Depression and the elderly

The number of elderly people in the population is rapidly increasing throughout the developing world. This is due to satisfactory mental and physical health, enabling continued positive contributions to their families and to society. However, there have also been changes to the family structure that have increased the number of elderly people who live alone.

Depression is a common condition among the elderly, occurring either in isolation or in association with other diseases. The elderly are particularly at risk for developing depressive illness as they are more likely than younger individuals to suffer from impaired health. Depressive illness has a substantial negative impact on the quality of life of patients and their relatives. In addition, a strong link between depression and suicide has been demonstrated.

Depression is a widespread illness throughout the world. Clinical depression is a whole-body disorder, affecting the way you think and feel, both physically and emotionally.

Appropriate interventions for the major mental illnesses of old age are now available and can substantially improve the quality of life of patients and their families. Although depressive illness is common, about two thirds of affected patients do not seek medical help (in addition, depression is often misdiagnosed or inadequately treated). However, when correct treatment is provided, response rates are excellent with around 80 percent of depressed patients deriving much benefit from drug therapy.

While there are many causes of depression, several important contributing factors have been identified:

- The normal ageing process – physical ailments such as arthritis can prevent you from getting out and thus encourage feelings of loneliness.
- Pathological conditions, such as heart problems, dementia, Alzheimer's, hormonal imbalances and neoplasia.
- Deficiency of essential nutrients
- Drug therapy
- Stressful life events (e.g. death of a loved one, divorce, financial problems)

- Genetics

The range of symptoms of depression in young people is also found in elderly patients.

- Reduced Mood: in contrast to younger depressed patients, elderly patients often avoid reporting or showing that their mood level is reduced, as they may experience guilt associated with this symptom. Reduced mood may be less evident, while anxiety and somatic symptoms appear to be more prominent.
- Anxiety: Worry, apprehension or panic that is out of proportion to an actual threat is characteristic of anxiety. The high co-existence of anxiety and depression suggests that depression in the elderly is part of a depression-anxiety syndrome, in which either reduced mood or anxiety is the predominating symptom.
- Somatic symptoms: Depression in the elderly is often masked by somatic symptoms, including asthenia, headaches, palpitations, dizziness, abdominal pain, dyspnoea, back pain and gastrointestinal disorder. Constipation is also seen in elderly people and reduced appetite with weight loss may be prominent.
- Cognitive impairment: Cognitive impairment caused by depression is usually referred to as "pseudo-dementia" or "depression with dementia".

Why Is Age-Related Depression Not Detected?

- Symptoms are often regarded as manifestations of normal ageing.
- Elderly patients have difficulties in recognising and describing depressive symptoms.
- Manifestation of the disorder often presents an atypical clinical picture.
- Concomitant somatic disease and/or organic brain damage render diagnosis more difficult. (Some signs of depression such as memory lapses and difficulty concentrating can mimic Alzheimer's disease or other medical disorders).
- Elderly patients potentially seek a somatic (relating to the body) explanation of their complaint.

Treatment

In addition to medication, psychotherapeutic treatment strategies are important - the recommended therapy being cognitive psychotherapy. Elderly people often have a stiff, negative and illogical train of thought, which may be positively influenced by cognitive therapy.

Cognitive behavioural therapy (CBT) is a type of psychotherapeutic treatment that helps patients understand the thoughts and feelings that influence behaviours. CBT is commonly used to treat a wide range of disorders, including phobias, addictions, depression, and anxiety

Families are very important sources of support for depressed patients. Family members must help the patients to adhere to their treatment programmes and should also be able to understand how the patient thinks and feels.

Society plays an important role, as elderly patients may have no relatives to approach for support. Elderly people living alone often need help to find an activity to occupy their time. It is important that they are stimulated by contact with other people.

Pharmacological interventions

- Tricyclics. Tricyclic antidepressants work by preventing the reabsorption of neurotransmitters called serotonin and norepinephrine. The body needs both to function normally. If there is too much of either, you may end up experiencing anxiety. If there is not enough, depression may ensue.
- Selective Serotonin Re-uptake Inhibitors (SSRIs). Selective serotonin reuptake inhibitors are a class of drugs that are typically used as antidepressants in the treatment of major depressive disorder and anxiety disorders.
- Monoamine Oxidase Inhibitors (MAOIs). These are best known as powerful anti-depressants, as well as effective therapeutic agents for panic disorder and social phobia.

Treatment can be complicated as elderly people are more sensitive to toxic drug effects. At present, the drugs of choice are the SSRIs.

Depression is not just a sad mood or a passing phase. It is a serious illness that affects the entire body.

Signs and symptoms of depression include:

- Feeling sad or irritable - feeling worse than usual for most of the time
- Loss of pleasure and interest in things that are usually enjoyed
- Eating too much or too little
- Sleeping problems – trouble falling asleep or waking up too early
- Worrying too much or feeling more anxious than usual
- Feeling unworthy or helpless, or feeling that you are a burden to others
- Lack of concentration
- Loss of memory
- Tiredness or lack of energy – simple tasks feel like a major effort
- Thoughts that life is not worth living

For help call the South African depression and anxiety group on 0800 456 789 or visit www.sadag.org