



DEPRESSION

We all feel low at times. But there may be occasions when this mood persists and we become depressed. This information sheet outlines the symptoms and causes of depression, especially among older people. It also gives an overview of the various treatments available

What is depression?

Depression can affect anyone. In its mildest form depression can make people feel low, empty and unable to cope. Everyday tasks may be harder to carry out and life may seem pointless. In its more extreme form depression can be life threatening. People with severe depression may be at risk of harming themselves or committing suicide. Depression affects different people in different ways.

Symptoms may be physical as well as emotional and can include:

- Low self-esteem, a lack of confidence
- Feelings of guilt
- Anxiety
- Feeling tearful
- Weight loss or weight gain
- Sleep disturbance – waking in the early morning or finding it hard to get to sleep at night
- Loss of concentration
- Pain or gastrointestinal problems
- Loss of libido
- Pessimism
- Withdrawal from regular social activities
- Prolonged sadness (lasting two or more weeks)

What causes depression?

There are many different causes of depression. Depression is sometimes triggered by a change in circumstances or the impact of a major life event such as the loss of a job, the death of a partner, divorce, moving house or the onset or diagnosis of an illness.



There may also be a physical reason for depression. Chemical changes in the body following a viral illness, for example, can cause depression.

Why is depression so common in older people?

Depression affects proportionally more elderly people than the general population. There are probably several reasons for this.

- As we get older we are more likely to have to face the loss of family and friends.
- We may have to cope with a serious illness such as Alzheimer's disease, Parkinson's or Arthritis.
- The loss of a job as a result of retirement may leave us feeling bored and aimless.
- With more elderly people living alone there is an increased risk of loneliness and isolation.

Depression and dementia

There is a complex relationship between depression and dementia. The symptoms of dementia and depression, including a withdrawal from social activities and a general apathy, may seem very similar. An elderly person with severe depression may occasionally be misdiagnosed as having dementia.

The situation is further complicated by the fact that the person with dementia may also be depressed. Dealing with the consequences of a diagnosis of dementia, a major life event in itself, may trigger the onset of depression. There may be a sense of loss and a period of struggling to come to terms with the diagnosis.

What treatments are available?

Most forms of depression are treatable. Treatments include counseling, psychotherapy, joining a support group, antidepressant medication and electro-convulsive therapy (ECT). Treatment options vary from person to person. In the first instance it is important to see your GP

Counseling, psychotherapy and support groups

Talking about and expressing how we feel can be helpful. It is sometimes easier to talk to people who are not relatives and friends.

Counsellors are trained to listen and can provide a supportive environment for their clients.

Counselling aims to help the person with depression have a greater insight into their own thoughts, feelings and behaviour.



In psychotherapy, clients are encouraged to look deeper, uncovering the roots of their depression in their childhood experiences. Short-term psychotherapy in the public sector may be available, but most psychotherapists work in private practice. Support groups may also be helpful. People usually find talking to others going through a similar experience immensely beneficial.

Antidepressants

Antidepressants work by increasing the level of neurotransmitters (chemical messengers) in the brain. An imbalance or dysfunction of neurotransmitters can lead to depression.

Antidepressants are not addictive and work well for the majority of people. They are usually taken for at least six months or longer.

There may be side effects to begin with, but these should lessen as the body adjusts to the drugs or the GP may decide to change the medicine if the side effects continue.

There may also be a delay before the effects of the drugs are felt. It is important that the medication is taken, as prescribed, even if the drugs do not appear to be working. Missing doses or stopping can affect the efficiency of the medication.

There are many different types of antidepressants.

- Tricyclic antidepressants, such as amitriptyline (Lentizol), imipramine (Tofranil) or dothiepin (Dothiepin, Prothiaden), are older antidepressant drugs. Side effects include drowsiness, dry mouth, blurred vision, constipation and urinary retention.
- A side effect to which the elderly are particularly prone is increased confusion. People with dementia should not take this type of drug.
- Selective serotonin re-uptake inhibitors (SSRIs) are a newer class of drug. These include fluoxetine (Prozac), paroxetine (Seroxat), fluvoxamine (Faverin), sertraline (Lustral) and citalopram (Cipramil).
- There are other non-tricyclic antidepressants which are claimed to be safer than tricyclic antidepressants.



Electro-convulsive therapy (ECT)

ECT is usually only given if someone is severely depressed and is not responding to drug treatment. During ECT an electric current is passed through the brain producing a convulsion. The patient is given an anaesthetic and a muscle relaxant, and there is no memory of the shock. Several sessions may be necessary. Common side effects include transient headache and loss of short term memory.

Further information

Drug free approaches:

- Find the person's "best time of the day".
- Schedule a predictable routine.
- Make a list of persons or things the patient enjoys and schedule these more frequently.
- Schedule gentle exercise at the "best time" of day.
- Acknowledge their sadness but express statements of hope.
- Celebrate little achievements.
- Find ways he/she can contribute to or be part of family life.