

Risks of Depression in the Elderly

Depression also has been associated with increased risk of death following a heart attack. For that reason, it is important to make sure that an elderly person you are concerned about is evaluated and treated, even if the depression is mild.

Using a series of standard questions, a primary care doctor can provide an effective screening for depression, allowing for better diagnosis and treatment. Doctors are encouraged to routinely screen for depression. This can happen during a visit for a chronic illness or at a wellness visit.

Depression also increases the risk of suicide, especially in elderly white men. The suicide rate in people ages 80 to 84 is more than twice that of the general population. The National Institute of Mental Health considers depression in people age 65 and older to be a major public health problem.

In addition, advancing age is often accompanied by loss of social support systems due to the death of a spouse or siblings, retirement, or relocation of residence. Because of changes in an elderly person's circumstances and the fact that elderly people are expected to slow down, doctors and family may miss the signs of depression. As a result, effective treatment often gets delayed, forcing many elderly people to struggle unnecessarily with depression.



OSCAR

Hospitality

How is Insomnia related to Depression in the Elderly?

Insomnia is usually a symptom of depression. New studies reveal that insomnia is also a risk factor for depression onset and recurrence — particularly in the elderly.

If there's no improvement in the sleep disorder or depression, a psychiatrist or psychopharmacologist may prescribe medications, psychotherapy, or both.



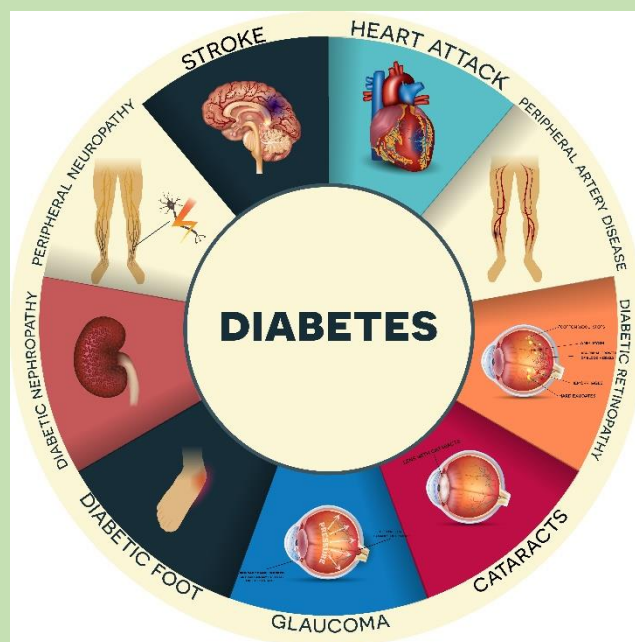
What Are Risk Factors for Depression in the Elderly?

- Being female
- Being single, unmarried, divorced, or widowed
- Lack of a supportive social network
- Stressful life events

Physical conditions like stroke, hypertension, atrial fibrillation, diabetes, cancer, dementia, and chronic pain further increase the risk of depression.

Additionally, the following risk factors for depression are often seen in the elderly:

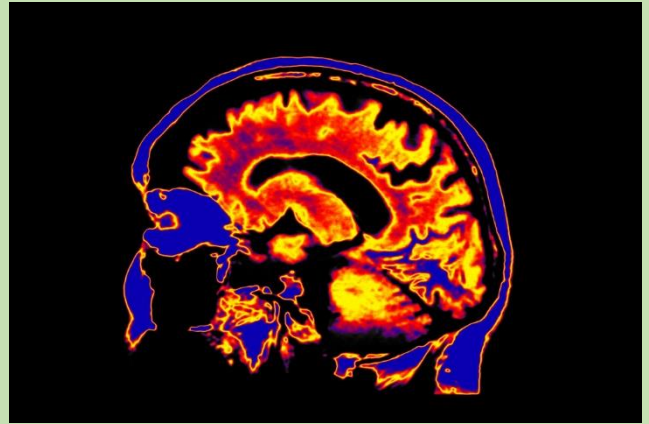
- Certain medicines or combination of medicines
- Damage to body image (from amputation, cancer surgery, or heart attack)
- Family history of major depressive disorder
- Fear of death
- Living alone, social isolation
- Other illnesses
- Past suicide attempt(s)
- Presence of chronic or severe pain
- Previous history of depression
- Recent loss of a loved one
- Substance abuse



OSCAR

Hospitality

Brain scans of people who develop their first depression in old age often reveal spots in the brain that may not be receiving adequate blood flow, believed to result from years of high blood pressure. Chemical changes in these brain cells may enhance the likelihood of depression separate from any life stress.



