

DEPRESSION IN OLDER ADULTS

Contrary to popular belief, depression is not a normal part of the aging process. Unfortunately, the symptoms of depression in older adults are often missed and thus go untreated. Depression affects more than 6.5 million of the 35 million Americans who are 65 years or older. Most older people with depression have been living with depression for much of their lives. For others, depression has a first onset in late life – even for those in their 80s and 90s. Depression in older persons is closely associated with dependency and disability and causes needless suffering for the individual and the family.

Symptoms in older persons may differ somewhat from symptoms in other populations. Depression in older people is often characterized by memory problems, confusion, social withdrawal, loss of appetite, inability to sleep, irritability, and, in some cases, delusions and hallucinations. When he or she does go to the doctor, the symptoms described are usually physical, for the older person is often reluctant to discuss feelings of hopelessness, sadness, loss of interest in normally pleasurable activities, or extremely prolonged grief after a loss. Some general clues that someone may be suffering from depression in such cases are persistent and vague complaints and help seeking, along with frequent calling and demanding behavior.

It's natural to feel grief in the face of major life changes like those so many older people experience, such as leaving a home of many years or losing a loved one. Sadness and grief are perfectly normal temporary reactions to the inevitable losses and hardships of life. Unlike normal sadness, however, clinical depression doesn't go away by itself, and lasts for months. It needs to be treated professionally. Any unresolved depression can affect the immune system, which makes the depressed individual more susceptible to other illnesses. This complication is often found in older individuals.

Although there is no single, definitive answer to the question of cause, many factors – psychological, biological, environmental and genetic – likely contribute to the development of depression. For some older people, particularly those with lifelong histories of depression, the development of a disabling illness, loss of a spouse or a friend, retirement, moving out of the family home or some other stressful event may bring about the onset of a depressive episode. It should also be noted that depression can be a side effect of some medications commonly prescribed to older persons, such as medications to treat hypertension.

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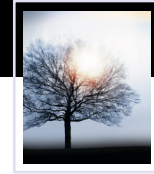


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Older women are at a greater risk because women in general are twice as likely as men to become seriously depressed. Biological factors, like hormonal changes, may make older women more vulnerable. The stresses of maintaining relationships or caring for an ill loved one and children also fall more heavily on women, which could contribute to higher rates of depression. Unmarried and widowed individuals as well as those who lack a supportive social network also have elevated rates of depression.

Conditions such as heart attack, stroke, hip fracture, or macular degeneration and procedures such as bypass surgery are known to be associated with the development of depression. In general, depression may be suspected if recovery is delayed, treatments are refused, or problems with discharge are encountered.

If you have concerns about a family member or friend, urge him or her to talk with a physician. Treatment with medication and/or psychotherapy will help the person return to a happier, more fulfilling life. Psychotherapy is also useful in older patients who cannot or will not take medication. Efficacy studies show that late-life depression can be treated with psychotherapy. It is important to diagnose and treat depression because one quarter of all suicides are of older people, and the highest suicide rates in the U.S. are found in white men over age 85.

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