

AgePage

Depression: Don't Let the Blues Hang Around

Everyone gets the blues now and then. It's part of life. But if you feel little joy or pleasure after visiting with friends or seeing a good movie, you may have a more serious problem. Being depressed for a while, without letup, can change the way you think and feel. Doctors call this "clinical depression."

Being "down in the dumps" over a period of time is not a normal part of growing old. 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 missed or untreated. As a person

ages, the signs of depression are much more likely to be seen as crankiness or grumpiness. Depression can also be tricky to recognize. 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. It can be hard for a doctor to diagnose depression, but the good news is that people who are depressed often 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 struggling with a death in the family or a serious illness. For some people, differences in brain chemistry 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 with serious illnesses, such as cancer, diabetes, heart disease,

stroke, or Parkinson's disease, sometimes become depressed. They are worried 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 manage symptoms of the disease, thus improving 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.

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. Possibly you have a chronic illness. After a period of grieving or feeling troubled most older people do get back to their daily lives. But, if you are suffering from clinical depression and don't get help, you might not feel better for weeks, months, or even years.

Here is a list of the most common signs of depression. If these 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 for clues. Sometimes depression can hide behind a smiling face. A depressed person who lives alone may briefly feel better when someone stops by to say hello or during a visit to the doctor. The symptoms may seem to go away. But, when someone is very depressed, they come right 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. Perhaps you are uncomfortable 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 health care provider can help you. 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 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. The special nature of depression in older people has led to a different medical specialty—geriatric psychiatry.

Don't avoid getting help because you are afraid of how much treatment might cost. Often, only

short-term psychotherapy (talk therapy) is needed. It is often 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. They may not be interested in these complaints.

Or, they may not know what to do. If your doctor is unable or unwilling to take seriously your concerns about depression, you may want to talk to another health care provider who can help.

Are you the relative or friend of a depressed older person who won't go to a doctor for treatment? Explain 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. The telephone can't take the place of the personal contact needed for a complete medical checkup, but it can break the ice. Sometimes the doctor might make a home visit.

Treating Depression

Your doctor or mental health specialist can treat your depression

successfully. Different therapies seem to work in 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 use 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 way works to improve your relationships with others to give you more hope about your future.

Don't forget to let family and friends help you. Getting better takes time, but with support from others and treatment you will get a little better each day.

Antidepressant drugs can also help. These medications can improve your mood, sleep, appetite, and concentration. There are several types of antidepressants available. Some of these can take up to 12 weeks before you are aware of real progress. 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. It is most often recommended when medicines can't be tolerated or when a quick response is needed. ECT, which works quickly in most people, is given as a series of treatments over a few weeks. Like other antidepressant therapies, follow-up treatment with medication or occasional (called maintenance) ECT is often needed to help prevent a return of depression.

Help from Family and Friends

If you are a family member or friend of someone who seems depressed, try to get that person to a health care

provider for diagnosis and treatment. Then help your relative or friend to stay with the treatment plan. If needed, make appointments for the person or go along to the doctor, mental health specialist, 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 practical 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 keep and maintain friendships over the years. Try to find someone you feel you can talk to. Friends can help ease the loneliness if you lose a spouse. You can also develop a hobby. Hobbies can help keep your mind and body active. Stay in touch with family. Let them help you when you feel weighed down or very sad.

If you are faced with a lot to do, try to break it up into smaller jobs that are more easily finished.

Being physically fit and eating a balanced diet may help avoid illnesses that can bring on disability or depression. Follow the doctor's directions on using medicines to lower the risk of developing depression as a side effect of a drug.

Resources

The following groups offer information on depression and older people:

American Association for Geriatric Psychiatry

7910 Woodmont Avenue, Suite 1050
Bethesda, MD 20814-3004
301-654-7850
www.aagpgpa.org

American Psychological Association

1000 Wilson Boulevard
Suite 1825
Arlington, VA 22209
1-800-374-2721
www.apa.org

Depression and Bipolar Support Alliance

730 N. Franklin St., Suite 501
Chicago, IL 60610-7204
1-800-826-3632
www.dbsalliance.org

National Alliance for the Mentally Ill
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201
1-800-950-NAMI (1-800-950-6264)
www.nami.org

National Institute of Mental Health
Information Resources and Inquiries
Branch
6001 Executive Blvd., Room 8184
MSC 9663
Bethesda, MD 20892-9663
301-443-4513
1-800-421-4211 (for publications)
301-443-8431 (TTY)
www.nimh.nih.gov

National Mental Health Association
2001 N. Beauregard St.
12th Floor
Alexandria, VA 22311
1-800-969-NMHA (1-800-969-6642)
1-800-433-5959 (TTY)
www.nmha.org

For information about depression
and Alzheimer's patients and care-
givers, contact:

**Alzheimer's Disease Education and
Referral (ADEAR) Center**
P.O. Box 8250
Silver Spring, MD 20907-8250
1-800-438-4380
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
1-800-222-4225 (TTY)
www.nia.nih.gov

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Spanish) online, visit
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Visit NIHSeniorHealth.gov
(www.nihseniorhealth.gov), a senior-
friendly website from the National
Institute on Aging and the National
Library of Medicine. This website
features popular health topics for
older adults. It is simple to use,
has large type and a 'talk-
ing' function that reads
text out loud.



[National Institute on Aging](http://www.nia.nih.gov)

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