

## Depression in the Elderly

Depression is not a normal part of aging; but, unfortunately, it is very common in the elderly. Late-life depression affects about 6 million Americans age 65 and older, but only 10% receive treatment. This is likely because the symptoms of depression in the elderly are often confused with the effects of multiple illnesses and the medicines used to treat them.

### **How Does Depression in the Elderly Differ From Depression in Younger People?**

Depression in later life frequently coexists with other medical illnesses and disabilities. In addition, advancing age is often accompanied by loss of key social support systems due to the death of a spouse or siblings, retirement, and/or relocation of residence. Because of their change in circumstances and the fact that they're expected to slow down, doctors and family may miss the diagnosis of depression in elderly people, delaying effective treatment. As a result, many seniors find themselves having to cope with symptoms that could otherwise be easily treated.

Depression tends to last longer in elderly adults. It also doubles their risk to develop cardiac disease and increases their risk of death from illness while reducing their ability to rehabilitate. Studies of nursing home patients with physical illnesses have shown that the presence of depression substantially increased the likelihood of death from those illnesses. Depression also has been associated with increased risk of death following a heart attack. For that reason, making sure that an elderly person you are concerned about is evaluated and treated is important, even if the depression is mild.

Depression in the elderly is more likely to lead to suicide. The risk of suicide is a serious concern among elderly patients with depression. Elderly white men are at greatest risk, with suicide rates in people ages 80 to 84 more than twice that of the general population. The National Institute of Mental Health considers depression in people age 65 and older to be a major public health problem.

### **What are the Risk Factors For Depression in the Elderly?**

Factors that increase the risk of depression in the elderly include: Being female, unmarried (especially if widowed), stressful life events, and lack of a supportive social network. Having physical conditions like stroke, hypertension, atrial fibrillation, diabetes, cancer, and dementia further increases that risk. Patients with severe illness such as stroke, myocardial infarction, diabetes mellitus, or cancer can have rates as high as 1 in 5 with severe depression and 1 in 5 for a minor or lesser depression. While depression may be an effect of certain health problems, it can also increase a person's risk of developing other illnesses -- primarily those affecting the immune system, like infections.

The following risk factors for depression are often seen in the elderly:

- Certain medicines or combination of medicines
- Other illnesses
- Living alone, social isolation
- Recent bereavement
- Presence of chronic or severe pain
- Damage to body image (from amputation, cancer surgery, or heart attack)
- Fear of death
- Previous history of depression

- Family history of major depressive disorder
- Past suicide attempt(s)
- Substance abuse

Persons who develop their first depression in old age are very likely to have very small "hyperlucencies" on head imagery that indicate tiny spots in the brain may not receive adequate blood. Consequent chemical changes in these cells enhance the likelihood of depression, apart from any life stress.

### **What Types of Treatment Are Available for Older Individuals With Depression?**

There are several treatment options available for depression including medicine, psychotherapy (counseling), electroconvulsive therapy, or a combination in more difficult to treat cases.

#### **Antidepressant Medicines**

Most of the available antidepressants are believed to be equally effective in elderly adults, but the risk of side effects or potential reactions with other medicines must be carefully considered. For example, certain traditional antidepressants -- such as amitriptyline and imipramine -- can be sedating and cause a sudden drop in blood pressure when a person stands up, which can lead to falls and fractures.

Antidepressants may take longer to start working in older people than they do in younger people. Since elderly people are more sensitive to medicines, doctors may prescribe lower doses at first. In general, the length of treatment for depression in the elderly is longer than it is in younger patients.

#### **Psychotherapy**

Most depressed people find that support from family and friends, involvement in self-help and support groups, and psychotherapy are very helpful.

Psychotherapy is especially beneficial for those patients who prefer not to take medicine, as well as for those not suitable for treatment with drugs because of side effects, interactions with other medicines, or other medical illnesses. The use of psychotherapy in older adults is beneficial with a broad range of functional and social consequences of depression. Many doctors recommend the use of psychotherapy in combination with antidepressant medicines.

#### **Electroconvulsive Therapy (ECT)**

ECT plays an important role in the treatment of depression in older adults. Because many older patients are unable to take traditional antidepressant medicines due to side effects or interactions with other medications they may be taking, ECT is an extremely effective alternative.

### **What Other Problems Affect Treatment of Depression in the Elderly?**

The stigma attached to mental illness and psychiatric treatment is even more powerful among the elderly and is often shared by members of the patient's family, friends, and neighbors. This stigma can keep elderly patients from seeking treatment. In addition, depressed older people may not report their depression because they believe there is no hope for help.

Elderly people may also not be willing to take their medicines because of side effects or cost. In addition, having certain other illnesses at the same time as depression can interfere with the effectiveness of antidepressant medicines.

Alcoholism and abuse of other substances may interfere with effective treatment, and unhappy life

events -- including the death of family or friends, poverty, and isolation -- may also affect the patient's motivation to continue with treatment.

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index#9313