

May is Mental Health Month which serves as an opportunity to shine a light on the topic of mental health and mental illness. According to medical experts 25% of people over the age of 18 have some type of mental disorder including anxiety and depression. Adults older than 65 are at particular risk of being under recognized and under treated for depression. Studies show that up to 63% of older adults do not receive the treatment they need. Feelings of shame, fear, and embarrassment can be barriers to treatment.

Depression is not a normal part of aging. It is a medical illness and a worldwide cause of disability. Since the symptoms of depression can occur along with other medical conditions it is important to have medical and psychological screening in order to receive a proper diagnosis and treatment plan. Left untreated, depression interferes with problem solving and normal day to day functioning. It robs life of pleasure and stifles hope. It can lead to other illnesses and death.

The good news is these disorders can be treated. Research shows that older persons are just as likely to benefit from treatment as younger persons and that they do in fact seek treatment. However, they often attribute their symptoms to "just slowing down" and may identify their problems as physical complaints.

Depression can also occur following a stroke or with illnesses such as congestive heart failure, Parkinson's disease, Alzheimer's disease, thyroid disorders and cancer. Misuse of medications and alcohol can also result in depressive symptoms. Experts report that 30-70% of elderly patients are non compliant with their medication plan.

Other risk factors include a family history, an alteration in brain chemistry, chronic pain, disability, social isolation, loss, financial strain. Women are twice as likely as men to become seriously depressed but men over age 85 are the highest risk group for suicide. Families should pay special attention to elderly male relatives who are divorced or widowed.

Sadness and grief are normal reactions to loss, major life changes, and prolonged stress or illness. Unlike normal sadness, depression doesn't go away by itself and lasts for months. Depression in the elderly is at times characterized by memory loss, confusion, social withdrawal, loss of appetite, weight loss or gain, vague complaints of pain, inability to sleep or sleeping too much, irritability, delusions, and hallucinations.

People with depression sometimes anticipate a negative response from others. They blame themselves and feel guilty when they are unable to make themselves better. Frequently they view their illness as a character flaw rather than a medical problem. They think they can rationalize or "think" themselves out of the depression.

At a recent conference on "Psychiatric Assessment and Treatment of Geriatric Patients" Michael Upton, MD Medical Director Colby Center for Psychiatry addressed this behavior. He compared this illogical thinking pattern to asking someone to heal a broken leg by walking on it.

Without professional treatment, unresolved depression can suppress the immune system and increase the risk of suicide. Families and friends are often hesitant to broach the subject out of fear that talking about things will make it worse for the depressed

person. Research has shown that talking about suicide will not cause it. Discussing the symptoms of depression can lead to diagnosis and treatment.

Mental health providers indicate that 80% of older patients respond to medication alone. Prescriptions have to be carefully tailored for each patient. The elderly respond differently to and experience different side effects than the younger population. Medical researchers have developed a medical reference tool called the Beers Criteria that professionals use when prescribing medications for the elderly.

Other treatments can include medical and psychiatric interventions: treating the underlying medical conditions, talking through problems (psychotherapy), family support, exercise, social interaction, support groups, education.

What to look for: Along with the symptoms mentioned above,

- Expressions of sadness “I cry all the time for no reason at all” “I just can’t stop feeling sad” “I can’t do anything for myself” “I’m of no use to anyone”
- Withdrawing from social activities
- Decline in daily functioning. Not bathing, changing clothes, daily chores
- Excessive fatigue
- Talk of suicide “I’d be better off dead” “I wish I were dead”

What to do:

- Call your medical provider if you or your loved one is experiencing signs of depression. Primary physicians can utilize screening tools in order to diagnose depression.
- Review medications and alcohol use.
- Call 911 or go to the nearest emergency room if you or someone you know has thoughts of suicide. Remove potentially harmful items such as guns, sedatives from the home.
- Be observant. Ask questions and then listen. Older persons may be hesitant to discuss feelings. They may be more comfortable with open ended questions such as” How are things going?”
- Convey hope: “I know you feel this way now but you will not always”
- Avoid false hope: “Cheer up; everything is going to be ok.”
- Avoid criticism: “Snap out of it”
- Educate yourself about depression

Helpful resources: National Alliance on Mental Illness, www.nami.org; National Institutes of Health, www.nlm.nih.gov; Older Americans 2008 www.agingstats.gov; National Coalition on Mental Health and Aging www.ncmha.org; Philip McCallion PhD Center for Excellence in Aging Services University at Albany www.albany.edu/aging. www.archinternmed.com. Books: “How Can You Survive When they’re Depressed?” by Anne Sheffield, “Talking to Depression: Simple Ways to Connect When Someone in Your Life is Depressed” by Claudia Strauss.

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Community Caregivers & the Alzheimer’s Association will present “Memory Loss, Dementia, and Alzheimer’s Disease: The Basics” a one-hour, interactive program

designed to provide you with the basic information that everyone needs to know about memory-loss issues and what they mean for all of us. Program content includes basic information on topics such as; various forms of dementia, Alzheimer's disease, medication, research, services, and more! **June 8th 2010 at 4:00pm at Community Caregivers Office, 2113 Western Avenue Guilderland NY. Call 456-28-98 to register or email info@communitycaregivers.org.** The program is free and open to the public.