

## Depression in elderly



## Depression in the Elderly

**Introduction**

Depression is not a normal part of aging but, unfortunately, it is very common in the elderly. Depression in later life frequently coexists with other medical illnesses and disabilities. In addition, advancing age is often accompanied by loss of key social support systems due to the death of a spouse or siblings, retirement and/or relocation of residence. Because of their change in circumstances and the fact that they're expected to slow down, doctors and family may miss the diagnosis of depression in elderly people, delaying effective treatment. As a result, many seniors find themselves having to cope with symptoms that could otherwise be easily treated.

In addition, depression tends to last longer in elderly adults. It also doubles their risk to develop cardiac diseases and increases their risk of death from illness, while reducing their ability to rehabilitate. Studies of nursing home patients with physical illnesses have shown that the presence of depression substantially increased the likelihood of death from those illnesses. Depression also has been associated with increased risk of death following a heart attack. For that reason, making sure that an elderly person you are concerned about is evaluated and treated is important, even if the depression is mild.

Lastly, depression in the elderly is more likely to lead to suicide. The risk of suicide is a serious concern among elderly patients with depression.

**Overview and facts**

According to the studies done by IDRAAC, **8.6 %** of the Lebanese older adults will have depression and among Lebanese aged 60 and above, females were found to be twice more likely to have depression.

Furthermore, in a study that assessed depression among hospitalized older adults based on the Geriatric Depression Scale (GDS), it was found that **3 out of 10** hospitalized older adults are depressed.

**Symptoms**

Depression is suspected when a person experiences a change from their previous usual state. The signs to watch for are:

- Persistent sadness or irritability
- Lost of interest or pleasure in activities that were previously enjoyed
- Feelings of fatigue and loss of energy
- Sleeping too much or too little
- Eating too much or too little
- Difficulty concentrating
- Loss of self-confidence and negative thoughts about one's self and one's life

## Causes and Risk Factors

Factors that increase the risk of depression in the elderly include:

- Being female
- Being unmarried (especially if widowed)
- Stressful life events
- Lack of a supportive social network

Having physical conditions like stroke, hypertension, atrial fibrillation, diabetes, cancer and dementia further increases that risk. While depression may be an effect of certain health problems, it can also increase a person's risk of developing other illnesses -- primarily those affecting the immune system, like infections.

The following risk factors for depression are often seen in the elderly:

- Certain medicines or combination of medicines
- Other illnesses
- Living alone, social isolation
- Recent bereavement
- Presence of chronic or severe pain
- Damage to body image (from amputation, cancer surgery, or heart attack)
- Fear of death
- Previous history of depression
- Family history of major depressive disorder
- Past suicide attempt(s)
- Substance abuse

Persons who develop their first depression in old age are very likely to have very small abnormal areas seen on head imagery that indicate tiny spots in the brain that may not be receiving adequate blood flow. Consequent chemical changes in these cells may enhance the likelihood of depression, apart from any life stress.

## Test and Diagnosis

To diagnose depression in the elderly, a person should consult a mental health professional who will rely on scientific criteria to check whether he/she has depression. The Geriatric Depression Scale (GDS) can be used to assess depression in the elderly. The doctor will also perform a full examination including a mental health assessment.

Also, lab tests can be ordered to rule out other conditions that can cause similar symptoms. To effectively diagnose and treat depression, the doctor must hear about specific symptoms of depression. While a physical examination will reveal a patient's overall state of health, by talking with a patient, a doctor can learn about other things that are relevant to making a depression diagnosis. A patient, for example, can report on such things as daily moods, behaviors, and lifestyle habits.

A depression diagnosis is often difficult to make because clinical depression can manifest in so many different ways. Observable or behavioral symptoms of clinical depression also may sometimes be minimal despite a person experiencing profound inner turmoil. Depression can be an all-encompassing disorder, and it affects a person's body, feelings, thoughts, and behaviors in varying ways.

## **Treatment**

The stigma attached to mental illness and psychiatric treatment is even more powerful among the elderly and is often shared by members of the patient's family, friends, and neighbors. This stigma can keep elderly patients from seeking treatment. In addition, depressed older people may not report their depression because they believe there is no hope for help. Elderly people may also not be willing to take their medicines because of side effects or cost. In addition, having certain other illnesses at the same time as depression can interfere with the effectiveness of antidepressant medicines.

Alcoholism and abuse of other substances may interfere with effective treatment, and unhappy life events -- including the death of family or friends, poverty, and isolation -- may also affect the patient's motivation to continue with treatment.

There are several treatment options available for depression including medicine, psychotherapy (counseling), electroconvulsive therapy or in more difficult to treat cases, a combination of these treatments.

- **Antidepressant Medicines:** Most of the available antidepressants are believed to be equally effective in elderly adults, but the risk of side effects or potential reactions with other medicines must be carefully considered. For example, certain traditional antidepressants -- such as amitriptyline and imipramine -- can be sedating and cause a sudden drop in blood pressure when a person stands up, which can lead to falls and fractures. Also, antidepressants may take longer to start working in older people than they do in younger people. Since elderly people are more sensitive to medicines, doctors may prescribe lower doses at first. In general, the length of treatment for depression in the elderly is longer than it is in younger patients.

- **Psychotherapy:** Most depressed people find that support from family and friends, involvement in self-help and support groups, and psychotherapy are very helpful. Psychotherapy is especially beneficial for those patients who prefer not to take medicine, as well as for those not suitable for treatment with drugs because of side effects, interactions with other medicines, or other medical illnesses. The use of psychotherapy in older adults is beneficial with a broad range of functional and social consequences of depression. Many doctors recommend the use of psychotherapy in combination with antidepressant medicines.

- **Electroconvulsive Therapy (ECT):** ECT plays an important role in the treatment of depression in older adults. Because many older patients are unable to take traditional antidepressant medicines due to side effects or interactions with other medications they may be taking, ECT is an extremely effective alternative.

## **Sources and Links**

[www.idraac.org](http://www.idraac.org)  
[www.webmd.com](http://www.webmd.com)