

Partners in Quality Care



MISCONCEPTIONS:

It is a wide misconception that depression and aging are a normal part of life. If an elderly person is experiencing the symptoms of depression, it is the body's reaction to illness, feelings of hopelessness, financial strain, loneliness, or a number of other causes.

In order to understand depression, we must first know what the medical definition of depression is. Everyone is faced with times in their lives where sadness replaces joy and we are all faced with sorrow in times of loss, physical or emotional pain, or strained finances or relationships. This is normal. When this sadness becomes prolonged and we are unable to overcome the feelings of sadness, this is considered depression.

Depression in the elderly, undiagnosed or left untreated, can have a major impact on the quality of life that they are able to fulfill. Early detection of depression in the elderly can make a difference in the elderly population being able to live a healthier and longer life.

According to the World Health Organization, depression is defined as a prolonged and persistent state of sadness.

Do not dismiss symptoms of depression in the elderly client. It is NOT a normal part of aging, but a reaction to other circumstances in their life.



What You Will Learn:

- **Common Misconceptions of Depression in the Elderly**
- **Signs and Symptoms of Depression**
- **Causes of Depression**
- **What to do if you suspect Depression in Your Client**
- **Warning Signs of Suicide in Older Adults**

CAUSES OF DEPRESSION:

There is no one cause of depression. For some people, a single event can bring on the illness. Depression often strikes people who felt fine but who suddenly find they are dealing with a death in the family or a serious illness.

For some people, changes in the brain can affect mood and cause depression. Sometimes, those under a lot of stress, like caregivers, can feel depressed. Others become depressed for no clear reason. *For older adults, it's natural to feel sadness around events like the death of a spouse or serious illness. But depression is not a normal part of life for anyone.* Treatment can help even with the most severe cases.

People with serious illnesses, such as cancer, diabetes, heart disease, stroke, or Parkinson's disease, may become depressed. They may worry about how their illness will change their lives. They might be tired and not able to deal with things that make them sad. Treatment for depression can help them manage their depressive symptoms and improve their quality of life.

Genetics, too, can play a role. Studies show that depression may run in families. Children of depressed parents may be at a higher risk for depression. And, depression tends to be a disorder that occurs more than once. Many older people who have been depressed in the past will be at an increased risk.

If you are a family member, friend, or healthcare provider of an older person, watch for clues. Sometimes depression can hide behind a smiling face. A depressed person who lives alone may appear to feel better when someone stops by to say hello. The symptoms may seem to go away. But, when someone is very depressed, the symptoms usually come back.

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Signs and Symptoms of Depression :



People with depressive illnesses do not all experience the same symptoms. The severity, frequency and duration of symptoms will vary depending on the individual and his or her particular illness.

Symptoms include:

- Persistent sad, anxious or "empty" feelings. Feeling sad or guilty often.
- Feelings of hopelessness and/or pessimism
- Feelings of guilt, worthlessness and/or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment
- When older adults do have depression, it may be overlooked because seniors may show different, less obvious symptoms, and may be less inclined to experience or acknowledge feelings of sadness or grief.

Depression is a serious illness — just like diabetes or heart disease. Expecting positive thinking to cure depression is like expecting a person with diabetes to lower his blood sugar level by thinking happy thoughts. Most people need treatment to beat depression.

The Aide's Role in Helping a Client with Depression

- Becoming informed about depression is the first step in helping the client.
- Be able to recognize the symptoms and the changes that occur as you care for the client.
- If you suspect your client is having the signs and symptoms of depression, it is important to notify your agency with these concerns. If a client has suicidal thoughts or expresses threats to their safety, take these signs seriously **and know what your agency's policies are for this type of emergency.**

Some of the daily things a caregiver can do with an elderly client to help them deal with the signs leading up to a diagnosis of depression, or those that are diagnosed with depression, are:

- Listen **without** giving advice or opinions - this will encourage future conversations.
- Give positive reinforcement to help with feelings of worthlessness they may be experiencing.
- Involve the client in activities they can participate in, such as board or card games.
- Create a stress-free environment. Make your time with the client as organized and routine as possible.
- **If the client is suicidal, do NOT leave them alone and contact your supervisor immediately.**

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Depression doesn't just affect your mind. It also can affect your body. Different people can have different physical symptoms when they are depressed. Some people may overeat — or may have no appetite at all. Others may have trouble sleeping or may sleep too much. Some people who are depressed may have headaches or other aches and pains, cramps and stomach problems, or fatigue and difficulty concentrating.



- ❖ Older adults have the highest suicide rate of any age group in the United States. Each year as many as 10,000 older adults will die from suicide.
- ❖ There are many theories about the reasons for the suicide. These include changes in brain chemistry; emotional illness, particularly depression; and physical problems, such as heart disease, chronic pain, and loss of a body part or function.
- ❖ Other factors associated with suicide in older adults are as follows:
 - A pattern of successive losses with little time in between for grieving and recovery
 - Alcohol and/or drug dependence
 - Retirement
 - Social isolation and lack of a support system
 - Prolonged illness

Warning Signs of Suicide in Older Adults

- **Statements such as- I'm going to kill myself; I just want to end it all; My family would be better off without me; There's no point in going on.**
- **Putting life in order, such as- giving valuables away, making or changing a will; finalizing funeral or burial plans**
- **Self-neglect, such as- not eating; not drinking; refusing to take medications or taking too much medicine; hiding medications to take later in large quantities; overeating, not sticking to prescribed diet**

Unlike younger persons, older adults do not make suicide attempts or gestures. Elders who attempt suicide are almost always successful on the first attempt. Methods range from guns to drugs and other poisonous substances. Some people just quietly refuse to eat or drink or take their medications.

Home care aides should be alert for warning signs of suicide. Pay attention to these signs, take them seriously, and report them to your supervisor immediately.

There are many things that can be done to improve the quality of life for older adults. Depression can usually be treated with good results.



Depression affects more than 6.5 million of the 35 million Americans aged 65 years or older. Most people in this stage of life with depression have been experiencing episodes of the illness during much of their lives. For others, depression has a first onset in late life—even persons in their 80s and 90s. Depression in older persons is closely associated with dependency and disability and causes great suffering for the individual and the family.



