

AgePage

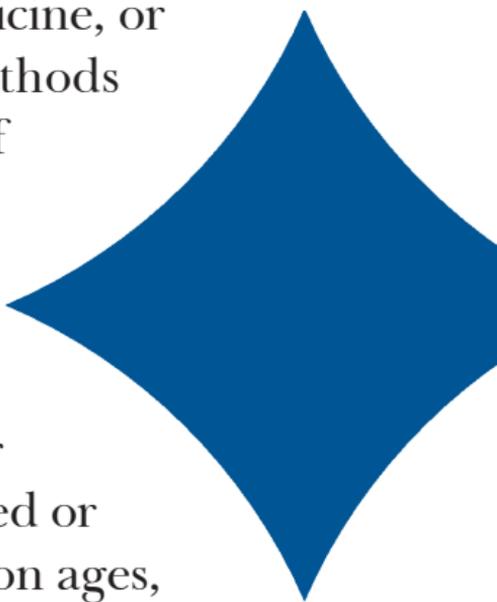
Depression

Everyone feels blue now and then. It's part of life. But, if you no longer enjoy activities that you usually like, you may have a more serious problem. Being depressed, without letup, can change the way you think and feel. Doctors call this "clinical depression."

Being "down in the dumps" over a period of time is not a normal part of getting older. But, it is a common problem, and medical help may be needed. For most people, depression will get better with treatment.

"Talk therapy," medicine, or other treatment methods can ease the pain of depression. You do not need to suffer.

There are many reasons why depression in older people is often missed or untreated. As a person ages,



the signs of depression are much more varied than at younger ages. It can appear as increased tiredness, or it can be seen as grumpiness or irritability. Confusion or attention problems caused by depression can sometimes look like Alzheimer's disease or other brain disorders. Mood changes and signs of depression can be caused by medicines older people may take for arthritis, high blood pressure, or heart disease. The good news is that people who are depressed usually feel better with the right treatment.

What Causes Depression?

There is no one cause of depression. For some people, a single event can bring on the illness. Depression often strikes people who felt fine but who suddenly find they are dealing with a death in the family or a serious illness. For some people, changes in the brain can affect mood and cause depression. Sometimes, those under a lot of stress, like caregivers, can feel depressed. Others become depressed for no clear reason.

People with serious illnesses, such as cancer, diabetes, heart disease, stroke, or Parkinson's disease, may become depressed. They may worry about how their illness will change their lives. They might be tired and not able to deal with things that make them sad.

Treatment for depression can help them manage their depressive symptoms and improve their quality of life.

Genetics, too, can play a role. Studies show that depression may run in families. Children of depressed parents may be at a higher risk for depression. And, depression tends to be a disorder that occurs more than once. Many older people who have been depressed in the past will be at an increased risk.

What To Look For

How do you know when you need help? After all, as you age, you may have to face problems that could cause anyone to feel depressed. Perhaps you are dealing with the death of a loved one or friend. Maybe you are having a tough time getting used to retirement, and you feel lonely. Possibly, you have a chronic illness. Or, you might feel like you have lost control over your life.

After a period of feeling sad, older people usually adjust and regain their emotional balance. But, if you are suffering from clinical depression and don't get help, your depression might last for weeks, months, or even years. Here is a list of the most common signs of depression. If you have several of these and they last for more than 2 weeks, see a doctor.

- ◆ An “empty” feeling, ongoing sadness, and anxiety
- ◆ Tiredness, lack of energy
- ◆ Loss of interest or pleasure in everyday activities, including sex
- ◆ Sleep problems, including trouble getting to sleep, very early morning waking, and sleeping too much
- ◆ Eating more or less than usual
- ◆ Crying too often or too much
- ◆ Aches and pains that don’t go away when treated
- ◆ A hard time focusing, remembering, or making decisions
- ◆ Feeling guilty, helpless, worthless, or hopeless
- ◆ Being irritable
- ◆ Thoughts of death or suicide or a suicide attempt

If you are a family member, friend, or healthcare provider of an older person, watch for clues. Sometimes depression can hide behind a smiling face. A depressed person who lives alone may appear to feel better when someone stops by to say hello. The symptoms may seem to go away. But, when someone is very depressed, the symptoms usually come back.

