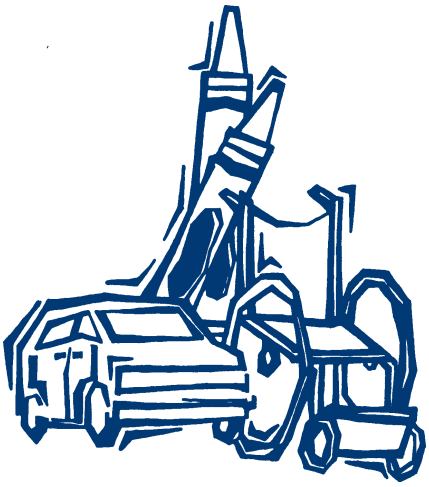

FAMILY

Clinical Depression in Later Life no. 10.251

by C.E. Barber [1]

Depression is an illness that affects many older people. It generally affects physical as well as mental well-being. Fortunately, it's a highly-treatable illness. Complete, or at least partial, improvement can be obtained in 80 to 90 percent of cases.

Depression can occur for no obvious reason, or it can occur as a response to adverse life circumstances, such as the loss of a spouse, a job, good health or any other significant thing or relationship.

Regrettably, people who suffer from depression are unlikely to realize they are depressed and even more unlikely to seek help for themselves simply because they are depressed. This relates directly to the nature of the symptoms. The implication of this, however, is that healthy relatives and friends of older people should be on the lookout for signs of depression in their older relatives and friends, so they can assist them to obtain treatment.

Quick Facts...

About 15 to 17 percent of Americans — two-thirds of them women — have experienced some form of clinical depression, 10 percent within a given year.

Anywhere from 50 to 65 percent of depressed people — including a disproportionate number of older adults — go untreated.

One out of five cases of depression becomes chronic, and may indeed lead to suicide.

Diagnosis

Depression in older adults is underdiagnosed because some doctors tend to attribute its symptoms to physical illness or normal aging. Also, since depression often accompanies Parkinson's disease, stroke, thyroid disorder and certain vitamin deficiencies, it often is difficult to sort out which is which.

Most epidemiological studies report older women are almost twice as likely as older man to be clinically depressed. However, other sources suggest rates of depression among women and men even out after 65. An explanation for this discrepancy may be that women are more likely to see doctors and to report physical problems, which often accompany depression.

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The more signs checked in the following list, the more likely the person is to be suffering from a serious depression and may need professional assistance.

Physical Signs

❑ *Aches, pains, or other physical complaints that have no physical basis*

❑ *Marked changes in appetite (weight loss or gain)*

❑ *Change in sleep patterns (insomnia, early-morning waking, sleeps more than usual)*

❑ *Fatigue, lack of energy*

Emotional Signs

❑ *Pervasive sadness, anxiety ("empty")*

❑ *Apathy (lack of feeling)*

❑ *Decreased pleasure or enjoyment*

❑ *Crying for no apparent reason*

Changes in Thoughts

❑ *Feeling hopeless and pessimistic*

❑ *Feeling worthless, inadequate, helpless*

❑ *Inappropriate or excessive guilt*

❑ *Impaired concentration, slowed or disorganized thinking*

❑ *Forgetfulness, problems with memory*

❑ *Indecisive, unable to make decisions*

❑ *Recurrent thoughts of death or suicide*

Changes in Behavior

❑ *Loss of interest or pleasure in previously enjoyed activities, including sex*

❑ *Neglects personal appearance, hygiene, home and responsibilities*

❑ *Difficulty performing daily tasks; ordinary tasks are overwhelming*

❑ *Withdraws from people and usual activities; wants to be alone*

❑ *Increased use of alcohol and drugs*

Causes of Depression

There are many causes of depression and 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.

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 (e.g., thyroid disease) are examples of illnesses that may be related to depressive disorders. It's important to recognize that depression often is a reaction to illness, especially one that produces chronic pain, disability and dependence. Medical conditions associated with changes in body image (strokes, amputations and problems in walking that require assistive devices) are particularly threatening. Illnesses that provoke greater anticipation of loss of function, disability and death (e.g. cancer and Alzheimer's Disease) also can trigger bouts of severe depression.

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's important that each doctor knows all the different types and dosages of medicine taken and discusses them with the patient.

