

Depression: It Doesn't Just "Go Away"...

adapted from www.healthinaging.org

Are you depressed? While older adults' rate of depression is no greater than any other age group, depression in older adults more often goes unreported and/or misdiagnosed. As a result, older adults have the highest suicide rate of any group in the United States. **For this reason, The Agency for Healthcare Research and Quality (AHRQ) recommends depression screening for all adults 50 years of age and older.**

Depression is not just "feeling blue" or "down in the dumps." It is not just being sad or feeling grief after a loss. Depression is a medical disorder — just like diabetes, high blood pressure, or heart disease — that day after day affects your thoughts, feelings, physical health, and behaviors. Like many medical disorders, depression has an effective treatment that can relieve the bad feelings and thoughts.

Depression is usually caused by low levels of special brain chemicals that change the way the brain sends messages. These brain chemicals can change as we get older, but they can also change after a time of stress, after a medical illness, or after taking certain medications.

People showing symptoms of depression are at increased risk of physical disability. They also recover more slowly after an event that causes disability, such as a broken bone. Symptoms of depression should be treated as soon as possible. The best single question a healthcare provider can ask is, "Do you often feel sad or depressed?" A "yes" response means that the possibility of depression should be further evaluated.

Diagnosis and Evaluation

Older adults often do not recognize or report symptoms of depression. So, healthcare providers typically ask routine questions about your mood to see if you may be suffering from depression or other disorders of the mind. Try to answer these "screening" questions as accurately as possible. Your healthcare provider is not trying to pry, only to look after your well-being.

It is important for your healthcare provider to know about any changes from your normal mood or personality. However, sometimes we are not always the best judge of changes in ourselves. Usually, bringing along a family member or caregiver who knows you and your normal mood can be helpful. Close relatives may also be able to answer questions about family history of depression.

Other medical problems can appear like major depression. For example, stroke, congestive heart failure, and cancer can mimic major depression and can cause weight loss, sleeping problems, problems with concentrating, and low energy. People with Parkinson's disease may have a number of symptoms that suggest depression, including lack of facial expression, slowed body movement, lack of spontaneity, and decreased energy and motivation. Changes in body chemistry (eg, low potassium) can also cause mood changes as well as disturbances in sleep, appetite, concentration, and energy. Measuring thyroid levels is especially important, because older adults with thyroid problems may have a loss of interest and diminished energy that can look like depression. Other diseases that can look like depression include nutritional deficiencies (eg, vitamin B₁₂ deficiency) and some types of infection. If older adults take many medications for illnesses, drug interactions and side effects can change mood and behavior.

Depression needs to be differentiated from other mental disorders, such as dementia. A number of neurological or psychological tests are available that can help clarify this picture. Sometimes, your primary healthcare provider will need to refer you to a psychiatrist, neurologist, or other specialist for more sophisticated testing or treatment.

Don't Wait!

Depression is common in older adults, but treatment can be highly effective. If you think you or someone you know might have depression, seek help quickly. The longer treatment is delayed, the more difficult depression is to treat. Remember, depression is not caused by personal weakness, laziness, or lack of will power. It is a medical illness that can be treated.

Additional Resources:

FAQs about depression: http://www.healthinaging.org/public_education/pef/depression.php

Ten facts about Mental Health and Aging: http://www.mentalhealthweek.org/Ten_Facts_about_Mental_Health.html