Don’t ignore the warning signs. If left untreated, serious depression can lead to suicide. Listen carefully if

someone of any age complains about being depressed or says people don't care. That person may really be asking for help.

Getting Help

The first step is to accept that you or your family member needs help. You may not be comfortable with the subject of mental illness. Or, you might feel that asking for help is a sign of weakness. You might be like many older people, their relatives, or friends who believe that a depressed person can quickly “snap out of it” or that some people are too old to be helped. They are wrong.

A healthcare provider can help you. Once you decide to get medical advice, start with your family doctor. Your doctor should check to see if your depression could be caused by a health problem (such as hypothyroidism or vitamin B₁₂ deficiency) or a medicine you are taking. After a complete exam, your doctor may suggest you talk to a mental health worker, for example, a social worker, mental health counselor, psychologist, or psychiatrist. Doctors specially trained to treat depression in older people are called geriatric psychiatrists.

Don't avoid getting help because you may be afraid of how much treatments

might cost. Often, only short-term psychotherapy (talk therapy) is needed. Treatment for depression is usually covered by private insurance and Medicare. Also, some community mental health centers may offer treatment based on a person's ability to pay.

Be aware that some family doctors may not understand about aging and depression. If your doctor is unable or unwilling to help, you may want to talk to another healthcare provider.

Are you the relative or friend of a depressed older person who won't go to a doctor for treatment? Try explaining how treatment may help the person feel better. In some cases, when a depressed person can't or won't go to the doctor's office, the doctor or mental health specialist can start by making a phone call. A phone call can't take the place of the personal contact needed for a complete medical checkup, but it might inspire the person to go for treatment.

Treating Depression

Your doctor or mental health expert can often treat your depression successfully. Different therapies seem to

work for different people. For instance, support groups can provide new coping skills or social support if you are dealing with a major life change. Several kinds of talk therapies are useful as well. One method might help you think in a more positive way. Always thinking about the sad things in your life or what you have lost might have led to your depression. Another method works to improve your relations with others so you will have more hope about your future.

Getting better takes time, but with support from others and with treatment, you will get a little better each day.

Antidepressant drugs (medicine to treat depression) can also help. These medications can improve your mood, sleep, appetite, and concentration. There are several types of antidepressants available. Some of these medicines can take up to 12 weeks before you feel like they are working. Your doctor may want you to continue medications for 6 months or more after your symptoms disappear.

Some antidepressants can cause unwanted side effects, although newer medicines have fewer side effects. Any antidepressant should be used with great care to avoid this problem. Remember:

- ◆ The doctor needs to know about all prescribed and over-the-counter

medications, vitamins, or herbal supplements you are taking.

- ◆ The doctor should also be aware of any other physical problems you have.
- ◆ Be sure to take antidepressants in the proper dose and on the right schedule.

If you are still very depressed after trying different treatments, electroconvulsive therapy (ECT) may be an option. Don't be misled by the way some movies and books have portrayed ECT (also called electroshock therapy). ECT may be recommended if medicines or other therapies do not work for you. ECT is given as a series of treatments over a few weeks. Like other antidepressant therapies, follow-up treatment is often needed to help prevent a return of depression.

Help From Family and Friends

Family and friends can play an important role in treatment. You can help your relative or friend stay with the treatment plan. If needed, make appointments for the person or go along to the doctor, mental health expert, or support group.

