

Older Adults and Depression

Knowing When to Get Help

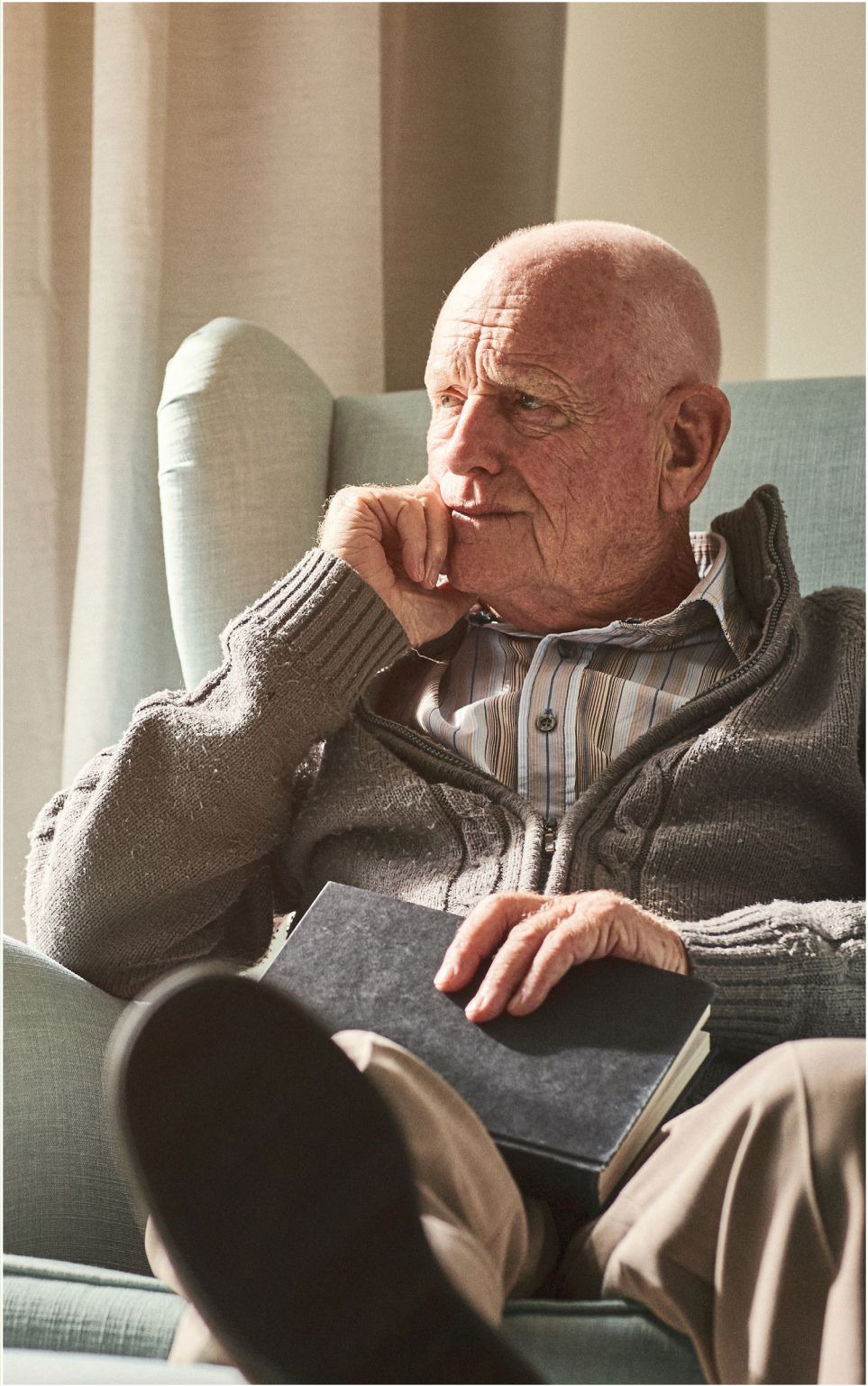
From the National Institute on Aging at NIH



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What's Inside

Feeling down every once in a while is a normal part of life, but if these feelings last a few weeks or months, you may have depression. Read this booklet to find common signs and symptoms of depression and how they can be treated.

