

Depression in the Elderly

Introduction

Everyone is sad sometimes. In later life the reasons for becoming depressed seem so obvious and so common that we are inclined to think that it is normal for old people to feel depressed. But is it? Undoubtedly the kinds of things which we might expect to make us feel depressed do become more common as we grow older - having to stop work, probably less income, perhaps the start of arthritis or other physical problems. There are also the emotional losses - the death of a partner, or friends, or even of a dearly loved pet. Yet, despite all this, at any one time fewer than one elderly person in six feels so depressed that they or others notice. Fewer than one in thirty are so depressed that doctors would diagnose an illness - 'depressive illness'.



Symptoms

Feeling low or sad is not the only sign of depressive illness. It's important to know what to watch for. These are the most common symptoms:

- a feeling of sadness, depression or being 'down' which is worse than normal sadness, but which may lift later in the day.
- a loss of interest in life - you just can't enjoy the things that usually give you pleasure.
- a sense of fatigue or tiredness which is there even when you're not doing much. It makes even the simplest task a major effort. You just don't feel like doing anything.
- a loss of appetite and often a loss of weight too.
- an inner feeling of restlessness, making it hard to rest or relax properly.
- a feeling of wanting to avoid other people. If people are around you, you may find that you are snappy or irritable.
- poor sleep. You may wake early in the morning (at least an hour or two earlier than usual) and then be unable to get back to sleep again.
- losing confidence in yourself - you may feel useless or a burden to others.
- feelings of being bad or guilty - you may dwell on things from the past and may get things out of proportion, perhaps even wondering whether you are being punished by God.
- thoughts of suicide - most people with severe depression feel at some point like ending it all. These feelings should be taken seriously. They mean that help is definitely needed. Sometimes they become so strong that a person will work out ways of harming themselves, and even make preparations. This is a sign that help is urgently required.

People of all ages are affected by depression in this way. But the picture in older people can be a little different.

Physical symptoms

Some of the symptoms of physical illnesses may be similar to those of depression; for example, loss of appetite or disturbed sleep may be caused by depression or physical conditions, such as heart disease or arthritis. If depression is present, however, there will be other symptoms, especially the kind of thoughts and feelings mentioned above.

Reluctance to ask for help

Older people tend to complain less of being depressed. Instead they tend to talk more about physical symptoms. You may become constantly worried about having an illness, even though your doctor can find no cause for concern. The reason for this is probably that many older people were brought up not to bother the doctor with anything other than a physical complaint. If your doctor thinks that you may have depression, it is not a way of saying there isn't a problem. Some people insist on having tests they don't really need, but this only delays starting the treatment that will really help.

Long-term illness

Sometimes you may find yourself getting much more distressed by a particular physical problem even though it may not have changed much. This too may be a sign of depression coming on. In this situation, treating the depression will not take away the physical problem, but it will often make it much more bearable.

Worry

Depression can make you feel terribly worried and anxious. Some people have always worried more than others but, if this is unusual for you, then it may be a sign of depression.

Confusion and memory problems

In fact, worry and agitation may be so great that a person can feel and appear quite confused because they don't seem to be able to remember things. This itself can cause further anxiety because many older people worry about becoming 'senile'. Just occasionally, severe depression can be mistaken for dementia (permanent loss of memory). Very depressed people are only too aware of not being able to remember things, whereas people with dementia usually are not. Dementia and depression are **completely** separate conditions, so don't put off seeking help for fear of being declared 'senile'. Having said this, people who do have dementia are quite likely to get depressed and treating this can be very helpful.

Loneliness

Living alone does not automatically make you depressed, although many younger people seem to assume that it does! Sometimes, though, an older person may have become used to living alone but gradually develops a sense of loneliness which wasn't there before, or was not so bad. Again, this may be a sign of depression.

Getting help

If any of us become depressed, we may need professional help. But how do you know when it's time to get that help and what should you do?

Firstly, you should speak to your GP or family doctor. They are quite used to helping people with depression and almost all of them have had training in how to deal with it. You are certainly **not** wasting your doctor's time by asking for help if you feel depressed.



The time to get help is when your feelings of depression are worst than you would expect, when it has gone on for several weeks, when it is interfering with your life, when you can't face being with other people or when you get to the point when life hardly seems worth living.

