



Retirees Mental Health: Are There Risky Behaviors Used to Cope with the Retirement Transitions?

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Editorial

The aging process has imposed several challenges to Social Security and Health Care Systems, as the proportion of older adults has increased over the last decades, and will continue to increase in the following years [1,2]. In the U.S. people aged 65 and older was nearly 17% by 2020, and it is expected to rise to 22% by 2050 [1]. However, increased life expectancy does not necessarily translate into healthy and long lives. Estimates from the World Health Organization [3] show that on average people live 14% of their life with some disability in 2019 – in the U.S. people live on average 16% of their lives with some disability. Ensuring healthier lives is key to promote the society wellbeing and to reduce health care cost.

Depression is one of the most underrated problems among older adults and one of the leading causes of disability among that age group [4-6]. The prevalence of depression among older adults has increased over the past decades, and is one of the most prevalent and unrecognized public health problems in many countries [7,8]. Depression is associated with worsened quality of life, worsened physical health and increased risk of suicide, decreased cognitive and social functioning, increased mortality, and increased health care utilization [9]. Older adults are at increased risk of suffering chronic diseases, as the aging process involves physical deterioration. Moreover, depression increases the comorbidities of other diseases and the risk of need for health care utilization, which increases the personal and public health cost [10]. Depression often times coexist with other chronic diseases, and has been associated with increased incidence of cardiovascular diseases, hypertension, dementia, daily living limitations and diabetes, among others [7,10]. Thus, depression might have an even higher detrimental effect among older adults, and increased direct and indirect health cost of formal and informal care.

Research on mental health among older adults has focused on working or younger population. Thus, the literature regarding retirement and depression shows mixed results. One's role in society, such as through one's employment, is a crucial factor in health outcomes. Role theory states that people define themselves based on the roles they occupy as individuals, attach meaning to these roles, and self-identify with them [11]. However, people tend to occupy several roles and based their self-identity in all of them. Thus, the loss of the working role might not influence mental health at retirement, as they might focus on family and other roles [12].

Some research suggests exiting the occupational role during retirement may result in improved mental health outcomes as retirement might be a relief from job-related stress [13-18]. Additionally, the benefits of retirement on depression might be temporary as evidence suggests improved depression outcomes right after retirement might fade and result in increased depressive symptoms in the following years [11,14].

On the other hand, past research has found that exiting the occupational role may result in loss of control, identity, and ultimately a decline in health and increased depressive symptoms or worsened emotional health [11,18-27]. Similarly, Li et al. [4] found that the transition to retirement was associated with higher risk of depression, based on a meta-analysis. Evidence suggests older adults who retire might experience loneliness, be more depressed, and experience a deterioration in health compared to their counterparts in the workforce [19-22].

Changes and adaptation of retirement would bring different challenges to retirees. To experience relief from these stressors and anxiety people might use several mechanisms, such as alcohol use or smoking. This is supported by the self-medication hypothesis [28]. The decreased of alcohol use and

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smoking as age progresses is well documented. However, alcohol use has increased over the past decades and baby boomers tend to report increased alcohol consumption than previous generations [29,30]. Similarly, smoking prevalence among baby boomers is higher than younger and older generations [31]. Alcohol use and smoking goes, often time unrecognized and untreated, among this population [32,33].

Alcohol use has been associated with poor health, increased mortality, disability and one of the leading causes of decreased healthy life expectancy [34-36]. Similarly, smoking has been associated to increased mortality and morbidity, especially among older adults who are at increased risk of cardiovascular disease, suffering from respiratory conditions and cancer [37,38]. Quitting smoking cannot undo the cumulative damage on health. However, there is evidence showing that quitting at any age increases life expectancy and decreases death related-to smoking [37,39,40].

Using data from the Health and Retirement study (1994-2016), for over 12,000 respondents – followed in average for 8 waves (16 years), aged 50 and older who were not diagnosed with a psychiatric disorder prior to retirement, we found that retirement was associated to worsen mental health, and that alcohol use was associated with decreased depressive symptoms, while smoking was associated to increased depressive symptoms, this controlling for sociodemographic variables such as educational level, gender, self-perceived health status, age, among others – generalized mixed effect models were used. The results suggested a protective factor of alcohol use among retirees, as alcohol use mediated the association between transitioning to retirement and depressive symptoms. In opposition, smoking was associated to worsen mental health, however, its mediating effect attenuated the negative effect of retirement on mental health.

Alcohol, smoking and problematic alcohol consumption are associated with increased mental or emotional health and behavioral problems. Furthermore, the comorbidity of alcohol and depression is associated with less effective treatment of both depression and problematic alcohol use [29]. And health care professionals are less likely to promote quitting smoking among older adults [33]. More research is needed to identify unhealthy behaviors used to cope with retirement, as self-medicating with alcohol and smoking has important detrimental effect on health, increasing disability, mortality and decreasing healthy life expectancies. Older adults should be provided with healthy coping strategies in order to avoid self-medication to deal with the retirement transition.

There is a need to identify alternative coping strategies to decrease depressive symptoms and prevent alcohol and smoking related negative health outcomes. Working on identifying alcohol dependence and depression among older adults is key to provide treatment and guidance when needed, and to prevent those issues from happening on the first place. The detrimental effects of alcohol use and smoking among older adults increases the direct and indirect cost, and the proportion of disabled and dependent older adults [34-36].

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