Genetics and family history. Depression runs in families and 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.

Stressful life events involving loss. The death of a loved one, divorce, moving to a new place, money problems or any sort of loss all have been linked to depression. People without relatives or friends to help may have even more difficulty coping with their losses. Sadness and grief are normal responses to loss, but if many symptoms of depression linger, professional help should be sought.

Sensory loss. Loss of sight and hearing can trigger depression. These changes not only affect a person's ability to function in their environment, but they also isolate the person from others. Many people withdraw from group interaction when it becomes difficult to hear. Such withdrawal and isolation, coupled with decreased independence, may result in depression.

Seasons. Research shows the short days of winter — particularly in rainy, cloudy regions — can trigger a low-energy type of depression in susceptible individuals. This condition is called seasonal affective disorder.

Treatment

One of the biggest obstacles to getting help for clinical depression can be a person's attitude. Many people think 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 moral failing. Such views simply are wrong.

Depression is a treatable disorder. Even the most seriously depressed person can be treated successfully — often in a matter of weeks — and return to a happier and more fulfilling life. Such outcomes are a common story, even when people feel hopeless and helpless.

There are three forms of treatment for depression: (1) counseling and/or psychotherapy; (2) antidepressant medications; and (3) electroconvulsive therapy, or ECT.

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

Bipolar disorder (manic-depressive illness) *leads to severe mood swings, from extreme "lows" to excessive "highs." These states of extreme 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.*

Counseling or Psychotherapy

Counseling or psychotherapy can be used when the individual who is depressed still is able to interact with a counselor or therapist, and when a specific loss can be identified about which the depressed person can talk with a therapist.

Medication

Antidepressant medication can be used when the depression comes out of the blue, or when the individual no longer can respond to verbal support, explanations or other psychological interactions.

There are many effective medications, but the three types of drugs most often used to treat depression are: tricyclic antidepressants, moneamine oxidase inhibitors (MAO) and lithium.

The MAO inhibitors generally are less effective than the tricyclic antidepressants and lithium, and may have severe side effects. In particular, MAO inhibitors react with certain foods —notably cheddar cheese, but also wine, chicken livers and pickled herring — to create dangerously high blood pressure. The MAO inhibitors probably would not be used at all if not for the fact that they work for some patients who are unresponsive to the tricyclics. Obviously, a physician has to closely monitor the patient.

Counseling or psychotherapy can be used when the individual who is depressed still is able to interact with a counselor or therapist.

- Short-term therapies *(usually 12 to 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.*

Note: *A promising new cost-effective intervention is* music therapy, *learning how to reduce stress by listening to music. A homebound person can learn the techniques with only a weekly visit.*

The danger of side effects also is prominent with lithium salts, which most commonly are used for the treatment of manic states or manic-depressive illness (bipolar depression). Although they are quite effective when used properly, there is a fine line between a therapeutic dose and a toxic dose, so lithium levels in the bloodstream must constantly be monitored. Because they, like all other salts, raise blood pressure, they are dangerous for people with heart or kidney disease. Lithium salts seem to work in smaller doses in elderly people, but many doctors do not know this, which occasionally leads to overdoses. Elderly patients also are more likely to require low-salt diets, in which case lithium salts should not be prescribed.

Antidepressant medications can be prescribed only by a physician, who may be a psychiatrist, a family doctor or an internist. Antidepressant medications may have side effects. These can include drowsiness, constipation, blurred vision, dry mouth and even dizziness. When such side effects occur, they must be reported promptly to the doctor, who will determine with the patient whether to continue the medication, reduce the dosage, switch to another medication or stop medication altogether.

Electroconvulsive Therapy

Electroconvulsive Therapy (ECT) is used only rarely, in the most severe cases, when the patient does not respond to these other forms of therapy or when medications cannot be used due to specific medical reasons. ECT generally can be administered only in a psychiatric hospital setting.

At times, different treatments may be used in combination. Individuals respond differently to treatments. If symptoms have not improved after several weeks, re-evaluate the treatment plan. Also, fully discuss the procedures and possible side effects of all treatments with the doctor. People may find mutual support groups are helpful when combined with other treatments.

