

Depression

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"Do not ignore warning signs of depression. Treatment can be more successful if family members participate in care."

Q . **Is feeling depressed a normal part of growing older?**

A . It is easy to think that depression occurs as a result of illness or life events, such as the loss of loved ones. But, even with loss and difficulties, life offers pleasure and happiness. It is not normal for older people to be "down in the dumps" for a long time. Older persons without depression are able to bounce back from hard times and find joy in life.

It's important to recognize that anyone can get depressed for a while, but when someone gets stuck in a depression, they should be evaluated for a depressive illness. When depression lasts for more than a week or two, it usually requires and responds to treatment.

Q . **What are common signs of depression?**

A . Older persons may deny feeling sad or depressed. For this reason, friends and family should watch for the following signs:

- loss of interest in self- Care and/or following medical advice
- little interest in social activities
- feeling "empty" inside
- trouble sleeping and/or anxiety
- trouble concentrating or remembering things
- unexplained aches and pains
- change in appetite and weight
- feeling hopeless about the future
- feelings of helplessness
- easily irritated and/or listless
- feeling that one is a burden

Q . **What causes depression?**

A . There is no single cause of depression. Depression may be related to changes in brain chemistry that affect mood; however, mood changes and signs of depression can be the result of medications that an older person is taking, or can be the direct result of physical illnesses.

Q . What are the risk factors for suicide in older persons?

A . Thoughts of death are more common as people get older. But, some people may be at increased risk for suicide. They include:

- those who feel hopeless or helpless;
- those who feel that life is a burden;
- those with a new physical illness;
- those who live alone or are isolated from others;
- those who consume alcohol.

Giving away possessions, or making casual comments about "not being around," may be a sign that an evaluation is needed.

Q . What can family members do if they suspect an older relative is depressed?

A . Pay attention. Listen carefully if an older person complains about feeling depressed or says people don't care. Family members who watch for warning signs make treatment more likely and more successful.

Q . What should the doctor do if depression is a concern?

A . The doctor or other health care provider should take a history and perform a physical exam. Also, it is important that all medications taken by a patient-prescriptions, over-the-counter medicines and herbal remedies-be brought to the exam for the doctor to review. This will help the doctor narrow down the possible cause and decide whether a person needs to be seen by a specialist.

Q . What if the patient resists seeing a mental health specialist?

A . Seeing a mental health specialist is not something to dread. A person may only need to go once or twice. Effective treatment can often be found in the community and without hospitalization. Older people may feel more comfortable going to a specialist if they understand that they will receive follow-up care with their own doctor. Sometimes, it is the best to introduce the idea of a specialist over time. Forcing the issue may create more problems.

Q . What if older people or their families prefer to discuss the depression with a minister, priest, or rabbi, instead of going to their primary health doctor or a mental health specialist?

A . Counseling from clergy can be very helpful for many people with mild or moderate depression. However, it is important to review what happens. If the depression is still present after this approach has been tried for a few weeks, then going to a doctor or mental health professional is necessary.



Q . What treatment options are available for depression?

A . Good news about depression: treatment works! Counseling and medications are the primary methods of treatment. Counseling helps to undo negative thinking patterns and helps people sort out conflicts and problems. Solve problems, and deal with interpersonal conflicts. Medications are helpful in many cases. Doctors often start older people on lower doses of medications and increase them as needed.

Q . How long does it take for medications to work?

A . Doctors often start older people on low doses of medications. They may increase the medicines, as tolerated, to doses that are usually effective in younger patients. Antidepressants should begin to make a difference by 4-6 weeks and have symptoms under control within 10-12 weeks. If this goal isn't met, the treatment may be intensified or adjusted.

Q . What else should I know about anti-depressant medications?

A . Any side effects that occur should be discussed with the doctor. Side effects vary depending on the particular antidepressant prescribed. Those that do occur generally get better with continued treatment. People who take medication should continue to take it, even after they start feeling better. The decision to stop taking the medication should be made together with the doctor, since it may take several months for best results. Today's medications are not addicting. Some older medicines used to treat anxiety have the potential for abuse and addiction, but are no longer routinely prescribed to treat depression.

Q . What about St. John's Wort and other herbal remedies?

A . It's unclear whether St. John's Wort is helpful for mild depression. People who want to take St. John's Wort or other supplements should speak to a health professional. The provider can help make sure that there are no medical reasons for depression. He or she can also ensure that the depression is not more severe than it appears.

Q . What can families do to help older people get the treatment they need?

A . Families can encourage older loved ones to talk to their doctors or mental health professionals about depression. Families can provide information about symptoms and the way that they affect day-to-day life. During treatment, families can work with providers to monitor its effect. Families can help make sure that medications are taken as directed, report on observed side effects they observe, and help doctors make treatment more effective

Q . **What resources are available for help or more information?**

A . A book available in most bookstores:

- Bloomfield HH, McWilliams P. How to Heal Depression. Los Angeles, Prelude Press, 1994.

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Other sources of information can be found on the world wide web or telephone:

- National Institute of Mental Health, www.nimh.nih.gov, 800-421-4211
 - National Institute on Aging, "Age Pages" under "Health Information," look for Depression: A Serious but Treatable Illness, www.nih.gov/nia, 800-222-2225
 - National Depressive and Manic Depressive Association, www.ndmda.org, 800-826-3632
 - National Mental Health Association, www.nmha.org, 800-969-NMHA or TTY 800-433-5959
 - National Alliance for the Mentally Ill, www.nami.org, 800-950-NAMI (6264)
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