Sometimes it is our friends or family who spot the change rather than ourselves. If this is the case, don't struggle on. Visit your doctor or, if you can't get out, ask him or her to see you at home. It can be reassuring to have a member of your family there when you see your doctor.

Why do we get depressed?

It is natural to ask why we might have developed an illness. Depressed people tend to blame themselves, but this is because depression makes us see things in a very negative way and may make us blame ourselves for things over which we have no control. Usually there is more than one cause.

Painful events

Although depression may strike 'out of the blue', it is often triggered by a distressing event, such as the death of a partner or close friend. Such things happen to most older people at some time, yet not every elderly person gets depressed! So we can't say, 'What do you expect, anyone would get depressed in her shoes.' It does seem that some people are more vulnerable by nature, just more likely to get depressed when faced by a difficult or painful situation. For example, women seem to be more likely to get depressed than men, but this may be due to the fact that men are less likely to talk about their feelings.

Past depression

One thing that does seem fairly clear is that you are more likely to have a depressive illness if you have had it before.

Physical illness

Any physical illness can trigger depression, whether it comes on suddenly, like stroke, or a long and disabling illness, such as Parkinson's disease. It may, of course, be a combination of illnesses which have taken their toll over the years. Although this may make the depression more 'understandable', it doesn't mean that it can't be helped. Such depression often respond very well to treatment.

Sometimes when an older person becomes suddenly depressed, it may be due to physical illness that is not obvious - problems with the thyroid gland are a good example. Your doctor can easily check these things out.

How can depression be helped?

Most elderly people suffering from depression are treated at home - having to go into hospital is the exception rather than the rule. There are three main types of treatment.

Physical treatment

Anti-depressant drugs

If you happen to be so depressed that you have physical symptoms (such as poor sleep, poor appetite and loss of weight), your doctor will usually think first of prescribing an anti-depressant drug. There are several different types now available, so there should be no difficulty in finding one to suit you. But it is worth remembering that all tablets may cause side effects - your doctor will warn you of the common ones.

Most side effects are merely a nuisance and tend to get weaker or disappear completely after a few days - so it's worth persevering with them even if you feel a bit uncomfortable at first!

It's also worth knowing that these drugs will usually not start to lift your mood for a couple of weeks, although they may improve your sleep quite quickly. You may find that it takes 4-6 weeks for you to get back to normal.

You may be taking more than one sort of medicine. It's usually quite safe to start anti-depressant treatment but you must let your doctor know about **everything** you are taking, including medicines you get yourself from the chemist, so that he or she can prescribe the right drug.

Many anti-depressants slow down your reactions and may make you a bit drowsy, so it is important not to drive while you are taking these tablets.

If you take several sorts of tablets you may find that you get muddled and forget to take some of your medicines. If so, your doctor, chemist or community nurse can provide you with a special box with all the tablets laid out for each time of the day for a whole week.

Psychological treatments

These involve talking to someone about the way you feel, about problems in your life and about ways of helping you to feel better. They can help both in mild and moderate depression, but also in severe depressions when medication has started to work. It does not necessarily involve 'baring your soul', which many people find off-putting, but is usually very practical. It can involve looking at ways of thinking, about yourself and the world, which tend to make you depressed - and changing them. It can help you to get out of the trap of negative thinking that depression can start. Anxiety or worry is very common and there are very effective ways of helping you to feel relaxed and worry less. These range from relaxing cassette tapes to special techniques you can be taught. Sometimes, just talking over your problems with a doctor, psychologist or nurse can make you feel better. Sometimes depression may have been triggered by a bereavement or problems in a marriage. Bereavement counselling or marriage therapy can be very helpful.

Social treatments

These involved help with practical aspects of daily living. You may become depressed because you are living in poor housing or a dangerous neighbourhood. If so, a social worker may be able to help you move but - a word of warning. It is important not to make decisions about moving when you are still depressed because you may regret it when you are feeling better. Social workers can also help with finding ways to occupy yourself and spend time with other people. This can be very important because many people become quite isolated when they are depressed and find it quite hard to get back into the swing of things. There are lunch clubs, day centres and support groups where you can go, some of which are just for older people with depression. It's really important to talk to other people because it can make you feel better and make it less likely for your depression to return.

