

# True/False Quiz

## Depression In Later Life

1. Depression is a serious medical illness, and not a personal weakness or a normal part of growing older.  
 TRUE       FALSE
2. More women than men suffer from clinical depression.  
 TRUE       FALSE
3. Depression is simply a normal result of growing older.  
 TRUE       FALSE
4. It's normal to feel extremely depressed for a prolonged period of time following the loss of a loved one.  
 TRUE       FALSE
5. Clinical depression will go away on its own.  
 TRUE       FALSE
6. With all the aches and ailments older people have, it's normal for them to feel depressed.  
 TRUE       FALSE
7. Persistent feelings of sadness, helplessness and worthlessness can not be treated.  
 TRUE       FALSE
8. Contributors to depression include:
  - a. Individual biology (e.g., hormones and brain chemistry)  
 TRUE       FALSE
  - b. Genetics (e.g., family members who have had depression)  
 TRUE       FALSE
  - c. Personal psychology (e.g., being widowed or residing in a nursing home)  
 TRUE       FALSE
  - d. Environmental factors (e.g., moving into nursing home)  
 TRUE       FALSE
9. More than 80 percent of people suffering from depression respond well to treatment.  
 TRUE       FALSE
10. There is a higher suicide rate among older adults than younger adults.  
 TRUE       FALSE

## 6. Discussion Following the Video and Screening

### ***Instructions***

After you have shown the video and conducted the depression screening, the presenter/screener should ask participants to take out the True/False Quiz which they completed at the start of the session. The presenter/screener should provide the correct responses for the 10 true/false statements, as well as brief explanations. A sample script for this discussion follows.

### ***Sample Presenter/Screener's Script***

Did the situations of any of the people in the video seem familiar to you? It's very possible that at least one of them did.

**STATEMENT 1:** *Depression is a serious medical illness, and not just times of feeling "down" or "low." It's clearly not a personal weakness or a normal part of growing older.*

How many of you agree with the statement that depression is a medical illness, not a personal weakness? How many said "false?" Those who answered "true" have it right.

Clinical depression is a serious medical illness. It's not the feeling of being "down" or "low" which we experience occasionally at all ages. Feeling depressed, sad and irritable for short periods of time are normal responses to the stresses of life. Regardless of our age, the loss of a loved one or troubles at home are examples of situations that often are painful and stressful. However, when feelings of sadness, hopelessness and despair increase in intensity or last for an extended period of time and interfere with daily functioning, clinical depression may have set in.

Clinical depression is clearly not a personal weakness. It's a common, very diagnosable, and very treatable medical illness that should not be ignored. Its symptoms can range from mild to severe.

Let's review the symptoms of clinical depression. Mental-health professionals typically diagnose late-life clinical depression when the first two symptoms I'm about to mention are present, along with four or more other symptoms, for at least two weeks and generally daily:

- **Feeling sad or irritable throughout the day**
- **Loss of interest or pleasure in activities once enjoyed**
- Changes in weight or appetite
- Changes in normal sleep patterns (such as difficulty falling asleep, interrupted sleep, early morning awakening or increase in sleep)
- Fatigue or loss of energy
- Feeling worthless, hopeless or unreasonably guilty
- Inability to concentrate, remember things or make decisions
- Restlessness or decreased activity
- Complaints of physical aches and pains for which no medical causes can be attributed
- Recurrent thoughts of suicide or death (not just a fear of dying)

**STATEMENT 2: *More women than men suffer from clinical depression.***

Who experiences depression more, men or women? How many say men? How many say women? The women have it.

Men and women do not experience depression at the same rate. Twice as many women as men experience the illness. So, it appears females are much more vulnerable to clinical depression than males. Studies have shown that men are more likely than women to ignore their symptoms of depression, and try to cope with emotional pain by turning to alcohol or drugs.

**STATEMENT 3: *Depression is simply a normal result of growing older?***

Given what you have just heard, how many of you think depression is a normal result of growing old? Well, the answer is "false." It is no more normal to be depressed in later life, than it is normal to experience heart disease or cancer. Life for older people should continue to be fulfilling.

