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Older Adults and Depression

Learn the signs and find treatment.

Do you feel very tired, helpless, and hopeless?

Have you lost interest in many of the activities and interests you previously enjoyed?

Are you having trouble working, sleeping, eating, and functioning?

Have you felt this way day after day?

If you answered yes, you may be experiencing depression.

As you get older, you may go through a lot of changes—death of loved ones, retirement, stressful life events, or medical problems. It's normal to feel uneasy, stressed, or sad about these changes. But after adjusting, many older adults feel well again.

Depression is different. It is a medical condition that interferes with daily life and normal functioning. It is not a normal part of aging, a sign of weakness, or a character flaw. Many older adults with depression need treatment to feel better.

Types of Depression

There are several types of depression. The most common include:

- **Major Depression**—severe symptoms that interfere with your ability to work, sleep, concentrate, eat, and enjoy life. Some people may experience only a single episode within their lifetime, but more often, a person may experience multiple episodes.
- **Persistent Depressive Disorder (Dysthymia)**—depression symptoms that are less severe than those of major depression, but last a long time (at least

two years).

- **Minor Depression**—depression symptoms that are less severe than those of major depression and dysthymia, and symptoms do not last long.

Do you know the signs?

Depression may sometimes be undiagnosed or misdiagnosed in some older adults because sadness is not their main symptom. They may have other, less obvious symptoms of depression or they may not be willing to talk about their feelings. It is important to know the signs and seek help if you are concerned.

Depression has many symptoms, including physical ones. If you have been experiencing several of the following symptoms for at least two weeks, you may be suffering from depression:

- Persistent sad, anxious, or “empty” mood
- Loss of interest or pleasure in hobbies and activities
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Decreased energy, fatigue, being “slowed down”
- Difficulty concentrating, remembering, making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or unintended weight changes
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

Is it Grief or Depression?

Grief after loss of a loved one is a normal reaction to loss and generally does not require mental health treatment. However, grief that lasts a very long time or is unusually severe following a loss may require treatment.

Risk Factors

Although most cases of depression are diagnosed in young adults, depression can occur at any age. Certain people are at a higher risk for developing depression. If

you are an older adult, you may be at a higher risk if you:

- are female
- have a chronic medical illness, such as cancer, diabetes or heart disease
- have a disability
- sleep poorly
- are lonely or socially isolated

You may also be at a higher risk if you:

- have a personal or family history of depression
- use certain medications
- suffer from a brain disease
- misuse alcohol or drugs
- have experienced stressful life events such as loss of a spouse, divorce, or taking care of someone with a chronic illness

How do I get help?

If you think that you or a loved one may have depression, it is important to seek treatment. A person with depression cannot simply “snap out of it”—it is a medical condition that affects your quality of life. Depression can also lead to suicide, particularly if left untreated, and you are more likely to develop a physical illness if you have depression.

The good news is that, in most cases, depression is treatable in older adults. The right treatment may help improve your overall health and quality of life. With the right treatment, you may begin to see improvements as early as two weeks from the start of your therapy. Some symptoms may start to improve within a week or two, but it may be several weeks before you feel the full effect.

Talking to Your Doctor

If you think you have depression, the first step is to talk to your doctor or health care provider. Your doctor will review your medical history and do a physical exam to rule out other conditions that may be causing or contributing to your depression symptoms. He or she may also ask you a series of questions about how you're feeling. It is important to be open and honest about your symptoms, even if you feel embarrassed or shy.

If other factors can be ruled out, the doctor may refer you to a mental health professional, such as a psychologist, counselor, social worker, or psychiatrist. Some providers are specially trained to treat depression and other emotional problems in older adults.

What are my treatment options?

The primary treatment options for depression include medication and psychotherapy. It is important to remember that as doctors and therapists develop a personalized treatment plan for each individual, different treatments or treatment combinations sometimes might be tried until you find one that works for you.

Medication

Medications called antidepressants can work well to treat depression. While some symptoms usually begin to improve within a week or two, they can take several weeks to work fully. As with most medications, many people experience some side effects, which in most cases can be managed or minimized. The most common side effects of antidepressants include:

- Nausea and vomiting
- Weight gain
- Diarrhea
- Sleepiness
- Sexual problems

Antidepressants may cause other side effects that are not included in this list. Most side effects lessen over time. If you are taking antidepressants, talk to your doctor about any side effects that you are experiencing, especially if they are new, worsen over time, or worry you. Often, temporarily lowering the dose or switching to a different medication will help when side effects are problematic. If you have thoughts of suicide or experience any unusual changes in mood and behavior, call your doctor right away.

People over 65 have to be careful when taking medications, especially when they're taking medications for different conditions. Older adults have a higher risk for experiencing bad drug interactions, missing doses, or overdosing. Be sure to tell every doctor you see about all of the medications you are being prescribed. It is also a good idea to get all of your medications from the same pharmacy; pharmacists are

excellent sources of information about medications and will alert you and your doctors if there are concerns about a possible interaction between medications—which can happen inadvertently when a doctor is not familiar with a medication being prescribed for a different condition by a different health care provider.

Older adults also tend to be more sensitive to medications. Therefore, lower or less frequent doses may be needed. Before starting a medication, older adults and their family members should talk with a doctor about whether a medication can affect alertness, memory, or coordination, and how to help ensure that prescribed medications do not increase the risk of falls. If you have trouble remembering to take multiple doses of medicines throughout the day, your doctor may want to prescribe one of the antidepressants that require just one dose daily; either way, antidepressants must be taken every single day, not just “as needed.”

If you are taking antidepressants, it is important to not stop taking them without the help of a doctor.