Not getting better

Although most people get better at home with these treatments, some people do not. If this happens to you, your family doctor may ask a psychiatrist to see you for some expert advice. That does not mean that people think you're 'mad'. Your doctor may need a second opinion or advice about the best treatment in a particular case.

Nowadays, most parts of the country have specialists (called 'psychogeriatricians' or 'old-age psychiatrists') who are experts at treating older people with depression. They work in hospital, but also visit patients in their own homes. They often work as part of a team, so you may see a nurse or a social worker first.

The first interview with a specialist psychiatrist usually takes about an hour. If you are depressed, you may find it difficult to remember some of the details of how it all began. So, the psychiatrist may ask if a friend, neighbour or close relative can come with you. It will help the psychiatrist to help you if he or she can get a complete picture of the situation.

Coming into hospital

A small number of people need to have their depression treated in hospital. This may be because they cannot look after themselves properly at home, or occasionally because they want to kill themselves. Sometimes it may be because they need a specialist treatment that is usually only given in hospital, such as ECT.

ECT (electroconvulsive therapy)

If depression is very severe, a course of Electroconvulsive therapy, or ECT, may be recommended. This is usually given in hospital, but can be given to out-patients. Firstly, a light anaesthetic is given. While the person is asleep, a muscle-relaxing drug is given followed by a brief electrical current which passes through the brain for a fraction of a second. It is always given under strict medical supervision. It all takes about 15 minutes and all you will be aware of is having gone to sleep. Afterwards people sometimes have a headache or a short period of feeling muddled, but these usually pass off quickly. There is absolutely no evidence that properly-given ECT harms the brain in any way. It is the most effective treatment in severe depression, as many people who have had it will testify. ECT is very safe and elderly people tolerate it very well; in fact, there is even some evidence that older people benefit even more from ECT than younger sufferers.

Staying well



Getting over a bout of depression is usually straightforward. But doctors are also interested in keeping people well and stopping it happening again. For this reason it is important not to stop any tablets for depression until your doctor advises you to. Even if you're feeling back to normal, there's a chance of depression returning if you stop your tablets too quickly. Don't worry - unlike some tranquillisers, tablets for depression are not habit-forming or addictive.

If your general health is good and there has been an obvious upset leading to your depression, you will probably need to stay on the tablets for only 6 to 12 months. If you have already had a number of attacks of depression, your doctor may recommend that you stay on an anti-depressant drug for much longer. This may be the same drug which got you better, or it may be one called 'lithium'. This is a naturally occurring substance which has been used to prevent attacks of depression for many years. It is very effective but you may need to have a simple blood test every three months or so.

Helping yourself

- **Do** ask for help. It's not normal to feel depressed because you are old.
- **Do** try to get out. It can be more difficult when you get old because of physical problems like stiff joints or swollen ankles but it's really worthwhile. Staying at home all the time can make you brood on things. This doesn't help and can actually make you feel more helpless and depressed. So, if neighbours, family or friends offer, let them help you to get out. If you go to a day centre, they may have their own transport that you can use.
- **Do** try to eat properly. People who are depressed often lose their appetite, eat very little and lose weight. You can also run short of important vitamins and minerals. This

can affect your physical health - older bodies cannot adjust as well as younger ones. Beware of 'comfort eating' with chocolate and biscuits - these are quick and easy to eat, but they don't have the vitamins and minerals to keep you feeling well..

- **Do** keep reminding yourself that you are ill. You are not being lazy or letting other people down - the vast majority of people get better.
- **Do** tell someone if you feel so low that you feel like ending it all.
- **Don't** keep your feelings to yourself. You'll find yourself going over the same worries again and again. Talking to somebody does help.

- **Don't** use alcohol to make you feel better. It can actually make depression worse and it may react with any tablets you are taking.
- **Don't** panic about not sleeping properly. This happens in depression and gets better when the depression lifts.
- **Don't** alter the number of tablets you are on, or stop taking them, or try other remedies, without discussing it with your doctor. If the tablets have unpleasant effects, tell your doctor or nurse.
- **Don't** think that depression makes you senile or leads to dementia. It doesn't.



