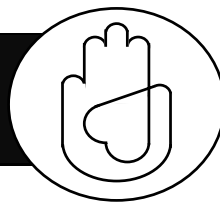


ELDERCARE UPDATE



Partnership for Eldercare: Partnering with Con Edison to help you with the needs of your aging loved ones.

AUTUMN 2004

Depression in Late Life: Not a Natural Part of Aging

All people feel sad or “blue” at times during their lives, but persistent sadness may be depression, a serious illness affecting 15 out of every 100 adults over age 65 in the United States. Depression is *not* a normal part of growing old but rather a treatable medical illness that impacts more than 6 million older Americans.

When depression occurs in late life, it may be a relapse of an earlier depression. If it is a first time occurrence, it may be triggered by another illness or emotional stress. Sometimes there is no clear precipitant.

Depression affects approximately 25 percent of those with chronic illness and is particularly common in patients with ischemic heart disease, stroke, cancer, chronic lung disease, arthritis, Alzheimer’s disease, and Parkinson’s disease.

Major Depression is characterized by symptoms that interfere with a person’s ability to function normally for a prolonged period of time. The symptoms of major depression in older adults vary greatly and may include:

- Persistent sadness or depressed mood lasting two weeks or longer
- Loss of interest or pleasure in usual activities, social withdrawal
- Feelings of guilt, worthlessness or helplessness
- Fatigue, feeling slowed down, lack of energy
- Difficulty concentrating, remembering and making decisions
- Difficulty sleeping or sleeping too much
- Weight loss or gain, changes in appetite
- Thoughts of suicide or death

Families and friends should watch for signs of depression in older people and these clues should not be ignored. Untreated depression may lead to disability, may worsen symptoms of other illnesses, or may result in premature death or suicide. In fact, the rate of suicide among older adults is higher than that for any other age group.

Major depression is often undiagnosed and under treated in the elderly because symptoms go unrecognized in the context of multiple physical problems. Often, depression in older adults is mistaken for dementia, or the symptoms are so disabling that the individual cannot articulate his or her distress and reach out for help.

Treatment for Depression

Depression is one of the most successfully treated illnesses. When properly diagnosed and treated, more than 80 percent of those suffering from depression recover and return to their normal lives. Most depressed elderly people can improve dramatically from treatment. Common treatments for depression include psychotherapy, antidepressant medications, and electro convulsive therapy (ECT).

Psychotherapy can play an important role in the treatment of depression with or without medication. This type of treatment is utilized in cases of mild to moderate depression and is usually for a defined period of time.

Antidepressant medications work by increasing the level of neurotransmitters in the brain. Many feelings such as pain and pleasure are a result of the functioning of the neurotransmitters and when the supply of neurotransmitters is imbalanced, depression may result. It is critical that patients take prescribed medication as directed. Missing doses or taking more than the prescribed amount of the medication compromises the effect of the antidepressant.

Medication is typically prescribed for 6 months to 1 year and results from the medication may not be evident until at least 4 weeks after the initial dosage.

Electro convulsive therapy (ECT) is a treatment that is safe and effective for severe depression. This treatment is used for life threatening depression that does not respond to antidepressants.

What to do if you are a caregiver

If you are caring for an individual displaying what may be symptoms of depression, consult his/her primary care physician. He/She will rule out other causes of depressive symptoms in the elderly such as: side effect of a pre-existing medical condition, side effect of a medication, or another cause. If the evaluation determines that your loved one is depressed, ask for a referral to a geriatric psychiatrist---geriatric psychiatrists are the specialists best suited to effectively and efficiently treat mental illness in older adults. Partnership for Eldercare can also provide you with referrals to geriatric psychiatrists and other helpful resources.

If your older relative expresses thoughts of death or suicide, contact a medical professional or go to a hospital emergency room immediately.

Remember, treatment for depression is highly successful and depression is not a normal part of growing older.

Call on Partnership for Eldercare

Do you need more information on coping with an elderly relative who may be depressed? Call the experienced counselors at **Partnership for Eldercare, 1.800.94.ELDER or 212.442.3113 (in NYC)**, for the information, advice and support that you need.



Partnership for Eldercare

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