This booklet will help you learn:

- Risk factors of depression
- Signs and symptoms of depression
- Where to find help and support for depression
- Treatment options for depression
- Ways to help prevent depression

What Is Depression?

Depression is a serious **mood disorder**. It can affect the way you feel, act, and think. Depression is a common problem among older adults, but clinical depression is not a normal part of aging. In fact, studies show that most older adults feel satisfied with their lives, despite having more illnesses or physical problems than younger people. However, if you've experienced depression as a younger person, you may be more likely to have depression as an older adult.

Depression is serious, and treatments are available to help. For most people, depression gets better with treatment. Counseling, medicine, or other forms of treatment can help ease a person's depression. You do not need to suffer — help is available. Talk with your doctor if you think you might have depression.



There are several types of depression that older adults may experience:

- *Major Depressive Disorder* – includes symptoms lasting at least two weeks that interfere with a person’s ability to perform daily tasks
- *Persistent Depressive Disorder (Dysthymia)* – a depressed mood that lasts more than two years, but the person may still be able to perform daily tasks, unlike someone with Major Depressive Disorder
- *Substance/Medication-Induced Depressive Disorder* – depression related to the use of substances, such as alcohol or pain medication
- *Depressive Disorder Due to a Medical Condition* – depression related to a separate illness, such as heart disease or multiple sclerosis

Other forms of depression include psychotic depression, postmenopausal depression, and seasonal affective disorder.



What Are Risk Factors of Depression?

There are many things that may be **risk factors** of depression. For some people, changes in the brain can affect mood and result in depression. Others may experience depression after a major life event, such as a medical diagnosis or a loved one's death. Sometimes, those under a lot of stress — especially people who care for loved ones with a serious illness or disability — can feel depressed. Others may become depressed for no clear reason.



Research has shown that these factors are related to the risk of developing depression, but do not necessarily *cause* depression:

- Medical conditions, such as stroke or cancer
- **Genes** – people who have a family history of depression may be at higher risk
- Stress, including caregiver stress
- Sleep problems
- Social isolation and loneliness
- Lack of exercise or physical activity
- Functional limitations that make engaging in activities of daily living difficult
- Addiction and/or alcoholism

Depression and Loneliness and Social Isolation

Everyone needs social connections to survive and thrive. But as people age, they often find themselves spending more time alone. Studies show that loneliness and social isolation are associated with higher rates of depression.

The COVID-19 pandemic has brought new attention to this issue; however, many Americans felt socially isolated and lonely before the pandemic. If you're feeling socially isolated or lonely, or you cannot see your friends and family in person for any reason, try reaching out over the phone or joining a virtual club. Visit www.nia.nih.gov/lonely to find more tips to help stay connected.



What Are Signs and Symptoms of Depression?

How do you know if you or your loved one may have depression? Does depression look different as you age? Depression in older adults may be difficult to recognize because older people may have different symptoms than younger people. For some older adults with depression, sadness is not their main symptom. They could instead be feeling more of a numbness or a lack of interest in activities. Or, they may not be as willing to talk about their feelings.



The following is a list of common symptoms. Still, because people experience depression differently, there may be symptoms that are not on this list.

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, guilt, worthlessness, or helplessness
- Irritability, restlessness, or having trouble sitting still
- Loss of interest in once pleasurable activities, including sex
- Decreased energy or fatigue
- Moving or talking more slowly
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, waking up too early in the morning, or oversleeping
- Eating more or less than usual, usually with unplanned weight gain or loss
- Thoughts of death or suicide, or suicide attempts

If you have several of these signs and symptoms and they last for more than two weeks, talk with your doctor. These could be signs of depression or another health condition. Don't ignore the warning signs. If left untreated, serious depression may lead to death by suicide.

