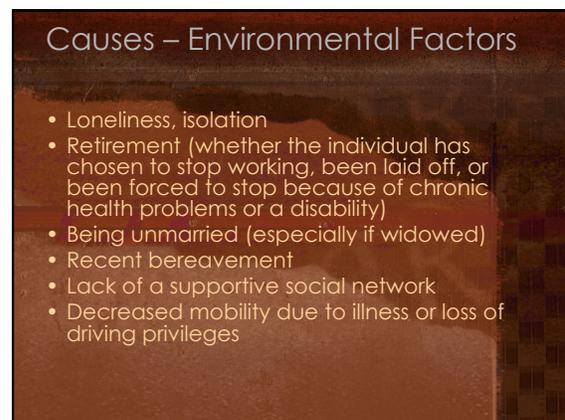
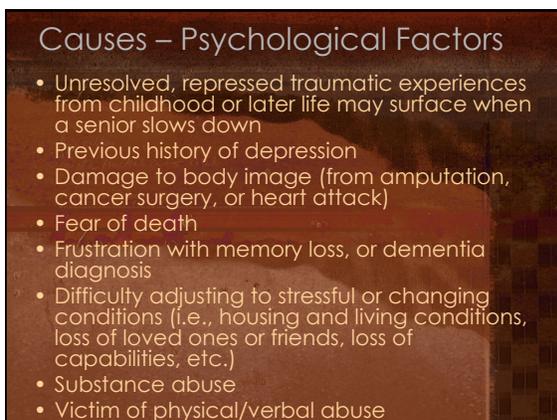
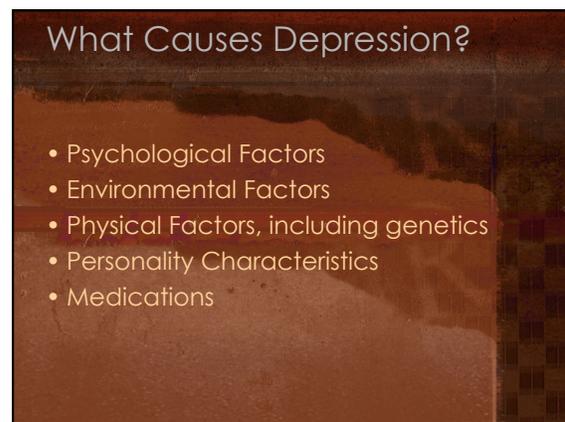
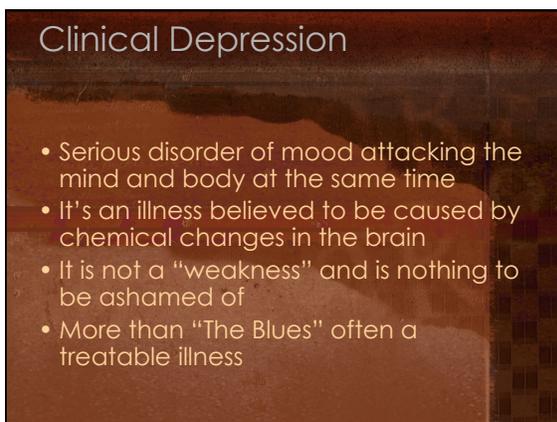
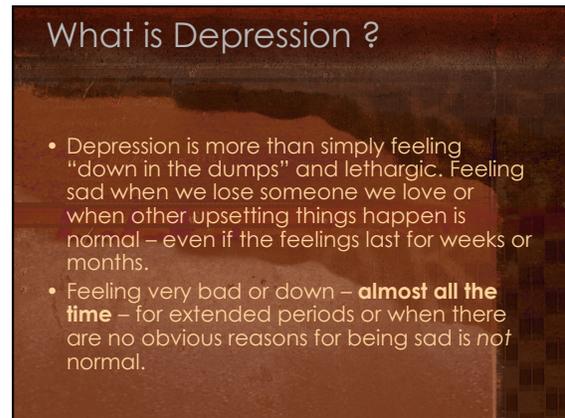


Depression in the Elderly



Depression in the Elderly

Causes – Physical Factors

- Inherited tendencies toward depression
- Co-occurring illness (such as Parkinson's, Alzheimer's, cancer, diabetes or stroke)
- Vascular changes in the brain
- Vitamin B-12 deficiency (as yet unclear if this is caused by poor eating habits or a result of depression)
- Chronic or severe pain

Causes – Personality Factors

- May be symptomatic of unresolved trauma
- Low self-esteem
- Extreme dependency
- Pessimism

