When You Are More Than "Down in the Dumps"
Depression in Older Adults

Facts About Depression

- The most common psychiatric illness for *people of all ages*
- Under- and mis-diagnosed in older adults
- Mistaken for “problems of aging”
Facts About Depression

Risk factors include

- Female gender
- Chronic & disabling illness
- Lack of social support
- Recently bereaved
- Prior history of depression

7 of 35 million older adults have depression!!!
Diagnosis is Difficult

- Coexistence of many other problems
  - medical
  - physical
  - social
  - economic
  - “normal” aging
- May “mask” depression
Is it natural to be old and sad?
TRUE  FALSE
Suicide in Older Adults

- Represent 13% of the population
- Account for 1/5 (20%) of all reported suicides
- Lowest rate of ATTEMPTS
- Highest rate of COMPLETED SUICIDE

Use very lethal means
Indirect Suicide

- Starvation, refusing to eat
- Refusing needed medications
- Mixing medications
- Alcohol abuse
- Loss of “will to live”

I just don't care...
Poor Outcomes

Comorbid Conditions
- Anxiety
- Medical problems
- Cognitive impairment

Concurrent Problems & Issues
- Psychotic depression
- Impaired social support
- Stressful life events
- Multiple previous episodes
Changes in MOOD

- Sadness
- Discouragement
- Crying
- Feeling “down”
- Having the “blues”
- Despair
- Irritability
- Being “on edge”
- Anxiety
- Brooding
- Panic attacks

Not Just Sadness
Changes in PERCEPTION

- Withdrawal
- Hopelessness
- Self reproach for minor failings
- Inability to express pleasure

- Delusions
- Hallucinations
- Worthlessness
- Unreasonable fears
- Critical of self, others

Distortion is Common
Changes in BEHAVIOR

- Appetite change
- Weight loss/gain
- Sleep disturbance
- Fatigue, loss of energy
- Slowed speech
- Health concerns
- Can’t think, concentrate
- Thoughts of death
- Tachycardia
- Constipation
- Pacing, wringing hands

Focus on Physical is Common
Depression or ???

Stop! Think about CHAIN OF EVENTS!

✓ Tempting to think person is “putting us on” or “manipulating”

✓ Behaviors are part of depression

✓ Adjust expectations & approaches: Person cannot “just cheer up” or “look at bright side”!
Major Depression

- Depressed mood most of the day, everyday

  OR

- Loss of interest or pleasure nearly every day

  and at least 4 additional symptoms . . .
Major Depression, cont.

FOUR ADDITIONAL SYMPTOMS

- Significant weight loss or gain
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness, inappropriate guilt
- Loss of ability to think, concentrate, make decisions
- Recurrent thoughts of death, suicidal ideation
MINOR Depression

- Also known as
  - subsyndromal depression
  - subclinical depression
  - mild depression
- 2 - 4 times more common than major depression

- Associated with:
  - subsequent major depression
  - greater use of health services
  - reduced physical, social functioning
  - loss of quality of life

- Responds to same treatments!
Common Causes of Depression

CHAIN OF EVENTS

- Stress & loss
- Biological depression
- Physical illness and its treatment interact with depression in older adults
Stress and Loss in Late Life

- Decreased sensory capacity
  - vision
  - hearing
- Changes in social status, responsibility to others
- Loss of family, friends
- Relocation due to changing abilities
- Declining social contacts due to health limitations
- Reduced functional status
- Dwindling financial resources
Stress and Loss in Late Life

- Loss of meaningful roles
  - productivity
  - purpose in living
- Loss of self-esteem
  - helplessness
  - powerlessness
- Decreased coping options

It all adds up!
Biological Depression

- Genetic cause vs. “reaction” to stress
  - seems to come out of “nowhere”
  - family, personal history more common
  - increased risk of severity, reoccurrence

Effects of environment and physical illness are still important to address!!
Physical Illness & Depression

- Physical illness directly cause symptoms of depression
  - metabolic
  - endocrine
  - neurologic
  - pulmonary
  - cardiovascular
  - musculoskeletal
  - others: cancer, anemia
Physical Illness & Depression

- Physical illness can cause a reaction of depression by causing:
  - chronic pain,
  - fear of pain
  - disability, loss of function
  - loss of self esteem
  - increased dependence
  - fear of death
Depressed elderly may present with somatic (physical) complaints:
- Aches, pains
- Appetite, weight
- Fatigue, loss of energy
- Constipation
- Tachycardia
- Insomnia
Medications can cause symptoms of depression:

- antihypertensives
- psychotropics
- analgesics
- cardiovascular
- antimicrobials
- steroids
- others
Physical Illness & Depression

- Environment in which physical illnesses are treated may contribute to depression...
  - Isolation
  - Sensory deprivation
  - Enforced dependency
**Assessment**

- Depression symptoms
- Suicidal thoughts
- Psychiatric history
  - personal
  - family
- Physical health/illness
- Medications
- Recent loss/stress
- Resources/abilities
Geriatric Depression Scale

- Score “0” or “1”
- Add up points (0-30)
- Further assessment if > 10
- Remember! Screening tool; assess symptoms further!!
Suicide Assessment

Always ASK!!!

