

# DEPRESSION IN OLDER ADULTS

**ECHO Series**  
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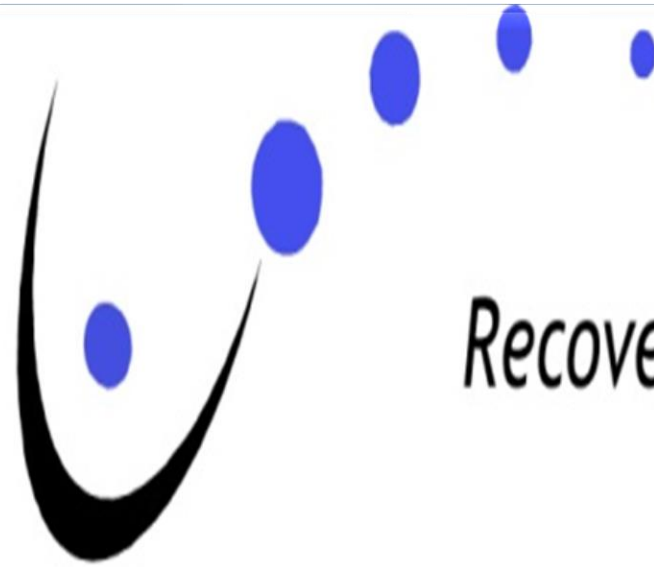
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*Recovery has no age limit.*

**OMHAC**

**OKLAHOMA MENTAL HEALTH & AGING COALITION**



**northcare**

# WORLD HEALTH ORGANIZATION

- **Depression** is the top cause of disability in the world - women, youth and elderly are most prone to its disabling effects
- It is common when older adults stop working, lose partners, become frailer, develop chronic diseases, and experience life changes
- Just like heart disease, depression is physically debilitating
- Can make existing health problems worse
- Treatable

# **MOST COMMON MENTAL HEALTH DISORDERS OF OLDER ADULTS**

**ANXIETY** – normal stress reaction becomes excessive/disabling- includes panic disorder, obsessive compulsive disorder, social phobia, hoarding

**ADDICTIONS** – substance abuse (alcohol, illegal drugs), medication misuse, gambling

**DEMENTIA** - Umbrella term; Alzheimer's disease accounts for 60-80%

**DEPRESSION** – low mood, reduction in energy, loss of pleasure in activities, decreased activity, lasting more than 2 weeks

# DEPRESSION is a common Mental Health Condition

- Mood disorder causing persistent feeling of sadness/emptiness and loss of interest in thing/activities
- Can cause difficulty with thinking, memory, eating and sleeping
- Treatable
- Untreated – worsens, lasts longer – worsens physical health symptoms - severe cases can lead to self-harm or suicide

## Types of depression – different severity and types

- Clinical – major depression
- Persistent depressive disorder- mild/moderate
- Seasonal affective disorder (SAD)
- Bi-polar Disorder

## WHAT CAUSES DEPRESSION

- Brain chemistry
- Genetics
- Stressful life events
- Medical conditions
- Medication

# CHRONIC DISEASES ASSOCIATED WITH INCREASED RISK OF DEPRESSION

- Alzheimer's
- Parkinson's
- Stroke
- Multiple sclerosis
- Seizure disorders
- Cancer

- Macular degeneration
- Chronic pain
- Diabetes

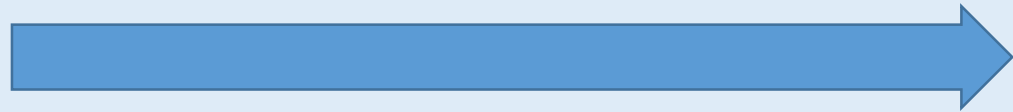
**Older bodies = increased risk for chronic disease = increased risk for behavioral health disorder**

# BEHAVIORAL HEALTH

- Fewer older adults with mental health disorders **BUT** has harsher impact due to physical conditions, medications, wellness issues
- Anxiety and depression most common (but **NOT** normal)
- **NOT** a normal part of aging
- **NOT** a symptom cognitive decline, dementia
  
