

DEPRESSION IN LATER YEARS

SOURCE: NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Depression is a whole-body disorder.

Depression. The darkest moods. Feeling down, empty. Difficulty remembering. Many things just don't interest you anymore. Aches and pains that keep coming back. Depression that goes on and on and on for weeks and months is called clinical depression.

Most people think of depression only as sadness and low mood, but clinical depression is far more than the ordinary "down" mood everyone experiences now and then, and which pass after a visit with a friend or seeing a good movie.

Depression is also more than a feeling of grief after losing someone you love. Following such a loss, for many people a depressed mood is a normal reaction to grief and these people may find it helpful to join a mutual support group, such as widowed persons, to talk with others experiencing similar feelings.

However, when a depressed mood continues for some time, whether following a particular event or for no apparent reason, the person may be suffering from clinical depression - an illness that can be treated effectively.

Clinical depression is a whole-body disorder. It can affect the way you think and the way you feel, both physically and emotionally.

It isn't "normal" to feel depressed all the time. When you get older; in

fact, most older people feel satisfied with their lives. Nonetheless, among people 65 and over, as many as 3 out of 100 suffer from clinical depression. It can be serious and can even lead to suicide.

But there is good news. Nearly 80 percent of people with clinical depression can be treated successfully with medications, psychotherapy, or a combination of both. Even the most serious depressions usually respond rapidly to the right treatment. But first, depression must be recognized.

Ann's daughter thought her 73-year-old widowed mother was getting senile because she was so confused and forgetful. Ann had seemed to recover well from the death of her husband 3 years before, but lately she cried about it almost every day. Her daughter arranged for Ann to see a geriatric specialist who diagnosed Ann's condition as depression, not senility. He put her on medication and suggested that she join a widow to-widow support group. Before long, Ann's memory improved along with her mood.

Types Of clinical depression:

Two serious types of clinical depression are major depression and bipolar depression.

Major Depression

Major depression makes it almost impossible to carry on usual activities, sleep, eat, or enjoy life. Pleasure seems a thing of the past. This type of depression can occur once



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in a lifetime or, for many people, it can recur several times. People with a major depression need professional treatment.

Bipolar Disorder (Manic-Depression Illness):

Another type of depression, bipolar disorder - or manic-depression illness - leads to severe mood swings, from extreme "lows" to excessive "highs." These states of elation and unbounded energy are called mania. This disorder usually starts when people are in their early twenties. Though unusual for this type of depression to start for the first time in later life, it requires medical treatment, whatever the person's age.

A symptom checklist:

Have you experienced any of these symptoms for more than 2 weeks? If you answer "yes" to 4 or more of the symptoms for depression or mania, a physical and psychological evaluation by a physician and/or mental health specialist should be sought.

Depression:

- ☞ A persistent sad, anxious or "empty" mood
- ☞ Loss of interest or pleasure in ordinary activities, including sex
- ☞ Decreased energy, fatigue, feeling "slowed down"
- ☞ Sleep problems (insomnia, oversleeping, early-morning waking)
- ☞ Eating problems (loss of appetite or weight, weight gain)
- ☞ Difficulty concentrating, remembering, or making decisions

- ☞ Feelings of hopelessness or pessimism
- ☞ Feelings of guilt, worthlessness, or helplessness
- ☞ Thoughts of death or suicide: a suicide attempt
- ☞ Irritability
- ☞ Excessive crying
- ☞ Recurring aches and pains that don't respond to treatment

If someone has recently experienced a loss, these feelings may be part of a normal grief reaction. But, if the feelings persist with no lifting of mood, the person may need professional treatment.

Mania:

- ☞ Excessively "high" mood
- ☞ Irritability
- ☞ Decreased need for sleep
- ☞ Increased energy
- ☞ Increased talking, moving, and sexual activity
- ☞ Racing thoughts
- ☞ Disturbed ability to make decisions
- ☞ Grandiose notions
- ☞ Being easily distracted

Depression shares symptoms with other medical conditions.

Some symptoms of depression also occur in other medical conditions. For example, weight loss, sleep disturbances, and low energy also occur in diabetes and heart disease; apathy, poor concentration, and memory loss are also found in Parkinson's and Alzheimer's diseases; and aching or fatigue may be present in many other





conditions. To determine the proper diagnosis, a physician must conduct a thorough evaluation, keeping in mind that depressed people are more likely to complain of such physical problems rather than expressing sad, anxious, or hopeless feelings.

In addition, fatigue, high or low mood, sedation, and difficulty with memory or concentration can be depressive symptoms but can also occur as side effects of medication. The current medications taken by an individual should be evaluated in determining the diagnosis.

Depression can co-occur with other illnesses.

Depression often co-occurs with medical, psychiatric, and substance abuse disorders, though it is frequently unrecognized and untreated. This can lead to unnecessary suffering since depression is usually treatable, even when it co-occurs with other disorders.

Medical illnesses

Depression occurs at higher-than-average rates in heart attack and cancer patients, persons with diabetes, and post-stroke patients. Untreated depression can interfere with the patient's ability to follow the necessary treatment regimen or to participate in a rehabilitation program. It may also increase impairment from the medical disorder and impede improvement.

Psychiatric Illnesses

Depression also occurs more frequently in persons with other psychiatric disorders, especially anxiety disorders. In such cases, detection of depression can result in more effective treatment and a better outcome for the patient.

