)。社会经济状况、家庭与社会关系、政治与社会活动和综合性感觉四个维度与抑郁间均存在显著关联,见表4。

表 4 社会剥夺感与抑郁的logistic回归分析 ($n=533$)Table 4 Logistic regression analysis of social deprivation and depression ($n=533$)

Variable	β	SE	OR (95% CI)	P
Social deprivation	0.183	0.031	1.201 (1.134-1.280)	<0.001
Socioeconomic status	0.237	0.055	1.268 (1.142-1.418)	<0.001
Family and social support	0.104	0.046	1.110 (1.015-1.216)	0.023
Political and social participation	0.292	0.063	1.340 (1.190-1.525)	<0.001
Comprehensive feeling	0.453	0.083	1.573 (1.343-1.863)	<0.001

The analysis was controlled for sex, age, marital status, employment, exercise/physical activities, and the number of chronic diseases.

2.3.3 社会剥夺感、抑郁与衰弱的关联

最后进行自变量(社会剥夺感及其四个维度)及中介变量(抑郁)对因变量(衰弱)的logistic回归分析。回归结果显示,抑郁在社会剥夺感与衰弱的关联中,表现为可能是衰弱的危险因素($P < 0.05$),并且这一关联体现在社会经济状况、家庭与社会关系、政治与社会活动及综合性感觉四个维度中($P < 0.05$),见表5。

表 5 社会剥夺感、抑郁与衰弱的logistic回归分析 ($n=533$)Table 5 Logistic regression analysis of social deprivation, depression, and frailty ($n=533$)

	Variable	β	SE	OR (95% CI)	P
Model 1	Depression	1.063	0.437	2.894 (1.225-6.859)	0.015
	Social deprivation	0.105	0.034	1.110 (1.041-1.191)	0.002
Model 2	Depression	1.348	0.425	3.851 (1.672-8.930)	0.002
	Socio-economic status	0.135	0.066	1.145 (1.006-1.307)	0.042
Model 3	Depression	1.533	0.415	4.632 (2.051-10.547)	<0.001
	Family and social support	0.068	0.059	1.071 (0.953-1.203)	0.251
Model 4	Depression	1.377	0.427	3.965 (1.713-9.227)	0.001
	Political and social participation	0.127	0.070	1.136 (0.994-1.312)	0.071
Model 5	Depression	1.144	0.441	3.140 (1.316-7.495)	0.006
	Comprehensive feeling	0.282	0.103	1.325 (1.087-1.634)	0.006

Analyses with Model 1, Model 2, Model 3, Model 4, and Model 5 were controlled for sex, age, marital status, employment, exercise/physical activities, and the number of chronic diseases.

2.3.4 抑郁在社会剥夺感与衰弱之间的中介效应

MacKinnon乘积分布法检验结果(表6)显示,“社会剥夺感/社会经济状况/家庭与社会关系/政治与社会活动/综合性感觉→抑郁→衰弱”5条路径 $Z_a \times Z_b$ 的95%CI均不包含0,说明抑郁在社会剥夺感及其四个维度与衰弱之间的关联中起中介效应($P < 0.05$)。结合表5,社会剥夺感及社会经济状况、综合性感觉与衰弱关联的直接效应显著($P < 0.05$),说明抑郁在其间起部分中介作用。在以社会剥夺感为自变量的模型中,直接效应为0.105,间接效应为0.195,中介效应占比64.95%;在以社会经济状况维度为自变量的模型中,直接效应为0.135,间接效应为0.319,中介效应占比70.30%;在以综合性感觉维度为自变量的模型中,直接效应为0.282,间接效应为0.518,中介效应占比64.76%。家庭与社会关系、政治与社会活动两个维度与衰弱关联的直接效应不显著($P > 0.05$),说明抑郁在其间起完全中介作用。

表6 抑郁在社会剥夺感与衰弱之间中介效应的MacKinnon乘积分布法检验

Table 6 MacKinnon's product-of-coefficients method test of the mediating effect of depression between social deprivation and frailty

Variable	$Z_a \times Z_b$	SE	95% CI
Social deprivation	0.195	0.088	0.036-0.380
Socio-economic status	0.319	0.127	0.103-0.598
Family and social support	0.159	0.085	0.018-0.348
Political and social participation	0.402	0.154	0.137-0.738
Comprehensive feeling	0.518	0.224	0.119-0.997