"Have you thought that life isn't worth living?"
If YES, then . . .

"Have you thought about harming yourself?"
If YES, then . . .

"Do you have a plan?"
If YES, examine lethality. . .

Is the plan viable? Can they execute it? Are means deadly, available?
Psychiatric History

- Previous episodes of depression
  - Check chart/record
  - Undiagnosed
  - Bad nerves; nervous breakdown; went to bed sick
  - After childbirth, (post-partum), children leave (empty nest), death of loved one, retirement

Look carefully!!
Physical Health/Illness

- Consider factors that increase isolation, loneliness, fear, or worthlessness!!
  - Loss of mobility
  - Level of disability
  - Worry about declining abilities
  - Pain resulting from health conditions

- Look for factors that directly increase depression symptoms
  - Medications
    - New?
    - Change in dose?
  - New onset of physical illness
    - Influenza?
  - Change in status of chronic diseases
Recent Loss

___ recent relocation?
___ change in relationships?
___ change in health?
___ change in functional abilities?
___ change in sensory status?
___ change in financial status?
___ death of loved one? (even a pet)
___ loss of control over daily routines?
___ loss of significant role?
Resources & Abilities

___ family support?
___ community support?
___ social network?
___ physical abilities?
___ functional abilities?
___ cognitive abilities?
___ financial resources?
___ personality traits? personal history?
___ experiences, beliefs, convictions?
Appreciate the older person’s perspective and experience:

- control, power loss
- unwanted dependency
- meaning of functional losses, relationship to activity, meaning and purpose in living
**Interventions**

- Depression is highly treatable
- Depression is sometimes called “A reason for hope”
- Many treatments
  - Talking therapy
  - Medications
  - Daily contacts
Interventions

- Every interaction has “Therapeutic Potential”
- Social environment or “milieu” is powerful
  - Support, encouragement
  - Safety, security
  - Interaction, involvement
  - Validate worth by the way we treat them!
First-Line Interventions

- Communicate caring
- Help see they are unusually sad or blue
- Provide accurate information about depression
- Create a healthy physical and social environment.
Communicate caring

✓ Remind: WE VALUE THEM
even if they don't seem to care
about themselves right now

✓ Ask: how they feel or what they think

✓ Encourage: to talk about issues, fears

✓ Understand: their point of view

✓ Accept: sadness, other feelings
Interventions

Help to realize they are UNUSUALLY sad, blue

✓ Suggest: more than "down in the dumps"
✓ Help: identify the things that are troubling
✓ Recall: past positive events → things haven't always been this bad
✓ Note: Positive attributes, characteristics → they do still have worth!!
Interventions

Provide information about DEPRESSION

✓ An ILLNESS, like physical illness
✓ Symptoms are part of depression
✓ Common in people of all ages
✓ Has a treatment AND treatment works
  ▪ Medications
  ▪ Talking therapies
  ▪ Increased involvement in activities
Promote Mental Health

- Reduce “depressing effects” of the environment
- Adjust factors in the social environment
  - Promote health & well-being
  - Alter approaches to care
  - Offer different activities/experiences
- Promote positive health outcomes!!
Monitor Physical Health

- Nutrition
- Elimination
- Sleep/rest patterns
- Physical comfort
- Pain management
  - relaxation methods
  - medication
  - alternative therapies
Encourage Physical Activity

- Exercise program
- Referrals
  - physical therapy
  - occupational therapy
  - recreational therapy
- Develop daily activity schedule
- Involve in meaningful activity
**Promote Autonomy**

- Create mastery experiences
  - break tasks into steps
  - assure success
  - promote self worth, build confidence

- Encourage personal control, power
  - independent activity
  - decision-making
  - involvement in care
Focus on Positive

- Current abilities
  - knowledge, wisdom
  - experiences
  - attitudes, beliefs
  - attributes

- Reminiscence
  - promotes self worth
  - strengthens tie to identify, “former self”
  - stimulates interests, conversation
Employ Alternative Therapies

- Pet therapy
  - unconditional positive regard
  - sensory stimulation
  - sense of responsibility, meaningful role
- Horticultural therapy
  - lifespan simulation
  - aroma therapy
  - maintain mobility
Encourage Group Activities

- Psychosocial therapies
  - Reminiscence
  - Remotivation
  - Health, stress management
  - Sensory stimulation

- Many benefits
  - Social interaction
  - Mastery experiences
  - Realization → “I am not alone in this!”
Promote Creativity

- Lots of alternatives:
  - Singing, playing music
  - Story-telling
  - Drawing, painting
  - Poetry, writing
  - Making crafts, jewelry

- Associated with positive health outcomes
  - Decreased depression, loneliness
  - Increased health, morale, satisfaction, activity
Enhance Social Support

- Identify a “point person” to help identify, mobilize resources
  - family member
  - friend, neighbor
  - church members
  - clergy
  - volunteer visitor
  - peer counselor
Professional Interventions

- Individual therapy
- Group therapy
- Medication therapy
  - Antidepressants – most common
  - Others may be needed for anxiety or psychotic symptoms
Depression

A REASON FOR HOPE