

Depression In Later Life: Answers to Frequently Asked Questions

I lost my elderly spouse more than a year ago, and I'm still withdrawn and unhappy. Is it normal to grieve over the loss of a loved one for this long?

Death can precipitate depression. Grieving is a normal part of recovering from loss. But, experts agree that the depression that accompanies the loss of a loved one usually begins to lessen after several months. If an individual continues to be withdrawn and disinterested in activities that used to bring pleasure previous to the death, he/she may be suffering from depression and should be encouraged to see a physician or mental-health professional for a proper diagnosis.

Are constant aches and pains that my doctor can't attribute to any illness a sign of depression?

Aches and pains with unknown causes or those that don't respond to treatment, can be a symptom of depression. If unexplainable aches and pains occur in conjunction with at least four other symptoms of depression for a minimum of two weeks, you may be suffering from clinical depression. The best thing to do is see a physician or mental-health professional for a proper diagnosis.

Could a serious illness lead to clinical depression?

Clinical depression is more likely to occur along with certain other illnesses, such as cancer, heart disease, post-stroke, Parkinson's disease, Alzheimer's disease, diabetes and hormonal disorders. This is called "co-occurring" depression. Chronic or serious illness is the most common cause of depression in older adults.

Sometimes, however, depressive symptoms are dismissed as the temporary "low" mood that is often associated with serious illnesses. If co-occurring depression is diagnosed after being evaluated by a doctor or mental-health professional, it should be treated in addition to the physical illness.

Certain medications taken to treat chronic ailments can actually cause clinical depression, so it is important that people tell their doctors about all medications they are taking and report any depressive symptoms.

Can't I deal with the depression on my own?

Clinical depression is a serious medical illness that people can not treat on their own. Many older adults think they're "too old" to get help for depression, or they are reluctant to talk about their feelings. Others believe that depression will go away on its own, and that they should just "tough it out." This belief is wrong. Like many other illnesses, clinical depression requires professional treatment.

Talking to friends, family members and clergy can often give people the support needed when going through life's difficult times. However, for those with clinical depression, such support is no substitute for the care of a health professional.

Is suicide linked to depression?

Unfortunately, yes. The feelings of hopelessness, helplessness and pain symptomatic of depression can lead to despair and thoughts of suicide. The population over age 65 accounts for more than 25 percent of the nation's suicides. In fact, white men over age 80 are six times more likely to commit suicide than the general population, constituting the largest risk group.

Suicide attempts or severe thoughts or wishes by older adults must always be taken seriously. If you or someone you know are having suicidal thoughts, talk with a doctor or mental-health professional immediately for advice and referral. Remember, clinical depression can be treated effectively.

Is depression the disease-of-the-month (i.e., a fad)?

No. Awareness of depression is growing because new medications and talking therapy are making the treatment of depression easier and more successful. Clinical depression has always existed. Unfortunately, in the past, people had little recourse. Now, through medication and psychotherapy, the vast majority of people with clinical depression recover to live productive and fulfilling lives.

What is manic depression?

Manic depression, also known as bipolar disorder, is a mental illness that causes a person to go through episodes of depression then episodes of high elation (or mania). Sometimes these mood switches, from terrible lows to outrageous highs, occur in a roller coaster fashion. During the manic or high episodes, individuals may act inappropriately, have grandiose thoughts and poor judgment, and become very overactive.

What is dysthymia or mood disorder?

Dysthymia is a less severe yet debilitating form of depression, marked in part by feelings of low self-esteem and low energy or fatigue that last two years or longer. If you are suffering from dysthymia, your physician may prescribe treatment, including antidepressants.

What is seasonal affective disorder?

Seasonal affective disorder (SAD) is another less severe yet debilitating form of depression. While dysthymia can occur at any time, SAD usually hits during the winter months when there is less daylight. SAD is successfully treated with artificial light therapy and sometimes antidepressants.

How do I get help for depression?

The first step is to talk with your doctor or another qualified health professional. Share your screening test results with your doctor and explain the symptoms you have been experiencing. He/she may recommend a physical checkup to determine if any underlying physical cause for the depressive symptoms exists. If clinical depression is diagnosed, then your physician, health maintenance organization (HMO), local aging association or mental-health association may make referrals to a geriatric mental-health specialist.

What are my options in seeking treatment?

Clinical depression is one of the most readily treatable illnesses, and getting treatment can truly save lives. The most commonly used treatments are antidepressant medication and psychotherapy. In many cases a combination of the two treatments are recommended. The choice of treatment depends on the severity of the depressive symptoms and the history of the illness. When you talk to your physician or mental-health professional, make sure he/she discussed both of these treatment options with you.

While family physicians can diagnose and treat clinical depression, psychiatrists are medical doctors who specialize in the treatment of mental illness and can prescribe antidepressant drugs. Mental-health professionals who are not

physicians can provide psychotherapy and often will collaborate with physicians to ensure their patients receive appropriate medication whenever necessary.

Psychologists, clinical social workers, licensed counselors and pastoral counselors can provide psychotherapy (talking therapy), either alone or in combination with medication prescribed by a doctor. Therapists can be referred by a family physician; mental-health center; aging resource center; or a psychiatric, psychological, social worker, or pastoral counselor association.

What medications are available to treat clinical depression? How do they work?

