
Depression and ageing

Summary

- Depression is not a normal part of ageing.
 - Symptoms of depression may be confused with other illnesses or with ageing.
 - Depression can be successfully treated with lifestyle changes, psychological therapies and medication.
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While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time (weeks, months or even years) and sometimes without any apparent reason. **Depression** is more than just a low mood – it's a serious condition that has an impact on both physical and mental health.

One in six women and one in eight men will experience depression at some stage of their lives. The precise rates of depression in older people are not yet known. However, it is thought that between 10 and 15 per cent of people in Australia over the age of 65 experience depression.

Rates of depression among people living in residential aged care facilities are believed to be much higher than in the general population – around 30 per cent.

Depression is often not well recognised or detected in older people. Symptoms such as sadness, sleep and appetite problems or mood changes may be dismissed as a 'normal' part of getting older. Symptoms such as poor concentration and memory difficulties may also be confused with other conditions such as dementia.

Older people are at greater risk of developing mental health conditions because of the cumulative effect of numerous risk factors, including chronic illness and isolation.

However, there is no evidence that ageing itself is a risk factor for depression later in life.

Depression can reduce a person's quality of life and their relationships with friends and family. Severe depression is a risk factor for suicidal thoughts. Among males, the highest suicide rate in the population is among those aged 85 and older.

Recognising depression in older people

Depression among older people can be easily missed. Older people may find it difficult to recognise or talk about feeling sad or depressed and may not reach out for help. Symptoms of depression that would cause concern in a younger person, such as insomnia or social withdrawal, may be disregarded in older people as 'just getting older'.

Depression can affect memory and concentration, particularly in elderly people. People sometimes assume that problems with memory or concentration are due to age-related changes in thinking, rather than being due to depression. It is therefore important to think proactively about the possibility of depression and assess whether it may be present.

Symptoms of depression in older people

Depression affects how people think, feel and act. They may lose interest in the things they normally enjoy. They may lack energy, have difficulty sleeping or sleep more than usual. Some people feel irritable and some find it hard to concentrate. Depression makes life more difficult to manage from day to day.

An older person may be depressed if, for more than two weeks, they have:

- felt sad, down or miserable most of the time, or
- lost interest or pleasure in most of their usual activities, and
- experienced several of the signs and symptoms across at least three of the categories below.

Feelings may include:

- moodiness or irritability, which may present as anger or aggression
- sadness, hopelessness or emptiness
- feeling overwhelmed
- worthlessness
- guilt.

Thoughts may be affected by:

- indecisiveness
- loss of self-esteem
- negative comments such as 'I'm a failure.', 'It's my fault.' or 'Life is not worth living.'
- excessive concerns about financial situation
- perceived change of status within the family
- frequent thoughts of death and dying
- suicidal thoughts.

Behavioural symptoms include:

- general slowing down or restlessness
- neglecting responsibilities and self-care
- withdrawing from family and friends
- behaving out of character
- decline in day-to-day ability to function
- being confused, worried and agitated
- inability to find pleasure in any activity
- denial of depressive feelings as a defence mechanism.

Physical symptoms include:

- memory problems
- sleeping more or less than usual
- feeling tired all the time
- slowed movement
- unexplained headaches, backache or pain
- digestive upsets, nausea, changes in bowel habits
- agitation, hand wringing, pacing
- loss or change of appetite
- significant weight loss (or gain).

It's important to note that everyone experiences some of these symptoms from time to time and it may not necessarily mean that the person is depressed. Equally, not every person who is experiencing depression will have all of these symptoms.

Additionally, older people may use different language to refer to their depression. Instead of describing 'sadness', for example, they may talk about 'their nerves'.

People at risk of depression

While the exact cause of depression isn't known, a number of things can be associated with its development. Generally, depression does not result from a single event, but from a combination of biological vulnerability, personality, life experiences and recent events, particularly those involving loss.

Some factors that might be associated with the development of depression include:

- family history of depression
- personality factors (for example if the person is self-critical or negative, worries a lot, is a perfectionist)

- challenging life experiences
- abusive or uncaring relationships
- serious physical health problems, including chronic pain
- loss of independence
- drug and alcohol use.

In older people, depression may occur for different reasons, but physical illness or personal loss are common triggers.

Factors that can increase an older person's risk of developing depression include:

- an increase in physical health problems or conditions such as heart disease, stroke, Alzheimer's disease or cancer
- chronic pain
- side-effects from medications
- losses such as relationships, independence, work and income, self-worth, mobility and flexibility
- social isolation or loneliness
- significant change in living arrangements such as moving from living independently to a care setting
- admission to hospital
- particular anniversaries and the memories they evoke.

Treatment for depression

Different types of depression require different **types of treatment**, which may include:

- lifestyle changes (such as diet, physical exercise and social supports) for preventing and treating symptoms of depression
- psychological treatments
- medical treatments for moderate to severe depression.

The reality is that depression is unlikely to simply go away on its own. In fact, if ignored and left untreated, depression can go on for months, sometimes years, and can have many negative effects on a person's life.

The good news is that there is a range of treatments, health professionals and services available to support people with depression. There are also many things that people with depression can do to support themselves.

Psychological treatments for depression

There are many types of psychological therapies that have been found to be effective for depression in older people. These include therapies such as **cognitive behaviour therapy (CBT)** and **interpersonal therapy (IPT)**. **Reminiscence therapy** also appears to be an effective approach to treating depression in older people.

CBT supports people with depression to identify and change negative patterns of thinking and improve their coping skills so they are better equipped to deal with life's stresses and conflicts.

Psychological therapies may not only support a person to recover, but can also help to prevent the depression from reoccurring. Psychological treatments can be conducted one-on-one with a professional, in groups, or even online.

Medical treatments for depression

If you're experiencing moderate to severe depression your doctor may prescribe antidepressant medication, along with psychological treatments. Antidepressants are sometimes prescribed when other treatments have not been successful or when psychological treatments aren't possible due to the severity of the condition or a lack of access to the treatment.

Electroconvulsive therapy (ECT) is sometimes recommended for people with severe, life threatening depression that has not responded to psychological therapy or medication. ECT can only be provided by psychiatrists and in specialist facilities.

Where to get help

- Your **GP (doctor)**
- Your local community health centre
- Government funded specialist mental health services in each State and Territory
- **Australian Psychological Society Find a psychologist service** Tel. **1800 333 497** (outside Melbourne) or **(03) 8662 3300** (in Melbourne)
- Accredited mental health social workers
- Occupational therapists specialising in mental health
- Mental health nurses
- Aboriginal and Torres Strait Islander health workers
- **beyondblue** Support Service (24 hours 7 days a week). Tel. **1300 22 4636**
- **Lifeline** Tel **13 11 14**
- **Kids Helpline** Tel **1800 55 1800**
- **SuicideLine** Victoria, for counselling, crisis intervention, information and referral (24 hours, 7 days). Tel **1300 651 251**
- **SANE Australia** Helpline Tel. **1800 187 263**
- **MensLine Australia** Tel. **1300 78 99 78**

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