Depression in Later Life

Everyone feels sad or blue sometimes. It is a natural part of life. But when the sadness persists and interferes with everyday life, it may be depression. Depression is not a normal part of growing older. It is a treatable medical illness, much like heart disease or diabetes.

Depression is a serious illness affecting approximately 15 out of every 100 adults over age 65 in the United States. The disorder affects a much higher percentage of people in hospitals and nursing homes. When depression occurs in late life, it sometimes can be a relapse of an earlier depression. But when it occurs for the first time in older adults, it usually is brought on by another medical illness. When someone is already ill, depression can be both more difficult to recognize and more difficult to endure.

Depression Is Not A Passing Mood
Sadness associated with normal grief or everyday "blues" is different from depression. A sad or grieving person can continue to carry on with regular activities. The depressed person suffers from symptoms that interfere with his or her ability to function normally for a prolonged period of time.

Recognizing depression in the elderly is not always easy. It often is difficult for the depressed elder to describe how he or she is feeling. In addition, the current population of older Americans came of age at a time when depression was not understood to be a biological disorder and medical illness. Therefore, some elderly fear being labeled "crazy," or worry that their illness will be seen as a character weakness.

The depressed person or their family members may think that a change in mood is simply "a passing mood," and the person should just "snap out of it." But someone suffering from depression cannot just "get over it." Depression is a medical illness that must be diagnosed and treated by trained professionals. Untreated, depression may last months or even years. Untreated depression can:

- Lead to disability
- Worsen symptoms of other illnesses
- Lead to premature death
- Result in suicide

When it is properly diagnosed and treated, more than 80 percent of those suffering from depression recover and return to their normal lives.

The most common symptoms of late-life depression include:

- Persistent sadness (lasting two weeks or more)
- Feeling slowed down
- Excessive worries about finances and health problems
- Frequent tearfulness
- Feeling worthless or helpless
- Weight changes
- Pacing and fidgeting
• Difficulty sleeping
• Difficulty concentrating
• Physical symptoms such as pain or gastrointestinal problems

One important sign of depression is when older people withdraw from their regular social activities. Rather than explaining their symptoms as a medical illness, often-depressed persons will give different explanations such as:

"It's too much trouble,"
"I don't feel well enough," or
"I don't have the energy."

For the same reasons, they often neglect their personal appearance, or may begin cooking and eating less. Like many illnesses, there are varying levels and types of depression. A person may not feel "sad" about anything, but may exhibit symptoms such as difficulty sleeping, weight loss, or physical pain with no apparent explanation. This person still may be clinically depressed. Those same symptoms also may be a sign of another problem - only a doctor can make the correct diagnosis.

It Can Happen To Anyone
Sometimes depression will occur for no apparent reason. In other words, nothing necessarily needs to "happen" in one's life for depression to occur. This can be because the disease often is caused by biological changes in the brain. However, in older adults, there usually are understandable reasons for depression. As the brain and body age, a number of natural bio-chemical changes begin to take place. Changes are the result of aging, medical illnesses or genetics may put the older adult at a greater risk for developing depression.

Life Changes
Chronic or serious illness is the most common cause of depression in the elderly. But even when someone is struggling with a chronic illness such as arthritis, it is not natural to be depressed. Depression is defined as an illness if it lasts two weeks or more and if it affects one's ability to lead a normal life. Many factors can contribute to the development of depression. Often people describe one specific event that triggered their depression, such as the death of a partner or loved one, or the loss of a job through layoff or retirement. What seems like a normal period of sadness or grief may lead to prolonged, intense grief that requires medical attention.

The loss of a life-long partner or a friend is a frequent occurrence in later life. It is normal to grieve after such a loss. But it may be depression rather than bereavement if the grief persists, or is accompanied by any of the following symptoms:

• Guilt unconnected with the loved one's death
• Thoughts of one's own death
• Persistent feelings of worthlessness
• Inability to function at one's usual level
• Difficulty sleeping
• Weight loss

If any of these symptoms are triggered by a loss, a physician should be consulted. Changes on the older adult's sensory abilities or environment may contribute to the development of depression. Examples of such changes include:

• Changes in vision and hearing
• Changes in mobility
• Retirement
• Moving from the family home
Neighborhood changes

Other Illness
In the older population, medical illnesses are a common trigger for depression, and often depression will worsen the symptoms of other illnesses. The following illnesses are common causes of late-life depression:

- Cancer
- Parkinson's disease
- Heart disease
- Stroke
- Alzheimer's disease

In addition, certain medical illnesses may hide the symptoms of depression. When a depressed person is preoccupied with physical symptoms resulting from a stroke, gastrointestinal problems, heart disease or arthritis, he or she may attribute the depressive symptoms to an existing physical illness, or may ignore the symptoms entirely. For this reason he or she may not report the depressive symptoms to his or her doctor, creating a barrier to becoming well.