Recent research strongly supports the use of medication for both moderate and severe episodes of clinical depression. Many highly effective antidepressants are available. The two most common types are selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants (TCAs).

Scientists believe depression occurs when an alteration in brain chemicals, called neurotransmitters, takes place. Antidepressants work by acting on the chemical pathways of the brain related to moods.

A physician knowledgeable and experienced in the treatment of clinical depression should monitor patients taking antidepressants to ensure the best treatment with the fewest side effects. Use of depression medication should not be discontinued without first talking with one's physician, since some medications have side effects if stopped abruptly.

How long does it take for antidepressants to take full effect?

Individuals all respond at different rates to medications. Generally, antidepressants must be taken daily for two to four weeks before they become fully effective, although some improvement in sleep or other symptoms of depression may occur sooner. Your doctor can give you details on what to expect from the specific medication you are prescribed.

Medical research shows that people respond best to antidepressants when they are taken for four to nine months after the symptoms of depression have subsided. The prospect of relapse is greater among people who have experienced several bouts of depression, and they may take antidepressants for years, under the supervision of a physician, to prevent further episodes. It's important to consult with your physician to determine how long to continue medication. Again, do not discontinue use of medication without consulting with your doctor.

Are some antidepressants more effective than others? Are antidepressants addictive?

What are side effects of antidepressants?

The new antidepressant medications are as effective as the old antidepressants, but they are reported to have fewer and less unpleasant side effects. Because the new antidepressants have reduced side effects, people with depression are more likely to continue taking their medication as directed. And, antidepressant medications are not habit-forming.

Among the different classes of antidepressants, each has its own set of potential side effects. If you are prescribed an antidepressant, your doctor and pharmacist can discuss the side effects that may be associated.

If I'm not clinically depressed but generally feel "down" or "low," will antidepressants give me a lift and make me feel better?

If you have felt "down" for a relatively short period of time but have been evaluated and not diagnosed as being clinically depressed, antidepressants will not lift your mood. Antidepressants are only effective if you have an imbalance in

neurotransmitters – the chemicals in our brains that affect mood. Psychotherapy (talking therapy) may be helpful in understanding and overcoming the cause of feeling “down” or “low.”

How is psychotherapy beneficial? How long does it take before psychotherapy works?

Psychotherapy (talking therapy) is offered by various mental-health professionals, including psychiatrists, psychologists, clinical social workers, marriage and family therapists, mental-health counselors and pastoral counselors. Talking with a trained mental-health professional can help teach patients better ways to handle and cope with problems and life circumstances.

Some short-term (10- to 20-week) courses of therapy can be effective in treating clinical depression, especially depression that is less severe. Cognitive/behavioral therapy helps alter negative thought and behavioral patterns that may contribute to clinical depression. Interpersonal therapy focuses on dealing more effectively with other people and working to change relationships that may be causing or worsening the depression. A combination of both medication and psychotherapy is often the most effective treatment for clinical depression.

Response to antidepressant therapy varies from individual to individual. Factors that can contribute include the nature of the problem(s) an individual is battling and the type of therapy being provided.

Can support groups help the clinically depressed?

Many people with clinical depression find that patient support groups provide acceptance and encouragement in overcoming this illness. Referrals to support groups can be found through such organizations as the local Area Agencies on Aging (AAA), National Association of Social Workers (NASW), Mental Health Association (MHA), Alliance for the Mentally Ill (AMI), National Depressive and Manic-Depressive Association (National DMDA) and community mental-health centers.

When is ECT treatment recommended?

Electroconvulsive therapy (ECT) may be recommended primarily for people who cannot take or don't improve with medication, in cases of extreme suicide risk, or debilitation due to an unrelated physical illness or due to severe depression itself. In recent years, ECT has been improved and is now considered a safe and effective treatment.

How do I pay for treatment?

If you participate in a private insurance or a HMO plan, your costs for treatment may be covered. A mental-health benefit may be included in your overall health benefit. Contact your health insurance provider for details on your coverage for treatment of clinical depression.

If you do not have insurance or are unable to afford treatment, your community may have publicly funded mental-health centers and other mental-health programs that calculate the cost of many services according to what you can afford to pay. This is called sliding-scale or sliding-fee basis of payment. So, even if you're financially constrained, services may still be available. Some mental-health professionals in both private practice or clinics affiliated with medical schools may also accept patients on a sliding-fee basis.

Medicare pays for about 50 percent of outpatient mental-health treatment after deductibles are met. This includes both individual and group therapy with physicians, psychologists, social workers and other psychiatric staff that are affiliated with a hospital or community mental health center, under a physician-prescribed individual plan of care.

Medicare pays the customary 80 percent of Medicare-approved charges for diagnosis, testing and prescription monitoring. Medicare does not pay for drugs that can be self-administered by the individual or a willing family member.

How can I assist an elderly family member or friend in getting help for depression?

The nature of clinical depression often makes it difficult for the depressed person to find the motivation, energy or courage to seek treatment. This means that friends and family need to take an active role in helping the older adult — not only by expressing their concern, but also by guiding the depressed person to seek proper evaluation and treatment. In fact, depression can cause confusion and withdrawal, so it may also be helpful for family and friends to accompany the older adult to the initial physician's evaluation to ask questions and note instructions.