If you are a health care provider of an older person, ask how they are feeling during their visits. Research has shown that intervening during primary care visits is highly effective in reducing suicide later in life. If you are a family member or friend, watch for clues. Listen carefully if someone of any age says they feel depressed, sad, or empty for long periods of time. That person may really be asking for help.

Know the warning signs for suicide and how to get help. It can save lives.

Culture and Depression Symptoms

Signs and symptoms of depression can look different depending on the person and their cultural background. People from different cultures may express emotions, moods, and mood disorders — including depression — in different ways. In some cultures, depression may be displayed as physical symptoms, such as aches or pains, headaches, cramps, or digestive problems.

Get Immediate Help

If you are thinking about harming yourself, tell someone who can help immediately.

- Do not isolate yourself.
- Call a trusted family member or friend.
- Call the 24-hour 988 Suicide & Crisis Lifeline: 988 or 800-273-TALK (800-273-8255) or 800-799-4TTY (800-799-4889).
- Call 911 or go to a hospital emergency room to get immediate help.

Follow up by making an appointment with your doctor.



Getting Support From Family and Friends

Depression is a medical condition that requires treatment from a doctor. While family and friends can help by offering support in finding treatment, they cannot treat a person for this disorder.

Talking With Family and Friends About Suicide

It's important to watch for signs and symptoms of depression or suicide. Don't shy away from asking if a family member or friend is feeling depressed or suicidal. It may be an uncomfortable conversation, but it is important.

Asking if someone is having thoughts of suicide will not make them more likely to act on those thoughts. Your questions may help the person open up about how they've been feeling and encourage them to seek treatment.

As a friend or family member of a person with depression, here are a few things you can do:



Encourage the person to seek medical treatment and stick with the treatment plan the doctor prescribes.



Help set up medical appointments or accompany the person to the doctor's office or a support group.



Participate in activities the person likes to do.



Ask if the person wants to go for a walk or a bike ride. Physical activity can be great for boosting mood.

Sarah's Story



After my mother died, I began feeling really down. I was having trouble sleeping and I couldn't concentrate on work or my daily life. I went to my doctor and told them how I was feeling. I was prescribed an antidepressant, but after a few months, I wasn't feeling any better. I decided to go back to my doctor and she recommended another type of medication, as well as counseling. I'm feeling like my old self again. I'm glad I talked with my doctor and found the right treatment plan for me.

How Is Depression Treated?

Depression, even severe depression, can be treated. It's important to seek treatment as soon as you begin noticing signs. Start by making an appointment with your doctor or health care provider.

Certain medications or medical conditions can sometimes cause the same symptoms as depression. A doctor can rule out these possibilities through a physical exam, learning about your health and personal history, and lab tests. If a doctor finds there is no medical condition that is causing the depression, he or she may suggest a **psychological evaluation** and refer you to a mental health professional such as a **psychologist** to perform this test. This evaluation will help determine a diagnosis and a treatment plan.



Common forms of treatment for depression include:

- *Psychotherapy, counseling, or “talk therapy”* that can help a person identify and change troubling emotions, thoughts, and behavior. It may be done with a psychologist, licensed clinical social worker (LCSW), psychiatrist, or other licensed mental health care professional. Examples of approaches specific to the treatment of depression include **cognitive-behavioral therapy (CBT)** and **interpersonal therapy (IPT)**.
- *Medications for depression* that may balance hormones that affect mood, such as serotonin. There are many different types of commonly used **antidepressant** medications. **Selective serotonin reuptake inhibitors (SSRIs)** are antidepressants commonly prescribed to older adults. A psychiatrist, mental health nurse practitioner, or primary care physician can prescribe and help monitor medications and potential side effects.
- *Electroconvulsive therapy (ECT)*, during which electrodes are placed on a person’s head to enable a safe, mild electric current to pass through the brain. This type of therapy is usually considered only if a person’s illness has not improved with other treatments.

