

Helping Seniors Fight Depression: A Course for CNAs

**This course has been awarded
one (1) contact hour.**

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Purpose and Objectives

The purpose of this course is to provide a broad overview of depression in the senior population. The course presents the causes of depression, what it looks like, basic facts on current treatment and side effects of treatment.

Objectives:

1. Define depression and the two key types seen in elders
2. Identify key symptoms of depression
3. Name several possible causes of depression
4. Identify key types of treatment for depression

Everyone feels blue or sad now and then, but these feelings don't usually last long and pass within a couple of days. When a person has depression it interferes with daily life and normal functioning; and causes pain for both the person with depression and those who care about him or her. Scientists call this condition "depressive disorder," or "clinical depression."

Important life changes that happen as we get older may cause feelings of uneasiness, stress, and sadness. For instance, the death of a loved one, moving from work into retirement, or dealing with a serious illness can leave people feeling sad or anxious. After a period of adjustment, many older adults can regain their emotional balance, but others do not and may develop depression.

Is Depression a Normal Part of Aging?

Depression is a common problem among older adults, but it is NOT a normal part of aging. Studies show that older adults feel satisfied with their lives, despite having more physical ailments. When older adults do suffer from depression, it may be overlooked. They may be less willing to talk about feelings of sadness or grief and healthcare providers may be less likely to suspect or spot it.

Of the 35 million Americans age 65 and older, about 2 million suffer from clinical depression. Another 5 million suffer from less severe forms of the illness. If left untreated, depression can lead to suicide.

It is widely believed that suicide more often affects young people, but older adults are affected by suicide, too. The Centers for Disease Control and Prevention, 2013, indicated that the rate of suicide in the elderly was 15.7% of all suicides despite the fact that the elderly only represent 12.5% of the population. The rate of elderly suicides in men rose by 50% to 30/100,00 and women rose by 60% to 7/100,000. In fact, non-Hispanic white men age 85 and older have the highest suicide rate in the United States (Centers for Disease Control and Prevention [CDC], 2013).

Types of Depression

Major depressive disorder (MDD) is also called major depression or clinical depression. MDD is characterized by a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy activities he or she once liked. Major depression prevents a person from functioning normally. An episode of major depression may occur only once in a person's lifetime, but more often, it recurs throughout a person's life.

Dysthymic disorder, also called dysthymia, is a less severe but more long-lasting form of depression. Dysthymia is characterized by symptoms lasting two years or longer that keep a person from functioning normally or feeling well. People with dysthymia may also experience one or more episodes of major depression during their lifetime.

Common among older adults is "subsyndromal depression"; less severe but clear symptoms of depression that fall short of being major depression or dysthymia. Having subsyndromal depression may increase a person's risk of developing major depression.

Test Your Knowledge:

True or False: Clinical depression is a normal part of aging and elderly women commit suicide more often than elderly men.

False:

Rationale: Depression is a common problem among older adults, but it is NOT a normal part of aging. The rate of elderly suicides in men rose by 50% to 30/100,000 and women rose by 60% to 7/100,000. In fact, non-Hispanic white men age 85 and older have the highest suicide rate in the United States

Causes of Depression

In general, there is no one cause or risk factor for depression. It most likely results from many factors, such as family history, life experiences, and environment.

Older adults with depression may have had it when they were younger, or they may have a family history of the illness. They may also be going through difficult life events, such as losing a loved one, a difficult relationship with a family member or friend, or financial troubles. For older adults who experience depression for the first time later in life, other factors may be at play.

Depression may be related to changes that occur in the brain and body as a person ages. For example, older adults may suffer from restricted blood flow, a condition called ischemia. Over time, blood vessels may harden and prevent blood from flowing normally to the body's organs, including the brain.

If this happens, an older adult with no family history of depression may develop what some doctors call "vascular depression." Those with vascular depression also may be at risk for other vascular illnesses, such as heart disease, or stroke.

Depression and Other Illnesses

Depression can also co-occur with other serious medical illnesses such as diabetes, cancer, and Parkinson's disease. Depression can make these conditions worse, and vice versa. Sometimes, medications taken for these illnesses may cause side effects that contribute to depression.

