



Depression is not a part of the normal aging process

Kathryn is a 75-year-old widow, who despite her severe arthritis was quite active. She volunteered at the local hospital, spent hours gardening each spring and summer, enjoyed family get togethers and was an avid reader. About six months ago, however, she began losing interest in getting out or seeing anyone, she's losing weight and has trouble sleeping. She's lost her passion for reading and has become absent minded.

While some of her family members fear her symptoms are synonymous with Alzheimer's disease or dementia, others think Kathryn's decline is simply an acceptable response to getting older. What Kathryn is suffering from however, is neither – it's depression.

According to the National Institute of Medical health, depression in elderly people is a widespread and serious health problem.

However, while it is estimated that 15 percent of older Americans experience depression at some point in their golden years, it often goes undiagnosed or undetected in older persons, says Dr. Susan Reid, a member of The Homemakers Board of Directors, who is certified in psychiatry and geriatric psychiatry.

“Depression is very common in older people and often goes undiagnosed because people think it's a normal part of the aging process or it is misdiagnosed as dementia. If someone is in their 20's, 30's or 40's and are getting forgetful, depression is likely to be thought of. However, if the same symptoms occur in someone who is in their 70's or 80's, the diagnosis may be missed as it may be seen as part of the aging process or developing dementia,” says Reid, who previously was affiliated with Geriatric Psychiatry Services at Frisbie Memorial Hospital. “It's tragic when depression goes undiagnosed or untreated, as unlike dementia which gets progressively worse, depression is treatable and can be reversed.”

Left undiagnosed and untreated, Reid says depression can seriously affect the functioning of an older person. It is important for patients, families and caregivers not to assume that depressive symptoms are due simply to the aging process.

“Getting older is not an illness,” says Reid. “People will say ‘what do you expect at my age?’ But aging is not a disease.”

According to Reid, in older people, depression is often masked as a reaction to multiple losses that occur in the aging process – the loss of function in physical abilities, the loss of friends, and the loss of hearing and/or eyesight. Other life changes that can also mask and/or increase the risk for depression are adapting to a move from home to an apartment, retirement facility or nursing home; an illness and/or chronic pain, feelings of isolation and a loss of independence (problems getting around, caring for oneself or driving).

How can depression be distinguished between the sadness and grief a person feels upon experiencing one or more losses?

“When there is a loss, all of us feel sad and grieving is a normal reaction. If you are sad or grieving, you have an idea that you are going to come out of it,” says Reid. “But when you are depressed, you have the feeling that it’s never going to get better.”

As an example, Reid says if a person experiencing depression were told that they’d just won the lottery, their reaction would probably not be one of happiness or excitement. Rather they might just wring their hands and think negatively about the difficulty ahead of them in having to make so many decisions in regard to the money they have won.

“Intellectually, they know something like winning the lottery is a good thing, but they can’t feel the pleasure associated with it,” says Reid.

In regard to differentiating depression and dementia, Reid says one of the differentiating factors is time.

“Unlike dementia, changes in a person who has depression occur over a period of months, not over a period of years,” says Reid. “Look at the time frame. Have the changes such as eating and sleeping habits, a sad mood, forgetfulness or losses taken place in the past six months or have they taken place gradually over the course of years.”

Fortunately the prognosis for depression is good with appropriate treatment, which can include medications, supportive therapy and/or attending groups whether therapeutic or activity based.

Depression red flags include: sadness, fatigue, abandoning or losing interest in hobbies or other pleasurable pastimes, social withdrawal and isolation, weight loss or weight gain, difficulty falling asleep or sleeping too much, increased use of alcohol or other drugs, or a fixation on death or suicidal thoughts.

If you think you or a loved one may be suffering from depression, Reid suggests you contact your local health care provider.