Depression in Seniors

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Objectives

- Define depression
- Special issues for older adults
- Dealing with stigma
- Why older adults have increased issues of loss and grief
- Difference between grief and depression
- Evidence-based programs as a treatment model
- Caregivers and depression
What is depression?

• Depression is a mood disorder, specifically a disorder that affects the neurotransmitters in the brain that deliver the brain chemicals that control our mood

• Depression is a mild, moderate, or severe imbalance in brain chemistry (Serotonin, Norepinephrine, Dopamine)
Types of depression

- Major Depression
- Mild Depression
- Persistent Depression Disorder
- Dysthymia
- Bipolar Disorder
- Postpartum Depression
- SAD (Seasonal Affective Disorder)
<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Physical complaints</th>
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<tbody>
<tr>
<td>• Loss of interest in everyday activities</td>
<td>• Physical complaints</td>
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<tr>
<td>• Feeling down, depressed, or hopeless</td>
<td>• Fatigue</td>
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<td>• Loss of sleep or sleeping too much</td>
<td>• Trouble focusing</td>
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<td>• Loss of appetite or eating too much</td>
<td>• Difficulty decision making</td>
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<td></td>
<td>• Sadness, tearful</td>
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<td></td>
<td>• Anxiety</td>
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<td></td>
<td>• Angry, irritable</td>
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<td>• Suicidal thoughts</td>
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Assessment – PHQ-9

1. Little interest or pleasure in doing things.
2. Feeling down, depressed or hopeless.
3. Trouble falling asleep, staying asleep, or sleeping too much.
4. Feeling tired or having little energy.
5. Poor appetite or overeating.
6. Feeling bad about yourself, feeling that you’re a failure, or feeling that you have let yourself or your family down.

7. Trouble concentrating on things like reading the newspaper or watching TV.
8. Moving or speaking so slowly that other people could have noticed. Or, being so fidgety or restless that you have been moving around a lot more than usual.
9. Thinking you would be better off dead or that you want to hurt yourself.
Results – PHQ-9

- 0 – 4  No depression
- 5 - 9  Mild depression
- 10-14 Moderate depression
- 15 - 19 Moderately severe depression
- 20 – 27 Severe depression
Statistics

• About six million people are affected by late life depression, but only 10% ever receive treatment. (Brown University, 1997)

• “Depression in people age 65 and over is a major public health problem” (National Institute of Mental Heath)
Why is this a problem?

- Seniors who are depressed have more doctor visits, more hospital stays, and more trips to the ER. (U.S. Dept. of Health and Human Services, 1999)

- Seniors who are depressed take longer to recover from illness and surgery. (Reynolds, 1999)

- Possibility of suicide. (Kohanek, 2004)
Suicide in the Older Adult

• White men 85 and older are more likely to commit suicide than Americans in any other age group — taking their lives at twice the rate of the 15-24 age group

• Suicidal behavior in older men can be a reaction to perceived loss of social status

• May be linked to loss of impulsivity control
Suicide and the Older Adult

Watch for:

• Withdrawal from activities that they ordinarily enjoy
• Negative thoughts including frequent talk about death
• Decline in hygiene or appearance
• Stockpiling medication.
Why is this problem hidden?

• Belief that depression is a normal part of aging (Chapman, 2005)
• The weight of stigma - “Silent Generation”
• Difficulty in differentiating between physical illness and depression
• Difficulty in differentiating between depression and grief
Older adults experience many losses

- Living situation
- Relationship
- Identity/Status
- Health
- Finances
- Independence
- Mobility
<table>
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<th>Stages of Grief</th>
<th>Behaviors</th>
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<td>Denial, numbness, shock</td>
<td>Loss of appetite</td>
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<td>Bargaining</td>
<td>Loss of interest in everyday tasks</td>
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Grief v. Depression

Stages of Grief
- Denial, numbness, shock
- Bargaining
- Anger
- Depression
- Acceptance

• Loss of appetite
• Loss of interest in everyday tasks
• Loss of sleep or sleeping too much
• Physical complaints
• Sadness, tearful
• Anxiety
• Angry, irritable
Is it grief or depression?

