

USVH Disease of the Week #2: Depression in Older Adults

“Depression in Older Adults and the Elderly: Signs, Symptoms, Causes and Treatment”
Helpguide: Expert, Non-Commercial Information on Mental Health & Lifelong Wellness
A Project of the Rotary Club of Santa Monica and Center for Healthy Aging

Exactly what is depression?

If you're over 65 or care for someone who is, you need to know that DEPRESSION IS NOT A NORMAL PART OF AGING. In fact, it is not normal at any age. In many countries, seniors are venerated. Whether they are tribal elders or Chinese grandparents who care for their grandchildren and prepare family meals while their children work, they are respected and play a valuable role in their communities. Our youth-oriented culture, on the other hand, has led many elderly people to feel useless, worthless and often depressed. Senior depression affects about 6 million Americans, but only 10% receive treatment.

Depression is more than simply feeling “down in the dumps” and lethargic. Feeling sad when we lose someone we love or when other upsetting things happen is normal – even if the feelings last for weeks or months. Feeling very bad or down – almost all the time – for extended periods or when there are no obvious reasons for being sad is not normal.

What causes depression in the elderly?

The many possible causes for depression in the elderly come from many different sources. Examples include:

Psychological factors

- * unresolved, repressed traumatic experiences from childhood or later life may surface when a senior slows down
- * previous history of depression
- * damage to body image (from amputation, cancer surgery, or heart attack)
- * fear of death
- * frustration with memory loss
- * difficulty adjusting to stressful or changing conditions (i.e., housing and living conditions, loss of loved ones or friends, loss of capabilities, etc.)
- * substance abuse

Environmental factors

- * loneliness, isolation
- * retirement (whether the individual has chosen to stop working, been laid off, or been forced to stop because of chronic health problems or a disability)
- * being unmarried (especially if widowed)
- * recent bereavement
- * lack of a supportive social network

- * decreased mobility due to illness or loss of driving privileges

Physical factors, including genetics

- * inherited tendencies toward depression
- * co-occurring illness (such as Parkinson's, Alzheimer's, cancer, diabetes or stroke)
- * vascular changes in the brain
- * a vitamin B-12 deficiency (as yet unclear if this is caused by poor eating habits or a result of depression)
- * chronic or severe pain

Personality characteristics (may also be symptomatic of unresolved trauma)

- * low self-esteem
- * extreme dependency
- * pessimism

Medications (all medications have side effects, but some can cause or worsen the symptoms of depression)

- * some pain medicines (codeine, darvon)
- * some drugs for high blood pressure (clonidine, reserpine)
- * hormones (estrogen, progesterone, cortisol, prednisone, anabolic steroids)
- * some heart medications (digitalis, propranolol)
- * anticancer agents (cycloserine, tamoxifen, nolvadex, velban, oncovin)
- * some drugs for Parkinson's disease (levodopa, bromocriptine)
- * some drugs for arthritis (indomethacin)
- * some tranquilizers/antianxiety drugs (valium, halcion)
- * alcohol.

When taken together, some drugs can interact in adverse ways. It is important that each doctor be aware of all the different types and dosages of medicine a patient takes and discuss possible interactions with him/her. This is another reason why elderly people should consider psychotherapy first in treating depression. If you are taking medication for a medical condition, you always run the risk of an unfavorable drug interaction with antidepressant medications unless you are closely supervised and monitored. In addition to increasing depression, some antidepressant drugs can create dependencies. Be sure to read warning labels and monitor drug use strictly and continuously.

Can anxiety lead to depression in seniors?

Some people worry themselves into a depression. This "what if" syndrome can emerge when a parent develops a degenerative or life-threatening illness, like Alzheimer's disease, cancer, or a heart condition: "Is this going to happen to me?" they wonder. Or, after undergoing a coronary by-pass or dealing with other major illness themselves, they may fear for their own lives. Though normal, these concerns are not productive and can be damaging.

What is the difference between senior depression and dementia?

It takes a medical evaluation to distinguish between depression and dementia, but in brief you can think of the difference this way: a depressed person may have poor concentration and forget where s/he left the house keys, while a person with dementia does not know what they are called or perhaps cannot remember their purpose and tries to use them for something else.

What are the signs and symptoms of depression in the elderly?

It is not unusual for elderly people to experience sadness, social isolation and loneliness when faced with any of the causes mentioned above. Real depression is characterized by a persistent mood that does not lift, interferes significantly with ordinary life functions or activities, and ultimately may lead to suicide. Because some of these symptoms are similar to those caused by other conditions, including dementia, it is important to see a geriatric specialist for an evaluation. It is also helpful to be aware of the range of symptoms described below and not rely on "sadness" as a measure. Research has shown that many elderly do not think of themselves as sad, even when numerous other indicators point to a diagnosis of depression.

