

AgePage

Depression

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. Feeling depressed without letup can change the way you think and the way you experience emotions. Doctors call this 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 gets better with treatment. Counseling (talk therapy), medicine, or other treatments can ease the pain of depression. You do not need to suffer.

There are many reasons why depression in older people is often missed or untreated. As a person ages, the signs of depression vary more than those of a younger person. Sometimes older people who are depressed appear

to feel tired, have trouble sleeping, or seem grumpy and irritable. 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 felt fine but who suddenly find they are dealing with a death in the family. 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.

People faced with life-changing health problems, such as cancer, diabetes, heart disease, stroke, or Parkinson's disease, may become depressed. They may worry about how the illness will change their lives. They might be tired and unable to cope with things that make them sad. Treatment can help people manage their 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. Also, 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 for becoming depressed again.

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. Maybe you are having a tough time getting used to retirement and feel lonely, or are losing interest in things that used to bring you pleasure.

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. If you have several of the following signs of depression 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

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.

Don't ignore the warning signs. If left untreated, serious depression may 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.

Get Immediate Help

If you are thinking about harming yourself, tell someone who can help immediately.

- ◆ Do not isolate yourself.
- ◆ Call your doctor.
- ◆ Call 911 or go to a hospital emergency room to get immediate help, or ask a friend or family member to help you.
- ◆ Call the toll-free, 24-hour National Suicide Prevention Lifeline:
 - 1-800-273-TALK (1-800-273-8255)
 - 1-800-799-4TTY (1-800-799-4889)

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 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. They are wrong.

A healthcare provider can help you. Once you decide to get medical advice, start with your family doctor. Your doctor should check to see if your depression

could be caused by a health problem (such as hypothyroidism or vitamin B₁₂ deficiency) or is a side effect of medicine you’re taking. After a complete exam, your doctor may suggest you talk to a mental health worker, for example, a social worker, counselor, psychologist, or psychiatrist. Doctors specially trained to treat depression in older people are called geriatric psychiatrists.

Don’t avoid getting help because you’re afraid of how much treatments might cost. Often, only short-term counseling is needed. Treatment for depression is usually covered by private insurance and Medicare. 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 healthcare provider.

Do you have a friend or relative 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 specialist can start by making a phone call. A phone call can’t take the place of the personal contact needed

for a complete medical checkup, but it might motivate 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. Several kinds of talk therapies are useful as well. One method might help you think in a more positive way. Always focusing on the sad things in your life or what you have lost might contribute to depression. Another method works to improve your relations with others so you will have more hope about your future.

Getting better takes time, but with support from others and with 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 are effective in a few weeks while you may need to take others for 2 or 3 months before you begin to feel better. Be sure

to take your medicine the way it was prescribed for you. 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.

If you are still very depressed after trying therapy and/or medication, your doctor can help you choose other treatment options that may work for you.

Help From Family and Friends

Family and friends can play an important role in treatment. They can encourage someone who is depressed to stay with the treatment plan. Or, they may make appointments or accompany their friend or relative to see the doctor or go to a support group.

Be patient and understanding. Ask 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. Stay in touch with family. Let them know when you feel sad. Friends can help ease loneliness if you lose a spouse. Consider new hobbies that help keep your mind and body active. If you are faced with a lot to do, try to break the task into smaller jobs that are easy to finish.

Regular exercise may also help prevent depression or lift your mood if you are somewhat 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 other 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 begin to feel better. Expect your mood to improve slowly. Feeling better takes time. But, it can happen.

For More Information

Here are some helpful resources:

American Association for Geriatric Psychiatry

7910 Woodmont Avenue, Suite 1050
Bethesda, MD 20814-3004
1-301-654-7850

www.aagponline.org

American Psychological Association

750 First Street, NE
Washington, DC 20002-4242
1-800-374-2721 (toll-free)
1-202-336-6123 (TDD/TTY)

www.apa.org

Depression and Bipolar Support Alliance

730 North Franklin Street, Suite 501
Chicago, IL 60654-7225
1-800-826-3632 (toll-free)

www.dbsalliance.org

National Alliance on Mental Illness

3803 North Fairfax Drive, Suite 100
Arlington, VA 22203
1-800-950-6264 (toll-free)
www.nami.org

National Institute of Mental Health

6001 Executive Boulevard
Room 6200, MSC 9663
Bethesda, MD 20892-9663
1-866-615-6464 (toll-free)
1-866-415-8051 (TTY/toll-free)
www.nimh.nih.gov

National Library of Medicine MedlinePlus

www.medlineplus.gov

Mental Health America

2000 North Beauregard Street
6th Floor
Alexandria, VA 22311
1-800-969-6642 (toll-free)
www.mentalhealthamerica.net

National Suicide Prevention Lifeline

1-800-273-8255 (toll-free/24 hours a day)
1-800-799-4889 (TTY/toll-free)

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road
Rockville, MD 20857
1-800-662-4357 (toll-free)
1-800-487-4889 (TDD/toll-free)
www.findtreatment.samhsa.gov

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
www.nia.nih.gov/espanol

To sign up for regular email alerts about new publications and other information from the NIA, go to www.nia.nih.gov/health.

Visit www.nihseniorhealth.gov, a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health and wellness information for older adults. Special features make it simple to use. For example, you can click on a button to make the type larger.



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