Causes - Medications

- Some pain medicines (codeine, darvon)
- Some drugs for high blood pressure (clonidine, reserpine)
- hormones (estrogen, progesterone, cortisol, prednisone, anabolic steroids)
- Some heart medications (digitalis, propranolol)
- anticancer agents (cycloserine, tamoxifen, nolvadex, velban, oncovin)
- Some drugs for Parkinson's disease (levodopa, bromocriptine)
- Some drugs for arthritis (indomethacin)
- Some tranquilizers/antianxiety drugs (valium, halcion)
- Alcohol

If you are taking medication for a medical condition, you always run the risk of an unfavorable drug interaction with antidepressant medications unless you are closely supervised and monitored. In addition to increasing depression, some antidepressant drugs can create dependencies.

Can anxiety lead to depression?

- Some people worry themselves into a depression. This "what if" syndrome can emerge when a parent develops a degenerative or life-threatening illness, like Alzheimer's disease, cancer, or a heart condition: "Is this going to happen to me?"
- Uncertainty about their future relating to a dementia diagnosis.
- Or, after undergoing a coronary by-pass or dealing with other major illness themselves, they may fear for their own lives. Though normal, these concerns are not productive and can be damaging.

Delirium

- Disturbance in consciousness or change in cognition occurring within a relatively short (hours or days) onset.
- Should be treated as a medical emergency – 65% mortality rate.
- At Risk: Age, Dementia, Cancer, Stroke, Cardiovascular, Hospitalization, Acute Illness, Post operative, Intoxication, Infections, Medications.
- Confusion Assessment Method (CAM)

Depression

- Newly diagnosed seniors commonly experience depression.
- Symptoms of this are often associated with withdrawal, crying, agitation, and changes in eating habits or sleeping patterns, feelings of worthlessness or acting out.
- Depression can significantly lower a persons cognitive capabilities and their ability to fight-off illness.
- Ultimately this is the single biggest factor that will influence their quality of life.
- Depression is treatable with antidepressants but the best treatment for depression is socialization. Isolated people with dementia tend to focus on all the things that they can't do anymore, their limitations. But in social situations such as day care or senior living homes their focus becomes directed outward toward their environment.

Depression in the Elderly

Differentiating Dementia, Depression, and Delirium in the Elderly

Characteristic	Depression	Dementia	Delirium
Onset	Often abrupt	Chronic, gradual	Acute, subacute
Progression	Weeks-Months	Months-Years	Hours-Days
Awareness	Clear	Clear	Reduced
Alertness	Normal	Generally normal	Fluctuates
Attention	Minimal impairment	Generally normal	Impaired, fluctuates
Orientation	Some disorientation	May be impaired	Impaired, fluctuates
Memory	Selective impairment	Recent, remote impaired	Recent, immediate impaired
Mood	Consistent	Labile	Fluctuating widely
Prognosis	Resolves with treatment	Ongoing	Resolves with treatment
Answers	'Don't know'	Response incorrect	May be incoherent
MMSE	Fluctuates	Stable, downward trend	Severe fluctuations

Adapted from: Forman, M., Fletcher, K., Mion, L., & Trygstad, L. (2003). Assessing Cognitive Function in Mezey, M., Fulmer, T., Abraham, I. (editors); Zwicker, D. (managing editor). *Geriatric Nursing Protocols for Best Practice*. 2nd ed. New York (NY): Springer Publishing Company, Inc.; p. 102-103.

- ### Signs and Symptoms of Depression
- Agitation
 - Anxiety
 - Persistent, vague or unexplained physical complaints
 - Memory problems; difficulty concentrating
 - Social withdrawal
 - Decreased appetite and weight loss or weight gain
 - Sleep disturbances: daytime sleepiness, difficulty falling asleep, multiple mid-night awakenings, early morning awakening
 - Irritability or demanding behavior / abuse to others
 - Lack of attention to personal care
 - Confusion, delusions or hallucinations

- ### Signs and Symptoms of Depression
- Feelings of discouragement or hopelessness
 - Sadness, lack of playfulness, inability to laugh
 - Loss of interest in normally pleasurable activities; in ability to feel pleasure
 - Prolonged grief after a loss
 - Loss of self worth
 - Hyperactivity and avoidance
 - Reduced energy, fatigue
 - Abnormal thoughts, excessive or inappropriate guilt
 - Suicidal thoughts or attempts