The following symptoms of depression are common in many older people:

- * agitation
- * anxiety
- * persistent, vague or unexplained physical complaints
- * memory problems; difficulty concentrating
- * social withdrawal
- * decreased appetite and weight loss or weight gain
- * sleep disturbances: daytime sleepiness, difficulty falling asleep, multiple mid-night awakenings, early morning awakening
- * irritability or demanding behavior
- * lack of attention to personal care
- * confusion, delusions or hallucinations
- * feelings of discouragement or hopelessness
- * sadness, lack of playfulness, inability to laugh
- * loss of interest in normally pleasurable activities; inability to feel pleasure
- * prolonged grief after a loss
- * loss of self worth
- * reduced energy, fatigue
- * abnormal thoughts, excessive or inappropriate guilt
- * suicidal thoughts or attempts.

If these symptoms persist every day for more than two weeks, depression well may be present.

Why is it so difficult to diagnose depression in seniors with dementias and other diseases?

Even when a patient goes to a physician, depression may be overlooked for several reasons:

- * symptoms may be ignored or confused with Parkinson's, Alzheimer's, dementia, thyroid disorders, strokes, heart disease, side effects of medication (any of which they may be)
- * alcohol dependence as self-medication can mask signs of depression
- * most doctors don't have time to sit and talk with their patients to find out if they are depressed
- * a patient's usual aches and pains may draw the physician's time and attention
- * elderly patients may be conditioned by the stigma of an earlier era and hide depression from others, including their doctors

The following tests will be helpful in making an accurate diagnosis:

- * a physical examination to determine if a medical illness is causing the depression
- * a psychological evaluation
- * blood tests such as CBC or blood differential, thyroid function tests, liver or kidney functions, etc.

Why is it important to treat depression in elderly people?

First and foremost, proper treatment can prevent suicide. Deteriorating health, a sense of isolation and hopelessness, and difficulty adjusting to new life circumstances can combine to push a person suffering from depression over the edge. For example, when depression is not treated in elderly white males, the suicide rate is six times the national average. Amazingly, 75% of such men have been seen by a doctor within several months of their deaths.

The National Institute of Mental Health considers depression in people age 65 and older to be a major public health problem.

Depression also affects the quality of life for the elderly in other ways.

- * Depression substantially increases the likelihood of death from physical illnesses.
- * Depression can increase impairment from a medical disorder and impede its improvement, while psychological treatment frequently improves the treatment success rate for a variety of medical conditions.
- * Untreated depression can interfere with a patient's ability to follow the necessary treatment regimen or to participate in a rehabilitation program.
- * Healthcare costs of elderly people with significant symptoms of depression are roughly 50% higher than those of non-depressed seniors.
- * Depressed seniors are more likely to rate their health as fair or poor, to visit an emergency room, and have more doctor visits than non-depressed patients.
- * Depression tends to last longer in the elderly.
- * Treatment of depression can result in more effective treatment and better outcome for the commonly co-occurring anxiety disorders.
- * Treatment of depression can help resolve a substance abuse disorder (including alcohol and prescription drugs) that is the result of self-medication for symptoms.

How is depression in seniors or the elderly treated?

Many people think that:

- * depression will go away by itself
- * they're too old to get help
- * getting help is a sign of weakness.

Such views are simply wrong. Depression is a treatable psychological problem. Even the most seriously depressed person who feels hopeless and helpless can be treated successfully, often in a matter of weeks, and return to a happier and more fulfilling life.

The most common treatments for depression in the elderly are:

- * treatment of underlying medical conditions
- * counseling
- * psychotherapy
- * trauma-focused therapy
- * a combination of antidepressants and therapy
- * frequently monitored, low dose antidepressant medications
- * ECT (electroconvulsive therapy) to "jump-start" the electrical activity in the brain
- * hormone replacement therapy (now under investigation for the treatment of elderly depression)
 - * a change in prescription or dosage to alleviate some symptoms -- if the depression is a side effect of a medication taken for another condition.

Treatment depends on the cause and severity of the depression and, to some extent, on personal preference. In mild or moderate depression, psychotherapy is often the most appropriate treatment. But incapacitating depression may require medication for a limited time along with psychotherapy. In combined treatment, medication can relieve physical symptoms quickly, while psychotherapy enables the patient to learn more effective ways of handling his problems.

