

**What this fact sheet covers:**

- Signs of depression in older people
- Types of depression in older people
- Causes of depression in older people
- How is depression treated in old age?
- How can depression be prevented in old age?
- Where to seek help for adults over 65
- Key points to remember
- Where to get more information.

Signs of depression in older people

While the signs of depression in older people are often the same as for people in other age groups, there are a number of issues that can make depression more difficult to detect.

In comparison with younger people, older people under-report depressive symptoms and may not acknowledge being sad, down or depressed. Whether this is due to age itself or a reflection of the generation in which they were raised — where stoicism was a virtue — is unknown.

Often, common depressive symptoms (such as a loss of interest in life, lack of enjoyment in normal activities, apprehension, poor sleep, persistent thoughts of death, chronic unexplained pain, poor concentration or impaired memory) are incorrectly attributed to old age, dementia or poor health. Too frequently, family, friends and doctors see it that way as well, with the result that depression in old age may go undetected and untreated for a long time.

Among the atypical ways that depression may present in old age are the following:**Chronic unexplained physical symptoms**

In this situation, the older person has been complaining of a range of physical symptoms for which no adequate medical explanation can be found.

Common symptoms include dizziness, chronic aches and pains, constipation, weight loss and insomnia.

Usually symptoms of depression become apparent on close questioning, though the older person may not see it that way and may deny that it could be the problem.

In the extreme, the older person may become utterly convinced that they have an incurable illness, and won't listen to reason. This is not infrequently found to be the reason that an older person attempts suicide.



Memory loss

Depression in old age is often accompanied by memory changes but sometimes the memory impairment may seem to be the main problem and the older person and/or their family become concerned that this is dementia onset, and fail to see depression.

Treatment of the depression usually improves the memory, though sometimes memory doesn't fully recover.

Behavioural changes

These can be quite varied and include:

- agoraphobia in which the older person becomes housebound with fear, refuses to eat, shoplifts, 'accidentally' overdoses, lives in squalor, or abuses alcohol
- situations in which an older person becomes preoccupied with changing their will, gives away personal possessions, talks about death, or takes an unprecedented interest in firearms should not only alert friends and family of the possibility of depression, but also of the risk of suicide.

Types of depression in older people

The most common type of depression in older age, and which occurs in nearly 10% of older people, is non-melancholic depression. Many researchers have downplayed its significance but in recent years there has been good evidence that such depressive states cause considerable disablement and distress and may persist unrecognised for years. Possibly this is because many older people with such depressive disorders also have physical health impairments contributing to the depression, thus symptoms of depression, such as constipation, may be attributed to physical illness, and vice versa.

Causes of depression in older people

It is best to consider this in terms of when the older person first experiences depression in their life.

When the onset of depression first occurs in earlier life, it is more likely that there are genetic, personality and life experience factors that have contributed to the depression.

Depression that first develops in later life is more likely to bear some relation to physical health problems. An older person in good physical health has a relatively low risk of depression.

Physical health

There is a complex relationship between physical illness, disability, and depression. Many physical illnesses cause depression through a variety of biological mechanisms.



This often happens in a person where no apparent psychological or social reason for depression is apparent.

There is mounting evidence that cerebrovascular disease is an important risk factor for late life depression.

Other types of physical illnesses that can cause depression in old age include cancer, thyroid disease, vitamin deficiencies and infections. So it is essential that any older person who becomes depressed for the first time in old age has a thorough medical evaluation.

Many physical illnesses in old age result in permanent disabilities which can restrict a person's mobility and often require assistance with self-care. This enforced dependency may cause a loss of dignity, a sense of being a burden on others and a fear of institutionalisation. Mood disorders are often left untreated in these circumstances, being 'down' is seen as a normal response to the situation.

Medications that are required to treat many of these problems can also cause depression: particularly drugs used to treat high blood pressure, and steroids, painkillers, and tranquillisers.

Social isolation and loneliness

Many people experience social isolation and loneliness in old age, either as a result of living alone, a lack of close family ties, reduced connections with their culture of origin, or an inability (often through lack of transport) to actively participate in the local community.