Substance Abuse Disorders

Substance abuse disorders (including alcohol and prescription drugs): frequently co-exist with depression. Substance use must be discontinued to clarify the diagnosis and maximize the effectiveness of psychiatric intervention. Additional treatment is necessary if the depression remains after the substance use and withdrawal effects have ended.

Causes of depression:


Many factors can contribute to depression. Some people become depressed for a combination of reasons. For others, a single cause appears to trigger depression. Some become depressed for no apparent reason. Regardless of the cause, depression needs to be diagnosed and treated.

Some contributing factors that are particularly important, especially among older people are:

Other Illnesses

Long-term or sudden illnesses can bring on or aggravate depression. Strokes, certain types of cancer, diabetes, Parkinson's disease, and hormonal disorders are examples of





illnesses that may be related to depressive disorders.

Medications

Some medicines cause depressive symptoms as side effects. Certain drugs used to treat high blood pressure and arthritis fall in this category. In addition, different drugs can interact in unforeseen ways when taken together. It is important that each doctor be aware of all the different types and dosages of medicine being taken to discuss them with the patient.

Genetics And Family History

Depression often runs in families. Children of depressed parents have a higher risk of being depressed themselves. Some people probably have a biological make-up that makes them particularly vulnerable.

Personality

Certain personalities - people with low self-esteem or who are very dependent on others - seem to be vulnerable to depression.

Life Events

The death of a loved one, divorce, moving to a new place, money problems or any sort of loss can contribute to depression. People without relatives or friends to help may have even more difficulty coping with stress. Sadness and grief are normal responses to loss, but if they linger or are severe, professional help should be sought.

How depressed seniors can help themselves:

- 🧠 Surround themselves with a strong network of social supports: people with broad social networks enjoy better physical and mental health.
- 🧠 Seek solutions to their problems instead of just trying to control their emotions.
- 🧠 Keeping an open mind about life experiences seems to be an important coping strategy to counteract depression and the tendency to close in on oneself.
- 🧠 Make new acquaintances: isolation increases vulnerability to depression.
- 🧠 Pursue activities they like, particularly ones that put them in contact with others.
- 🧠 Try to make their own decisions. Often, good decisions can be made after gathering new information and opinions from others.
- 🧠 Take risks and try new things, without necessarily expecting to be successful immediately.
- 🧠 Don't be afraid to ask for help; asking for help is a sign of health and maturity, a way of being in control.

Treatment for Depression

One of the biggest obstacles to getting help for clinical depression can be a person's attitude. Many people think the depression will go away by itself, or that they're too old to get help, or that getting help is a sign of weakness or more failing. Such views are simply wrong.





With treatment, even the most seriously depressed person can start to feel better, often in a matter of weeks, and can return to a happier and more fulfilling life. Such an outcome is a common story, even when a person felt hopeless and helpless.

There are three major types of treatment for clinical depression: psychotherapy, medication, and in some cases, other biological treatments. At times, these treatments may be used in combination.

Individuals respond differently to treatments. If after several weeks' symptoms have not improved, the treatment plan should be reevaluated. Also, the procedures and possible side effects of all treatments should be fully discussed with the doctor.

Some people may find that mutual support groups are helpful when combined with other treatments.

Medication

There are many very effective medications, but the three types of drugs most often used in the past to treat depression are tricyclic antidepressants, monoamine oxidase inhibitors (MAOis), and lithium. Now, selective serotonin reuptake inhibitors (SSRIs) are also widely used. Lithium is very effective in the treatment of bipolar disorder and is also sometimes used to treat major depression.

All medications alter the action of brain chemicals to improve moods, sleep, appetite, energy levels, and concentration.

Different people may need different medications, and sometimes more than one medication is needed to treat clinical depression.

Improvement usually occurs within weeks.

Psychotherapy

Talking with a trained therapist can also be effective in treating certain depressions, particularly those that are less severe. Short-term therapies (usually 12 - 20 sessions) developed to treat depression focus on the specific symptoms of depression.

Cognitive therapy aims to help the patient recognize and change negative thinking patterns that contribute to depression.

Interpersonal therapy focuses on dealing more effectively with other people; improved relationships can reduce depressive symptoms.

Biological treatments

Some depressions may respond best to electroconvulsive therapy. ECT is an effective treatment that is used in extremely severe cases of major depression when very rapid improvement is necessary, or when medications can be used or have not worked. Improved procedures make this treatment much safer than in previous years. During treatment, anesthesia and a muscle relaxant protect patients from physical harm and pain.

For years, Tom had been looking forward to his retirement - with more





time to fish. But after the first few months, not only had he stopped going fishing with his friends, but he often did not go out of the house for days. Tom also complained to his wife about not sleeping well and about different aches and pains each day. Fortunately, his wife took him to a doctor who recognized Tom was depressed. After a few weeks of treatment, Tom began to enjoy his retirement as much as he had expected.

Where to Get Help

Trained professionals in numerous settings diagnose and treat clinical depression:

- Family physician, clinic, and health maintenance organizations can provide treatment or make referrals to mental health specialists.
- Mental health specialists include psychiatrist, psychologists, family therapists, social workers, mental health counselors, and psychiatric nurses. Psychiatrists can prescribe antidepressant drugs because they are physicians. Other mental health specialists, however, often work with physicians to ensure that their patients receive the medications they need.
- Community mental health centers, which often provide treatment based on the patient's ability to pay, usually have a variety of mental health specialists.
- Hospitals and university medical schools may have research centers that study and treat depression.

"Self-help works!"