Counseling and psychotherapy can be particularly helpful in treating depression. There are several different modes of treatment:

- * Supportive counseling includes religious and peer counseling. It can help ease the pain of loneliness and address the hopelessness of depression. Both peer counseling and pastoral counseling usually are provided at no cost.
- * Cognitive Behavioral Therapy (CBT) helps people distinguish between problems that can and cannot be resolved, and develop better coping skills.
- * Interpersonal psychotherapy can assist in resolving personal and relationship conflicts. For additional information on creating supportive intimate love relationships, see Helpguide's *Renewing Marriage and Other Intimate Relationships*.
- * Somatic or Trauma Psychotherapy with a professional who is an expert in early life trauma can help bring about the resolution of traumatic experiences.

Antidepressant medication can help depressed people feel better by controlling certain symptoms. For example, they can be particularly helpful in mobilizing people who survive the repair of a broken hip, but lose their will to get out of bed in the morning – even their will to live – and die soon afterwards. In addition, recent research has found lesions (hypertensities) in the fine white fibers beneath the cortex of the brain. These lesions, identified in age-related illnesses such as dementia and depression, show fewer increases in elders who have taken antidepressants than in those who continue to be depressed.

Some cautionary notes regarding the use of anti-depressant medications in the elderly include:

- * Read package information carefully and ask questions, as there is a risk of side effects or potential reactions with other medicines.
- * Antidepressants can be sedating and can cause a sudden drop in blood pressure when a person stands up, leading to falls and fractures.
- * SSRI drugs can create dependency and may cause self-destructive thoughts, which, in at least 3.5% of cases, have led to suicide.
- * In general, it takes longer to treat depression in the elderly than in younger patients.
 - o Antidepressants may take longer to start working in the elderly than they do in a younger population.
 - o Since seniors are more sensitive to medications, doctors may prescribe lower doses at first.
 - o Seniors may forget to take their medicine.
 - o Fear of side effects as well as cost increase the resistance of seniors to taking drugs.
- * As soon as symptoms are relieved, the physician can stop the medication.

Taking a pill does not cure depression or make problems go away. It is important to get counseling to assist in dealing with the issues themselves.

There are also many self-help activities that can help elevate the mood of seniors. Having a "glass half-full" rather than "half-empty" attitude is useful. Adding that state of mind to any of the following may "fire-up" your imagination and take your mind off of your troubles:

- * mild exercise (walking or even chair exercise)
- * music (listening, sing-alongs)
- * pets (stroking animals has been shown to elevate mood)
- * gardening or other hobbies
- * reminiscing, either with other elders or with younger people
- * visiting with family members and friends
- * humor (such as telling jokes, emailing funny stories, watching old comedy shows)
- * social interventions to help with isolation and loneliness such as: group outings, regular visits from concerned people, participation in a support group
- * maintaining a healthy diet enhanced by a multivitamin
- * volunteering to help others
- * joining a religious or spiritual community

How can family and friends help a depressed person?

The very nature of depression can interfere with a person's ability to seek assistance. Depression saps energy and self-esteem. It makes a person feel tired and may prevent him/her from taking action toward self-care. Help from others can mean the difference between suffering and recovery. Anyone who cares can:

- * offer emotional support – this is the most important thing you can do. It involves understanding, patience, affection, and encouragement. Engage the depressed person in conversation and listen carefully. Do not criticize feelings expressed, but point out realities and offer hope.
- * see that the depressed person gets an accurate diagnosis and appropriate treatment – this may require you to make an appointment and accompany your depressed friend or family member to the doctor.
- * be sure medications are taken as instructed.
- * encourage the person to comply with treatment until the symptoms of depression begin to abate (several weeks), or to seek different treatment if no improvement or uncharacteristic behavior occurs.
- * remind the person to obey doctor's orders about the use of alcoholic products while on medication.
- * invite the depressed person for walks, outings, to the movies. Suggest active pursuits such as exercise, art classes, or discussion groups. Try to motivate participation in activities that once provided pleasure. Be gently insistent if your suggestions are refused – becoming involved with other people can take the person's mind off of personal troubles.
- * reassure the depressed person that, with time and help, he or she will feel better.
- * be alert for suicidal thoughts, words or acts, and seek professional help immediately if they occur.

How can depression in the elderly be prevented?

Although it may seem like a great many seniors suffer from depression, the majority handle the challenges of aging with at least philosophical acceptance. They enjoy being grandparents, find new activities to replace those they can no longer do, and remain relatively content with their lives. They may be saddened by their losses, but they are not depressed. Most seniors continue to feel happiness, joy, contentment, and other positive emotions.

Some ways to prevent depression include:

- * Social interaction such as support groups that deal with losses and changes
- * Staying in contact with family, friends, and neighbors
- * Participating in absorbing activities
- * Volunteering to help others
- * Learning a new skill, such as emailing, cooking, or gardening
- * Sharing jokes and humorous stories (there are even humor classes for seniors)
- * Maintaining a healthy diet
- * Exercise, exercise, exercise!

http://www.helpguide.org/mental/depression_elderly.htm