3 讨论

本研究中的老年人衰弱发生率为8.4%,低于中国社区老年居民的衰弱发生率10.1%^[20]。这可能与成都市社会经济状况、医疗保健等高于全国平均水平有关,也可能与不同研究使用的衰弱测量工具不同存在一定关联。侯莎洁等^[21]发现使用FRAIL量表诊断衰弱发生率低于使用Fried衰弱表型,韩君等^[15]也发现使用FRAIL量表筛查出衰弱的比例低于Fried衰弱表型和埃德蒙顿衰弱评估量表。本研究老年人社会剥夺感平均得分为(48.9±7.1)分,整体处于轻度社会剥夺感水平。这表明成都市该区的老年人普遍享有较好的社会资源,未产生较强的心理失衡感。社会剥夺感四个维度中,家庭与社会关系剥夺感最低(11.2分,百分化得分38.6分),社会经济状况(14.9分,百分化得分51.4分)、政治与社会活动(10.5分,百分化得分53.1分)和综合性感觉(12.3分,百分化得分55.3分)剥夺感

较高。这表明老年人的社会剥夺感主要来源于经济条件和社会活动参与等产生的心理失衡。研究对象的抑郁检出率为12.8%,低于中国老年人抑郁总检出率20.6%^[22]。这可能与不同研究使用的量表不同、各地区的环境、社会支持体系及医疗资源等存在差异有关。

本研究发现老年人社会剥夺感、抑郁和衰弱间存在相关性。其中,社会剥夺感与衰弱呈正相关,并且这一相关性均体现在社会剥夺感的四个维度,与既往研究结论一致。MONTEIL等^[6]发现遭遇社会剥夺的老年人更容易出现衰弱, BARANYI等^[8]发现邻里社会剥夺是老年衰弱进展的重要预测指标。高社会剥夺感的群体往往在物质条件、家庭关系和社会参与等方面存在不足,一方面影响老年人对医疗资源的利用和健康保健行为的实施^[23-24],另一方面容易引发老年人产生抑郁、孤独感、无助等心理问题^[25-26],多因素综合作用导致衰弱进展加剧。此外,抑郁与衰弱、社会剥夺感均呈正相关。社会剥夺源于经济、社会交往等多方面的缺失,这会导致老年人情绪低落,出现心理失衡及落差感,长此以往引发抑郁症状的产生^[27]。同时,抑郁症状可能对老年人身体、心理和社会参与产生多方面的不利影响,包括营养状况不佳、睡眠障碍、情绪障碍以及认知障碍等^[28-30],这些因素都可能导致衰弱。

本研究发现,抑郁在老年人社会剥夺感与衰弱之间具有部分中介作用。社会剥夺感不仅可以直接预测衰弱,还可以通过抑郁间接预测衰弱。其原因可能是抑郁和衰弱存在部分共同病理生理途径,如慢性炎症、氧化应激、线粒体功能障碍和下丘脑肾上腺轴失调等^[28]。对于遭受社会剥夺的老年人,改善其抑郁情绪可能是预防衰弱发生的关键所在。

各维度中介分析结果显示,抑郁在社会经济状况、综合性感觉与衰弱之间起部分中介作用,在家庭与社会关系、政治与社会活动和衰弱之间起完全中介作用。社会经济状况包含经济收入、物质条件和社会保障等,良好的社会经济状况通常意味着更全的保险覆盖、更多的医疗保健机会和更丰富的营养供应,这些能够降低衰弱的发生率^[20, 31]。综合性感觉包含了老年人对自身健康、孤独、处于劣势和幸福感等综合评价,良好的综合性感觉意味着老年人对自身生活状态享有积极的情感体验,能够更好地适应社会环境的变化和压力,减缓衰弱的发生与进展^[32]。抑郁在家庭与社会关系、政治与社会活动和衰弱之间起完全中介作用,这凸显了社会关系和社会参与对老年人心理健康及生命质量的关键作用。家庭与社会关系、政治与社会活动作为社会网络的体现,对于缓解情绪压力、应对环境冲击具有重要的意义。研究显示,社会网

络的缺失极大程度地导致了老年人抑郁的发生,进而加剧了衰弱的进展^[33]。

本研究创新性地将多维社会剥夺感引入老年衰弱问题的研究中,并基于抑郁探索其作用机制,为改善老年人衰弱程度、提高老年生命质量的干预措施制定提供了参考依据。本研究不足之处:①本研究采用横截面设计,限制了对因果关系的推断能力;②研究对象仅限于单一区县,研究结果的推广可能受到地域特定性的限制。

综上,本研究发现老年人社会剥夺感、抑郁和衰弱存在密切的关联,并且社会剥夺感可通过抑郁导致衰弱,但抑郁在社会剥夺感各维度对衰弱的作用间存在一定差异。这提示在应对老年人衰弱问题时,需要根据其社会剥夺类型进行针对性干预,采取积极的应对策略改善老年人社会经济状况和负性生活状态,并重点关注抑郁的预防和管理,以减缓衰弱的进展,提高老年生命质量,实现老年人的全面健康和幸福老龄化。

* * *

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