

Elderly Depression: Is Melancholy an Inevitable Outcome of Getting Old?

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Depression is dangerous and one of the most significant impediments to aging well.

People with depression¹ usually experience a profound sadness and sense of hopelessness that goes far beyond ordinary unhappiness. They often experience terrible psychic pain, which some people report is harder to bear than severe physical pain.

People with depression often experience a profound disinterest in life. What has made them happy and kept them vibrant no longer does. Life may have no meaning for them.

People with depression often find it difficult to carry on ordinary life functions. They may have trouble sleeping or sleep too much. They may have no interest in food or may stuff themselves in futile efforts to counter their bad mood. They may find it difficult to concentrate on work, day-to-day tasks, or social interaction. They may ruminate about relatively minor matters and be unable to make a decision or forgive themselves for errors or discourtesies. They may feel that doing anything takes too great an effort. They may always expect the worst and give up without trying. They may be angry much of the time, easily irritated by small aggravations. They may often think about death, even about taking their own lives.

People with depression have lower life expectancy than those without. The combination of depression and a serious, chronic physical illness, such as diabetes and heart disease, results in greater risks for disability and premature death than for people with the same physical conditions without depression.²

People with depression are also more likely to be socially isolated and caught in a vicious cycle in which depression feeds isolation and isolation feeds depression³.

Most people who complete suicide are depressed.⁴ And the sense of hopelessness inherent in depression makes many people reluctant to seek or accept help.

Obviously, depression makes it hard to live well at any age, including old age.

The good news for older adults is that, contrary to common belief, depression is not a normal or inevitable outcome of aging. But the ageist expectation that it is frequently results in failure to take steps to overcome it. "There's nothing to be done. They're just old." This attitude too often robs older people of opportunities to enjoy life.

In fact, each year major depressive disorder affects fewer than 5 percent of adults 65 or older who live in the community.⁵ The rate is higher among older adults with serious chronic health conditions, those who need home health care and those who are institutionalized.

A much higher proportion of older adults who live in the community -- perhaps 20 percent -- experience symptoms and forms of mood disorders, such as dysthymia or sub-syndromal depression⁶, that are not as severe as major depressive disorder but may have nearly as much negative impact⁷.

So, a significant proportion of older adults suffers from depression. But, it is important to note, 75 to 80 percent of older adults do not experience depression in any given year. Depression -- to say it again -- is not normal in old age, an encouraging fact for those who may feel hopeless about their lives.

Depression often can be treated effectively or overcome through other means such as meaningful relationships, activities, or spiritual experience. Unfortunately, it often goes unrecognized.

One reason for this is that it may not look like "depression". Frequently, it is expressed through physical symptoms such as headaches, "stomach" problems, aches and pains, fatigue or insomnia.

Depression also can be hard to recognize because it does not necessarily involve having a depressed mood. There are two "cardinal" symptoms of major depressive disorder -- profound sadness for two weeks or more and loss of interest and pleasure in activities that have had the greatest personal meaning. It is necessary to have one, but not both, of these symptoms to be diagnosed with major depression. It may seem strange, but there is depression without sadness⁸.

In older adults, depression may be missed because it involves cognitive difficulties that get diagnosed as dementia. This common misdiagnosis is terribly unfortunate because successful treatment of depression can restore cognitive capacities that have been lost due to depression -- even in people with dementia.⁹

Finally, depression can be hard to spot because many people with depression are able to hide it. From the outside they may seem unchanged, even though they may be suffering terribly on the inside.

So depression is dangerous, and it often goes unrecognized and untreated, depriving older adults of opportunities to get the most out of life. What can be done about this? We will address this question in our next post.

In the meantime, if you or someone you care about needs help, call 1-800-273-TALK.

And to find a geriatric psychiatrist in your area, refer to the [website](#) of the Geriatric Mental Health Foundation, <http://www.gmhfonline.org/gmhf/find.asp>.

This article was co-authored with Lisa Furst, L.M.S.W., Director of the Training and Technical Assistance Center of The Geriatric Mental Health Alliance of New York and co-author of [Depressed Older Adults: Education and Screening](#)

¹ PubMed *Health*. "Major Depression".

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001941/>

² Katon, W. and Ciechanowski, P. "Impact of Major Depression on Chronic Medical Illness" in *Journal of Psychosomatic Research* 2002. <http://meagherlab.tamu.edu/M-Meagher/%20Health%20Psc%20630/Readings%20630/Ultization/Depress:Anx%20PC/Katon%2002%20Dep.pdf>

³ Alpass, F. and Neville S. "Loneliness, health and depression" in *Aging & Mental Health* 2003

<http://www.informaworld.com/smpp/content~db=all?content=10.1080/1360786031000101193>

⁴ Centers for Disease Control and Prevention. National Center for Injury Prevention and Control.(2007). *WISQARS injury mortality reports, 1999-2007*.

<http://www.cdc.gov/ncipc/wisqars/>

⁵ Byers, et al. "High Occurrence of Mood and Anxiety Disorders" in *Archives of General Psychiatry*, May 2010.

<http://cumberland.pa.networkofcare.org/library/High%20Occurence%20of%20Mood%20and%20Anxiety%20Disorders%20Among%20Older%20Adults.pdf>

⁶ Surgeon General of the U.S. "Depression in Older Adults" in *Mental Health: A Report of the Surgeon General*. U.S. Department of Health and Human Services, 1999.

<http://www.surgeongeneral.gov/library/mentalhealth/chapter5/sec3.html>

⁷ Beekman, A.T. F., et al. "Consequences of Major and Minor Depression in Later Life: A Study of Disability, Well-Being, and Service Utilization" in *Journal of Psychological Medicine*, 1997.

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=25569&fulltextType=RA&fileId=S0033291797005734>

⁸ Gallo, JJ. and Rabins P. "Depression Without Sadness: Alternative Presentations of Depression in Late Life" in *American Family Physician*, September 1999.

<http://www.aafp.org/afp/990901ap/820.html>

⁹ Friedman, M. et al. "Cognitive Camouflage: How Alzheimer's Can Mask Mental Health Conditions" in *Social Work Today*, Nov/Dec, 2009.

<http://www.socialworktoday.com/archive/112309p16.shtml>

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