- Untreated
- Misdiagnosed – physical, mental and cognitive symptoms overlap
- Complex
- Impact of ageism – self, family, providers, professionals

# RISKS FOR DEVELOPMENT OF BEHAVIORAL HEALTH DISORDERS

*OLDER BODIES*



*ENHANCED RISKS*

- **Chronic disease**
- **Trauma from diagnosis**
- **Disability**
- **Change of role | life transition**

- **Isolation | loneliness**
- **Trauma**
- **Self-medication**
- **Medication misuse | abuse**
- **Grief | loss**



# LONELINESS

Feeling of being alone regardless of  
social contact  
Level of satisfaction with connections

# ISOLATION

- Physically alone
- Not synonymous with being lonely



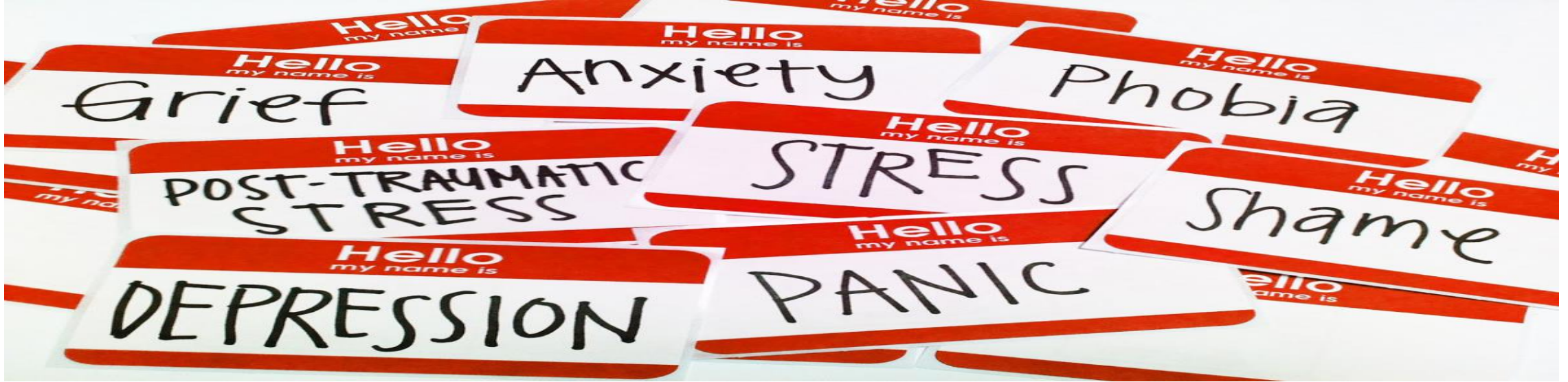
# TRAUMA



- Exposure to trauma leads to a force of biological changes and stress responses
- Stress caused by trauma affects brain development and increases a person's vulnerability to developing mental illnesses

# GRIEF

- Grief or mourning – appropriate emotional response to loss**
- Loss of loved ones, friends**
- Diagnosis of chronic disease – multiple diseases**
- Loss of independence**
- Functional disability - loss of mobility, hearing, sight, incontinence**
- Loss of role(s)**
- Complicated grief – does not become less intense over time - can become depression**
- Clear grounds for unhappiness apparent - depression considered if depressed mood disproportionately long or severe**
- Symptoms of Grief –**
  - **Depression**
  - **Anxiety**
  - **Substance abuse**



## Challenges

- **Physical** – managing physical decline
- **Environmental** – decrease in financial resources
- **Cognitive** – memory loss
- **Role** – decrease in social connectedness

## Psychological Challenges

- **Identity issues**
- **Decreased self-esteem**
- **Loneliness**
- **Fear related to:**
  - **Lack of control over own life**
  - **Increased dependence on others**
- **Sadness/grief over on-going loss**

