DEPRESSION IN THE ELDERLY

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Content

Objectives

- **At the end of this presentation, participants should be able to:**

- **1. Know the age classification of elders**
- **2. Know the statistical trends involving the aged**
- **3. Recognize the psychological adjustments experienced by the elderly**
- **4. Know the necessary keys for effective adjustment**
- **5. Recognize signs and symptoms of depression**

Objectives (continued)

- 6. Differentiate depression from other ailments
- 7. Know suicidal trends among the elder population
- 8. Know the causes of depression
- 9. Know the various assessments used in determining depression
- 10. Know the various treatments used in alleviating depression
- 11. Recognize the continued strategies to prevent relapse

Introduction

- **The years from age 60 until death are considered "late adulthood" by Erik Erikson (1959/1980)**
- **This 8th life stage of "old age" was characterized by the developmental task of *integrity vs. despair.***
- **Fellow psychoanalyst Carl Jung (1971) noted that people become more reflective and introspective as they age**
- **Due to the advent of Social Security in 1935, the age of 65 is now more of an "accepted" year in which "old age" begins**

Classification of Age Ranges

- ***Gerontologists*** **(those who specialize in care for the elderly) have attempted to deal with age-related differences among older people by dividing late adulthood into 2 groups: *young-old* (65-74) and *old-old* (75 and above) (Santrock, 2008)**
- **There have been other classifications that divides the years into 3 categories, recognizing 85+ as a distinct stage**
- **Whatever classification of division that is used, the process of aging (*senescence)* is being studied more**

Demographic Imperative

- **The first of the "baby boomers" reached age 65 THIS YEAR (2011)**
- **Currently, there are approximately 37 million in the U.S. over the age of 65 (12%) (508 million worldwide)**
- **But it is those who are 85+ who make up the fastest growing population in the U.S. and other industrialized countries**
- **By 2050, there will be 20.8 millions Americans who are 85+, or 5% of the U.S. population (U.S. Census Bureau, 2006). (1.3 billion worldwide)**

Demographic Imperative (continued)

- **There are increasing numbers of people 100 years and older, a staggering 117% increase from 1990 (Administration on Aging, 2008)**
- **As of 2006, persons reaching age 65 have an average life expectancy of an additional 19-20 years**
- **A child born in 2006 could expect to live 78.1 years (30 years longer than a child born in 1900)**
- **Today, more than ¾ of all people in the U.S. live to be 65**

Psychological Adjustments

- **Integrity vs. Despair, again is the psychological crisis that must be faced in the final stages of life (Erikson, 1963)**
- ***Integrity* refers to an ability to accept the facts of one's life and to face death without great fear. It involves a sense of satisfaction and acceptance of a life well lived**
- ***Despair* is characterized by a feel of regret or deep dissatisfaction of a life wasted**

3 Keys to Psychological Adjustment

- **Peck (1968) suggested that there were 3 primary psychological adjustments that needed to be made in order to make late adulthood more meaningful and gratifying:**

- **1) *Self-Differentiation* (new role; societal position)**
- ***2) Body Transcendence (*acceptance with physiology)**
- **3) S*elf-Transcendence (*acceptance of death)**

Mental Illness in Late Life

- **A diagnosis of mental illness is confounded by numerous variables (physical, cognitive, social, and other emotional difficulties)**
- **Current cohorts of older adults seek help less frequently than do younger people, as they identify problems based on physical or environmental factors rather than psychological in origin (Knight, 2004)**
- **Older people receive less psychotherapy (rather, medications and/or custodial care) (Schaie & Willis, 2002)**

DEPRESSION

- A relatively small percentage (1-4%) of older people have major depressive disorders as classified by the DSM-IV-TR (Blazer, 2003)
- Yet, over 2 million people 65+ are estimated to have some depressive illness (NIMH, 2007)
- Rates of depression in long-term care facilities are estimated to be 30%
- Both depressive disorders and sub-threshold depressive symptoms are associated with impairments in functioning (Hybels, Blazer, & Pieper, 2001)

DEPRESSION (continued)

- **Depression IS NOT the same as unhappiness felt by people confronting everyday life**
- **In older adults, depression may not be presented as sadness at all (Gallo & Rabins, 1999)**
- ***Anhedonia* (the loss of pleasure in things that used to be pleasurable) is a hallmark of late life depression**
- ***Other symptoms* (feelings of emptiness, social withdrawal, self-neglect, changes in appetite, sleep problems, expressions of being a burden or worthlessness) *Somaticize* more than other ages**

