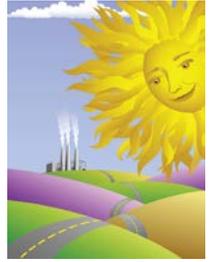


Partners in Quality Care



MISCONCEPTIONS:

It is a wide misconception that depression and aging are a normal part of life. If an elderly person is experiencing the symptoms of depression, it is the body's reaction to illness, feelings of hopelessness, financial strain, loneliness, or a number of other causes.

In order to understand depression, we must first know what the medical definition of depression is. Everyone is faced with times in their lives where sadness replaces joy and we are all faced with sorrow in times of loss, physical or emotional pain, or strained finances or relationships. This is normal. When this sadness becomes prolonged and we are unable to overcome the feelings of sadness, this is considered depression.

Depression in the elderly, undiagnosed or left untreated, can have a major impact on the quality of life that they are able to fulfill. Early detection of depression in the elderly can make a difference in the elderly population being able to live a healthier and longer life.

According to the World Health Organization, depression is defined as a prolonged and persistent state of sadness.

Do not dismiss symptoms of depression in the elderly patient. It is NOT a normal part of aging, but a reaction to other circumstances in their life.



What You Will Learn:

- Common Misconceptions of Depression in the Elderly
- Signs and Symptoms of Depression
- Causes of Depression
- What to do if you suspect Depression in Your Client

CAUSES OF 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. *For older adults, it's natural to feel sadness around events like the death of a spouse or serious illness. But depression is not a normal part of life for anyone.* Treatment can help even with the most severe cases.

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.

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.

Signs and Symptoms of Depression :



People with depressive illnesses do not all experience the same symptoms. The severity, frequency and duration of symptoms will vary depending on the individual and his or her particular illness.

Symptoms include:

- Persistent sad, anxious or "empty" feelings. Feeling sad or guilty often.
- Feelings of hopelessness and/or pessimism
- Feelings of guilt, worthlessness and/or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment
- When older adults do have depression, it may be overlooked because seniors may show different, less obvious symptoms, and may be less inclined to experience or acknowledge feelings of sadness or grief.

Depression is a serious illness — just like diabetes or heart disease. Expecting positive thinking to cure depression is like expecting a person with diabetes to lower his blood sugar level by thinking happy thoughts. Most people need treatment to beat depression.

The Aide's Role in Helping a Client with Depression

- Becoming informed about depression is the first step in helping the patient.
- Be able to recognize the symptoms and the changes that occur as you care for the patient.
- If you suspect your patient is having the signs and symptoms of depression, it is important to notify your agency with these concerns. If a client has suicidal thoughts or expresses threats to their safety, take these signs seriously **and know what your agency's policies are for this type of emergency.**

Some of the daily things a caregiver can do with an elderly client to help them deal with the signs leading up to a diagnosis of depression, or those that are diagnosed with depression, are:

- Listen **without** giving advice or opinions - this will encourage future conversations.
- Give positive reinforcement to help with feelings of worthlessness they may be experiencing.
- Involve the client in activities they can participate in, such as board or card games.
- Create a stress-free environment. Make your time with the client as organized and routine as possible.
- **If the client is suicidal, do NOT leave them alone and contact your supervisor immediately.**

In-Home Aides Partners in Quality Care is a monthly newsletter published for member in-home aide agencies. © Copyright AHHC 2013 - May be reproduced for in-home aides. Kathie Smith, RN: Editor in Chief; Resources - Wendy Chavez - Health and Home Services; National Institute on Aging; National Institute of Mental Health; Web MD- myths and facts about depression; NAMI

Depression doesn't just affect your mind. It also can affect your body. Different people can have different physical symptoms when they are depressed. Some people may overeat — or may have no appetite at all. Others may have trouble sleeping or may sleep too much. Some people who are depressed may have headaches or other aches and pains, cramps and stomach problems, or fatigue and difficulty concentrating.

How common is depression in later life?