# Recognizing Geriatric Depression Risk Factors

- Widowed, divorced, retired
- Previous experience
- Low self-esteem
- Low socio-economic status
- Pain
- Loneliness, isolation
- Crime victim, fearful
- Dependence on alcohol
- Life is irritating/ frustrating/  
difficult
- Reluctance to recognize/ discuss  
distress
- Caregiver
- Use of meds or combinations of  
meds for other conditions
- Chronic ill health, visual  
impairment, incontinence
- Ongoing bereavement
- Lack of early  
identification/treatment
- Ageism – perceived as useless
- Recent move to long term care

# IDENTIFYING LATE LIFE DEPRESSION

## Reality

Untreated

Misdiagnosed

Complex

Symptoms overlap

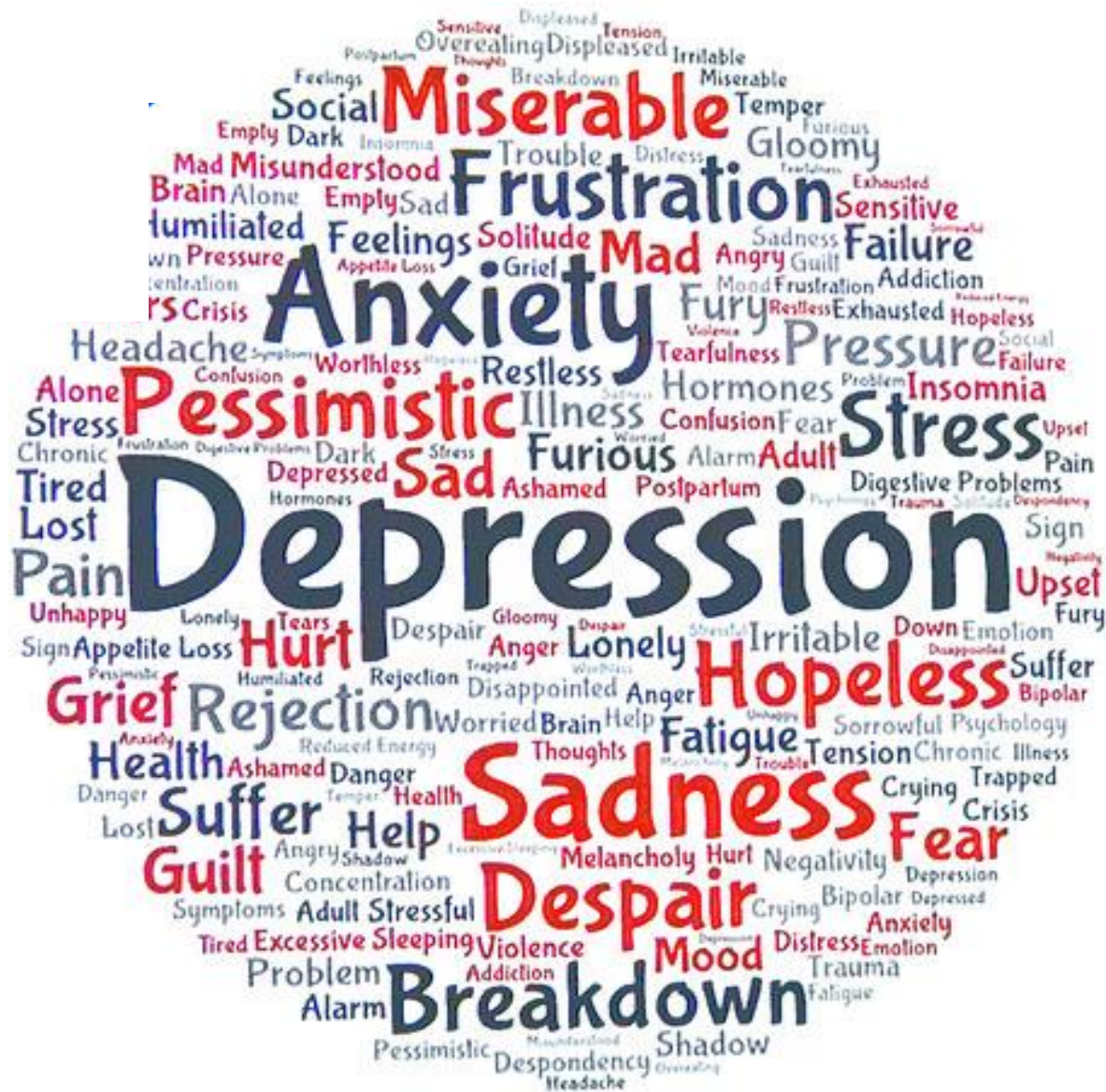
- Common
- Not normal

- Often expressed as aches/ pains, not sadness/ crying
- A persistent sad or "empty" mood
- Loss of interest in what you used to enjoy
- Low energy, fatigue, feeling "slowed down"
- Changes in sleep patterns
- Loss of appetite, weight loss or gain
- Trouble concentrating or making decisions
- Forgetful, confused
- Anxious, restless
- Feeling hopeless, gloomy, "blue"
- Thoughts of death or a suicide attempt
- Aches/pains that don't respond to treatment
- Increased alcohol and/or drug use

# IMPACT OF MILD DEPRESSION

## THE MIND-BODY CONNECTION

- **Decreased quality of life**
- **Impacts sleep, exercise, nutrition, chronic disease self-management, muscle loss, stability, balance, falls**
- **Increase | worsening of physical health symptoms**