Even after you are feeling back to yourself, antidepressants should be continued for a number of months to prevent depression symptoms from returning. When it is time to stop the medication, the doctor will help you slowly and safely decrease the dose. It's important to give the body time to adjust to the change. People don't get addicted to (or “hooked on”) these medications, but stopping them abruptly may cause withdrawal symptoms.

Psychotherapy

Psychotherapy (or “talk therapy”) can also be an effective treatment for depression. It helps by teaching new ways of thinking and behaving, and changing habits that may contribute to the depression. Psychotherapy can help you understand and work through difficult relationships or situations that may be causing your depression or making it worse. Research shows that cognitive-behavioral therapy (CBT), including a version called problem-solving therapy, may be an especially useful type of psychotherapy for treating older adults and improving their quality of life.

Research also suggests that for older adults, psychotherapy is just as likely to be an effective first treatment for depression as taking an antidepressant. Some older adults prefer to get counseling or psychotherapy for depression rather than add more medications to those they are already taking for other conditions. However, if

your depression is severe or if you are coping with other serious illnesses, medication or a combination of medications with psychotherapy may be a more effective approach.

Complementary Therapies

Examples of complementary therapies for depression include yoga, exercise, and certain dietary supplements. These therapies may offer some benefits for people with depression; however, they should not replace talking to your health care professional or continuing with the treatment plan determined with that doctor. Tell your health care professional about any complementary health approaches you use or plan to use. This will help ensure your safety. Physical activity is a helpful part of any treatment plan for depression, and may become easier to add as a person starts to feel better as antidepressant medication and/or psychotherapy begin to work. Talk to your health care professional about your options and visit the National Center for Complementary and Integrative Health to learn more about these types of therapies: www.nccih.nih.gov.

Electroconvulsive Therapy (ECT)

Electroconvulsive therapy (ECT) is sometimes used for severe depression that is very difficult to treat and does not respond to medication or psychotherapy. ECT is a type of brain stimulation therapy, a class of treatments which involve activating the brain directly with electricity, magnets, or implants. Some of these treatments are still at the experimental stage. If your depression persists despite adequate trials of medication, or if your depression is so severe that you are unable to eat or you develop false, fixed beliefs (“delusions”) about your illness, your doctor may recommend ECT as the best option. Although it has been in use for almost 80 years, ECT remains the strongest and fastest-acting treatment for severe depression.

Despite ECT’s efficacy and safety record in older adults, many misconceptions still persist among both patients and health care professionals. ECT can be safe and highly effective for severe, treatment-resistant depression, as well as a variety of other serious mental disorders. ECT may cause side effects, such as confusion and memory loss. Although these side effects are usually short-term, they can sometimes linger.

Beyond Treatment: What You Can Do

As you continue treatment, you may gradually start to feel better. Remember that if you are taking medication, it may take several weeks for it to start working. If the first medication does not work, be open to trying another. You may need to try a few different medications before finding one that works for you. Sometimes, if an antidepressant medication is only partially effective, adding a second medication of a different type can be helpful.

Try to do things that you used to enjoy before you had depression. Studies have shown that doing these things, even when you don't expect to enjoy them, can help lift your spirits. Go easy on yourself. Other things that may help:

- Break up large tasks into small ones, and do what you can as you can. Don't try to do too many things at once.
- Spend time with other people and talk to a friend or relative about your feelings.
- Stick to your treatment plan. It will take time for treatment to work.
- Discuss decisions with others who know you well. Do not make important life decisions until you feel better.

If you are having suicidal thoughts

Older adults with depression are at risk for suicide. If you are thinking about harming yourself or attempting suicide, tell someone who can help immediately.

- Call your doctor.
- Call 911 for emergency services.
- Go to the nearest hospital emergency room.
- Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to be connected to a trained counselor at a suicide crisis center nearest you.

How do I help someone with depression?

If you know someone who has depression, first help him or her see a doctor or mental health professional. Several ways you can help an older adult with depression is to:

- Offer support, understanding, patience, and encouragement.

- Help keep track of his or her appointments and weekly “pillbox” if possible because many older adults with depression may not be thinking clearly.
- Try to make sure he or she has a way of getting to doctor visits.
- Talk to him or her, and listen carefully.
- Never ignore comments about suicide, and report them to your loved one’s therapist or doctor.
- Invite him or her out for walks or outings, or to engage in indoor activities with you.
- Remind him or her that, with time and treatment, the depression will lift.

Where can I find more information?

NIMH has a variety of publications on depression available at www.nimh.nih.gov/health/publications. If you need additional information and support, you may find the following resources to be helpful:

Clinical Trials and You Clinical trials are part of clinical research and at the heart of all medical advances. Clinical trials look at new ways to prevent, detect, or treat disease. Treatments might be new drugs or new combinations of drugs, new surgical procedures or devices, or new ways to use existing treatments. All clinical trials have particular requirements to match potential subjects with studies, such as age range or acceptable other conditions/medications. To learn more about participating in a clinical trial, please visit www.nih.gov/health/trials and use search terms such as “geriatric depression” or “depression and older adults.”

Locate Affordable Health Care in Your Area Within the Federal Government, a bureau of the Health Resources and Services Administration (HRSA) provides a Health Center Database for a nationwide directory of clinics to obtain low or no-cost health care. Start your search at www.findahealthcenter.hrsa.gov.

Mental Health Treatment Program Locator The Substance Abuse and Mental Health Services Administration (SAMHSA) provides the Mental Health Treatment Program Locator, which is an online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental disorders. Find a facility in your state at www.findtreatment.samhsa.gov.

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