

Personality and its Relationship to Depression and Cognition in Older Adults: Implications for Practice

BACKGROUND

Older adults face unique challenges when it comes to mental health problems. It is estimated that 20% of people 60 years and older have a mental or neurological illness. There are many factors that contribute to the likelihood of developing mental illnesses, including personality. According to the Five-Factor Model (FFM), personality is thought to be relatively stable throughout the lifespan and can be divided into five dimensions: openness (e.g., creative and imaginative), conscientiousness (e.g., self-disciplined and ambition), extraversion (e.g., social and friendly), agreeableness (e.g., cooperative and trustworthy), and neuroticism (e.g., anxiety and stress). Personality is associated with two of the most prevalent mental health disorders among older adults: depression and cognitive decline. The goal of this review was to examine the relationships between personality, depression, and cognitive decline.

STUDY METHOD

A review of the literature was conducted to identify relevant studies that assessed personality and depression, cognitive impairment, or both. The studies utilized in this review were published between January 2005 and January 2017, and included participants that were 65 and older. Studies were excluded if they primarily focused on personality disorders, utilized only pharmacological interventions, or did not assess personality with the FFM. This resulted in a total of thirteen research articles used for analyses. These

articles included cross-sectional and longitudinal studies, as well as literature reviews and meta-analyses.

FINDINGS

Depressive disorders in adulthood were associated with high neuroticism, low conscientiousness, low extraversion, and low agreeableness. In addition, several studies concluded that high levels of neuroticism are the most consistent predictor of clinical and depressive disorders in adulthood.

Older adults who experience cognitive decline are more likely to have lower levels of conscientiousness, extraversion, and openness, but high levels of neuroticism. Additionally, high levels of conscientiousness were associated with a lower risk of dementia, better cognitive functioning, and better performance on memory tasks, potentially due to these individuals' tendency to be goal-oriented and remain cognitively engaged in life.

POLICY IMPLICATIONS

These findings suggest that certain personality traits may impact older adults' likelihood of developing depression or experiencing cognitive decline and may interfere with treatment. High neuroticism can lead to a higher risk of depression and cognitive impairment, while high conscientiousness can lead to greater cognitive engagement, lower risk of dementia, and better coping ability in stressful situations. In addition,

personality traits can influence the outcomes of interventions or treatments. Future research should examine the relationship between personality traits and evidence-based treatment methods for depression and cognition in older adults. Policy makers should consider the implementation of policies and practices within the healthcare setting that include an evaluation of patients' personality traits to inform the most effective treatment plan for each adult.

Original Article

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