Relatives and friends

It's often a relative or a friend who notices depression coming on in an older person. Gently encourage them to accept help. Explain that depression is quite common and that, with help, gets better in the great majority of people. Be clear yourself that it's not a form of 'madness', or that seeing a psychiatrist is a slur on the family.

Remember that older people with depression get tired easily. It's often enough to show your concern by being there - or particularly by doing something practical to help, like the shopping or cleaning.

Don't force them to talk. Don't bully them into doing things. Although getting out and getting some gentle exercise helps, it may not help if you find yourself having to nag them to do it. In fact, people will often dig their heels in if they feel they are being put under too much pressure.

Be patient. Older depressed people may constantly ask for reassurance or become convinced that they've got something physically wrong with them. It's often because they are frightened or don't understand what is happening to them. Reassure as much as you can and be a good listener. Especially reassure them that they are not going to end up 'going senile' or demented. People who have had depression are no more at risk of senile dementia than anyone else. It's important to make sure they eat properly.

Don't be embarrassed to ask whether they have felt suicidal. It's a myth that talking about it makes it more likely that someone will do it. Suicidal thoughts are a sure sign that help is needed, and most people who feel like this are relieved when someone asks about it.

Caring for someone with depression can be exhausting! If you are getting worn out by everything, do ask for help. Community Psychiatric Nurses can help you by arranging for your relative to go to a day centre or day hospital to give you a break. They can also help by being there for you to talk to.

Finally, don't make decisions about housing or accommodation when someone you know is depressed. They may put pressure on you and say that it's all to do with where they live. But things are not usually that simple. Many older people who move when they are depressed wish, once they had got better, that they had stayed put.

Organisations that can help

Age Concern: 1268 London Road, London SW16 4ER. Tel: 020 8765 7200 Fax: 020 8765 7211 Information: 0800 00 99 66
Provide information and advice to older people and their carers.

Alzheimer's Disease Society: Gordon House, 10 Greencoat Place, London, SW1P 1PH.
Tel: 020 7306 0606 Fax: 020 7306 0808 Email: info@alzheimers.org.uk
Gives support to families by linking them through membership and provides information on Alzheimer's Disease and dementia.

CRUSE – Bereavement Care: Cruse House, 126 Sheen Road, Richmond, Surrey TW9 1UR.
Tel: 0870 167 1677 any time (national telephone number)

Depression Alliance: 35 Westminster Bridge Road, London SE1 7JB. Tel: 020 7633 0557
Fax: 020 7633 0559
Information, help and advice for those suffering from depression and for their carers.

Fellowship of Depressives Anonymous: Box FDA. Self Help Nottingham, Ormiston House, 32-36 Pelham Street, Nottingham, NG1 2EG. Tel: 0870 774 4320 Fax: 0870 774 4319. Email: fdainfo@aol.com
Support and encouragement for sufferers of depression.

Help The Aged: 207-221 Pentonville Road, London N1 9UZ
Tel: (020) 7278 1114 (Monday-Friday 8am-6pm then answerphone)
Help line: 0808 800 6565 (Monday-Friday 9am-4pm)
Fax: 020 7250 4474 Email: info@helptheaged.org.uk
Provides practical support and help for older people to live independent lives, particularly those who are frail, isolated or poor.

Manic Depression Fellowship: Castle Works, Saint George's Road, London SE1 6ES Tel: 020 7793 2600 Fax: 020 7793 2639 Email: mdf@mdf.org.uk

Carers National Association: Ruth Pitter House, 20-25 Glasshouse Yard, London, EC1A 4JT. Tel: 020 7490 8818 Helpline: 0808 808 7777 (Monday to Friday 10am-12 noon & 2pm-4pm)
Fax: 020 7490 8824 Email: internet@ukcarers.org
To help anyone who is caring for a sick, disabled or elderly frail friend or relative at home.

Recommended reading

PITT B with CALMAN M - *Down with gloom!* Gaskell

PRIEST R - *Anxiety and depression: a practical guide to recovery.* Macdonald Optima

WEEKES C - *Self Help for Your Nerves.* Angus and Robertson

COONEY J G - *Under the Weather: alcohol abuse and alcoholism.* Gill and Macmillan

STYRON W - *Darkness Visible.* Cape

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