

## Depression in Later Life

### Clinical depression is not a normal part of aging

Growing older usually means adjusting to changes in life. Sometimes, these changes can mean the loss of loved ones, of old routines and of excellent health. It's normal to feel sadness or distress during these periods, but most older adults move on and eventually feel satisfied with their lives.

For some, however, the sad feelings persist. The pleasure found in daily life can be lost. This may mean that the person is experiencing clinical depression.

Clinical depression is a serious illness that results in unnecessary suffering and, without treatment, may even lead to suicide. It is not normal for people to become depressed as they grow older. Clinical depression is treatable and should be treated at any age.

### Clinical depression is not grief

For many, a depressed mood is a normal reaction to the death of someone they love or the loss of the ability to perform routine activities. People in grief may find it helpful to join a support group to talk with others who have similar feelings. But when a depressed mood persists with no sign of lifting, a person might benefit from talking with a mental health professional to determine whether clinical depression is the cause.

### Clinical depression may be linked to other illnesses

Chronic illnesses common in later life – such as diabetes, cancer and heart disease – can actually bring about clinical depression. While it is always difficult to cope with a serious illness, it is not normal to become clinically depressed. Receiving treatment for the depression may even, in some cases, help improve the symptoms of the other illness.

### Clinical depression can be successfully treated

Clinical depression is one of the most treatable of all medical illnesses. In fact, more than 80% of people with depression can be successfully treated. Only a qualified health professional, however, can decide if someone has clinical depression. As with many illnesses, if treatment is needed, the earlier it begins, the more effective it can be. Furthermore, early treatment increases the likelihood of preventing recurrences.

## **No one can treat clinical depression on their own**

Some older people think they're "too old" to get help for depression. Some may be reluctant to talk about their feelings. Others may not want to appear weak or think that depression will go away on its own if they "tough it out." These views do not help relieve the suffering found in clinical depression. Like any other medical illness, clinical depression requires professional treatment. It cannot be treated on one's own.

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

## **Family and friends may need to help their loved one**

The nature of clinical depression often makes it difficult for the depressed loved one to find the motivation or energy to seek treatment. This means that friends and family need to help, not only by expressing their concern, but also by guiding the depressed person to seek treatment. In fact, because depression can even cause confusion and withdrawal, it may also be helpful for family or friends to accompany their loved one to the initial physician's evaluation, ask questions and note instructions.

Support from family and friends can be even more important if a loved one is expressing thoughts of suicide or desire for death. Older adults who attempt suicide are more likely than younger adults to succeed. Therefore, it is very important that family members and friends take all talk of suicide seriously and consider immediate medical attention.

## **What are the causes of clinical depression?**

Many things can contribute to clinical depression. For some people, a number of factors seem to be involved, while for others a single factor can cause the illness. Often times, people become depressed for no apparent reason. Regardless of the factors involved, clinical depression needs to be diagnosed and treated.

- **Situational** – Difficult life events, including divorce, financial problems, moving to a new place, the death of a loved one, or any significant loss can contribute to clinical depression.
- **Gender** – Women are twice as likely as men to experience clinical depression. While the reasons for this are still unclear, they may include the hormonal changes women go through during menstruation, pregnancy, childbirth and menopause. Other reasons may include the stress of the many caregiver roles and responsibilities women have, including homemaker, mother, employee and spouse. In some cases, being a victim of abuse, of poverty or of low self-esteem may contribute to an increased risk of clinical depression.

# What You Need to Know...



- Medications – Some medications can cause clinical depression. Before taking new medications or over-the-counter drugs, a doctor should be consulted about possible side effects.
- Co-occurrence – Clinical depression is more likely to occur with certain illnesses, such as cancer, stroke, heart disease, Parkinson’s disease, Alzheimer’s disease, diabetes and hormonal disorders. This is called “co-occurring depression.” Any depressive symptoms with other illnesses should be reported to a doctor. It is important that co-occurring depression be treated in addition to the physical illness.
  - Depression can “co-occur” in people who suffer from other mental illnesses, such as eating disorders and anxiety disorders.
  - In an effort to cope with the emotional pain caused by depression, some people try to “self-medicate” through the abuse of alcohol or drugs. Therefore, depression can also “co-occur” with alcohol and substance abuse.
- Biological – People with depression typically have too little or too much of certain brain chemicals called “neurotransmitters.” Changes in these brain chemicals may cause, or contribute to, clinical depression.
- Cognitive – People with negative thinking patterns – people who are pessimistic, have low self-esteem, worry too much or feel they have little control over life events – are more likely to develop clinical depression.
- Genetic – A family history of clinical depression increases the risk for developing the illness. However, clinical depression can occur in people who do not have a family history of clinical depression.

## **Clinical depression is a treatable mental illness, and its treatment can save lives**

The most common ways to treat clinical depression are with antidepressant medication, psychotherapy or a combination of the two. The choice of treatment depends on how severe the depressive symptoms are, the history of the illness, and individual preference. When talking to a doctor or qualified mental health professional, make sure they discuss these treatment options.

### **Medication**

Research strongly supports the use of medication to treat severe clinical depression. Antidepressant medication acts on chemical pathways of the brain related to mood. There are many effective antidepressants.

