NARSAD RESEARCH

FACT SHEET

Late-Life Depression

Depression is not just a passing blue mood that lifts in a few hours or even a few days. It is a sadness that will not go away and that interferes with everyday life.

In the past, people thought depression was a character flaw or that they could just "snap out of it" and many were ashamed to seek treatment. With medical advances, we now know this is not true. Depression is a treatable medical illness like diabetes or heart disease and sometimes there is no way to prevent it from happening.

Although depression in late-life is common, it is *not* a normal part of growing older. For most older adults, depression can be treated successfully.

- Approximately 15-20% of people 65 years of age and older in the United States suffer from depression, but less than half are receiving treatment.

- When properly diagnosed, more than 80% of people suffering with depression can be successfully treated.

What Can Cause Depressive Symptoms?

The first step in seeking treatment for late-life depression is to get a complete physical. This allows the doctor to rule out any other illnesses or medications as the cause.

Some medications used to treat high blood pressure, cancer, and arthritis, as well as hormones such as estrogen, progesterone, and cortisone can appear to cause depression.

Some medical illnesses that may mimic depression include: thyroid problems, Cushing's disease, Parkinson's disease, cardiovascular and pulmonary disorders, vitamin B12 and folic acid deficiencies, carcinoma, and stroke.

GENERAL SYMPTOMS OF DEPRESSION

- Persistent, depressed mood, including feelings of sadness or emptiness
- Loss of interest or pleasure in activities or hobbies that were once enjoyed, including sex
- Feelings of hopelessness and pessimism
- Feelings of guilt, worthlessness, and helplessness
- Insomnia, early-morning awakening, or oversleeping
- Loss of appetite accompanied by weight loss or overeating accompanied by weight gain
- Decreased energy, fatigue, and feeling "slowed down"
- Restlessness and irritability
- Difficulty concentrating, remembering, and making decisions
- Thoughts of suicide or death (not just fear of dying) or suicide attempts
- Persistent physical symptoms, such as headaches, digestive disorders, or chronic pain, that do not respond to medical treatment and for which no physical cause can be found

Some Unique Depressive Symptoms of Older Individuals

- Older people with depression may frequently complain of physical problems (constipation, fatigue, headaches) or sleep disturbances rather than feeling "sad" or "depressed"
- An older person with depression may appear confused, have memory loss, and be agitated

Because doctors expect to see dementia in this age group, they may too quickly diagnose a depressed patient with dementia. Experts estimate that about 12 percent of people diagnosed with a dementia (like Alzheimer's) actually have a false dementia due to an untreated depression.

While the occurrence of depressive symptoms increases with age, the number of people that are diagnosed with major depressive disorders declines with age. This may be because many doctors still view depression as a "natural" part of aging and do not treat it.

Who Is At Risk?

Events associated with growing older such as loss of loved ones or poor health can contribute to the risk of depression. Late-life depression seems to be connected more with serious illness rather than a family history of depression. The more severe the illness, the greater the chances that the person will become depressed. Medical conditions associated with depression include endocrine disorders, arthritis, cancer, chronic pain states, and heart attacks.

- Heart attack patients with depression have a death rate 3 to 5 times higher than those without depression.
- Patients with physical ailments such as stroke, heart attack, and hip fractures, have more trouble recovering if they also suffer from depression.
- Depressed older women hospitalized for hip fracture are less likely to be up and walking a year after surgery than those who were not depressed.

Is Menopause Associated With Late-Life Depression?

Across all cultures and age groups, women suffer from depression at twice the rate of men. Although depression may appear for the first time after menopause, there is no difference in symptoms or treatment response between depressed women who are menopausal and those who are postmenopausal.

It appears that aging itself is associated with an increased risk of depression. One-third of all depressions occur among persons age sixty or older, and it may be the aging process rather than the menopause that contributes to the frequency of depression in older women. However, for women who have suffered from menstrually related symptoms, menopause may be another period of vulnerability.

Is Suicide A Problem In Late-Life Depression?

The increasing suicide rate in older Americans is a major clinical problem. While people over the age of 65 make up only 13% of the population, they account for 25% of all suicides. White males over the age of 80 have the

highest suicide risk of all Americans, ***six times*** the current overall national rate. Almost all suicides by older Americans involve non-psychotic, non-bipolar depression in people who are not substance abusers. This is the most treatable form of depression.

What Medications Are Available To Treat Depression?

There are many medications that are safe and effective in treating late-life depression patients. The traditional medications are the **tricyclic antidepressants (TCA)**. TCAs and other antidepressants do have side effects, but with careful dosing they can be safely used in older patients. **Monoamine oxidase inhibitors (MAOI)** are another group of medications used in treating depression. These may work well with demented patients who also suffer from depression. There are special diet restrictions when taking MAOIs so they are not used as often as other antidepressants.

The newest group of antidepressants is called **selective serotonin reuptake inhibitors (SSRI)**.

Suicide: A Serious Risk for Older Individuals With Depression

- Each year, more than 6,300 older adults take their own lives—approximately 17 a day.
- In patients 75 years and older, 60 to 70% of suicides occur in people with diagnosable depression.
- 75% of older suicide victims have been seen by their primary care physicians during the month preceding their death.

In general, they have fewer side effects than the tricyclics. For older patients who have other health problems, some doctors use **psychostimulants**. They help to increase energy and improve mood. **Bupropion (Wellbutrin)** is another medication that can be safely used in treating late-life depression and has few side effects. **Citalopram (Celexa)** is still another choice since it appears to have little interaction with other medications.

Special Medication Concerns

Because the body changes as we age, older bodies often react differently to medications than younger bodies. Doctors will “start low and go slow” when prescribing depression medication to an older person. This will help to avoid any problems or dangerous side effects from the drug. The doctor should be told about any other medications the patient is taking, including common over-the-counter remedies such as antacids. This is because some drugs may react with each other.

What Other Ways Can Late-Life Depression Be Treated?

Psychotherapy:

Mild forms of depression can be successfully treated with psychotherapy (i.e., talk therapy), however, treatment typically does take longer than with medication. In general, most cases of major depression are treated with psychotherapy to discover the underlying causes of the depression and/or triggers and medications.

Herbs:

St. John’s Wort, a herbal plant, has been found to be as effective as medication in mild forms of depression. There are no side effects and it takes about two months to see full results when using herbal medicines to treat this illness.

Electroconvulsive Therapy (ECT):

Electroconvulsive therapy (ECT) is very successful in treating major depressive disorder; with about a 90% chance of improvement of symptoms. While some memory loss is frequent after ECT, it is estimated that less than one-half of 1 percent of ECT patients suffer severe memory loss. Memory problems resulting from ECT usually clear up within seven months of the treatment, although there may be a persistent memory deficit for a period immediately surrounding the ECT treatment. Because patients treated with ECT feel significant benefits within one week, ECT may be a life-saving therapy in a suicidal patient.

How Can I Lessen My Risk Of Depression?

When a person has experienced a life event such as retirement or loss of a loved one, having hobbies or interests and maintaining relationships with family and friends can help avoid depression.

Staying fit and eating healthy will also help to prevent illnesses and disabilities that may cause a person to become depressed.

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