

# Depression in older people



## What this fact sheet covers:

- Signs of depression in older people
- Types of depression in older people
- Causes of depression in older people
- Treatment of depression in older people
- How can depression be prevented in old age
- Where to seek help for older people with depression
- Key points to remember
- Where to get more information

## Signs of depression in older people

Depression reflects a range of biological and social factors and it may be difficult to diagnose in older people as its presentation may differ from that of younger people. Older people tend to under-report depressive symptoms and may not acknowledge being sad, down or depressed. This could be due to age, shame and lack of understanding for the disorder or a belief in not talking about depression or admitting to not coping.

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 interpret these symptoms in that way as well, with the result that depression in old age may go undetected and untreated for a long time. Among the typical ways that depression may present in old age are:

## 1. Chronic unexplained physical symptoms

Older people may complain 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 extreme cases, an older person may believe that they have an incurable illness which can be a risk for suicide.



## 2. Memory loss

Depression in old age is often accompanied by memory changes which become the main focus for intervention rather than the depressive illness. Treatment of the underlying depression can usually improve memory if there is no corresponding dementing process as well.

## 3. Behavioural changes

These can be quite varied and can include:

- avoidance of leaving the home, refusal to eat, shoplifting, hoarding behaviours or alcohol abuse
- preoccupations with changing their will, giving away personal possessions, talking about death, or taking an unprecedented interest in firearms.

These behaviours should not only alert friends and family to the possibility of depression, but also to the risk of suicide.

## Types of depression in older people

The most common type of depression in older age is non-melancholic depression which is linked to psychological factors, personality characteristics and stressful life events. However, when there is a history of depression in earlier life, it is likely that genetic factors may contribute to the course of the depressive illness.

Depression that first develops in later life, usually after age 60, is more commonly associated with physical health problems that accompany ageing. An older person in good physical health with no history of previous episodes has a relatively low risk of developing depression at a later age.

## Causes of depression in older people

There can be multiple causes for depression in older people. These include:

## 1. Physical ill health

There is a complex relationship between physical illness, disability and depression. Many physical illnesses also cause depression through a variety of biological mechanisms. Physical illnesses that can cause depression in old age include cancer, thyroid disease, vitamin deficiencies and infections. There is also mounting evidence that cerebrovascular disease is an important risk factor for late life depression. 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 may result in loss of dignity, a sense of being a burden on others and fears of institutionalisation.

Finally, medications that are required to treat many physical problems are associated with depression; particularly drugs used to treat high blood pressure, and steroids, painkillers and tranquillisers.

## 2. 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.

## 3. 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.



Many elderly people cope well with losses such as the death of their partner, siblings, friends and pets, and the loss of independence, health, home and lifestyle. However, for other people, these losses can trigger the development of depressive symptoms.

## Treatment of depression in older people

There are a range of treatments available to treat older people:

- For more severe depression, antidepressant medication is usually required.
- Antidepressant medication may take longer to work in older people, so trials of at least six to eight weeks may be required.
- Electroconvulsive therapy (ECT) is a useful treatment in melancholic and psychotic depression when individuals have failed to respond to medication, or when the depression is very severe.
- 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.

Other helpful treatments for depression include social activities, physical exercise and music therapy. See our fact sheet **Treatments for Depression**.

## 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 be linked to depression in old age, so controlling the known risk factors for vascular disease may also prevent depression. These include:

- reduction of high blood pressure
- cessation of cigarette smoking
- reduction of cholesterol and lipid levels

- increased physical exercise (see our fact sheet **Managing depression with exercise**)
- weight control
- a diet rich in fish, grains and greens.

## Where to seek help for older people with depression

The family GP is the best first port of call for anyone over 65 who is experiencing depression. It may also be helpful to seek out a psychiatrist who specialises in geriatric care (a psychogeriatrician).

## 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.
- Features 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 ageing.
- Older age does not diminish the effectiveness of treatments. Improvement and recovery is possible with the right treatment and management strategies.
- As with treating any depression, the most effective treatments should factor in specific features, causes and stressful life-events for that individual.

## Where to get more information

[www.seniors.gov.au](http://www.seniors.gov.au) is the Australian Government's premier source of information for Australians over 50

**Managing Depression Growing Older: a guide for professionals & carers**, Kerrie Eyers, Gordon Parker & Henry Brodaty (2012) Allen & Unwin



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