

What is Depression?

Depression is a serious medical illness that disrupts a person's mood, behavior, thought processes, and physical health. Depression is not an expected part of the aging process or a normal reaction to loss. It usually does not improve in response to different circumstances, good news, or the passing of time.

What Causes Depression?

There are multiple factors that influence why someone has depression or some of the symptoms of depression. There are chemicals called neurotransmitters in the brain that regulate our mood and behavior. A disturbance in these neurotransmitters can trigger depression or depression symptoms.

What are the Symptoms of Depression?

There are two key symptoms of depression that occur almost every day for two weeks or longer.

The two key symptoms are:

- Depressed or sad mood
- Loss of interest or pleasure in activities

Other symptoms include:

- Significant weight loss or gain
- Sleep disturbances
- Fatigue or decreased energy
- Feelings of guilt or worthlessness
- Difficulty concentrating
- Thoughts of death or suicide

Are the Symptoms of Depression Different in the Nursing Home Resident?

Symptoms that may be present in the nursing home resident are:

- Vague aches/pains
- Increased use of health services/resources
- Decreased socialization or attendance at activities
- Combative or resistive behavior
- Delusions or paranoia
- Apathy or "model" behavior

Depression in the elderly may differ from that of a younger person. Depression may coexist with other medical conditions such as diabetes, stroke, heart disease, cancer, chronic lung disease, Alzheimer's disease, Parkinson's disease, and arthritis. As a result, depression is often misdiagnosed as a symptom of these other illnesses.

Barriers to Recognizing Depression

There are multiple reasons that depression may be overlooked. These barriers may lead to the under-recognition and under-treatment in the older population. These factors are:

- The myth that depression is a normal consequence of aging;
- The myth that depression is a normal response to multiple losses;
- The older person is embarrassed to report or talk about the symptoms, or
- The older person focuses more on the physical complaints.

How is Depression Diagnosed in the Older Adult?

Screening

There are screening tools that a nursing home can use to identify if the older adult is suffering from the symptoms of depression. Results on a depression-screening tool do not diagnose that the person has depression. They identify the need for further follow-up and assessment by a physician or licensed mental health professional.

Assessment

Assessment is the process that a clinician uses to determine the diagnosis of depression. Important information is collected to determine the diagnosis including family history, clinical presentation, medical conditions, and lab test results.

Treatment Options for Older Adults

- **Watchful waiting** for people whose symptoms are of recent onset and are not severe enough to be diagnosed as Major Depression.
- **Medications** – the newer classes of antidepressants are safer and better tolerated in the older person. Generally, antidepressant medications must be taken for 2-4 weeks before noticing an improvement.
- **Psychotherapy** may be used alone or in combination with antidepressant medications. Combination therapy is more effective than either treatment alone.

How to Help Yourself if You are Depressed

Depression can make a person feel exhausted, worthless, hopeless, and helpless. These negative thoughts and feelings make some people want to give up.

To help you get better:

- Confide in someone you trust
- Participate in activities that may make you feel better
- Take your prescribed medication. Remember it may take 2-4 weeks before you start to feel better
- Break large tasks into small ones; do what you can as you can
- Let family and friends help you

How Family and Friends can help a Depressed Person

The most important thing you can do for a depressed person is to help them get the appropriate diagnosis and treatment. Do not ignore their negative feelings. Report changes in behavior you have noticed and especially thoughts or remarks about suicide to staff or the physician IMMEDIATELY.

Don't accuse the person of being lazy, faking the illness, being weak, or having the ability to "snap out of it."

Don't try to solve all of their problems, but offer emotional support by being patient and understanding. Remember, with time and help, the depressed person will get better.

Your presence and support are important assets to treatment.



Depression and Older Adults

A Guide for Residents and Families



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