When this occurs in combination with physical disablement, demoralisation and depression are common accompaniments. For some older people, this may result in the overuse of alcohol to quell their depressive symptoms. They little realise that alcohol often worsens the depressed mood.

Loss in old age

Symbolic and real losses are the psychological basis of many depressions. Old age represents a period of life where losses are cumulative and frequent.

In fact, it is sometimes surprising how well most elderly people cope with losses such as the deaths of partner, siblings, friends and pets and the loss of independence, health, home and lifestyle.

How is depression treated in old age?

The range of treatments available to treat older people is the same as with younger adults. The main difference is the way in which they are applied.

- For more severe depression, antidepressant medication is usually required. In older people. Medication usually has to be started at a lower dose and



increased gradually, to minimise side-effects. Interactions with other medication can occur as well. Some antidepressant drugs, for example tricyclic antidepressants, are more likely to have side-effects, so are used less often. Antidepressant medication may take longer to work in older people, so trials of at least 6-8 weeks may be required.

- Electroconvulsive therapy (ECT) is a useful treatment in melancholic and psychotic depression that has failed to respond to medication, or when the depression is very severe. Extra precautions need to be taken with the anaesthetic but older people tolerate the treatment quite well.
- In the non-melancholic depressions, the usual range of psychotherapies is applicable, though therapists need to take into account the limitations imposed by poor hearing, poor eyesight and physical discomfort. Often shorter courses of therapy are required but the treatment response is as good, if not better, than in younger people. This may well reflect the older person respecting the time spent with them or someone being interested in their life.

Other treatments for depression that are helpful include social activities, physical exercise and music therapy.

How can depression be prevented in old age?

Lifestyle changes in mid life may be the key to the prevention of depression in old age. As mentioned earlier, there is mounting evidence that cerebrovascular disease may cause depression for the first time in old age, so controlling the known risk factors for vascular disease may prevent depression. These include:

- reduction of high blood pressure
- ceasing cigarette smoking
- reduction of cholesterol and lipid levels
- increased physical exercise
- weight control
- moderate alcohol consumption
- a diet rich in fish, grains and greens
- Other ways to reduce the risk of depression include mental stimulation, social activities and participation, control of chronic pain and grief counselling.

Where to seek help for older people with depression

- Your general practitioner is the best first port of call if you are over 65 and experiencing depression.
- Seek out a psychiatrist who specialises in geriatric care (a psychogeriatrician).



- Contact the Department of Health and Ageing (www.health.gov.au) to organise an appointment with an Aged Care Assessment Team (ACAT). ACAT conducts comprehensive psychiatric, occupational and psycho-social assessments for the aged. They provide therapy, counselling and case-management, advocacy, and information about respite care and social groups.

Key points to remember

- Depression in adults over 65 years is sometimes difficult to recognise, as the symptoms are often similar to the problems of ageing.
- Symptoms can include unexplained physical symptoms, memory loss, and various behavioural changes.
- It is important to address related factors that may be contributing to lowered mood states (i.e.: psychosocial problems/loneliness and isolation), however, clinical depression in an older person must be treated separately to issues of age.
- Older age does not diminish the effectiveness of treatment. Improvement and recovery is possible with the right treatment and management strategy.
- As with any diagnosed depression, the most effective treatment should factor in the specific features, causes and stressful life-events for that individual.

Where to get more information

- www.health.gov.au (Services/Aged Care)
- *NSW Aged Care Information Line*: 02 9263 3779
- *Aged and Community Care Information Line*: 1800 500 853
- *Seniors Information Service*: 13 12 44
- www.seniors.gov.au
- *Home Care Service of NSW*: 02 9689 2666
- *Commonwealth Carelink Centre*: 1800 052 222
- *NSW Transcultural Aged Care Service*: provides information for ethnic community organisations. 02 8585 5025
- *Better Health Channel*: Depression in the Elderly www.betterhealth.vic.gov.au

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