

Facts About Depression In Later Life

Although older adults may experience many losses in later life, changes in health status or relocation of loved ones, the majority of seniors cope with these losses without becoming clinically depressed. However, if a depressed mood lingers for a long period of time, it may be clinical depression. Depression is not a normal part of aging, but unfortunately, many older adults and their caregivers believe it is, and depression in older adults often goes overlooked and untreated. The symptoms of depression are often missed when they coincide with other illnesses of later life. Depression takes the pleasure out of daily life, it can often aggravate other medical conditions found in later life, and when overlooked it can lead to suicide. But it doesn't have to — clinical depression can be treated successfully in more than 80 percent of all cases.

Get the Facts

- Depression is not a normal part of aging, but over 58 percent of older adults think it is.¹
- Late-life depression affects some six million adults, most of them women, but only 10 percent of these persons ever get treated.² Twice as many women as men are diagnosed with clinical depression.
- Depressive symptoms occur in approximately 15 percent of community residents over 65 years of age.³ Rates of depression in nursing homes can be as high as 25 percent in some areas.⁴
- Depression often goes undetected because patients do not report their symptoms, and when they do, they are often misinterpreted as symptoms of a medical illness.⁵
- Older adults are considered the group most at risk for suicide. The suicide rate in older adults is more than 50 percent higher than young people or the nation as a whole. Many of these suicides (up to two-thirds) are often attributed to depression that went untreated or misdiagnosed.⁶ About 20 percent of all suicides occur in the elderly and are particularly associated with depressive disorder.⁷ White men over age 80 are six times more likely to commit suicide than any other demographic group.
- Older patients with significant symptoms of depression have roughly 50 percent higher healthcare costs than non-depressed seniors.⁸
- Clinical depression can be triggered by other chronic illnesses common in later life such as diabetes, stroke, heart disease, cancer, chronic lung disease, Alzheimer's disease, Parkinson's disease and arthritis.
- Reoccurrence is a serious problem — up to 40 percent of people continue to experience depression over time.

Common Attitudes of Older Adults Towards Depression

- Sixty-eight percent of Americans ages 65 and older know little or almost nothing about depression.⁹
- Only 38 percent of Americans ages 65 and older believe that depression is a "health" problem.¹⁰
- If suffering from depression, older adults are more likely than any other group to "handle it themselves." Only 42 percent would seek help from a health professional.¹¹

Learn to Recognize the Symptoms of Clinical Depression

No two people experience clinical depression in the same manner. Symptoms will vary in severity and duration among different people. See your doctor* if you experience the first two symptoms listed, 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 (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 found**
- **Recurrent thoughts of suicide or death (not just fear of dying)**

**As a first step, a thorough physical examination may be recommended to rule out other illnesses that may be causing the symptoms.*

¹ National Mental Health Association, 1996.

² The Brown University Long-Term Care Quality Advisor, vol. 9, no. 13, p.5. July 14, 1997.

³ National Institute of Mental Health's Epidemiologic Catchment Area Study.

⁴ "Diagnosis and Treatment of Depression in Late Life." Consensus Statement, NIH Consensus Development Conference, vol. 9, no. 3. November 4-6, 1991.

⁵ The Brown University Long-Term Care Quality Advisor, vol. 9, no. 13, p.5. July 14, 1997.

⁶ National Center For Health Statistics, 1994.

⁷ Kennedy, Gary J. *Suicide and Depression in Late Life: Critical Issues in Treatment Research and Public Policy*. John Wiley & Sons, Inc., 1996.

⁸ Unutzer, J. MD, MPH, "Depressive Symptoms and the Cost of Health Services in HMO Patients Aged 65 Years and Older." *JAMA*. vol. 277, n. 20. May 28, 1997.

⁹ National Mental Health Association, 1996.

¹⁰ National Mental Health Association, 1996.

¹¹ National Mental Health Association, 1996.