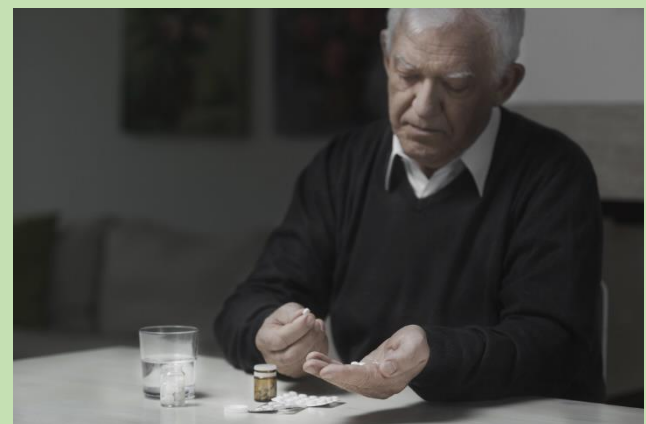
What Treatments Are Available for Depression In the Elderly?

There are several treatment options available for depression. They include medicine, psychotherapy or counseling, or electroconvulsive therapy or other newer forms of brain stimulation (such as repetitive transcranial magnetic stimulation (rTMS)). Sometimes, a combination of these treatments may be used. The option a doctor might recommend depends on the type and severity of depression symptoms, past treatments, and other medical conditions a person might have, among other factors.



How Do Antidepressants Relieve Depression In the Elderly?

Studies have found that while antidepressants can be helpful in older adults, they may not always be as effective as in younger patients. Also, the risk of side effects or potential reactions with other medicines must be carefully considered. For example, certain older antidepressants such as amitriptyline and imipramine can be sedating, may cause confusion, or cause a sudden drop in blood pressure when a person stands up. That can lead to falls and fractures.



OSCAR

Hospitality

Antidepressants may take longer to start working in older people than they do in younger people. Since elderly people are more sensitive to medicines, doctors may prescribe lower doses at first. In general, the length of treatment for depression in the elderly is longer than it is in younger patients.



Can Psychotherapy Help Relieve Depression In the Elderly?

Most depressed people find that support from family and friends, involvement in self-help and support groups, and psychotherapy are helpful.

Psychotherapy is especially beneficial for those who have endured major life stresses (such as loss of friends and family, home relocations, and health problems) or who prefer not to take medicine and have only mild to moderate symptoms.



It also is helpful for people who cannot take drugs because of side effects, interactions with other medicines, or other medical illnesses.

Psychotherapy in older adults can address a broad range of functional and social consequences of depression.

Many doctors recommend the use of psychotherapy in combination with antidepressant medicines.

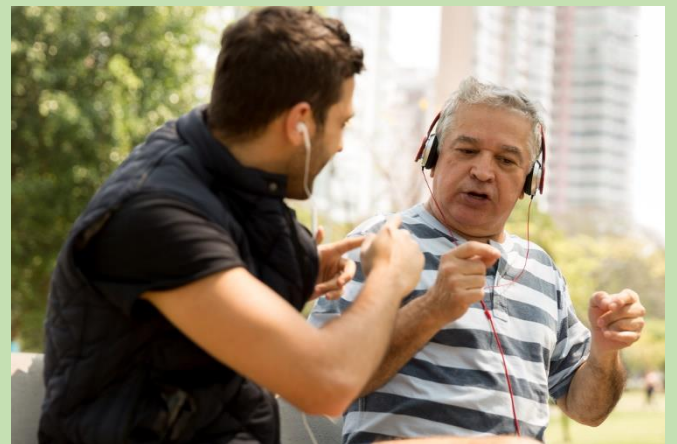


What Problems Affect Treatment of Depression In the Elderly?

The stigma attached to mental illness and psychiatric treatment is even more powerful among the elderly than among younger people. This stigma can keep elderly people from acknowledging that they are depressed, even to themselves. Elderly people and their families sometimes also may wrongly misidentify depression symptoms as “normal” reactions to life stresses, losses, or the aging process.

Also, depression may be expressed through physical complaints rather than traditional symptoms. This delays appropriate treatment. In addition, depressed older people may not report their depression because they wrongly believe there is no hope for help.

Elderly people may also be unwilling to take their medicines because of side effects or cost. In addition, having certain other illnesses at the same time as depression can interfere with the effectiveness of antidepressant medicines. Alcoholism and abuse of other substances may cause or worsen depression and interfere with effective treatment. And unhappy life events including the death of family or friends, poverty, and isolation may also affect the person’s motivation to continue with treatment.



Resources:

http://www.who.int/mental_health/world-mental-health-day/en/

<https://www.webmd.com/depression/guide/depression-elderly#1>