

Depression in Older Persons



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How common is depression in later life?

More than 6.5 million of the 35 million Americans aged 65 or older experience depression. Depression does not go away by itself and can last months. Depression in older persons relates to dependency and disability.

Why does depression in the older population often go untreated?

Depression in elderly people often goes untreated because many people think that it is a normal part of aging. Some other reasons are,

- **Awareness**, family, friends, and the older person themselves may not be aware that depression is a medical illness, or do not know how to treat it.
- **Cost**, many older persons may think treatment is too expensive.
- **Isolation**, smaller social groups, and less contact with family may mean depression is not noticed.
- **Shame**, older persons can think that depression is their fault and are ashamed to get help.
- **Signs are confused with other diseases**, such as Dementia, Cancer, having a stroke, etc.

What are the results of untreated depression in older persons?

Late-life depression can be dangerous. Those with depression are at higher risks for medical illnesses, mental decline, and death. Depression is a large risk factor for suicide in older adults. Older adults should find treatment for depression just like they would for any other illness.

Are symptoms of depression different in older persons?

Signs of depression may be different in older persons and their severe feelings of sadness may be not be shared. Some clues that someone may be experiencing depression are,

- confusion and memory loss
- social withdrawal
- loss of appetite and weight loss
- general complaints of pain
- help-seeking behavior
- problems sleeping
- feeling irritable
- seeing or hearing things that are not there
- slower movements
- demanding behavior

What causes depression in older persons?

There are many reasons why someone may experience depression, some of these are,

- **Medication**, depression can be a side effect of some medications that can be taken by older persons.
- **Family History**: depression can run in families.
- **Brain Structure**, some parts of the brain may act differently in those with depression.
- **Stressful Events**, such as the development of an illness, loss of spouse and retirement can all contribute to depression.
- **Substance Dependency**, such as with alcohol.

Are some older persons at higher risk for depression?

Experiencing the following may put someone at a higher risk of depression.

- **Hormonal Changes**, older women are at a higher risk than men of becoming seriously depressed.
- **Isolation**, for those who are unmarried, widowed or lack a supportive social group.
- **Stressful Events**, such as those who are caring for an ill loved one, or child.
- **Health Conditions**, such as heart attack, stroke, hip fracture, etc.

Diagnosis

Depression in older adults can be diagnosed by,

- A medication review or medication change
- A clinical and psychiatric interview
- Interviews with family members or close friends
- A physical exam to rule out other medical conditions
- Laboratory test to rule out other medical conditions

Treatment

For depression, getting well is only the beginning of the challenge-the goal is to stay well. The treatment that gets someone well is the treatment that will help keep that person well. 80% of clinically depressed older individuals can be effectively treated by:

- **Medication** including antidepressants and mood stabilizers.
- **Therapy**, such as Psychotherapy, Cognitive-behavioral therapy (CBT) and Electroconvulsive therapy (ECT)
- **Brain stimulation therapies** including electroconvulsive therapy (ECT) or repetitive transcranial magnetic stimulation (rTMS)
- **Social Support**, such as church, volunteer or community groups.