Suicide

- The prevalence of suicide in any group is difficult to determine with accuracy because they can be masked as accidents or natural causes (Harwood, Hawton, Hope, & Jacoby, 2000).
- However, data consistently show that suicide rates are highest among older adults, and are the highest for while males over 85 (Center for Disease Control, 2008)
- People aged 65+ account for 16% of suicide deaths
- 14.3 of every 100,000 people 65+ die by suicide

Signs and Symptoms

- **Behavioral Changes (withdrawing from friends, families, and activities)**
- **Thinking Changes (impaired concentration, worries about memory, can't easily make decisions)**
- **Mood Changes (generalized dissatisfaction with life, irritability, lack of hope for the future, suicidal ideation)**
- **Physical Changes (weight changes unrelated to physical problems, preoccupied with aches and pains' changes in sleep patters)**

Causes of Depression

- **Medications (prescription cascade)**
- **Loneliness and Isolation**
- **Reduced Sense of Purpose**
- **Fears**
- **Recent Bereavement**
- **Other medical conditions (Parkinson's, Stroke, Heart Disease, Thyroid Disorders, Vitamin B12 Deficiency, Dementia, Alzheimer's Disease**
- **Grief or Depression?**
- **Dementia or Depression?**

Assessments

- **DSM-IV TR**
  - Five or more of the following must have been present during the same 2-week interval and represent a change from baseline functioning
  - One(1) of the symptoms must be depressed mood or loss of interest or pleasure
  - Loss of energy or fatigue
  - Feelings of worthlessness or excessive guilt
  - Difficulty with thinking, concentration, or decision making
  - Recurrent thoughts of death or suicide
  - Preoccupation with somatic symptoms, health status, or physical limitations

DSM IV TR

- **DSM-IV-TR** (a.k.a. "core symptoms"; occur most of the day nearly every day)
  - Depressed mood
  - Loss of interest in all or almost all activities or pleasure (anhedonia)
  - Appetite change or weight loss
  - Insomnia or hypersomnia
  - Psychomotor agitation or retardation

Geriatric Depression Scale

- 1. Are you basically satisfied with your life?YES / **NO**
  2. Have you dropped many of your activities and interests? **YES** / NO
  3. Do you feel that your life is empty? **YES** / NO
  4. Do you often get bored? **YES** / NO
  5. Are you in good spirits most of the time?YES / **NO**
  6. Are you afraid that something bad is going to happen to you? **YES** / NO
  7. Do you feel happy most of the time?YES / **NO**
  8. Do you often feel helpless? **YES** / NO
  9. Do you prefer to stay at home, rather than going out and doing new things? **YES** / NO
  10. Do you feel you have more problems with memory than most? **YES** / NO
  11. Do you think it is wonderful to be alive now?YES / **NO**
  12. Do you feel pretty worthless the way you are now? **YES** / NO
  13. Do you feel full of energy?YES / **NO**
  14. Do you feel that your situation is hopeless? **YES** / NO
  15. Do you think that most people are better off than you are? **YES** / NO

(Adams, 2004)

Treatments (Psychotherapy)

- Cognitive-behavioral
- Interpersonal
- Short-term psychodynamic
- Life review, reminisce
- Problem solving
- Supportive
- Bereavement therapy
- Behavioral
- Dialectical-behavioral therapy

Treatments (medication)

- **Antidepressants that increases levels of the brain neurotransmitter SEROTONIN (often called serotonin reuptake inhibitors (SSRIs)**
- **Experts give higher ratings to Celexa and Zoloft for the treatment of depression in older adults**
- **Effexor is a common alternative that also affects NOREPINEPHRINE**
- **Wellbutrin and Remeron are also common**
- **Psychotic depressions warrant others**
- **Helpful in 60% of cases; takes 6-12 weeks to work**

Possible Side Effects of Meds

- **Dry Mouth**
- **Constipation of diarrhea**
- **Drowsiness**
- **Nervousness of Sleeplessness**
- **Dizziness**
- **Nausea**
- **Headaches**
- **Sexual Problems**

ECT

- For depression with pronounced psychotic features and resistance to standard medical therapy
- Effective for treatment of major depression & mania; response rates exceed 70% in older adults
- First-line treatment for patients at serious risk for suicide, life-threatening poor intake
- Standard for psychotic depression in older adults; response rates 80%

Final Thoughts to Recovery

- **Encourage Physical Activity**
- **Promote Autonomy**
- **Focus on Positives**
- **Employ Alternatives**
- **Encourage Group Activities**
- **Promote Creativity**
- **Enhance Social Support**

Getting well is only the beginning of the challenge…staying well is the real goal. The treatment that gets someone well is the treatment that will keep that person well.

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