

When elders get depressed: it's not just "old age"

Feeling forgetful and hopeless. Not eating. Bad moods. These are signs of depression no matter how old you are. Here's how to get help for older people with depression.

We look forward to our later years as a time for plenty of travel, reflection, playing with grandkids, volunteering—not to mention spending our hard-earned retirement savings!

Sadly, for too many older people, their "golden years" are a time of pain and despair. An estimated 18 to 25 percent of elders need care for depression and related mental health disorders, including anxiety and schizophrenia. Few, however, find the help they need, and the problem is not a simple case of "having the blues" once in a while. The suicide rate for older Americans is a startling 21 percent, the highest of all age groups in this country.

Why older people become depressed

Elderly depression is not just a problem for older women, although, since women outnumber men disproportionately after age 65, it's easy to misread the statistics and believe older men don't get depressed. One important reason older people experience depression is related to hormonal change.

- Men
- In men, low testosterone levels and depression symptoms such as nervousness, inability to concentrate and forgetfulness were documented as early as the 1940s, says Richard Cohen, M.D., a hormone specialist in Massachusetts.
- "Scientists now know that testosterone affects brain chemistry, specifically the production and release of dopamine and serotonin—two important neurotransmitters that control human thought and emotion," he says. "There are literally millions of men who could benefit from knowing that low testosterone may be negatively affecting their moods and overall sense of well-being."
- Women
- In women, deficiencies in the hormones progesterone and estrogen—both of which decrease with menopause—can be linked to depression. Depression also is a major symptom of low thyroid hormone levels, a nearly ubiquitous problem in the older population.
- DHEA
- Some researchers believe that an even bigger problem is a reduction in DHEA—the most abundant steroid hormone in the human body and an important building block for testosterone. Levels of DHEA in the elderly are about 20 percent of the levels found in young adults.

A menu of other physical causes—medications, loss of function due to arthritis, heart disease, osteoporosis, lack of physical activity, even dietary deficiencies—also can cause or contribute to elderly depression. In addition, depression can be situational, developing from isolation, financial worries, inability to get out into the community, loss of a loved one, retirement or boredom.

Some good news

Not every older person becomes depressed. "We know from a life span, developmental perspective that we maintain our emotional [tendencies] all our lives," says Daniel Levitt, a long-term care management consultant in British Columbia, Canada. "If you were a carefree person as a young adult, never letting anything get you down, chances are you will remain that way in old age."

Who knew Mom felt so terrible?

Most depression in older people remains undiagnosed and untreated for a few reasons. In many cultures, mental illness carries a social stigma. In addition, many administrators with tight budgets reduce services for the elderly.

Primary care physicians are not all well-trained in recognizing depression in their patients. Older patients tend to assume that symptoms such as sleep disturbances, mood changes and loss (or increase) in appetite are simply a part of growing old, and many physicians opt to accept and reinforce that prejudice, rather than encourage them to undergo psychological tests. Health care professionals need to keep a sharp eye out for symptoms of depression and take complaints of those symptoms seriously.

How can you tell if someone is depressed?

Symptoms of depression are often mistaken for other illnesses or mere "signs of aging." It's important to watch for patterns, but if an older person you know exhibits even one of these symptoms, he or she might benefit from a mental health evaluation:

- Acting more disoriented, confused or easily agitated than usual
- Strong, repeated concerns about death and dying
- An unexplained change in behavior
- A tendency to frequent arguments and "bad moods"
- Not taking medications, eating properly or caring for personal hygiene
- Avoiding people; feelings of anxiety around people
- Drinking excessive amounts of alcohol
- Feeling pains that have no medical basis
- Wandering around aimlessly

- Suspicions about other people, including friends and family
- Feeling nervous and worried without a reason
- Finding no pleasure in doing things he or she used to enjoy
- Feeling hopeless or worthless; feeling that life doesn't matter

How you can help

"It's important to take a comprehensive approach," says Cohen. "Make sure they are eating nutritious food and taking a multi-vitamin and mineral supplement rich in B vitamins." Children and friends should encourage walks, he adds—especially in the morning sun—as well as provide social stimulation.

If a hormonal imbalance is suspected, buy an at-home salivary testing kit, so you'll have a head start on your information when you talk to a doctor. Also, ask the physician to re-assess your parent's medications; it's possible that some may be counter-acting and can be eliminated.

Medication

Fortunately, we live in an age when depression usually can be treated without hospitalization and/or invasive procedures. In mild cases, some people even get relief with St. John's Wort, an over-the-counter herbal supplement.

People with major depression often respond well to antidepressant medication. Before taking an antidepressant drug, a physician will consider all aspects of the patient's health and prescribe the drug least likely to cause any serious side effects. Low initial doses are initially prescribed to allow the body to adjust to the medication slowly. In older adults it takes six to twelve weeks for a drug to produce noticeable results.

Like many medications, antidepressants have side effects that sometimes prohibit their use with older people. Side effects range from minor ones—such as a dry mouth—to the more serious ones—such as a drop in blood pressure. However, there are several drugs that are well tolerated by older adults that may cause little or no side effects.

Psychotherapy

It is only recently that psychotherapy has been used as a primary treatment mode in older adults. Until now, there has been an historic bias against psychotherapy as a treatment for older people due in large part to Freud's belief that older people are too rigid to benefit from psychotherapy.

There are many different approaches to therapy. Often psychotherapy with older people is problem oriented, focusing on helping people deal with immediate issues such as the loss of a loved one, a change in residence, or retirement.

Others approaches can focus on making behavior changes such as learning to adopt new views on life or restructuring daily activities. Family therapy is also helpful in assisting older people and their children work out unrealistic expectations, guilt, and unresolved issues that parents and children may have with each other.

Depression is an illness that can be successfully conquered, especially in older people. "Advances in medical technology allow older adults to live a long and happy life," Daniel Levitt says.

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