This does not mean older people don't get clinically depressed. They do. It means that depression should *not* be accepted as a normal part of the aging process. And, suffering in quiet desperation is not wise nor necessary.

Now, let's briefly discuss common causes of clinical depression. For some, multiple factors contribute to depression. For others, a single factor may trigger onset of the illness. People can even become depressed for no apparent reason. Regardless, depression is an illness that, once properly diagnosed, is extremely treatable. Clinical depression often is related to the following factors:

- *An imbalance of brain chemicals called neurotransmitters*  
Changes in these brain chemicals may cause or contribute to clinical depression.
- *Certain illnesses or diseases*  
Ailments such as stroke, cancer, heart disease, Parkinson's disease, Alzheimer's disease, diabetes and hormonal disorders can often trigger the onset of clinical depression. This is referred to as "co-occurring" depression, and can be treated.
- *Negative thinking patterns*  
People who are pessimistic, have low self-esteem, worry excessively, or feel they have little control over life events are more likely to develop clinical depression.
- *A family history of clinical depression*  
A genetic history of depression can increase one's risk for developing the illness. But, depression also occurs in people who have had no family members with clinical depression.
- *Difficult life events*  
Events such as the death of a loved one, divorce, financial strains, moving to a new location or significant loss can contribute to the development of clinical depression.
- *Certain medications*  
Some medication can actually cause clinical depression, so it's very important that people tell their doctors about all medications they are taking and report any depressive symptoms.
- *Frequent and excessive alcohol consumption*  
Drinking large amounts of alcohol on a regular basis can sometimes result in clinical depression. Excessive drinking is also sometimes a symptom of clinical depression.

**STATEMENT 4: *It's normal to feel extremely depressed for a prolonged period of time following the loss of a loved one.***

The loss of a long-time partner or a friend is a frequent occurrence in later life — and it's normal to grieve after such a loss. But it may be clinical depression rather than bereavement if the normal period of grief leads to a prolonged, intense grief and loss of interest or pleasure in activities previously enjoyed. Normal grief usually resolves in about one year. So the answer is “false.”

Those grieving often find it helpful to join a mutual support group, such as a widowed persons' group, to talk with others who share similar experiences. If prolonged grief is accompanied by any of the symptoms I'm about to name, the individual should seek medical attention:

- Guilt unconnected with the loved one's death
- Inability or refusal to acknowledge the reality of the death
- Intense emotion at the mention of the deceased, years after the death
- Inability to function at one's usual level
- Recurrent thoughts of one's own death (not just a fear of dying)
- Persistent feelings of worthlessness
- Difficulty sleeping
- Weight loss

**STATEMENT 5: *Clinical depression will go away on its own.***

Some older people believe they're “too old” to get help for clinical depression, or are reluctant to talk about their feelings. Others believe depression will go away on its own and that they should just “tough it out.” Or, some think depression is a sign of weakness or associate it with being “crazy.” Such views are simply wrong. Clinical depression is no different than any other medical illness and requires the proper professional treatment.

It's true that talking with friends, family and clergy can often give people the support needed to make it through life's difficult times. However, for those with clinical depression, such support is no substitute for a health professional.

Depression left untreated can

- Lead to disability
- Lead to premature death
- Worsen symptoms of other illnesses
- Result in suicide

Remember, clinical depression is a serious medical illness that is best treated by a doctor and/or a qualified mental-health professional.

**STATEMENT 6: *With all the aches and ailments older people have, it's normal for them to feel depressed.***

Chronic or serious illness is the most common cause of clinical depression in older adults. But, this statement is not true. Even when someone is struggling with a chronic illness, such as heart disease or diabetes, it is not normal to be depressed.

Clinical depression is more likely to occur along with certain other illnesses, such as cancer, post-stroke, heart disease, Parkinson's disease, Alzheimer's disease, diabetes and hormonal disorders. This is called "co-occurring" depression. 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.