As the depressed person begins to feel better, he or she should not stop treatment, but do so only on the advice of a doctor. Recent research shows people with recurrent depressions should stay on a maintenance dose of antidepressants. Above all, resuming an active life after depression is important in preventing the recurrence.

How to Help

There are many things friends and families can do to help an elderly loved one who suffers from depression.

Resources

Family physicians, clinics and health maintenance organizations can provide treatment or make referrals to mental health specialists.

Mental health specialists include psychiatrists, psychologists, family therapists and social workers.

Psychiatrists can prescribe antidepressant drugs because they are physicians. Other mental health specialists, however, often work with physicians to ensure 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.

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- **Encourage treatment.** One of the most important things you can do is encourage the depressed person to get treatment. Expect to take an active role in getting help.The low energy and helpless feelings of depression can keep them from taking the initiative. Recognize, too, that older people may have been socialized to view depression and seeking help as a sign of weakness or personal failure and may deny being depressed or resist help. **Don't force the person into treatment or threaten to institutionalize them.** Helping someone overcome depression should be positive, healing and designed to return them to normal functioning. It should never be held over them as a threat or punishment.
- **Get expert help.** When someone close to you is depressed, remember you don't need to solve the problem all by yourself. Your best strategy is to locate and use the resources available to you. The availability of mental health services varies by community. If the person lives in a rural area, you may need to take them to a larger city for evaluation and development of a treatment plan.

  Whenever possible, consult a professional experienced with the elderly. Most important, select a professional who is knowledgeable about mental health issues in later life and believes older people can recover from depression. Ask specifically if the professional has a background or training in geriatrics or mental health issues and aging. If a geriatric specialist is available in the older person's community, that's usually a good place to start. Find out whether Medicare will pay for the professional's services.
- **Seek help yourself.** Because dealing with a depressed person can be frustrating, you may benefit from professional help. It's important to take care of yourself and not let the depressed person's behavior "get to you" or "drag you down."
- **Listen and validate feelings.** A person who is depressed needs to be listened to and understood. As one person said, "The opportunity to talk helps to get the sad out of you." Ask what is happening in the person's life and then really listen. Give the person a chance to talk about his or her feelings. Acknowledge the difficult situation(s) and the hurt he or she experiences.

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Information on Depression

DEPRESSION Awareness, Recognition and Treatment (D/ART) Program, National Institute of Mental Health, 5600 Fischers Lane, Room 15C-05 Rockville, MD 20857

National Alliance for the Mentally Ill, 2101 Wilson Boulevard, Suite 302, Arlington, VA 22201, (703) 524-7600; 1-800-950-6264

National Depressive and Manic Depressive Association, 730- N. Franklin, Suite 501, Chicago, IL 60610, (312) 642-0149,1-800-826-3632

National Mental Health Association, 1021 Prince Street, Alexandria, VA 22314-2971, (703) 684-7722 or 1-800-969-6642

- **Build a supportive environment.** Support from family and friends keep the person from giving up or withdrawing. A supportive environment is one in which others provide help when needed but avoid increasing the person's feelings of helplessness by doing everything for them. You may have to educate family and friends about depression and the person's feelings and needs. Upbeat, positive people who understand depression are particularly helpful.
- **Structure activity**. If you can get depressed people involved in doing things, they generally begin to feel better. Exercise, such as walking, can make a difference for the mildly or moderately depressed. However, you may have trouble getting a depressed person motivated. A depressed person tends to feel like a failure, so it's important to experience success and do something well. Find activities that reinforce pleasant events and build a sense of self worth and adequacy. Help the person to succeed by assisting to set small, attainable goals that have immediate results.
- **Give the person control.** Encourage as much control and decision making as the person can handle, but don't overwhelm.Taking away power unnecessarily only reinforces a depressed person's feelings of inadequacy. Provide choices, but don't push or intrude more than necessary. Respect a person's autonomy.
- **Be alert to signs of suicide**. Every depressed person is vulnerable to suicide, even someone you think would never take his or her life. Be alert to potential signs and what to do if you suspect your older family member or friend may be contemplating suicide.
- **Be watchful on holidays**. Holidays and anniversaries can be difficult for a depressed person. A past loss linked to the day may seem more poignant. Or the joyousness of a holiday, like Christmas, may serve only to deepen feelings of sadness or aloneness. Be especially watchful of a depressed person at these times.

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