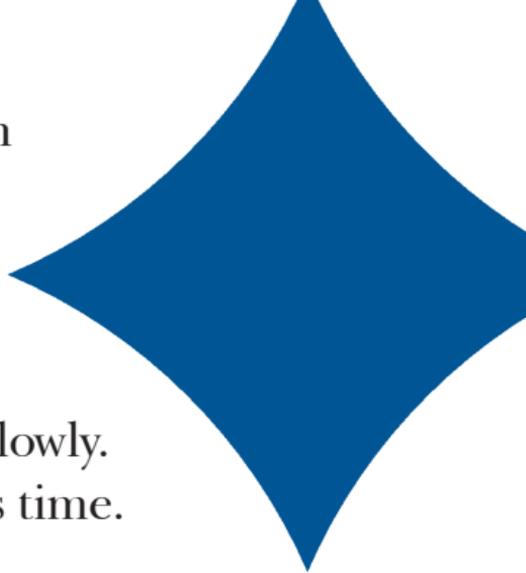
Be patient and understanding. Ask your relative or friend to go on outings with you or to go back to an activity that he or she once enjoyed. Encourage the person to be active and busy but not to take on too much at one time.

Preventing Depression

What can be done to lower the risk of depression? How can people cope? There are a few steps you can take. Try to prepare for major changes in life, such as retirement or moving from your home of many years. One way to do this is to try and keep friendships over the years. Friends can help ease loneliness if you lose a spouse. You can also develop a hobby. Hobbies may help keep your mind and body active. Stay in touch with family. Let them help you when you feel sad. If you are faced with a lot to do, try to break it up into smaller jobs that are easy to finish.

Regular exercise may also help prevent depression or lift your mood if you are somewhat depressed. Older people who are depressed can gain mental as well as physical benefits from mild forms of exercise like walking outdoors or in shopping malls. Gardening, dancing, and swimming are other good forms of exercise. Pick something you like to do. Begin with 10–15 minutes a day, and increase the time as you are able. Being physically fit and eating a balanced diet may help avoid illnesses that can bring on disability or depression.

Remember, with treatment, most people will begin to feel better soon. Expect your mood to improve slowly. Feeling better takes time. But, it can happen.



For More Information

Here are some helpful resources:

American Association for Geriatric Psychiatry

7910 Woodmont Avenue, Suite 1050

Bethesda, MD 20814-3004

1-301-654-7850

www.aagpgpa.org

American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

1-800-374-2721 (toll-free)

1-202-336-6123 (TDD/TTY)

www.apa.org

Depression and Bipolar Support Alliance

730 North Franklin Street, Suite 501

Chicago, IL 60654-7225

1-800-826-3632 (toll-free)

www.dbsalliance.org

National Alliance on Mental Illness

3803 North Fairfax Drive, Suite 100

Arlington, VA 22203

1-800-950-6264 (toll-free)

1-703-524-7600

www.nami.org

National Institute of Mental Health

6001 Executive Boulevard, Room 8184,
MSC 9663

Bethesda, MD 20892-9663

1-866-615-6464 (toll-free)

1-866-415-8051 (TTY/toll-free)

www.nimh.nih.gov

National Library of Medicine

Medline Plus

www.medlineplus.gov

Mental Health America

2000 North Beauregard Street, 6th Floor
Alexandria, VA 22311

1-800-969-6642 (toll-free)

1-800-433-5959 (TTY/toll-free)

www.nmha.org

National Suicide Prevention Lifeline

1-800-273-8255 (toll-free/24 hours a day)

1-800-799-4889 (TTY/toll-free)

For more information on health and aging, contact:

**National Institute on Aging
Information Center**

P.O. Box 8057

Gaithersburg, MD 20898-8057

1-800-222-2225 (toll-free)

1-800-222-4225 (TTY/toll-free)

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www.nia.nih.gov/Espanol

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Visit NIHSeniorHealth

(*www.nihseniorhealth.gov*), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health information for older adults. Special features make it simple to use. For example, you can click on a button to have the text read out loud or to make the type larger.



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