*What many people don't realize is that some medications can actually cause clinical depression, so it's very important that people tell their doctors about all medications they are taking and report any depressive symptoms.*

**STATEMENT 7: *Persistent feelings of sadness, helplessness and worthlessness can not be treated.***

First of all, only a doctor or qualified mental-health professional can make a definitive diagnosis for clinical depression. If your physician or health provider decides that your persistent symptoms are being caused by depression, don't despair. Effective treatment options are available. *In fact, clinical depression is one of the most treatable of all medical illnesses. More than 80 percent of people with depression can be treated successfully with antidepressant medication, psychotherapy or a combination of both.* Only a qualified health professional can decide if someone has clinical depression and prescribe a treatment plan.

Remember that, as with many other illnesses, the sooner people seek treatment the better. Early treatment can increase the effectiveness of the treatment.

**STATEMENT 8: *Contributors to depression can include individual biology, genetics, personal psychology and environmental factors.***

So, what causes this illness that has been compared to a black cloud that envelops an individual and never lifts? Individual biology, genetics, personal psychology and environmental factors (separately and collectively) often play roles in the onset of depression.

*Individual biology* clearly seems to be a risk factor. Neurotransmitters are chemicals in the brain that affect emotions and mood by stimulating or inhibiting brain cells. Scientists believe that depressed people differ in the functioning of certain neurotransmitters, and antidepressants work by altering the function of neurotransmitters in the brain.

*Genetics* also may play a role. In some cases, we see a family history of depression. Just as we're gaining awareness that breast cancer may run in families, so too are we beginning to see a pattern of depression in families. In a study of twins with depression, the illness among fraternal twins ran about 25 percent, while among identical twins, it ran about 70 percent. So, while it's possible to be the first in a family to be diagnosed with clinical depression, it is not unusual for an ancestor or relative to also have suffered from the illness. However, not everyone with a family history of depression will experience clinical depression, and not all people diagnosed with depression have other family members with the illness.

*Personal psychology*, that very individual thing we call our personalities, also appears to play a role in depression. People with low self-esteem, pessimism or those easily overwhelmed by stress are more vulnerable to clinical depression.

*Environmental factors* in our society appear to play a role, as you might expect. Changes in an older adult's environment can often contribute to the development of clinical depression. Such changes often include moving from the family home, neighborhood changes or being admitted to a nursing home facility.

**STATEMENT 9: *More than 80 percent of people suffering from depression respond well to treatment.***

Fortunately for all of us, this is true. More than 80 percent of people who seek treatment for depression recover to live fuller, more productive lives. Depression is unlikely to go away if you just give it enough time or try to ignore it.

The most common treatments are antidepressant medication, psychotherapy, or a combination of both. The choice of treatment depends on how severe the depressive symptoms are and the history of the illness. Electroconvulsive therapy (ECT) may be recommended primarily for those who cannot take or don't improve with medication, in cases of extreme suicide risk, or debilitation due to an unrelated physical illness.

The first step to treatment is recognizing that something is not right, and talking with your doctor or a mental-health professional about the symptoms you've been experiencing. If clinical depression is diagnosed, it's important that all treatment options be discussed. Your physician and other health resources can make referrals, as needed, to a mental-health specialist who has experience working with older adults.

Mental-health professionals include psychiatrists, psychologists, certified counselors, clinical social workers and psychiatric nurses. Psychiatrists are medical doctors and therefore can prescribe antidepressant drugs. Mental-health professionals who are not physicians can provide psychotherapy (talking therapy) and often work with psychiatrists and family physicians to ensure that their patients receive the necessary medication. The most important thing to remember is that depression *does* respond extremely well to treatment.

**STATEMENT 10: *There is a higher suicide rate among older adults than younger adults.***

This statement is "true" — suicide is more common in older adults than any other age group. Fifteen percent of all severely depressed individuals end up committing suicide. And, the population over age 65 accounts for about 20 percent of our nation's suicides, with older white males especially at risk.<sup>1</sup> Attempts or thoughts of suicide by older adults must *always* be taken very seriously.

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<sup>1</sup> Kennedy, Gary J. *Suicide and Depression in Late Life: Critical Issues in Treatment Research and Public Policy*. John Wiley & Sons, Inc., 1996.