

Depression in the Elderly

The unexpected death of actor Robin Williams in 2014 may have drawn depression into the spotlight, but in spite of the multitude of available online and community resources, many misconceptions about mental illness still remain. Although depression is a treatable medical condition, it often goes undiagnosed or untreated, particularly in older populations.

The psychiatric definition of depression is “a condition of general emotional dejection and withdrawal; sadness greater and more prolonged than that warranted by any objective reason” (www.dictionary.com). Alarming statistics provided by the Centers for Disease Control and Prevention (CDC) speak to this issue. The CDC’s 2013 Fatal Injury Report indicated that while 19% of deaths by suicide occurred among those ages 45-65, 18.6% were attributed to those 85 and older. Declining health, finances, and quality of life, including the loss of social supports, independence, autonomy, and dignity were listed as primary and contributing factors.

The aging process encompasses many physical and emotional changes, and with longer life expectancies, living with a myriad of medical illnesses which require medications and treatments can make day-to-day life difficult. People experience losses as family members relocate due to job placement; loved ones or peers pass away; and changes in health status may require a move to an unfamiliar location or facility. As individuals become more isolated, loneliness may quickly develop into a sense of hopelessness, which can segue into depression. Some may choose to “self-medicate” with alcohol or over-the-counter medications, which can lead to unintentional addictions and compromise their emotional and physical states, ultimately decreasing the quality of life overall. Others may simply withdraw from social activities and interactions, lose interest in hobbies, sleep more or experience insomnia, or demonstrate a decline in activities of daily living.

As the health care industry continues to change, individuals often have less time to spend with their health care providers. A 10-15 minute interaction with a physician may not be enough time to feel comfortable asking questions about a change in health status, and due to the stigmas associated with depression, they may be too embarrassed to bring up their concerns or report changes in mood or behavior. Instead of describing increasing anxiety, sadness, or feelings of hopelessness, they may complain of increased fatigue, sleep disturbances, loss of appetite, or unexplained aches and pains. When not forthcoming with accurate information, depression or depressive symptoms may be misdiagnosed and lead to inaccurate treatments or prescriptions that complicate their condition.

Without proper attention and care, an older adult’s sense of sadness, anxiety, loss of interest in daily activities, and feelings of hopelessness can spiral downward. Encouraging them to eat a healthy diet, engage in activities that provide mental and/or physical stimulation, and maintain control of their physical health are simple steps toward managing their daily lives in a productive, purposeful manner.

Depression is not an inevitable part of aging. If you are concerned about a loved one’s noticeable decline in physical health or social engagement, contact their health care provider or seek information and assistance. The United Way of Connecticut’s “211” telephone and internet portals

provide links to local resources and a wealth of helpful information; or, contact the Farmington Valley VNA at 860-651-3539 for assistance.