

DEPRESSION IN THE ELDERLY

SOURCE: NATIONAL ASSOCIATION FOR THE MENTALLY ILL (NAMI)

Sleeping problems, sadness, forgetfulness, and withdrawal from friends - these are behaviors and feelings we often accept in older adults. But for many people aged 65 and over, these responses are not a result of the normal aging process, nor are they signs of senility. They are symptoms of a common emotional illness called depression.

If the signs of this illness are recognized and appropriate help is sought, most elderly patients can experience improvement within weeks. That improvement can extend to every phase of the person's life: memory, interest inactivity, and overall physical health. All are affected when depression is accurately diagnosed and treated.

On the other hand, when depression is not recognized and treated, the consequences can be tragic. Depression may be the cause of up to two-thirds of suicides in older adults. The elderly has the highest suicide rate of any group, 50 percent higher than the general population.

How common is depression in the elderly?

Estimates on the prevalence of depression among the elderly vary from 10 percent up to 65 percent. The reason for this wide range is that many of those who have the disorder are misdiagnosed with other illnesses. Many other elderly who have depression are not diagnosed at all. Because they accept their symptoms as an inevitable part of aging, no help is sought. Another concern is the elderly's generational resistance to the idea of emotional illness and the benefits of

seeking help. Many are sufficiently embarrassed by what they consider to be the stigma of mental illness and the shame of their symptoms that they are unwilling or unable to discuss their feelings with a professional. Still others are discouraged from seeking treatment because of financial constraints.

Yet, because treatment for depression can so dramatically improve the quality of these later years, a correct diagnosis and professional attention are vital.

How do you know if an elderly person has depression?

Depression is more than an occasional feeling of sadness or a natural, grieving response to loss. It is a group of long-lasting or recurring emotions and behaviors that interfere with a person's normal activities. If you or someone you know has experienced several of the following signs of depression for two weeks or more, professional help should be considered:

- Feelings of worthlessness, hopelessness, helplessness
- Feelings of inappropriate guilt
- Persistent sadness or anxiety
- Unexplained crying
- Irritability
- Withdrawal from formerly pleasurable activities and relationships
- Memory loss, confusion, disorientation
- Inability to concentrate or make decisions
- Lack of attention to physical appearance
- Changes in eating habits





- 🧠 Changes in sleeping habits
- 🧠 Decreased energy or fatigue
- 🧠 Thoughts of suicide
- 🧠 Overly concerned with physical problems

The presence of a number of these symptoms does not necessarily indicate depression. Only a licensed physician or psychologist can diagnose a person with a psychiatric disorder.

What causes depression in the elderly?


- 🧠 **Stress and loss.** Aging is a time of change. For some people, the loss of loved ones, health, physical strength, financial stability, and formerly rewarding career or family responsibilities may be too much to cope with, and depression may result.
- 🧠 **Genetics.** Some people have a biological vulnerability to depression. While these individuals may live for decades without developing the illness, the many changes of aging may cause the condition to emerge in later years.
- 🧠 **Biological factors.** Depression can be triggered by a disturbance in the brain biochemicals that regulate mood and activity. These biochemicals are called neurotransmitters; they are substances that carry impulses or messages between nerve cells in the brain. An imbalance in the amount or activity of neurotransmitters can cause major disruptions in thought, emotion, and behavior.
- 🧠 **Medical conditions.** Certain medical problems, such as hormonal imbalances, nutritional deficiencies, heart disease, and certain cancers physically create the

symptoms of depression. Medications for illnesses, particularly high blood pressure or arthritis medications, can cause drug interactions leading to depressive symptoms and mood changes.

There is help ...

- 🧠 **Counselling.** By talking with a trained psychotherapist, older adults can better understand their feelings and develop skills for meeting the challenges of aging. The most effective forms of psychotherapy for the elderly are:
 - **Cognitive therapy**, helping change the negative thinking patterns of the depressed—such as, sense of worthlessness or inappropriate guilt.
 - **Behavioral therapy**, focusing on the person's daily experiences and behaviors.
 - **Interpersonal therapy**, dealing with relationship and role problems that contribute to stress.
- 🧠 **Medication.** Sometimes used in combination with psychotherapy, medication can correct the biochemical imbalances that cause depressive feelings and behaviors. When carefully prescribed and monitored by a physician, medications can relieve the symptoms of depression in three to six weeks. Over the past twenty years the most frequently used depression medications have been tricyclic antidepressants and, in more severe cases, monoamine oxidase (MAO) inhibitors. These medications are not habit-forming and are helpful in reducing the severity, frequency, and duration of depressive episodes. Some side effects such as dryness of the mouth, problems





urinating, constipation and blurred vision have been associated with their use. Recently, researchers have introduced a new generation of antidepressants that include drugs such as fluoxetine (Prozac), bupropion (Wellbutrin), and sertraline (Zoloft).

The special risk of suicide in the elderly ...

Depression can lead to thoughts of suicide, a major risk for the elderly who have the highest suicide rate in the country. Each year six thousand older people kill themselves. Unlike younger people, the elderly does not attempt suicide impulsively. They plan it carefully over the course of months. This results in a very high rate of actual suicides. By recognizing the following signs that a person is contemplating suicide, family or friends can intervene in time:

- 🧠 Mention of desire to die
- 🧠 Self-denigrating comments such as 'my family would be better off without me'
- 🧠 Neglect of self-care, personal hygiene
- 🧠 A sudden interest in putting affairs in order
- 🧠 The giving away of possessions
- 🧠 A sudden interest or disinterest in religion

If you observe any of these behaviors it is important to contact a medical or a mental health professional immediately (such as your family doctor, local psychiatric hospital, or an emergency room) to arrange for an evaluation to determine if the individual is at risk of hurting him/herself.

What to do if you think you have depression:

- 🧠 Understand that your sadness and behaviors are not a character flaw or weakness. They are an illness, and one that can be successfully treated.
- 🧠 Don't accept your symptoms of sadness, forgetfulness, and sleep problems as an unavoidable part of aging. You can feel better. Consult with your family physician or geriatric care center to arrange for a diagnostic evaluation with a licensed psychiatrist or psychologist.

While depression rarely goes away by itself, there are steps you can take to improve your outlook. Maintain regular physical examinations, a physician approved exercise regimen, good nutrition, and a supportive network of family, friends, and social service professionals.

What to do if you think an elderly person you care for has depression:

- 🧠 Encourage or arrange for a diagnostic evaluation with a qualified professional to accurately determine the cause of the symptoms.
- 🧠 Provide support, love, and encouragement to offset the person's loss of self-esteem.
- 🧠 Help ease the sense of isolation and withdrawal by spending time with the person.
- 🧠 Take an active role in helping the person get assistance. You can help schedule appointments or offer transportation to treatment.





It's true ...

The more you learn about depression in the elderly, the more you will understand that it has specific causes and treatments. We have developed this information and many others

as part of our Learn to Understand Mental Illness program to give people the facts they need. By recognizing the signs and symptoms of mental illness, you can help someone live a healthy and fulfilling life.

"There is hope and there is help."

