

# Is it Depression *or something else?*



(Excepted from 'Recovering Wellness' Oasis project – Doug Kreider UH)

**D**epression among older adults is far more common than we freely admit. Some estimates place the condition in 8-20% of older adults nationwide. Here in Hawaii the estimates are lower – 4-8 % but for those residents in nursing homes the estimate jumps to 70%! It's not hard to imagine why. They have lost much of their personal dignity to physical conditions they have little or control over. They are not able to make many personal decisions concerning schedules, activities or even what they will eat and drink. And on top of all that – they are living somewhere unfamiliar, among other people they usually do not know and sometimes cannot even communicate with.

But, it is important for caregivers to understand that while we may be able to identify factors that can promote depression; the condition itself is NOT a normal condition of aging. It is a treatable in 90+% of those affected.

Depression is linked to suicide

Depression increases with age (especially in men) Adults over the age of 85 commit suicide at almost twice the rate of all ages combined.

- Depression contributes to premature death from numerous illnesses and conditions.
- Some symptoms of depression:
  - Feeling sad for a period of time
  - Inability to enjoy life
  - Lack of interest in favorite activities
  - Sleeping too much or too little
  - Changes in appetite or weight
  - Trouble concentrating, slowed thinking and memory problems
  - Thoughts of death or suicide
  - Irrational thinking, hallucinations, or paranoia
  - Lack of energy, fatigue, slowed movement
  - Agitation or restlessness
  - Feelings of hopelessness or helplessness
  - \*Feeling of worthlessness or excessive guilt
  - \*Physical complaints or pain
  - \*Social isolation
  - \*Irritability, criticalness
  - \*Excessive anxiety or worry

Depression is still not recognized by society adequately enough to make people freely express symptoms and seek help. Cultural factors impede treatment, and the older generation is more impacted by social restraints than adults under 50.

There are 3 basic classifications of depressions.

1. Clinical or major Depression. This is classified as having multiple signs of

- depression for 2 or more weeks, not better accounted for by grief or trauma.
2. Dysthymia. A condition of a sad mood or other signs of depression lasting for 2 or more years.
  3. Bipolar Disorder. This is characterized by extreme mood changes, between depression and extremely high mood, called mania.

Normal expressions of grief or disturbance brought on by trauma appear as depression but they are not depression in the terms outlined above. Grief has a declining pattern of emotion while depression severely lengthens or makes chronic these conditions. Be aware of cultural practices involving grief and time lines.

Recognizing depression can be tricky. Symptoms that could reflect depression could also be caused by physical conditions, disease, environmental factors or chemical imbalances from medication interaction or side effects from medication. Depression can occur in conjunction with other conditions or on its own. For older adults, depression is often disguised or it “masquerades” as something else, like:

- Physical complaints or pain
- Changes in thinking, concentration or memory
- Anxiety or worry

As a result, many individuals with depression are mis-diagnosed and not treated appropriately.

Some factors/diagnoses that could commonly be depression or depression-related:

- Dementia
- Endocrine disorders
- Vitamin deficiencies

- Parkinson’s disease
- Chronic pain
- Anxiety
- Alcohol or drug use

## What to do?

If you are dealing with a situation that could be depression the first step is recognizing that depression is a real possibility. Talk with trusted friend or professional. Try to have an increase in family involvement. If the situation is interfering with a quality of life, a physical and mental assessment needs to be done. The major hospitals have programs to accomplish – one of the best is at Wahiawa general Hospital with their mental health assessment unit. Unless your normal physician is either someone with a large aging clientele, I recommend seeking the physician services of a geriatric specialist. **The program ACCESS (on Oahu 832-3100) Toll free 1-800-753-6879** exists not only for suicide crisis help but for general help in locating resources to help with mental health problem.

You can address environmental factor to help reduce stress. Develop supportive relationships and increase social interaction. Maintaining a healthy lifestyle, diet, exercise etc. aides in preventing and treating depression. Psychotherapy (80% effective) is effective as are medications (up to 75% effective). Electroconvulsive therapy is rated at 90% effective and is not the frightening thing we have seen portrayed on television. A new technique called deep brain stimulation DBS is showing significant promise in treatment resistant depression. When other treatments are not enough, hospitalization may be needed.

- Massage / Touch

- Social support
- Religious involvement
- Alternative and complimentary therapies
- Exercise and good nutrition

Communication is such an overlooked therapy and with most older adults, that is where we start. Create the safe emotional environment where feelings can be expressed without fear of judgment or argument. Clarify what you hear by repeating it back. “did I hear correctly \_\_\_\_\_” etc.

Your role as caregiver might actually get in the way of your helping your loved one. Parent and child roles often get reversed during caregiving. Old family conflicts may rear up and surprise you with their intensity. And practical issues such as distance, finances and unresolved conflicts can get in the way. If you see any of these as creating likely barriers to your communication, involve someone else in the process of evaluation. Taking enough time to understand the involves

- Checking to see if you heard correctly
- Clarifying for better understanding
- Paraphrasing what you have heard to make sure it is what was intended
- Summarizing the conversation by focusing on the main points
- Empathizing with the experience.

**SHIFT** “ing” our actions and thoughts about depression and mental health conditions in general will give us a road map for action.

Step back

Have awareness

Identify the problem

Find possible solutions

Take action

When addressing depression, don’t jump to conclusion. Step back and analyze the situation. Have awareness – educate yourself and get adequate information. Talk with others to help identify the problems and then work to find solutions. Weigh the benefits and risks of any solutions but ultimately take action.

*Disclaimer*

*The commentary and opinions in this article are not to be construed as providing medical or legal advice. Consult your own health professional before acting on any suggestions or recommendations.*

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