Track Your Medications

As you get older, body changes can affect the way medicines are absorbed and used. Because of these changes, there can be a larger risk of drug interactions among older adults. Share information about all medications and supplements you're taking with your doctor or pharmacist.

Use the worksheet at <https://www.nia.nih.gov/health/talking-with-doctor-worksheets> to help track your medications.



Treatment, particularly a combination of psychotherapy and medications, has been shown to be effective for older adults. However, not all medications or therapies will be right for everyone. Treatment choices differ for each person, and sometimes multiple treatments must be tried in order to find one that works. It is important to tell your doctor if your current treatment plan isn't working and to keep trying to find something that does.

Some people may try complementary health approaches, like yoga, to improve well-being and cope with stress. However, there is little evidence to suggest that these approaches, on their own, can successfully treat depression. While they can be used in combination with other treatments prescribed by a person's doctor, they should not replace medical treatment. Talk with your doctor about what treatment(s) might be good to try.

Don't avoid getting help because you don't know how much treatment will cost. Treatment for depression is usually covered by private insurance and Medicare. Also, some community mental health centers may offer treatment based on a person's ability to pay.

Depression in People With Dementia

Depression is common in people with Alzheimer's and related dementias. Dementia can cause some of the same symptoms as depression, and depression can be an early warning sign of possible dementia. Suicide attempts may also increase in people recently diagnosed with dementia. It is important to have support systems in place to help cope with a dementia diagnosis and possible depression symptoms that follow. More research is needed to determine effective depression treatment options for people with dementia.



Dan's Story



When I was laid off from my job of 25 years, my daily routine completely changed. I was staying up later, but still waking up early. As weeks passed, I started feeling empty and irritable. I no longer had the energy to play with my grandchildren or go for walks with my partner. After talking with my doctor, I realized that I wasn't prioritizing my sleep the way I did before. My doctor said that my lack of sleep may be the reason for the shift in my mood. I now get eight hours of sleep each night and have the energy to do the things I like to do.

Can Depression Be Prevented?

Many people wonder if depression can be prevented and how they may be able to lower their risk of depression. Although most cases of depression cannot be prevented, healthy lifestyle changes can have long-term benefits to your mental health.

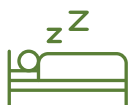
Here are a few steps you can take:



- Be physically active. This may help avoid illnesses that can bring on disability and depression.



- Eat a healthy, balanced diet. Some diets — including the low-sodium DASH diet — have been shown to reduce risk of depression.



- Get seven to nine hours of sleep each night.



- Stay in touch with friends and family.



- Participate in activities you enjoy.



- Let friends, family, and your physician know when you're experiencing symptoms of depression.

Volunteer for Research

Participation in clinical trials and studies can help advance research to better diagnose, treat, and prevent depression. Talk with your doctor if you're interested in participating in a clinical trial or study about depression. Visit www.clinicaltrials.gov to find clinical trials on depression.



Points to Remember

- Depression is a common but serious mood disorder that can cause severe symptoms.
- Clinical depression is not a normal part of aging.
- Depression can be caused by many different things.
- Pursue medical treatment as soon as you start noticing signs of depression.
- Most cases of depression cannot be prevented, but healthy lifestyle changes can have long-term benefits to your mental health.
- It is important to check in with friends and family members who are showing symptoms of depression or having suicidal thoughts.
- Depression is treatable and many different options are available.
- It's important to talk with your doctor if you're experiencing symptoms of depression.

