**Depression in The Elderly**

By Estee Bienstock, R.N.

Depression affects more than 20 percent of our elderly population, aged 65 and older (U.S. Department of Health and Human Services, 2009). For many, depression presents initially late in life. Depression in older persons is closely associated with illness or injury and can cause great suffering for the individual and the family.

Feeling down from time to time, due to life struggles, is normal. Depression, on the other hand, is a REAL medical condition in which a person has feelings of sadness, loss of motivation, and lack of self-confidence. The feelings of hopelessness and helplessness prevent one from enjoying everyday life and affects overall daily functioning. There is a loss of interest, even in one’s family, friends, work or social activities. Depression is often described as “living in a black hole.” Getting through the day can be overwhelming.

There are many reasons why our treasured elderly family members experience depression. These include:

- Loss of a close family member (spouse) or friend
- Chronic pain or illness
- Difficulty with mobilization
- Frustration with memory loss
- Difficulty adapting to life changes (i.e., moving residence)
- Reaction to an illness
- Side effects of medication

Depression varies from person to person and the symptoms are varied. Women have a greater risk of depression than men. Women tend to have feelings of guilt. Deprivation of sleep is frequently a problem. Women tend to either lose weight or gain weight. When men suffer from depression, they often see it as a sign of weakness. They tend to be more aggressive, angry, violent and reckless. Men have a higher suicide rate. (U.S. Department of Health and Human Services, 2009)

Other symptoms people may have when suffering from depression include:

- Loss of interest in activities of daily living such as social interactions, work, family gatherings
- Pessimism
- Disturbed sleep patterns
- Irritability, agitation, and restlessness; loss of energy, feelings of fatigue
- Self loathing, feelings of worthlessness; frequent crying
- Decreased concentration, difficulty focusing, unable to make decisions, memory loss
- Headaches, gastrointestinal disturbances, muscle aches, and weakness
- Abnormal thoughts about death

Depression can be difficult to identify in the elderly and is often untreated because many people think that depression symptoms are a normal part of aging or a natural reaction to chronic illness, loss, or dramatic changes in social transition. Contrary to popular belief, depression is not part of the normal aging process. Many elderly people and their families do not recognize the symptoms of depression, are not aware that it is a medical illness, and are not familiar with treatments. It is natural to feel grief in the face of major life changes, such as leaving a home of many years or losing a loved one. Sadness and anguish, natural responses to major life changes,
are normal, temporary reactions to the inevitable losses and hardships of life. However, depression is a medical disorder that continues for prolonged periods. Depression requires professional treatment to reduce the intensity and duration of the condition.

Deteriorating health, a sense of isolation and hopelessness, and difficulty adjusting to new life circumstances often combine to create untenable living situations for the elderly. Suicide in our elderly population far exceeds the general population as a whole.

Fortunately, the treatment prognosis for depression is good. Once diagnosed, 80 percent of clinically depressed individuals can be effectively treated. Medication is effective for a majority of people with depression and the elderly respond the same way. (Adams et al, 2007) Medications can be combined with supportive psychotherapy or cognitive behavioral therapy to improve effectiveness. Psychosocial treatment plays an essential role in the care of older patients who lack social support or lack coping skills to deal with their life situations.

Suggestions for activities for skill building with the elderly patient with depression include:

- Utilize music as a distraction from worries and an assist for relaxation; try it as a sleep aid before bedtime
- Organize interactions with pets as a relief from loneliness; ask friends or neighbors to visit with their pets regularly
- As a focus for new growth, assist the patient with nurturing a seedling
- Select readings as a stimulant for conversations about feelings
- Encourage reminiscence and sharing of recollections for posterity to increase feelings of self-worth

Caregiver skills that are important to nurturing our elderly patients with depression include:

- LISTEN
- Be patient
- Acknowledge the sadness
- Resist giving advice, but hone your listening skills
- Do not pass judgment
- Promote realistic expectations

Deteriorating health and advancing age present problems for the patient and their loved ones. Issues associated with depression can lead to family conflicts, even more isolation, financial strain, abuse of drugs or alcohol, and thoughts of suicide. Depression, left untreated, prevents elderly loved ones from enjoying life as they have in the past.

A strong support system is often helpful to both the caregiver and the senior person's well being. Find sources of help for caregiver tasks. Contact family, friends, neighbors, church/synagogue, workplace, Area Agency on Aging or other organizations. Keep looking!

Family physicians can have a significant impact on the health and well-being of the elderly and their caregivers. Family physicians can educate caregivers on behavioral management techniques and coping strategies. By providing the holistic approach to care for patients and caregivers, family physicians can help prepare families for the many phases of this challenging role and allow the patients to feel safe with their dignity left intact.

**Depression Resources:**
Estee Bienstock grew up in Los Angeles, and graduated from the LAC/USC Nursing School in 1976. After years of working in area hospitals, Estee recognized a need for better post-acute in-home care. She then founded Enhanced Health Care in 1989. In 2001, Estee formed ALLPOINT Home Health, with the goal of maintaining her unrivaled level of ethics and high standards of customer care. Since then, Estee has become part of the Alzheimer’s Association’s Speakers Bureau and has been recognized by the National Association of Professional Geriatric Care Managers (NAPGCM).