- **Increased meds = increased risk for adverse reactions**
- **Increased health costs**
- **Slower rehab after hip surgery**
- **Linked to higher mortality rates following stroke**
- **Can increase risks of heart disease, stroke, diabetes**
- **More damaging than angina, arthritis, asthma, diabetes**
- **Premature loss of independence**
- **Self medication – substances | alcohol | meds**
- **Diminished cognitive capacity**
- **Untreated - linked to dementia**
- **Premature death**
- **Suicide**



## IMPACT OF DEPRESSION

- ✓ Nutrition
- ✓ Sleep
- ✓ Exercise
- ✓ Chronic illness management
- ✓ Med compliance
- ✓ Memory
- ✓ Confusion
- ✓ Socialization
- ✓ Isolation
- ✓ Substance use
- ✓ Suicide



A form of discrimination and prejudice directed at and experienced by older adults

Societal norms marginalize older adults, treat them with disrespect, make them feel unwelcome, incompetent and invisible

# AGEISM



# Impact of Ageism – Serious Consequences

- Belief that depression is normal in aging
- Life changes, losses, grief – should be depressed
- Intrusive / too sensitive / rude to approach
- Can older adults really get better? Worth the time and effort?
- Untreatable

## Self-Ageism

- internalization
- not sharing with  
Doc/clinician/family
- assumption that  
sadness, insomnia,  
appetite change,  
pain, dizziness, falls  
are normal

## Over and Under Treatment

- Dismissing treatable pathology as a feature of old age
- Treating expected changes of aging as though they were diseases