Because many older adults face these illnesses along with various social and economic difficulties, some healthcare professionals may wrongly conclude that these problems are the cause of the depression -- an opinion often shared by patients themselves.

All these factors can cause depression to go undiagnosed or untreated in older people. Yet, treating the depression will help an older adult better manage other conditions he or she may have.

Symptoms of Depression

There are many symptoms associated with depression, and some will vary depending on the individual. However, some of the most common symptoms are listed below. If a person has several of these symptoms for more than two weeks, he may have depression:

- Feeling nervous or emotionally "empty"
- Feelings of excessive guilt or worthlessness
- Tiredness or a "slowed down" feeling
- Restlessness and irritability
- Feeling like life is not worth living
- Sleep problems, including trouble getting to sleep, wakefulness in the middle of the night, or sleeping too much
- Eating more or less than usual
- Having persistent headaches, stomach-aches or other chronic pain that does not go away when treated
- Loss of interest in once pleasurable activities, including sex
- Frequent crying
- Difficulty focusing, remembering or making decisions
- Thoughts of death or suicide, or a suicide attempt

Diagnosing Depression

Diagnosis by a physician or other healthcare provider is the first step to treating depression. If you suspect your patient has depression, work with a supervising nurse to ensure that the patient is seen by a healthcare provider or psychologist.

As previously mentioned, certain medications taken for other health conditions (vitamin B12 deficiency, some viruses, or a thyroid disorder) can cause symptoms similar to depression. If an older adult is taking several medications for other conditions and is depressed, a formal evaluation is especially important.

A complete physical exam, interview, and lab tests can help rule out other causes of depression. There may be a referral to a mental health professional, such as a psychologist, counselor, social worker, or psychiatrist. There are also geriatric psychiatrists who are specially trained to treat depression and other mental illnesses in older adults.

Important information includes the history of the symptoms, such as when they started, how long they lasted, their severity, and whether they have occurred before. If the patient had symptoms before, it is important to know if the patient was treated and what the treatment was. If depression is diagnosed, the provider and patient will work together to determine the best treatment.

Treatment

Depression, even in its most severe form, is highly treatable. Obtaining treatment early is more effective and reduces the chance of recurrence. If depression co-occurs with other illnesses and is not treated, it may delay recovery from or worsen the outcome of other illnesses. It is important to remember that a person with depression cannot simply "snap out of it."

Treatment choices differ for each person, and sometimes different treatments must be tried until one works for a particular person. It is important to keep trying until you find something that works for your patient.

The most common forms of treatment for depression are medication and psychotherapy.

Test Your Knowledge:

True or False: Depression is caused only by serious medical illnesses.

False

Rationale: Depression can also co-occur with other serious medical illnesses such as diabetes, cancer, and Parkinson's disease. Depression can make these conditions worse, and vice versa.

Medications

Medications called antidepressants work to normalize brain chemicals that regulate mood.

Newer drugs are more popular than the older classes of antidepressants because they tend to have fewer side effects.

Even though the newer antidepressants are used more commonly, medications affect everyone differently. Therefore, for some people, older types of antidepressants, may be the best choice.

Psychotherapy or "Talk Therapy"

Several types of psychotherapy or "talk therapy" can help people with depression. Some treatments are short-term, lasting 10 to 20 weeks, and others are longer, depending on the person's needs.

For mild to moderate depression, psychotherapy may be the best treatment option. However, sometimes psychotherapy alone is not enough. A study examining depression treatment among older adults found that patients who got better with medication and therapy were less likely to have the depression return if they continued their combination treatment for at least two years.

Conclusion

Depression is an important disease in the elderly. Unfortunately it often goes undiagnosed or untreated. Depression can be successfully treated in the elderly.

Treatment with medications and psychotherapy **can** help elders with depression. If you notice signs of depression in your patients, talk with the patient's RN or charge nurse who will report the symptoms to the physician. This important information can help your patient with depression.

References

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