- ### Difficult to Diagnose
- Symptoms may be ignored or confused with Parkinson's, Alzheimer's, dementia, thyroid disorders, strokes, heart disease, side effects of medication (any of which they may be)
 - Alcohol dependence as self-medication can mask signs of depression
 - Most doctors don't have time to sit and talk with their patients to find out if they are depressed
 - A patient's usual aches and pains may draw the physician's time and attention
 - Elderly patients may be conditioned by the stigma of an earlier era and hide depression from others, including their doctors

- ### Why it is important to treat
- Depression substantially increases the likelihood of death from physical illnesses.
 - Depression can increase impairment from a medical disorder and impede its improvement, while psychological treatment frequently improves the treatment success rate for a variety of medical conditions.
 - Untreated depression can interfere with a patient's ability to follow the necessary treatment regimen or to participate in a rehabilitation program.
 - 50% of people with significant symptoms of depression are over the age of 65.
 - Depressed elderly patients use **4 X** the amount of health care dollars than non-depressed.
- Source: W.G. Manning and K.B. Wells, "Use of Outpatient Mental Health Care" (Rand report R3277-NMH) (Los Angeles: Rand Corporation, August 1988).

- ### Why it is important to treat
- Depressed seniors are more likely to rate their health as fair or poor, to visit an emergency room, and have more doctor visits than non-depressed patients.
 - Depression tends to last longer in the elderly.
 - Treatment of depression can result in more effective treatment and better outcome for the commonly co-occurring anxiety disorders.
 - Treatment of depression can help resolve a substance abuse disorder (including alcohol and prescription drugs) that is the result of self-medication for symptoms.

Depression in the Elderly

Proper treatment can prevent suicide

- Suicide is highest among the elderly
- Suicide ranks in the top ten causes of death in the 65+ age group
- Suicide rate for those 80-85 years old is **double** that of the overall US rate
- White males over 80 years are at the greatest risk
- Older persons who contemplate suicide are more likely to complete the act
- There is a direct relationship between depression and suicide, alcoholism and depression and alcoholism and suicide

Passive Suicide

- Starvation
- Medication abuse
- Alcohol abuse
- "Giving up the will to live"
- Ignoring health problems or choosing not to seek treatment
- Take anyone who talks about suicide seriously, get them help **NOW!**

Treatments for Depression

- Treatment of underlying medical conditions
- Counseling
- Psychotherapy
- Trauma-focused therapy
- A combination of antidepressants and therapy
- Frequently monitored, low dose antidepressant medications
- ECT (electroconvulsive therapy) to "jump-start" or "restart" the electrical activity in the brain
- Hormone replacement therapy (now under investigation for the treatment of elderly depression)
- A change in prescription or dosage to alleviate some symptoms – if the depression is a side effect of a medication taken for another condition

Treatment Methods

- Treatment depends on the cause and severity of the depression and, to some extent, on personal preference.
- In mild or moderate depression, psychotherapy is often the most appropriate treatment. But incapacitating depression may require medication for a limited time along with psychotherapy.
- In combined treatment, medication can relieve physical symptoms quickly, while psychotherapy enables the patient to learn more effective ways of handling his problems.

Counseling and Psychotherapy

- **Supportive counseling** includes religious and peer counseling. It can help ease the pain of loneliness and address the hopelessness of depression. Both peer counseling and pastoral counseling usually are provided at no cost.
- **Cognitive Behavioral Therapy (CBT)** helps people distinguish between problems that can and cannot be resolved, and develop better coping skills.
- **Interpersonal psychotherapy** can assist in resolving personal and relationship conflicts.
- **Somatic or Trauma Psychotherapy** with a professional who is an expert in early life trauma can help bring about the resolution of traumatic experiences.

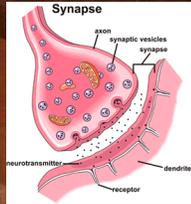
Antidepressant Medications

- Antidepressant medication can help depressed people feel better by controlling certain symptoms. For example, they can be particularly helpful in mobilizing people who survive the repair of a broken hip, but lose their will to get out of bed in the morning – even their will to live.
- Antidepressants can be sedating and can cause a sudden drop in blood pressure when a person stands up, actually leading to falls and fractures.
- Selective serotonin reuptake inhibitors (SSRI) drugs can create dependency and may cause self-destructive thoughts, which, in at least 3.5% of cases, have led to suicide.

Depression in the Elderly

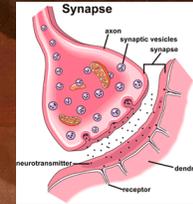
Antidepressant Medications – How they work

- In the brain, messages are passed between two nerve cells via a synapse, a small gap between the cells. The cell that sends the information releases neurotransmitters (of which serotonin is one) into that gap.
- The neurotransmitters are then recognized by receptors on the surface of the recipient (postsynaptic) cell, which upon this stimulation, in turn, relays the signal. About 10% of the neurotransmitters are lost in this process, the other 90% are released from the receptors and taken up again, into the sending (presynaptic) cell (a process called *reuptake*).



