



Depression in Elders

(First of three part series)

Most elders adjust well to aging and the transitions that occur in their lives. Granted, they sometimes are faced with the deaths of a spouse, declining body function – achy joints, diminished vision or hearing and multiple other diseases or disorders that affect all of society. This may bring about periods of sadness and grief, but they recover and go forth with a sense of joy and thankfulness in their lives. Most, not all aging individuals have a number of support persons around them-family or friends that keep them well grounded and moving onward. However, in our modern, more mobile society, children may live some distance from their parents. Under these circumstances long time friends are often closer than family due to their proximity and the intimate relationships that have forged over time. Within a church environment, many of the same people have been interacting for ten years, even for thirty or forty years.

Who's at risk of depression?

Individuals at high risk for depression are those with failing health, substance abuse, or inadequate social support. This is why social support that **keeps people connected to each other and God is so important!** According to the National Institute of Health, of the 35 million Americans age 65 or older, 2 million suffer from full-blown depression. Another 5 million suffer from less severe forms of the illness. (08 January 2007)

What are the symptoms of depression?

The symptoms of depression in elders are hard to distinguish from other health issues and reactions to life transitions such as loss of a spouse, giving up the family home, social isolation, declining health or loss of purpose and identity, to name just a few examples. Not all the symptoms listed for depression are solely from that; some may be a sign of a medical problem or a brain disorder, such as

dementia which also heightens the individual's fears of being diagnosed. To add to the complexity of diagnosing the problem, elders grew up in an era when being depressed had a social stigma and therefore they may be hesitant to seek help out of fear of being labeled. Furthermore, many are stoic and prideful and do not want to admit to having symptoms or to needing any kind of 'help'. Regardless of the cause, follow-up and interventions are needed. Depression is treatable! Closing one's eyes and denial of a problem does not take it away nor improve the quality of one's life!

There is no one "cookie cutter" description for depression. Individuals with depression are not necessarily sad all the time. They may have multiple physical complaints such as escalating pain patterns or other more vague complaints – a loss of energy, a lack of motivation to do anything or other behaviors such as constant worrying and anxiety. Be watchful for symptoms of lack of interest in personal hygiene, hopelessness, helplessness, constant irritability, isolation and lack of involvement in activities that have provided pleasure in the past.

Before jumping to the conclusion that symptoms are from depression other factors need to be investigated. There could be a physical problem such as a hormone or electrolyte imbalance, thyroid problem, vitamin B12 or nutritional deficiency. Additionally, there are a number of commonly prescribed medications that can bring on depression as a side effect. Therefore it is important to discuss your feelings and symptoms with your prescribing physician so he/she can evaluate the underlying cause. Please note, it can be dangerous to discontinue or change your medications without discussing your individual needs with your physician!

The following screening tool is commonly used to detect depression.

GERIATRIC DEPRESSION SCALE (GDS) SHORT FORM

A self-administered depression scale for those over 65 which measures depression in the elderly

CHOOSE THE BEST ANSWER FOR HOW YOU FELT THIS PAST WEEK

Are you basically satisfied with your life?	yes NO
Have you dropped many of your activities and interests?	YES no
Do you feel that your life is empty?	YES no
Do you often get bored?	YES no
Are you in good spirits most of the time?	yes NO
Are you afraid that something bad is going to happen to you?	YES no
Do you feel happy most of the time?	yes NO
Do you often feel helpless?	YES no
Do you prefer to stay at home, rather than going out and doing new things?	YES no
Do you feel you have more problems with memory than most?	YES no
Do you think it is wonderful to be alive now?	yes NO
Do you feel pretty worthless the way you are now?	YES no
Do you feel full of energy?	yes NO
Do you feel that your situation is hopeless?	YES no
Do you think that most people are better off than you are?	YES no

Score: _____ (Number of "depressed" answers - ones that are **bold**)

Answers in **bold** indicate depression.

For clinical purposes a score over 5 points is suggestive of depression and should warrant a follow-up interview. Scores over 10 are almost always depression.

Note: This is a self-report inventory. The validity of the result depends entirely on your honesty.

No single short screening tool can make a definitive diagnosis, but it does indicate that you need to follow up with your health care provider for a more thorough evaluation.

Content Adapted from [American Academy of Family Physicians](http://www.americanacademyoffamilyphysicians.org/) and [HealthyPlace.com Depression Center Links](http://www.healthyplace.com/depression/elderly_2a.asp) (http://www.healthyplace.com/depression/elderly_2a.asp)

Next time: Part 2: Depression: Things You Can Do to Help

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