Depression Is Treatable
Most depressed elderly people can improve dramatically with treatment. In fact, there are highly effective treatments for depression in late life. Common treatments prescribed by physicians include psychotherapy, antidepressant medications, and electroconvulsive therapy (ECT).

Psychotherapy can play an important role in the treatment of depression with, or without, medication. This type of treatment is most often used alone in mild to moderate depression. There are many forms of short-term therapy (10-20 weeks) that are proven affective. It is important that the depressed person find a therapist with whom he or she feels comfortable and who has experience with older patients.

Antidepressants work by increasing the level of neurotransmitters in the brain. Neurotransmitters are the brain's "messenger." Many feelings, including pain and pleasure, are a result of neurotransmitters' function. When the supply of neurotransmitters is imbalanced, depression may result.

A frequent reason some people do not respond to antidepressant treatment is because they do not take the medication properly. Missing doses or taking more than the prescribed amount of the medication compromises the effect of the antidepressant. Similarly, stopping the medication too soon often results in a relapse of depression. In fact, most patients who stop taking their medication before four to six months after recovery will experience a relapse of depression.

Electroconvulsive therapy (ECT) is a treatment which is sometimes prescribed in cases of severe depression, if a person is unable to take or does not respond to medication, or if a person is suicidal. The side effects and procedures associated with ECT should be carefully and thoroughly discussed and examined.

The treatment of depression demands patience and perseverance for the patient and the physician. Sometimes several different treatments must be tried before full recovery. Each person has individual biological and psychological characteristics that require individualized care.

Paying For Treatment
If the person seeking treatment participates in a private insurance or a health maintenance organization (HMO) plan, the costs of treatment may be covered. The health insurance provider should be contacted for details on the coverage for treatment of clinical depression.

If not covered by insurance and treatment is not affordable, the community may have publicly-funded mental health centers and other mental health programs that calculate the cost of many services according to what is affordable. This is called sliding scale or sliding-fee basis of payment. So, regardless of financial
status, there are services available. Some mental health professional in private practice may also accept patients on a sliding-fee basis.

**Suicide**
Suicide is more common in older people than in any other age group. The population over age 65 accounts for more than 25 percent of the nation’s suicides. In fact, white men over age 80 are six times more likely to commit suicide than the general population, constituting the largest risk group. Suicide attempts or severe thoughts or wishes by older adults must always be taken seriously.

It is appropriate and important to ask a depressed person:

- Do they feel as though life is no longer an option for them?
- Have they had thoughts or made comments about harming themselves?
- Are they planning to do it?
- Is there a collection of pills or guns in the house?
- Are they often alone?

Most depressed people welcome care, concern and support, but they are frightened and may resist help. In the case of a potentially suicidal elder, caring friends or family members must be more than understanding. They must actively intervene by removing pills and weapons from the home and calling the family physician, mental health professional or, if necessary, the police.

**Caring For a Depressed Person**
The first step in helping an elderly person who may be depressed is to make sure he or she gets a complete physical checkup. Depression may be a side effect of a pre-existing medical condition or of a medication. If the depressed older adult is confused or withdrawn, it is helpful for a caring family member or friend to accompany the person to the doctor and provide important information.

The physician may refer the older adult to a psychiatrist with geriatric training or experience. If a person is reluctant to see a psychiatrist, he or she may need assurance that an evaluation is necessary to determine if treatment is needed to reduce symptoms, improve functioning and enhance well being.

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**Mental Health America of Franklin County** is a private, not-for-profit organization, established in 1956. We help people navigate the mental health system. We are dedicated to promoting mental health in Franklin County through advocacy, education, and support services. Our programs include: information and referral to community mental health and alcohol/drug services; free support groups for people with mental illness and their families; an Ombudsman program that assists clients in navigating the mental health and alcohol/drug system; mental health screenings in English and Spanish; Pro Bono Counseling Program where underinsured and uninsured individuals can receive free counseling; community and professional mental health education including Get Connected; maternal mental health support and advocacy (POEM); and a quarterly newsletter featuring legislative updates and new happenings at MHAFC. We receive funding from the Franklin County ADAMH Board, United Way of Central Ohio, individuals, foundations, and corporations. To become a member or find out more information, please visit us online at www.mhafc.org.