Antidepressant Medications – How they work

- Some theories link depression to a lack of stimulation of the recipient neuron at a synapse. To stimulate the recipient cell, SSRIs inhibit the reuptake of serotonin. As a result, the serotonin stays in the synaptic gap longer than it normally would, and may be recognized again (and again) by the receptors of the recipient cell, stimulating it.



Factors which can delay results

- Antidepressants may take longer to start working in the elderly than they do in a younger population.
- Since seniors are more sensitive to medications, doctors may prescribe lower doses at first.
- Seniors may forget to take their medicine.
- Fear of side effects as well as cost increase the resistance of seniors to taking drugs.

Evaluate First

- Remember that depression is not a natural condition of old age and should not be tolerated as part of the aging process.
- Ask your doctor to administer a routine depression screening test, such as
 - The Hamilton Depression Scale
 - The Beck Depression Inventory
 - The Geriatric Depression Scale
 - Cornell Scale of Depression in Dementia

Self-help Activities

- Mild exercise (walking or even chair exercise)
- Music Therapy (listening, sing-alongs)
- Pets (stroking animals has been shown to elevate mood)
- Gardening or other hobbies
- Reminiscing, either with other elders or with younger people
- Visiting with family members and friends
- Humor (such as telling jokes, emailing funny stories, watching old comedy shows)
- Social interventions to help with isolation and loneliness such as: group outings, regular visits from concerned people, participation in a support group
- Maintaining a healthy diet enhanced by a multivitamin
- Volunteering to help others
- Joining a religious or spiritual community
- Consider moving to an assisted living home for better socialization
- Consider day care

How can I help?

- Offer emotional support. It involves understanding, patience, affection, and encouragement. Engage the depressed person in conversation and listen carefully. Do not criticize feelings expressed, but point out realities and offer hope.
- See that the depressed person gets an accurate diagnosis and appropriate treatment – this may require you to make an appointment and accompany your depressed friend or family member to the doctor.
- Be sure medications are taken as instructed.
- Encourage the person to comply with treatment until the symptoms of depression begin to abate (several weeks), or to seek different treatment if no improvement or uncharacteristic behavior occurs.

Depression in the Elderly

How can I help?

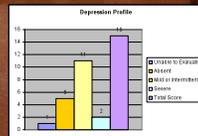
- Remind the person to obey doctor's orders about the use of alcoholic products while on medication.
- Invite the depressed person for walks, outings, to the movies. Suggest active pursuits such as exercise, art classes, or discussion groups.
- Try to motivate participation in activities that once provided pleasure. Be gently insistent if your suggestions are refused – becoming involved with other people can take the person's mind off of personal troubles.
- Reassure the depressed person that, with time and help, he or she will feel better.
- Be alert for suicidal thoughts, words or acts, and seek professional help immediately if they occur.

Can Depression be Prevented?

- Exercise, exercise, exercise! – Most Effective
- Social interaction such as support groups that deal with losses and changes
- Staying in contact with family, friends, and neighbors
- Participating in absorbing activities
- Volunteering to help others
- Learning a new skill, such as emailing, cooking, or gardening
- Sharing jokes and humorous stories (there are even humor classes for seniors)
- Maintaining a healthy diet
- Chemical depression sometimes cannot be prevented
- Apply financial resources to prevent catastrophic health failures linked to depression

Cornell Scale of Depression in Dementia

- Quantify incidence of depression
- Identify at-risk residents who may be undiagnosed
- Identify residents on antidepressants who may not be depressed
- 19 symptomatic tests



Resources

- National Hope Line Network
 - Call 1 800 Suicide
- Psychiatrist
 - Dr. Steven Samuels – (201) 894 3142
- Geriatric Social Worker
 - Marci Cooper – (201) 321 6595
- Bergen County
 - Emergency Assistance (201) 262 HELP

Don't Sweat the Small Stuff

I've sure gotten old! I've had two bypass surgeries, a hip replacement, new knees, fought prostate cancer and diabetes. I'm half blind, can't hear anything quieter than a jet engine, take 40 different medications that make me dizzy, winded, and subject to blackouts. Have bouts with dementia. Have poor circulation; hardly feel my hands and feet anymore. Can't remember if I'm 85 or 92. Have lost all my friends. But, thank God, I still have my driver's license.