Depression affects more than 6.5 million of the 35 million Americans aged 65 or older. Most people in this stage of life with depression have been experiencing episodes of the illness during much of their lives. Others may experience a first onset in late life—even in their 80s and 90s. Depression in older persons is closely associated with dependency and disability and causes great distress for the individual and the family.

Why does depression in the older population often go untreated?

Depression in elderly people often goes untreated because many people think that depression is a normal part of aging—a natural reaction to chronic illness, loss and social transition. Elderly people do face noteworthy challenges to their connections through loss, and also face medical vulnerability and mortality. For the elderly population, depression can come in different sizes and shapes. Many elderly people and their families don't recognize the symptoms of depression, aren't aware that it is a medical illness and don't know how it is treated. Others may mistake the symptoms of depression as signs of:

- dementia
- Alzheimer's disease
- arthritis
- cancer
- heart disease
- Parkinson's disease
- stroke
- thyroid disorders

Also, many older persons think that depression is a character flaw and are worried about being teased or humiliated. They may blame themselves for their illness and are too ashamed to get help. Others worry that treatment would be too costly. Yet research has also shown that treatment is effective and, in fact, changes the brain when it works.

What are the consequences of untreated depression in older persons?

Late-life depression increases risk for medical illness and cognitive decline. Unrecognized and untreated depression has fatal consequences in terms of both suicide and nonsuicide mortality: older Caucasian males have the highest rate of suicide in the U.S. Depression is the single most significant risk factor for suicide in the elderly population. Tragically, many of those people who go on to die by suicide have reached out for help—20 percent see a doctor the day they die, 40 percent the week they die and 70 percent in the month they die. Yet depression is frequently missed. Elderly persons are more likely to seek treatment for other physical ailments than they are to seek treatment for depression.

Are symptoms of depression different in older persons than in younger persons?

Symptoms in older persons may differ somewhat from symptoms in other populations. Depression in older persons is at times characterized by:

- memory problems
- confusion
- social withdrawal
- loss of appetite
- weight loss
- vague complaints of pain
- inability to sleep
- irritability
- delusions (fixed false beliefs)
- hallucinations

Older depressed individuals often have severe feelings of sadness, but these feelings frequently are not acknowledged or openly shown; sometimes, when asked if they are depressed, the answer is “no.” Some general clues that someone may be experiencing depression are:

- persistent and vague complaints
- help-seeking
- moving in a slower manner
- demanding behavior

How can clinical depression be distinguished from normal sadness and grief?

It's natural to feel grief in the face of major life changes that many elderly people experience, such as leaving a home of many years or losing a loved one. Sadness and grief are 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. Clinical depression needs professional treatment to reduce duration and intensity of symptoms. Any unresolved depression can affect the body. For example, depression, if left untreated, is a risk for heart disease and can suppress the immune system, raising the risk of infection.

What causes depression in older persons?

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. Scientists think that some people inherit a biological make-up that makes them more prone to depression. Imbalances in certain brain chemicals like norepinephrine, serotonin and dopamine are thought to be involved in major depression.

While some people become depressed for no easily identified reason, depression tends to run in families, and the vulnerability is often passed from parents to children. When such a genetic vulnerability exists, other factors like prolonged stress, loss or a major life change can trigger the 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. Finally, depression in the elderly population can be complicated and compounded by dependence on substances such as alcohol, which acts as a depressant.

Are some older persons at higher risk for depression?

Older women are at a greater risk: 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 typically 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 should be assessed as a possibility if recovery from medical procedure is delayed, treatments are refused or problems with discharge are encountered.

How is depression in older persons diagnosed?

A physical exam can determine if depressive symptoms are being caused by another medical illness. Medical concerns and their treatment are common in this population. A review of the individual's medications is important: in some cases a simple medication change can reduce symptom intensity. A clinical and psychiatric interview is a key aspect of the assessment. Speaking with family members or close friends may be helpful in making a diagnosis. Blood tests and imaging studies (like a CT scan) are helpful insofar as they rule out other medical conditions that would require a different path of intervention.

