



Depression and Older Adults¹

Heidi Liss Radunovich²

There are around 35 million adults over the age of 65 in the U.S., and about one in five of them struggles with some form of depressive symptoms. Depression is often overlooked in older adults. People may think depression is normal in this age group, and some of the symptoms are similar to those of other diseases. However, it is *not* normal for older adults to be depressed, and those who do not receive treatment are at greater risk for suicide and health complications. It is important for those who need treatment to get it.

Although everyone feels sad, anxious or tired at times, having major depression is very different. Major depression has many symptoms (at least five) that occur nearly all day, every day, for at least two months. These symptoms cause significant disruption to a person's life. For instance, they may affect job performance, relationships, and health. Here are some symptoms to look for:

- Feeling sad much of the time
- Losing interest in things that used to be enjoyed
- Not caring about things that were important
- Increase in or loss of appetite

- Suddenly eating much more or less
- Difficulty falling or staying asleep, or sleeping too much
- Not having the energy to do things
- Feeling "slowed down"
- Feeling jumpy or restless
- Problems paying attention or concentrating
- Being forgetful
- Talking about feeling guilty or worthless
- Talking a lot about death and/or suicide

People have different combinations of symptoms, so depression doesn't look the same in everyone. In fact, people from some cultures may talk about depressive symptoms by saying that they feel out of balance, or that they have "nerves," a heartache, or a broken heart. Women seem more likely to have problems with depression than men, but plenty of men also suffer from depression.

There are several situations that may cause a person to seem to have major depression when they don't. These include:

1. This document is FCS8848, one of a series of the Department of Family, Youth, and Community Sciences, Florida Cooperative Extension Service, IFAS, University of Florida. First published July 2007. Please visit the EDIS Web site at <http://edis.ifas.ufl.edu>.

2. Heidi Liss Radunovich, assistant professor, Department of Family, Youth and Community Sciences, University of Florida, Gainesville FL 32611.

- The recent death of a spouse or child, or another major loss
- Taking certain medications (for instance, some beta-blockers, statins, estrogens, and others)
- Having thyroid problems, Alzheimer's Disease, or another disease or condition that causes symptoms similar to depression

It can be difficult to tell whether symptoms are from major depression or something else, so consult with a physician or mental health professional to make sure.

There is still a lot that we don't understand about what causes depression or how treatments work, but in many cases, it seems that depression is related to changes in the brain. The good news is that it may be possible to reduce the chances of depression. All of the following can be protective:

- Eating a healthy diet
- Exercising regularly
- Avoiding diseases or illness
- Having a network of friends and family
- Having a sense of purpose in life
- Staying mentally active (reading, learning, doing puzzles)
- Controlling stress

Even people who don't meet the criteria for major depression may suffer a lot from depression symptoms. This sometimes is called "minor" depression. These people also may benefit from getting help.

Most depressed older adults benefit from treatment, although it may take longer for treatment to work for older adults than it does for younger people. For treatment, people can go to a licensed mental health professional for counseling, get prescription medicines from their doctor or a psychiatrist, or do both. The combination of counseling and medication seems to work the best for most people. Older adults do need to be careful about

adding new medications to their routine, because medications can interact. Tell your physician about all of the medications you are taking. If you aren't sure about interactions, then be sure to discuss this with a pharmacist.

Resources

"Facts about Depression in Older Adults," from The American Psychological Association:
<http://www.apa.org/ppo/issues/olderdepressfact.html>

"Older Adults and Mental Health," from the National Institute of Mental Health:
<http://www.nimh.nih.gov/healthinformation/depoldermenu.cfm>

References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th edition, text revision). Washington, DC: Author.

Satre, D. D., Knight, B. G., & David, S. (2006). Cognitive-behavioral interventions with older adults: Integrating clinical and gerontological research. *Professional Psychology: Research and Practice*, 37, 489-498.

Skultety, K. M., & Zeis, A. (2006). The treatment of depression in older adults in the primary care setting: An evidence-based review. *Health Psychology*, 25, 665-674.

U.S. Department of Health and Human Services. (1999). Older adults and mental health. In *Mental health: A report of the surgeon general* [Electronic version]. Retrieved April 2, 2007, from <http://www.surgeongeneral.gov/library/mentalhealth/chapter5/sec3.html>

Whyte, E.M., & Rovner, B. (2006). Depression in late-life: shifting the paradigm from treatment to prevention. *International Journal of Geriatric Psychiatry*, 21, 746-751.

Zalaquett, C.P., & Stens, A.N. (2006). Psychosocial treatments for major depression and dysthymia in older adults: A review of the research literature. *Journal of Counseling & Development*, 84, 192-201.