Depression in Older Adults: Some Facts, Some Myths, and Some Challenges
By Maggie Williams, Heartbeat editor

It's natural to feel sadness and grief as a result of major life changes—the death of a loved one or leaving a home of many years—faced by so many older people. Sadness and grief are perfectly normal temporary reactions to the inevitable losses and hardships of life.

Unlike normal periods of sadness, however, clinical depression doesn't go away by itself. Depression can hang on for years. It can damage your health, and it can cause you to feel hopeless, worthless, and deeply sad. Many people—your children, your doctor, or even you—may believe that unhappiness, grumpiness, hopelessness, and forgetfulness are inevitable consequences of aging. But that is an unfortunate—and potentially dangerous—myth! Here's why:

- Depression that lasts for several years may increase the risk of cancer.
- Depression may increase the risk of dying from another condition, such as heart disease or possibly cancer.
- Depression is a major risk factor for suicide in older adults, who have the highest rate of suicide in the U.S. White men ages 85 and older commit suicide at six times the national rate in the U.S.
- Older people with depression visit the doctor and emergency room more often, use more medication, and have longer stays in the hospital.

Even if you don’t have any other illnesses, depression alone can cause years of suffering for you and the people close to you. But that's only the bad news.

The good news is that, once depression is properly diagnosed and properly treated, with medication or psychotherapy (“talk therapy”) or both, most people will feel better. If you think you or someone you know may be suffering from depression, or if someone tells you that you seem depressed, get help (see page 4 for information about where and how you can get help for depression).

Like my parents, you have made it through the Depression, war, and social upheaval; and you've faced and overcome personal loss and hardship. Don’t let depression—a treatable illness—rob you of the rewards you so richly deserve!
Recognizing Depression

Like other illness, such as cancer and cardiovascular disease, depression has many forms. Described below are two of the most common forms of depression that affect older people.

*Major depression* is a combination of symptoms (see the list at right) that interfere with your ability to work, study, sleep, eat, and enjoy once pleasurable activities. Such a disabling episode of depression may occur only once but more commonly occurs several times in a lifetime.

*Minor depression* is a less severe, but more common, form of the depression described above. It has fewer symptoms and does not have as great an impact on a person’s life, but it can keep a person from functioning well or feeling good—and it can last for years.

Where to Get Help for Depression in Your Community

If you have questions or concerns about depression, contact your doctor. Or call the folks at the Late Life Depression Evaluation and Treatment Center at the University of Pittsburgh Medical Center. The center helps people over 60 who are coping with depression, insomnia, anxiety, and grief. You can contact the center at (412) 624-1886, Monday through Friday, between 9:00 a.m. and 4:30 p.m. If you have access to the Internet, you can also visit their website. The address is www.latelifedepression.org.

BEFORE YOU SAY, “I’M FINE…”

Ask yourself if you feel:

- nervous or “empty”
- guilty or worthless
- very tired and slowed down
- that you don’t enjoy life (friends, activities, hobbies)
- the way you used to
- restless or irritable
- as if no one loves you
- as if life is not worth living

or if you are:

- sleeping more or less than usual
- eating more or less than usual
- having persistent headaches, stomach aches, or other aches and pains
- thinking about suicide

These may be symptoms of depression, a treatable illness. But your doctor can treat you only if you tell him or her how you are feeling.

DEPRESSION IS NOT A NORMAL PART OF AGING