# DEPRESSION OR DEMENTIA?

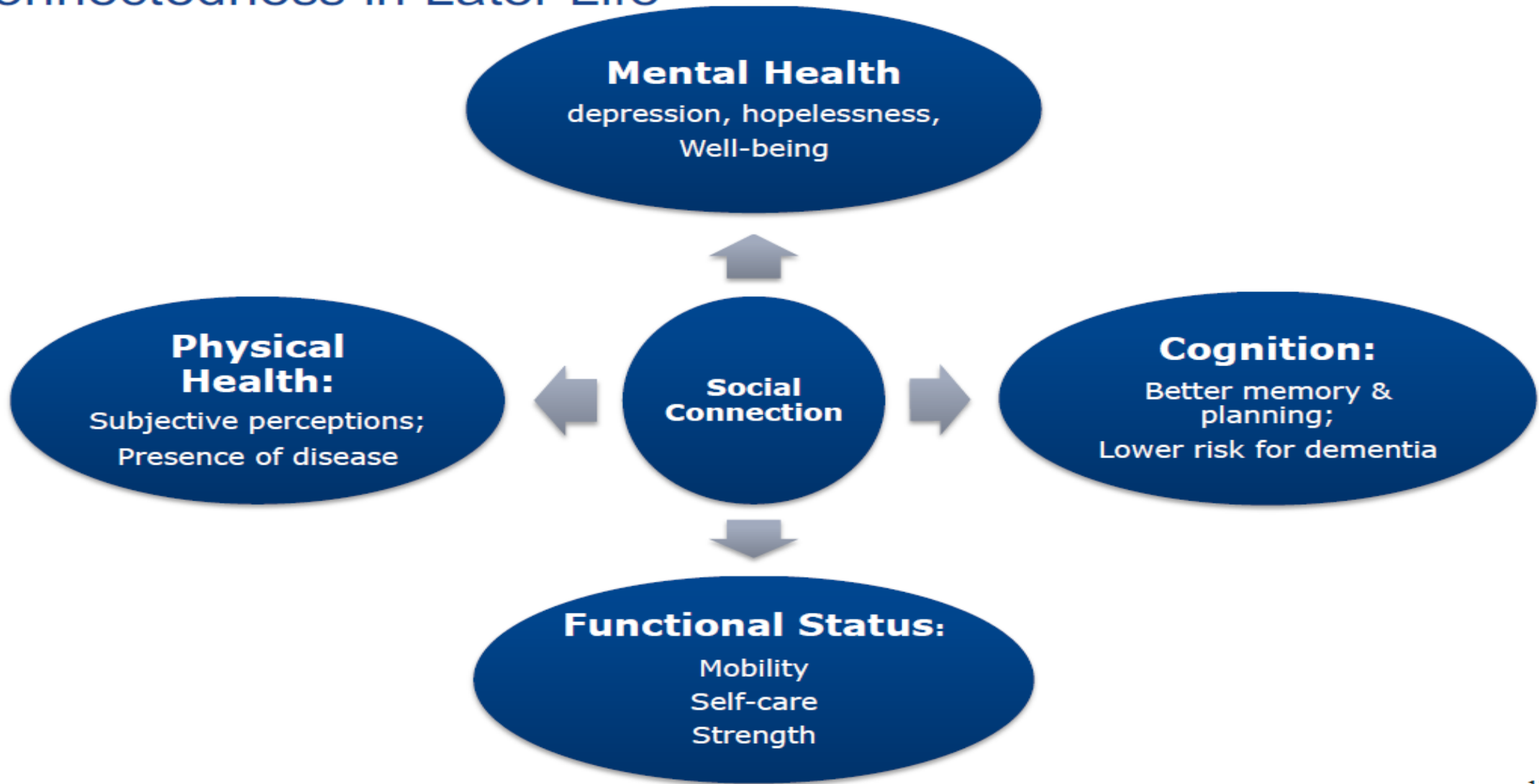
## DEPRESSION

- Mental decline is relatively rapid
- Knows correct time, date and location
- Difficulty concentrating
- Language and motor skills slow, but normal
- Notices or worries about memory problems
- Improvement with treatment

## DEMENTIA

- Mental decline happens slowly
- Confused and disoriented; becomes lost in familiar locations
- Difficulty with short-term memory
- Writing, speaking and motor skills are impaired
- Doesn't notice memory problems or seem to care
- Can be slowed with treatment, but not reversed

# DISCONNECTEDNESS: Importance of Social Connectedness in Later Life



# SCREENINGS

- **2 question depression**
- **Geriatric depression screening tool 15 question, self-administered**
- **2 question suicide screen**
- **Trauma screen**



# LEVELS OF CARE

## Mental Health Professionals

- Medication
- Talk therapy
- Combination

Disorders are treatable

Disorders are not a normal part of aging

Recovery is not age limited

## Supportive Services

- Self-help/self-management
- Behavior activation
- Support groups, exercise programs
- Peer Support

Everyone could benefit from supportive services

# OPTIONS

## SUPPORTIVE SERVICES

- Information about depression
- Encourage activities
- Encourage connections

## CRISIS

*There is hope.*



**988** SUICIDE & CRISIS  
**LIFELINE**

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## PROFESSIONAL TREATMENT

- Share local mental health resources
- Offer assistance in finding help
- Offer assistance in making an appointment
- Offer continued support and encouragement
- [FindSupport.Gov](https://www.findsupport.gov)

# QuestionTime

