

## **Are You Feeling Depressed? There's help nearby.**

Published in *The Lakeville Journal*, April 10, 2008

Living Well

A column from SVNA by Cyd Emmons

Depression is real. Nevertheless, depression, like other forms of mental illness, has long been misunderstood and stigmatized, and many, particularly the older generation, tend to see depression as weakness or a character flaw. They come from a time when the typical response to symptoms of depression was being told to “snap out of it” or “pull yourself together.” Even though they may be well aware that depression is an illness, the old myths still have traction and ingrained attitudes die hard.

According to the National Alliance on Mental Illness, more 6.5 million of the 35 million Americans over age 65 suffer from depression, and it is even more prevalent among those next in line, the Baby Boomers. Unfortunately, only about a third have been properly diagnosed and are receiving the treatment they need.

As a psychiatric nurse with Salisbury Visiting Nurse Association, Gretchen Kennedy is kept busy full time helping area residents cope with mental illness, including those with dementia and younger people trying to overcome drug or alcohol addiction. Most of the patients she sees, however, are elderly people with depression. “I am first and foremost a primary care nurse concerned with maintaining my patients’ overall health,” she said. “My focus, though, is on behavioral and emotional issues, on depression and anxiety and how I can help the patient feel better.

“I begin with a physical and a behavioral assessment and develop a plan of care,” she continued. “I try very hard to establish a good bond of trust, which is especially important in dealing with mental health issues.”

Depression in the elderly has many causes, with psychological, biological, environmental, and genetic factors all thought to play a part. When a vulnerability already exists, life-changing events, such as retirement, the death of a spouse or close friend, a serious or disabling illness, having to move from the family home and other stressful situations that often occur in later life can lead to the onset of depression. Many of Ms. Kennedy’s older patients have experienced such major life crises as these. She also cited the loss of a role, of not “being needed” any longer, the loss of freedom and independence, and of no longer being able to drive and the isolation that often brings. Also, Ms. Kennedy said, depression is sometimes a side effect of medications frequently prescribed for older patients, including those that treat high blood pressure.

While the highest rate of suicide in the country is among older white men and depression is the most significant risk factor for suicide in that group, older women are more likely to become seriously depressed. In the general population women are twice as likely to develop depression as men and many older women have the additional stresses of caring for an ill spouse or other loved one, responsibilities that fall more typically to women than men. Widows and single women or those who don’t have a strong social network also have a greater tendency toward depression.

Some of the symptoms of depression that Ms. Kennedy sees are loss of appetite, becoming lax about housekeeping, neglecting personal hygiene, being tearful and fearful,

expressing feelings of hopelessness and worthlessness, and insomnia. “Things are just out of whack or exaggerated, everything gets magnified,” she said. Among the older population, depression also manifests itself in more subtle ways and is sometimes mistaken for dementia. These symptoms include memory problems, social withdrawal, confusion or scattered thinking, irritability and sometimes even delusions or hallucinations. Additionally, older people often misuse or abuse alcohol and prescription drugs.

There is hope, though, and many patients respond well to treatment. “I try to help them improve or regain their coping abilities, empower them to take charge of their self-care, and reinstate a healthy lifestyle pattern,” she said. If their home environment needs attention, she may bring in an SVNA home health aide to give it a good cleaning. “If they can get out, I encourage them to exercise. Exercise improves circulation and helps produce endorphins, leading to a sense of well being.”

Ms. Kennedy addresses feelings of isolation and loneliness by becoming a trusted friend and confidant herself and possibly arranging for a friendly visitor or paid companion to be in the home on a regular basis or for the hands-on help a home health aide can provide with personal care, meal preparation and housekeeping. “So much is due to the change of family structure,” she said. “The extended family used to supply these services.” Where appropriate, Ms. Kennedy arranges for her patients to see a psychiatrist to determine if a course of medication may alleviate the symptoms.

For further information on the symptoms and treatment of depression in the elderly go to [www.naml.org](http://www.naml.org) or [www.helpguide.org](http://www.helpguide.org)