

# VIEWPOINT

OPINION AND COMMENTARY FROM SPENCER, LEICESTER AND THE BROOKFIELDS

## LETTERS TO THE EDITOR

### Reducing depression in senior citizens

Across the nation, May is observed as National Mental Health Month by numerous organizations such as the National Alliance on Mental Illness, which provides support, fights stigma, advocates for equal care, and educates the public about mental illness. We'd like to contribute by discussing the prevalence of depression among senior citizens – the incidence, the manifestations, the impact, and prospects for successful treatment outcomes.

The human costs of depression are immense; depression increases the risk of suicide, alcoholism, cognitive impairment, medical symptoms, and higher mortality rates. The good news is that depression that occurs late in life can usually be successfully treated. The more challenging issue is identifying depression in the elderly.

The incidence of depression in senior populations is quite high. Up to five percent of elderly people living in the community suffer from depression, as do approximately twelve percent of those who are hospitalized, and fourteen percent of those who require health assistance at home. The many causes of depression include: family history; brain chemistry; major stresses; and aging itself. The depression may have resulted from changes that occur in the brain and body as one ages, such as restricted blood flow (called "vascular depression").

Depression often has a deleterious effect on patients' physical health. People with vascular depression are at greater risk for heart disease and stroke. When depression occurs with diabetes, cancer, or Parkinson's disease, it can worsen these illnesses. In addition, some medicines prescribed for medical conditions can exacerbate depression. As noted in the Harvard Mental Health Letter article "Recognizing and treating depression in the elderly" (February 2008), "Depression in the elderly can often be treated effectively, but when depressive symptoms arise it can be challenging not to mistake them for symptoms of another medical disorder."

According to Charles F. Reynolds, M.D. and David J. Kupfer, M.D. in their article "Depression and Aging: A Look to the Future," "[G]eriatric depression occurs in a complex medical and psychosocial context. Clinicians commonly misattribute

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significant symptoms such as anorexia, weight loss, sleep impairment, and fatigue to physical illness rather than to depression. Psychosocial antecedents such as loss of a loved one, combined with decrements in physical health and sensory impairment, can also divert attention from clinical depression."

Similarly, older adults themselves often fail to see the symptoms of depression or simply attribute

them to old age. Many seniors often do not seek help because they don't understand that they could feel better with appropriate treatment. Research has shown, however, that elderly patients usually respond to antidepressant medication – and medication plus psychotherapy is particularly effective. In total, 80 percent of seniors with depression can be expected to respond favorably to treatment.

Depression is also often difficult to diagnose in older adults because symptoms can vary significantly. In the general population, depression can include feelings of helplessness, hopelessness or worthlessness, anxiety, lack of energy or fatigue, irritability, loss of interest in favorite activities, sadness, difficulty concentrating, trouble sleeping, appetite loss/overeating, and thoughts of suicide. In the elderly, depression can manifest itself as heart palpitations, tremors, nausea, vomiting, dizziness, shortness of breath, fainting, heavy perspiration, facial flushing, and aches and pains that don't go away. Consequently, friends and family members should be on the lookout for these symptoms as well.

If you suspect that a loved one is experiencing depression, please encourage him/her to see a doctor. Through a physical exam, an interview, and lab tests, a medical doctor can best evaluate a patient's wellbeing and ascertain what factors are having a negative effect on his/her mental health. The doctor will then work with the patient on the best approach. If the first treatment does not help enough, there are many viable alternatives to explore. (Note that some antidepressants take several weeks to begin to work.) Finally, it's very important to remind your loved one that over time and with treatment the depression is very likely to lift.