Can depression in older persons be treated?

Fortunately, the treatment prognosis for depression is good. Once diagnosed, 80 percent of clinically depressed individuals can be effectively treated by medication, psychotherapy, electroconvulsive therapy (ECT) or any combination of the three. A novel treatment—transcranial magnetic stimulation (TMS)—has been approved by the FDA and may be helpful for mild depression that has not been helped by one medication trial. Medication is effective for a majority of people with depression. Four groups of antidepressant medications have been used to effectively treat depressive illness: selective serotonin re-uptake inhibitors (SSRIs); norepinephrine and serotonin reuptake inhibitors (NSRIs); and less commonly, tricyclics and monoamine oxidase inhibitors (MAOIs). Medication adherence is especially important, but can present challenges among forgetful individuals. It is important to note that all medicines have side effects as well as benefits, and the selection of the best treatment is often made based on tolerability of the side effects. ECT (also known as shock treatment) may be very useful in the treatment of severe depression in older adults. For carefully selected people, ECT can be a lifesaving intervention. For example, an 80-year-old man who lives alone, has been depressed for months, lost 60 pounds and has delusions about his body has a kind of presentation that may improve quickly with ECT. ECT can impact memory—an important consideration in comparing it to other interventions.

Medications can be beneficial for elderly individuals in treating the symptoms of depression. Medications are frequently combined with supportive psychotherapy or cognitive behavioral therapy to improve their effectiveness. Research has shown that depressed individuals may need to try more than one medication to get an optimal response.

Psychosocial treatment plays an essential role in the care of older patients who have significant life crises, lack social support or lack coping skills to deal with their life situations. Because large numbers of elderly people live alone, have inadequate support systems or do not have contact with a primary care physician, special efforts are needed to locate and identify these people to provide them with needed care. Natural supports like church or bridge group colleagues should be encouraged. There are services available to help older individuals, but the problem of clinical depression must be detected before treatment can begin.

Like diabetes or arthritis, depression is a chronic disease. Getting well is only the beginning of the challenge—the goal is staying well. For people experiencing their first episode of depression later in life, most experts would recommend treatment for six months to one year after acute treatment that achieves remission. For persons that have had two or three episodes during their lifetimes, treatment should extend up to two years after remission. For people with more than three recurrences of depression, treatment may be life-long. The treatment that gets someone well is the treatment that will keep that person well.

Reviewed by Ken Duckworth, M.D
October 2009

In-home aide newsletter- April 2013
POST-TEST on Depression

Name: _____

On the following questions Check True or False:

1. Depression and Aging are a normal part of life.

True

False

2. Depression can be linked to serious illnesses.

True

False

3. Early detection of depression in the elderly can make a difference in being able to a healthier and longer life.

True

False

4. Depression can be triggered by a single event or for no clear reason.

True

False

5. People with depressive illness will experience the same symptoms.

True

False

Check the correct answer or answers for the following questions:

6. Causes of depression can include:

- a. Changes in the brain
- b. When under a lot of stress
- c. With serious illness
- d. Genetics (run in families)
- e. all of the above

7 . Symptoms of depression may include:

- a. Persistent sad, anxious, or empty feelings
- b. Feelings of hopelessness
- c. Feelings of guilt and helplessness
- d. Loss of interest in activities
- e. Difficulty concentrating, remembering details and making decisions
- f. Fatigue and decreased energy
- g. all of the above

8 . The Aide's Role in Helping a Client with Depression include:

- a. Becoming informed about depression
- b. Be able to recognize the symptoms and changes that occur in your client's
- c. Notify the supervisor if signs of depression in the client are present
- d. Listen and be prepared to give advice
- e. If the client is suicidal, do not leave them alone
- f. all of the above

On the following questions, fill in the blanks:

9. Depression can hide behind a _____ .
10. Depression is defined as a _____ and _____ state of sadness.