Population aging has been one of the most distinctive demographic phenomena of the 20th century (Patil et al., 2015). The increase in the elderly population, both globally and in Chile, has gained great importance due to its sustained increase every year. According to data from the “World Population Prospects” Report of 2017 (Available at https://esa.un.org/unpd/wpp/Publications/Files/WPP2017_KeyFindings.pdf), it is expected that the number of older people worldwide will double by 2050 and triple by 2100. In Chile, the scenario is similar, according to the CASEN survey (Available in http://observatorio.ministeriodesarrollosocial.gob.cl/casen-multidimensional/casen/docs/CASEN_2015_Resultados_adultos_mayores.pdf): by 2050, 28.2% of the total population will be elderly, as opposed to only 10.2% in the year 2000.

Thus, there is an urgent need to observe the characteristics of this population and identify possible elements that could deteriorate the aging process. Within this need is the high prevalence of geriatric depression, which is one of the main causes of disability in the elderly. It is expected that by the year 2020, geriatric depression will be the second cause of morbidity and mortality after heart diseases (Kennedy, 2015; Mahmoud et al., 2016).

Some of the main risk factors that are associated with the manifestation of geriatric depression are: belonging to the female gender (Chang et al., 2016; Salgado & Wong, 2007; Salazar et al., 2015; Torres et al., 2015); educational attainment; poor social support and scarce social participation (Segura-Cardona et al., 2015); perception of loneliness (Alpass & Neville, 2003); and the multiplicity of ways in which grieving processes manifest themselves (Kennedy, 2015). Physical risk factors include the following: difficulties in expedited locomotion and consequently a lack of autonomy (Campos et al., 2004); cognitive decline (Dillon et al., 2014); high prevalence of visual disability; and finally, previous history of depression (Bradley et al., 2016).

In the face of all this, there is a double challenge. The first is for those who work and have worked directly with the older adult population. They must design interventions focused on the well being of the elderly population, contextualized to their needs, characteristics, and contingencies. A failure to do so will increase the perception that the elderly population is not heard. The second challenge is for all of us who still observe aging as an uncertain and long-term future. We must

**Affiliations:** 1Fundación Kimntrum, Chile.
disregard the preconception of aging as a personal and passive process, and instead view it as a social and active process. Every elder has a rich experience that brings us the opportunity to build on our own roots. I believe that the approach to geriatric depression and other geriatric illnesses should be an instance of self-reflection of our own responsibilities, since we can generate practical and innovative interventions.

REFERENCES