= normal mood
= depression
= grief
**Timelines**

**Grief**
- Intense feelings generally begin to lessen 3-6 months after loss
- Timelines are very individual and depend on many factors
- 1-2 years is not unusual for the loss to be integrated into normal life

**Depression**
- Typically will not resolve without some kind of intervention
## Situational v. Clinical Depression

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<tr>
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<th>Clinical</th>
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<tbody>
<tr>
<td><strong>Cause</strong></td>
<td>Stressor, major life event</td>
<td>Chemical imbalance. Often present <em>prior</em> to major life event.</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>Typically will resolve within six months or as stressor resolves</td>
<td>If triggered by major life event, does not resolve as stressor resolves.</td>
</tr>
<tr>
<td><strong>Symptoms</strong></td>
<td>Loss of appetite, loss of interest in everyday tasks, sleep disturbance,</td>
<td>Identical to situational depression, but may include suicidal thoughts.</td>
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<tr>
<td></td>
<td>unexplained physical complaints, sadness, tearful, anxiety, angry,</td>
<td>Depressive mood interferes with activities of daily living.</td>
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<td>irritable, hostile</td>
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<tr>
<td><strong>Treatment</strong></td>
<td>Exercise, self-care, diet, sleep. May need short course of antidepressant.</td>
<td>Same as situational, plus antidepressant and therapy combined.</td>
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</table>
What helps?
PEARLS

- Program to Encourage Active, Rewarding Lives (PEARLS)
- University of Washington/Seattle
- Evidence-based
- Brief, free, in-home
- Teaches depression management techniques
Depression Management Techniques

• Problem solving (using Problem Solving Treatment)

• Planning social and physical activities

• Scheduling pleasant events
Problem Solving Treatment

1. Clarify and define the problem
2. Set realistic goals
3. Generate multiple solutions
4. Evaluate and compare solutions
5. Select a feasible solution
6. Implement the solution
7. Evaluate the outcome
What the study showed

• Participants were **three** times more likely to significantly reduce depressive symptoms or completely eliminate their depression

• Participants improved their functional and emotional well-being

• Results also showed a strong trend toward **reduced hospitalization** (Ciechanowski, 2004)
When depression is mild - moderate

- Accomplish small goals
- Increase movement
- Find pleasurable activities
- Reduce isolation
When depression is persistent

- Accomplish small goals
- Increase movement
- Find pleasurable activities
- **Reduce isolation**
- **PLUS**
  - Conversation with primary care physician or psychiatrist about using medication
  - Appointment with mental health professional
Social Isolation

- Comparable to risk factors for mortality as smoking and excessive alcohol use
- *Exceeds* the influence of other risk factors such as physical inactivity and obesity
- Major risk factor for depression
Social Isolation

Linked with increased risk of:

• cardiovascular disease
• elevated blood pressure
• elevated cortisol
• heightened inflammatory responses (leading to compromised immune system)
• premature death (Steptoe, 2013; Holt-Lunstad, 2010; Cacioppo, 2006)
Problem Solving Treatment

1. Clarify and define the problem
2. Set realistic goals
3. Generate multiple solutions
4. Evaluate and compare solutions
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Physical, Social, Pleasurable

- **Physical** – go to Silver Sneakers class at the Y
- **Social** – see above
- **Pleasurable** – call friend to see a movie on Sunday
Who qualifies for LEAP?

• 55+
• Exhibits signs and symptoms of depression
• Does not have cognitive impairment or dementia
Older Adult Caregivers

- Female
- 79 years old
- Caring for one adult, 77 years old
- Has provided care for 5.6 years
- Averages 34 hours/week
- Provides help with Activities of Daily Living (ADL’s), nursing tasks
- Advocates and communicates with care providers (NAC/AARP, 2015)
40% to 70% of family caregivers have clinically significant symptoms of depression with about a quarter to half of these caregivers meeting the diagnostic criteria for major depression (Zarit, 2006, 2012).
Why do caregivers get depressed?

- Social isolation
- Lack of physical activity
- Stress
- Loss
- Reluctance to ask for help
- Health issues
Contact information

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Questions
References


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**Chapman** DP, Perry GS, Strine TW. *The vital link between chronic disease and depressive disorders*. Preventing Chronic Disease 2005;2(1).


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References


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