

Age-related Depression Fact Sheet



What is elderly depression?

Depression amongst the older population is relatively wide spread. The Mental Health Foundation estimates that 1 in 5 over 65's who live at home experience depression and 2 in 5 living in care homes.

Growing older can bring many challenges for the emotions. It is not only physical hardships which can make people feel low. When spouses, friends or relatives die there is a huge emotional impact. There can often be a feeling of a loss of status and identity following retirement. Without the activity of employment days can seem tedious and unfulfilling, whilst the knock-on effect of physical ailments can force elderly parents to give up driving and make it difficult to get out and about in general. Being forced to move away from a familiar community can also be distressing, even if it's only a small distance.

So it's very easy to dismiss elderly parents feeling down as an inevitable 'part of the ageing process'. However, we need to think more carefully about whether they may actually be suffering from depression, which is a clinical condition requiring treatment.

Depression is not a natural part of the ageing process but is very common in the elderly. It's not a problem to be taken lightly because it can have a severe effect on people's lives, but properly treated it can be resolved. Consequently it's important to assess the situation carefully and decide whether your elderly parent is experiencing an understandable reaction to distressing circumstances or is suffering from a depressive disorder.

Spotting Signs of Depression in the Elderly

A sense of loss following the death of a loved one or friend and the sense of frustration that accompanies a decline in one's health are inevitable. However, these feelings tend to come and go whereas depression is more long term.

Clues to look out for in elderly relatives who may be suffering depression include:

- Little joy or pleasure in your visit
- Declining social invitations; avoiding calls
- A significant change in routine
- Neglecting appearance/personal hygiene
- Moving more slowly than usual
- Wringing their hands, pacing the room
- Complaining of feeling old or worthless
- Not eating properly (empty cupboards/fridge)
- Not keeping up with household chores
- Missing important medications
- Forgetting birthdays and anniversaries
- Putting their affairs in order (making/changing wills, planning funerals, settling bills)

It's important not to take the presence of one or even several of these symptoms as any kind of conclusive evidence, but they are indicators that you should seek professional medical advice from your parent's GP.

People tend to be more at risk of becoming depressed if they:

- Are isolated
- Have declining health
- Lack support
- Have a history of depression or substance abuse

That said, these factors don't necessarily lead to depression and it is quite possible for some or all of these factors being present without a person becoming depressed.



Hidden Depression

Sometimes depression manifests itself physically as opposed to emotionally / psychologically. Thus people will complain of aches and pains brought on by depression even though the more emotional signs may be absent.

This is more likely to be the case where someone has not had depression pre-retirement. So it's worth keeping an eye out for unexplained physical ailments that may point to underlying depression.

Depression and Dementia

Some of the symptoms of depression have similarities to those of dementia. Attention deficit, memory loss, a lack of interest can be present in both depression and dementia. However, when ageing is present, there can be a tendency to fall into the trap of assuming it's dementia that is the problem.

Whether it's depression or dementia, it's advisable to seek a medical opinion but it's worth noting that there are a few differences.

In the case of dementia, the onset of symptoms is generally very slow, often over many months and even years. With depression on the other hand, the signs tend to appear much more quickly and will often be accompanied by some of the other symptoms mentioned above.

More importantly, the symptoms are generally not as severe and tend to subside with treatment.

Treating Depression in the Elderly

As with many diseases, depression can be measured on a scale, from mild to severe. The severity ultimately affects the way in which it is treated. GPs are often reluctant to prescribe medications (due to the addictive tendencies of many of the drugs) so alternative treatments will often be recommended for milder cases.

The problem is often getting an older person to acknowledge their depression. Older people come from a generation where 'mental illness' was stigmatised and many people assume it's natural to think "what do I have to look forward to at my age?"

As a result, the notion of seeking treatment or the suggestion of seeing a psychotherapist seems ludicrous.

Significant levels of patience are likely to be needed to get them comfortable with the idea, discussing how common depression is in the elderly and explaining that seeking help is a way of making things better as opposed to a sign of weakness. This is likely to require persistence as one of the problems with depression is that it puts mental barriers in place.

Depression can be treated successfully and there are a range of therapies that can help. GPs can advise on which treatments will suit someone best.

1. Medication

A GP may prescribe an antidepressant. They can help to reduce anxiety and improve mood, sleep, appetite and concentration.

2. Talking therapies

Talking to a trained therapist about depression (or an event that may have triggered it like bereavement) can be enormously rewarding.

There are different types of therapies to try, either one-on-one or as part of a group.

Examples include:

- Cognitive behavioural therapy: helps people develop more positive ways of thinking.
- Interpersonal therapy: helps people think about their relationships with others and new ways to get along better.

3. Exercise

Exercise, however gentle, will help you feel better and more positive. It will keep you physically fit as well as help you sleep. Walking, yoga, Tai Chi, swimming, dancing and aerobics are all good examples.

4. Healthy eating

Eating a balanced diet with lots of fruit and vegetables will stop you getting run down and feeling more depressed. Cut down on alcohol or, better still, cut it out altogether.



5. Staying social

It is important to get out and about. Staying at home all the time can make you brood on things. Ask us about lunch clubs, day centres, evening classes and support groups you can join and transport that might get you there. There is a wide range of adult education classes you could take too. University of the Third Age offer everything from creative writing to pottery.

6. Volunteer work

Perhaps a few hours one afternoon in a charity shop, or whatever someone can manage. It is a great way to keep one's self busy, meet new people as well as give something back to the community.

7. Alternative therapies

Some alternative therapies are thought to be useful in alleviating depressive symptoms such as:

- Meditation
- Acupuncture
- Aromatherapy and massage
- Herbal medicine, but check with your GP or pharmacist first.

8. Relaxation methods

It is important to reduce stress and anxiety by doing things that help you to relax. This will be personal to everyone, but may include:

- Slow-breathing exercises
- Listening to calming music
- Cooking or baking
- Crafts
- Writing
- Gardening.