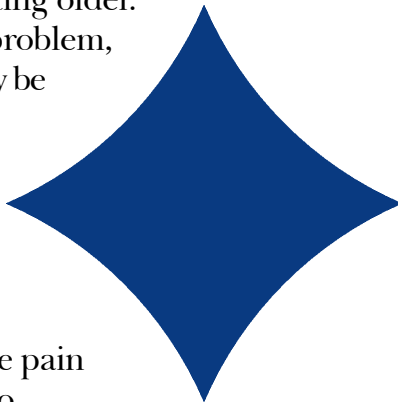


AgePage

Depression: Don't Let the Blues Hang Around

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 medical disorder "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 hard to detect and treat. 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. Sometimes people who are depressed lose interest in eating and can lose weight. 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 suddenly have to deal with a serious illness or death in the family. For some people, a loss in their own physical or mental skills brings on 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, sometimes become depressed. They worry about how their illness will change their lives. They might be tired and not able to deal with something that makes them sad. Treatment for depression helps them feel better and improves 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 are 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; a suicide attempt

If you are a family member, friend, or health care provider of an older person, watch carefully for clues of depression.

Sometimes symptoms 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 depression and 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. This is wrong.

A health care provider can help. Once you decide to get medical advice, start with your family doctor. The 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, such as 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 treatment might cost. Often, only short-term psychotherapy (talk therapy) is needed. It is usually covered by insurance. 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,

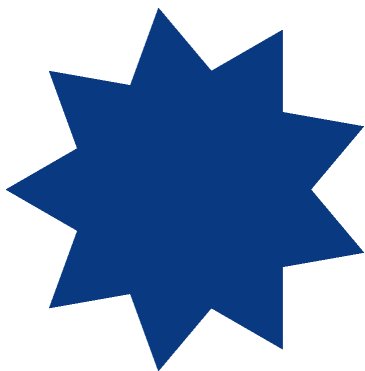
you may want to talk to another health care provider.

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 expert can start by making a phone call. A telephone call can't take the place of the personal contact needed for a complete medical checkup, but it might encourage 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. A doctor might suggest that you go to a local senior



center, volunteer service, or nutrition program.

Several kinds of talk therapies are useful as well. One method might help give you a more positive outlook on life. 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 to give you more hope about the future.

Getting better takes time, but with support from others and treatment you can 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 must be taken for as long as 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.

Electroconvulsive therapy (ECT) can also help. Don't be misled by the way some movies and books have portrayed ECT (also called electroshock therapy). They do not give a true picture. ECT may be recommended when medicines can't be tolerated or when a quick response is needed. ECT is given as a series of treatments over a few weeks and is very safe and effective. 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. Get 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 very sad. If you are faced with a lot to do, try to break it up into smaller jobs that are easier to finish.

Exercise can also help prevent depression or lift your mood if you are already 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 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 find positive thoughts gradually replacing negative thoughts. Expect your mood to improve slowly. Feeling better takes time. But it can happen.

Resources

The following groups offer information on depression and older people:

American Association for Geriatric Psychiatry (AAGP)

7910 Woodmont Avenue
Suite 1050
Bethesda, MD 20814-3304
301-654-7850

www.aagponline.org

**American Psychological Association
(APA)**

750 First Street, NE
Washington, DC 20002-4242
1-800-374-2721 (toll-free)
www.apa.org

**Depression and Bipolar
Support Alliance (DBSA)**

730 North Franklin Street
Suite 501
Chicago, IL 60610-7224
1-800-826-3632 (toll-free)
www.dbsalliance.org

**National Alliance for the
Mentally Ill (NAMI)**

Colonial Place Three
2107 Wilson Boulevard
Suite 300
Arlington, VA 22201-3042
1-800-950-NAMI
(1-800-950-6264/toll-free)
www.nami.org

**National Institute of
Mental Health (NIMH)**

6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663
Information Resources and
Inquires Branch
1-866-615-6464
(for publications/toll-free)
301-443-4513
301-443-8431 (TTY)
www.nimh.nih.gov

**National Mental Health Association
(NMHA)**

2001 North Beauregard Street
12th Floor
Alexandria, VA 22311
1-800-969-NMHA
(1-800-969-6642/toll-free)
1-800-433-5959 (TTY toll-free)
www.nmha.org

For information about depression
and Alzheimer's patients and
caregivers, contact:

**Alzheimer's Disease Education
and Referral (ADEAR) Center**

P.O. Box 8250
Silver Spring, MD 20907-8250
1-800-438-4380 (toll-free)
www.alzheimers.org

For more information on health
and aging, contact:

**National Institute on Aging
Information Center**

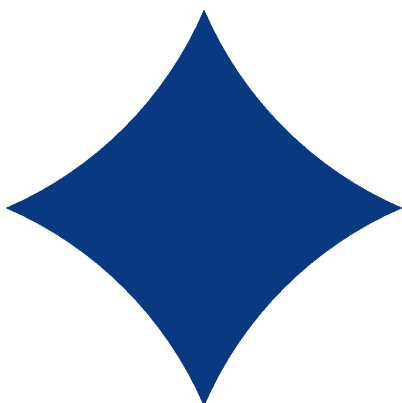
P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free)
1-800-222-4225 (TTY toll-free)
www.nia.nih.gov

To order publications (in English or Spanish) online, visit:

www.niapublications.org.

Visit **NIHSeniorHealth.gov**

(*www.seniorhealth.gov*), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a ‘talking’ function that reads text aloud.



National Institute on Aging

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