Although some symptoms, such as insomnia, often improve within a week or two, it may take three or four weeks before one feels better; the full benefit of medication may require six to eight weeks of treatment. Sometimes changes need to be made in dosage or medication type before improvements are noticed. It is usually recommended that medications be taken **for at least four**

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# What You Need to Know...



**to nine months after the depressive symptoms have improved.** Those with chronic depression may need to stay on medication to prevent or lessen further episodes.

People taking antidepressants should be monitored by a doctor who knows about treating clinical depression to ensure the best treatment with the fewest side effects. It is also very important that the doctor be informed about all other medicines that are taken, even herbal supplements, to avoid dangerous interactions.

Doctor consultation is also important before medication is discontinued because some medications cause problems if stopped too quickly.

## Psychotherapy

Psychotherapy with a qualified mental health professional can help teach better ways of handling problems. Therapy can be effective in treating clinical depression, especially depression that is less severe. Scientific studies have shown that short-term (10 – 20 week) courses of therapy are often helpful in treating depression.

- Cognitive-behavioral therapy helps change negative styles of thinking and behaving that may contribute to clinical depression.
- Interpersonal therapy focuses on dealing more effectively with other people and working to change relationships that can cause or worsen clinical depression.

## Other treatments

Electroconvulsive therapy (ECT) is a procedure in which symptoms of depression are relieved by stimulating the brain with a brief, controlled series of electrical pulses. After general anesthesia and a muscle relaxant are given, electrodes are placed at precise locations on the head to deliver the electrical pulses. Some people may experience side effects, such as temporary memory loss.

ECT is recommended in the following cases:

- When a person cannot take medication
- When symptoms of depression have not responded to medication
- When the risk of suicide is high
- When someone is debilitated due to depression or another physical illness

While ECT is a safe, effective and painless procedure that saves lives, a thorough discussion of its benefits and risks should take place between doctor and patient before ECT is initiated. Usually several sessions, typically given at the rate of three per week, are required before full benefits are seen.

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## Commonly asked questions about clinical depression

### How can someone get help for clinical depression?

The first step a person should take is to talk to a doctor, explaining the symptoms that he or she has been experiencing. The doctor may recommend a physical checkup to find out if there is any underlying physical cause for the depressive symptoms.

If clinical depression is diagnosed, then a physician or insurance company may make a referral to a qualified mental health professional.

Mental health professionals include psychiatrists, psychologists, psychiatric nurses, social workers and counselors. Psychiatrists and some advanced practice nurses can prescribe antidepressant medications. Other mental health professionals provide psychotherapy and often work with physicians to ensure that individuals receive any needed medications.

### How does someone pay for treatment for clinical depression?

For people who have private insurance coverage or who are enrolled in Medicaid, Medicare or another government program, the costs for treatment may be covered. Pay close attention to the restrictions in your plan, however. Many plans do not provide equal coverage for physical and mental illnesses. Contact a health insurance provider for details on complete coverage for treatment of clinical depression.

- If over 65 years of age, Medicare now pays for 50% of the costs of treatment, and Medigap insurance can help cover the remainder.
- Counseling by a certified pastoral counselor is generally covered by health care plans if the pastoral counselor is licensed by the state.
- A workplace may also have an employee assistance professional available to provide confidential counseling or to help find appropriate care.

If a person doesn't have insurance or is unable to afford treatment, a community may have publicly-funded mental health centers and other mental health programs that charge for services according to one's means. This is called sliding-scale or sliding-fee basis of payment. So, even if a person has little money, services may still be available. Some mental health professionals in private practice may also accept patients on a sliding-fee. University or teaching centers can also be a source of low-cost or free treatment services.

It is important to note that many publicly-funded entities have limited resources, which may result in long waiting lists or other barriers to treatment. If there is trouble accessing treatment, contact Mental Health America at 414-276-3122 for further assistance.

# What You Need to Know...



## Making the most of treatment

**Make treatment a partnership:** Discussing treatment options and voicing concerns with doctors or therapists is essential for healing. Asking questions and getting answers is part of informed and appropriate treatment.

**Continue treatment:** It can often take time to find the right treatment. Be patient and do not stop taking the antidepressant medication too soon or without a doctor's knowledge. Remember, it may take up to eight weeks before one feels better, but the doctor still should be kept informed about any side effects experienced. It's usually recommended for people being treated for clinical depression to continue to take medication for four to nine months after feeling better to prevent a recurrence of clinical depression. Carefully follow the doctor's instructions to be sure the proper dose is taken.

**Change your treatment or get a second opinion:** Treatment changes may be necessary if there is no improvement after six to eight weeks of treatment or if symptoms worsen. Trying another treatment approach, another medication or getting a second opinion from another health care professional may be appropriate.

**Join a support group:** In addition to treatment, participation in a support group can also be very helpful during the recovery process. Support group members share their experiences with the illness, learn coping skills and exchange information on community providers.

**Take care of yourself:** It is also important to get plenty of rest; to exercise in moderation; and to eat nutritious, well-balanced meals during treatment. Reducing stress will also help. Many people also find strength and support through their religious and spiritual affiliations. Share this information with family and friends and ask for extra support and understanding.

**Life can be enjoyable again! With recognition and treatment, clinical depression can be overcome!**

For more information, contact Mental Health America of Wisconsin at 414-276-3122 or visit our web site at [www.mhawisconsin.org](http://www.mhawisconsin.org).

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