For More Information

National Institute of Mental Health

866-615-6464

866-415-8051 (TTY)

nimhinfo@nih.gov

www.nimh.nih.gov

National Center for Complementary and Integrative Health

888-644-6226

866-464-3615 (TTY)

info@nccih.nih.gov

www.nccih.nih.gov

National Heart, Lung, and Blood Institute

877-645-2448

nhlbiinfo@nhlbi.nih.gov

www.nhlbi.nih.gov

www.nhlbi.nih.gov/health-topics/dash-eating-plan
(DASH Eating Plan)

National Library of Medicine MedlinePlus

www.medlineplus.gov

Administration for Community Living

Administration on Aging

Administration for Community Living

202-401-4634

aclinfo@acl.hhs.gov

www.acl.gov

Centers for Disease Control and Prevention

800-232-4636 (800-CDC-INFO)

888-232-6348 (TTY)

cdcinfo@cdc.gov

www.cdc.gov

Substance Abuse and Mental Health Services Administration

877-726-4727

800-487-4889 (TTY)

samhsainfo@samhsa.hhs.gov

www.samhsa.gov

988 Suicide & Crisis Lifeline

988 or 800-273-8255 (24 hours a day)

711 then 988 or 800-799-4889 (TTY)

<https://988lifeline.org>

American Psychological Association

800-374-2721

202-336-6123 (TDD/TTY)

www.apa.org

American Association for Geriatric Psychiatry

703-718-6026

www.aagponline.org/index.php

Depression and Bipolar Support Alliance

800-826-3632

www.dbsalliance.org

Mental Health America

800-969-6642

www.mentalhealthamerica.net

National Alliance on Mental Illness

800-969-6642

www.mentalhealthamerica.net

National Coalition on Mental Health and Aging

309-531-2816

admin@ncmha.org

www.ncmha.org

To Learn More About Health and Aging

National Institute on Aging Information Center

800-222-2225

800-222-4225 (TTY)

niaic@nia.nih.gov

www.nia.nih.gov

Visit www.nia.nih.gov/health to find more health and aging information from NIA and subscribe to email alerts. Visit <https://order.nia.nih.gov> to order free print publications.

Share this booklet with friends and family to learn about depression and older adults.

Words to Know

Antidepressant

(AN-tee-dee-PREH-sunt)

Medicines used to treat depression that work to balance some of the natural chemicals in a person's brain. A doctor can prescribe these.

Cognitive-behavioral therapy (CBT)

(KOG-nih-tiv beh-HAY-vyer-RHUL THAYR-uh-pee)

A type of therapy during which a therapist can help a person become aware of their harmful ways of thinking. The therapist helps the person find ways to question these thoughts, understand how they affect emotions and behavior, and try ways to change self-defeating patterns.

Genes

(jeens)

Structures in a body's cells that are passed down (inherited) from a person's birth parents. They carry information that determines a person's traits and keeps the body's cells healthy.

Interpersonal therapy (IPT)

(IN-ter-PER-suh-nul THAYR-uh-pee)

A short-term, focused treatment for depression. This form of therapy can help a person address interpersonal issues.

Mood disorder

(mood dis-OR-der)

Represents a category of mental illnesses in which the underlying problem affects a person's everyday emotional state (their mood).

Psychological evaluation

(SY-koh-LAH-jih-kul ih-val-yoo-ey-shUHN)

An assessment performed by a mental health professional that can include a physical test and answering questions verbally and via a questionnaire. This evaluation can help with diagnosis and treatment.

Psychologist

(sy-KAH-loh-jist)

A person who specializes in the study of mind and behavior or in the treatment of mental, emotional, and behavioral disorders.

Risk factors

(risk FAK-ters)

Something that may increase the chance of developing a disease. Some can be controlled while others cannot.

Selective serotonin reuptake inhibitors (SSRIs)

(seh-LEK-tiv SAYR-uh-TOH-nin ree-UP-tayk
in-HIH-bih-ters)

A commonly prescribed antidepressant that increases levels of serotonin in the brain. Serotonin is one of the chemical messengers (neurotransmitters) that carry signals between brain nerve cells (neurons).



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