DEPRESSION IN THE ELDERLY

Depression is not a normal part of aging but it is a very common medical condition, requiring treatment, in the elderly. While depression can be the result of certain health problems, it can also increase a person’s risk of developing other illnesses, as well as increase impairment from—and delay improvement of—an existing medical disorder. Healthcare costs of elderly people with significant symptoms of depression are roughly 50% higher than those of non-depressed seniors. Depression in the elderly also increases the likelihood of death from other illnesses.

The National Institute of Mental Health considers depression in people age 65 and older to be a major public health problem. Though it affects about 6 million Americans (65 and older), only 10% receive treatment. This may be because the symptoms of depression in the elderly are often confused with the effects of other illnesses and medications used to treat them.

Untreated depression in the elderly is more likely to lead to suicide than in any other age group. In elderly white males with untreated depression, the suicide rate is six times the U.S. national average.

What causes depression in the elderly?

The many possible causes for depression in the elderly come from numerous sources which may include: fear of death, frustration with memory loss, difficulty adjusting to stressful or changing conditions (i.e. housing and living conditions, loss of loved ones or friends, loss of capabilities, etc.), and damage to body image (from cancer surgery, heart attack, or amputation). Being female and unmarried (especially if widowed) increases the risk for developing depression.

*Environmental factors* causing depression may include: loneliness and isolation, retirement, recent bereavement, lack of supportive social network, and decreased mobility due to illness or loss of driving privileges.

*Physical factors* leading to depression may include: inherited tendencies toward depression, co-occurring illness (such as Parkinson's, Alzheimer's, cancer, dementia, diabetes, or stroke), vascular changes in the brain, vitamin B-12 deficiency, and chronic or severe pain. Patients with severe illnesses including stroke, myocardial infarction, diabetes mellitus, or cancer can have rates as high as 1 in 5 for minor or severe depression.

Certain *personality characteristics* like low self-esteem, extreme dependency, and pessimism may also make someone vulnerable to depression.

Many *medications* can cause or worsen the symptoms of depression including some pain medications, certain drugs for high blood pressure, hormones, some heart medications, anticancer agents, some drugs for Parkinson’s disease and arthritis, some tranquilizers and anti-anxiety drugs, and alcohol.

What are the Symptoms?

The following symptoms of depression are common in many older people:

- agitation
- anxiety
• persistent, vague, or unexplained physical complaints
• memory problems; difficulty concentrating
• social withdrawal
• decreased appetite and weight loss, or weight gain
• sleep disturbances: daytime sleepiness, difficulty falling asleep, multiple mid-night awakenings, early morning awakening
• irritability or demanding behavior
• lack of attention to personal care
• confusion, delusions, or hallucinations
• feelings of discouragement or hopelessness
• sadness, lack of playfulness, inability to laugh
• loss of interest in normally pleasurable activities; inability to feel pleasure
• prolonged grief after a loss
• loss of self worth
• reduced energy; fatigue
• abnormal thoughts; excessive or inappropriate guilt
• suicidal thoughts or attempts

If these symptoms persist every day for more than two weeks, depression may be present. Because some of these symptoms are similar to those caused by other conditions, including dementia, it’s important to see a geriatric specialist for an evaluation.

Sources:
