

# Depression in Older Adults

## About this leaflet

This leaflet is written for people over the age of 60 who suffer from depression. We hope it will also be helpful for relatives, friends and carers. It describes the symptoms of depressive illness and how it can be helped. At the end there are some suggestions for further reading.

## Introduction

Everyone feels sad sometimes. In later life the reasons for becoming depressed do seem to be more common. We have to stop work and probably have less money. We may start to get the symptoms of arthritis or other physical problems. We may experience the death of a partner, or friends. But older people don't feel depressed all the time. In fact less than 1 older person in 6 feels so depressed that they or others notice. Less than 1 in 30 older people have a 'depressive illness'.



## What is it like to have depression?

Feeling low or sad is not the only sign of depressive illness. These are some other common symptoms:

- A feeling of sadness, depression or being 'down' which is worse than normal sadness.
- A loss of interest in life - you can't enjoy the things that usually give you pleasure.
- Feeling tired even when you're not doing much. The simplest task seems a big effort. You just don't feel like doing anything.
- Losing your appetite and often losing weight too.
- An inner feeling of restlessness, making it hard to rest or relax properly.
- You start to worry and feel anxious. Some people have always worried more than others but, if this is unusual for you, it may be a sign of depression.
- You want to avoid other people. You may feel snappy or irritable if people are around you.
- Poor sleep. You may wake early in the morning (at least an hour or two earlier than usual) and then be unable to get back to sleep again.
- Losing confidence in yourself. You may feel useless or a burden to others.
- Poor concentration.
- Feeling panicky.
- Loss of sexual feelings.
- Feelings of being bad or guilty. You may dwell on things from the past and may get things out of proportion.
- Thoughts of suicide - at some point most people with severe depression will feel like ending it all. These feelings should be taken seriously. They mean that help is needed. Sometimes they become so strong that a person will work out ways of harming themselves, and even make preparations. This is a sign that help is urgently needed.

## Particular problems for older people

### Physical symptoms and depression

Some of the symptoms of physical illnesses may be similar to those of depression. For example, loss of appetite or disturbed sleep may also be caused by physical illnesses, like thyroid problems, heart disease or arthritis. If you do have depression, you will have many of the thoughts and feelings listed overleaf.



### Long-term illness

You may find yourself getting much more distressed by a particular physical problem, even though it has not really changed. This too may be a sign of depression coming on. Treating the depression will not take away the physical problem, but it can make it more bearable.

### Confusion and memory problems



Worry and agitation can interfere with your memory and make you feel and appear quite confused. In turn, this can make you more worried because you wonder whether you are becoming 'senile'. Just occasionally, severe depression can be mistaken for dementia (permanent loss of memory). If you are worried about your memory, the odds are that this is not the central problem. Depressed people are only too aware of not being able to remember things. People with dementia usually do not realise there is a problem. Dementia and depression are completely different. Don't put off seeking help for fear of being declared 'senile'.

### A new sense of loneliness

Living alone does not automatically make you depressed. Sometimes an older person may have become used to living alone but gradually develops a sense of loneliness which wasn't there before, or was not so bad.

## Getting Help

### How do you know when it's time to get help?

If your feelings of depression:

- Are worse than you would expect.
- Have gone on for several weeks.
- Interfere with your life.
- Mean that you can't face being with other people.
- Make you feel that life is not worth living.
- Are noticed by other people sometimes friends or family members spot the problem before you do.

### What should you do?

Speak to your GP or family doctor. GPs are quite used to helping people with depression and almost all of them have had training in how to deal with it. You are certainly not wasting your doctor's time by asking for help with depression. If you can't get out, ask your doctor to see you at home. It may help to have a friend or relative with you when you see your doctor.

### **I don't want to bother the doctor - depression isn't a real illness**

Older people tend to think more about physical symptoms than about feeling depressed. The reason for this may be that many older people were brought up not to bother the doctor unless they had a physical complaint. Sometimes the first sign of depression can be a constant worry about having a physical illness, even when your doctor can't find anything wrong with you. If he or she tells you that you are actually depressed, it may feel as though you are being fobbed off. This isn't the case. Depression is as deserving of help as any other physical illness. You may feel tempted to insist on more tests than the doctor thinks you need, but this may just delay starting the treatment that will really help you.

### **Why do people get depressed?**

It is natural to ask why we might have become depressed. When we are depressed, we tend to blame ourselves, but this is because depression makes us see things in a very negative way. It can make us blame ourselves for things that we are not responsible for. Usually there is more than one thing causing a depression.

### **Painful events**

Depression sometimes comes out of the blue. More often it is triggered by a distressing event, such as the death of a partner or close friend. Such things happen to most older people at some time, yet most don't get depressed. It does seem that some people are more vulnerable by nature. They are likely to get depressed when faced by a difficult or painful situation. For example, women seem to be more likely to get depressed than men. It may be that depression in men is harder to spot because they are less likely to talk about their feelings.

### **Past depression**

You are more likely to have a depressive illness if you have had one before. Physical illness You may become depressed if you have a physical illness that has not been recognised, such as a problem with the thyroid gland. Your doctor can easily check these things out. Reaction to a physical illness Any physical illness can trigger depression. This can be something sudden, like a stroke. It can be long and disabling, like Parkinson's disease. It may be several illnesses which have taken their toll over the years. Although this may make the depression more 'understandable', it doesn't mean that it can't be helped. This type of depression often responds very well to treatment. Medicines Depression can be a side-effect of some medications.

## **Helping yourself**

### **Ask for help**

Just because you are older, you don't have to put up with being depressed.

### **Try to get out**

It can be difficult when you get older because of physical problems like stiff joints or swollen ankles, but it's really worthwhile. Staying at home all the time can make you brood on things. This doesn't help and can make you feel more helpless and depressed. So, if family or friends offer, let them help you to get out. If you go to a day centre, they may have their own transport that you can use.

### **Try to eat properly**

People who are depressed often lose their appetite and eat very little. You can lose weight and run short of important vitamins and minerals. This can affect your health -older bodies cannot adjust as well as younger ones. Beware of stocking up on chocolate and biscuits - these are quick and easy to eat, but they don't have the vitamins and minerals to keep you feeling well.

**Keep reminding yourself that you are ill**

You are not being lazy or letting other people down.

**Keep reminding yourself that the vast majority of people get better.****Tell someone if you feel so low that you feel like ending it all.****Try not to keep your feelings to yourself**

You'll find yourself going over the same worries again and again. Talking to somebody does help.

**Try not to use alcohol to make you feel better**

It can actually make depression worse. It may also react with any tablets you are taking.

Try not to panic about not sleeping properly

**It will get better when the depression lifts.****Try not to alter the number of tablets you are on, or stop taking them, or try other remedies, without discussing it with your doctor.**

If the tablets have unpleasant effects, tell your doctor or nurse.

Try not to think that depression makes people senile or leads to dementia

It doesn't.

## **Medical Treatments for Depression**

### **Antidepressants**

If you happen to be so depressed that you have physical symptoms, such as poor sleep, poor appetite and loss of weight, or the depression has gone on for a long time, your doctor will often suggest an antidepressant. About 50-60% of people who take these tablets will find them helpful. There are several different types of antidepressant now available, so there should be no difficulty in finding one to suit you.

### **How do antidepressants work?**

It is thought that antidepressants boost the levels of two chemicals in the brain that get stifled in depression. These chemicals are called serotonin (also called 5HT), and noradrenaline.

### **Do antidepressants have side effects?**

Modern antidepressants are very safe. Some can make you feel sick or more anxious over the first few days, but these effects usually wear off. Others may make you sleepy or give you a dry mouth. They can sometimes interfere with other medicines that you are taking, but your doctor will be aware of this. About one in three people get mild withdrawal symptoms if they stop these medicines suddenly. So it's best to come off them slowly.

Antidepressants usually take one or two weeks to start working although they may improve your sleep quite quickly. You may find that it takes 6 to 8 weeks for them to really make a difference. Many antidepressants slow down your reactions and may make you a bit drowsy. It is important not to drive if this happens to you. If you take several sorts of pills, you may find that you get muddled and forget to take some of your medicines. If so, your doctor, chemist or community nurse can help. They can give you a special box, or blister pack, with all the tablets set out for you to take at the right time of the day for a whole week.

### St John's Wort

This is a herbal antidepressant that you can get from a chemist without needing a prescription. It seems to have fewer side effects than prescribed antidepressants, but is not effective in more severe depression. If you are taking other medication, you should consult your family doctor.

### Talking treatments for depression

It can be a great relief to 'off-load' to a sympathetic, understanding, uncritical listener. This could be a friend, a relative, a volunteer or a professional. There are more specialised psychological, or talking treatments.

**Psychotherapy** helps you to understand depression in terms of what has happened to you in the past.

**Cognitive Behavioural Therapy** tries to help you think in ways that make you feel better.

These can be arranged through your GP, a community psychiatric nurse, psychologist or psychiatrist.

If your depression has been triggered by a bereavement or problems in a relationship, then **bereavement counselling** or **marriage therapy** can help.

### Are there problems with talking treatments?

They are very safe. However, sometimes psychotherapy can bring up unhappy memories from the past. A good therapist will know how to deal with this. If you have concerns, you should discuss them with your doctor or therapist.

### Practical help

You may become depressed because you are living in poor housing or not happy in your neighbourhood. If so, a social worker may be able to help you move but, a word of warning, it is important not to make a decision about moving when you are still depressed. You may regret it when you are feeling better. Professionals can also help with finding ways to occupy you and to spend time with other people. This can be very important because many people become quite isolated when they are depressed and find it hard to get back into the swing of things. There are lunch clubs, day centres and support groups where you can go. Some of them are just for older people with depression.

It's really important to talk to other people because it can make you feel better and it is less likely that your depression will return.

### Which treatment is best?

Everyone can try the simple steps in this leaflet. Talking treatments and antidepressants work equally well. Your doctor is more likely to recommend antidepressants if your depression is severe or has gone on for a long time. Antidepressants also work a bit faster than talking treatments. Some people prefer to try and get over the depression without medicine, whilst others prefer taking tablets. You can have both talking treatments and antidepressants. Your GP will be able to give you advice. It is also sometimes helpful to talk over the options with your family or a close friend.

### What if depression is not treated?

Most people will get better, after weeks, months or even a year or two, but the shorter the depression lasts, the better. The simple steps outlined in this leaflet may be enough to help you feel well again. If the depression is very severe, it may lead to a person taking their life or becoming very ill through not eating and drinking enough.



## Seeing a psychiatrist

Although most people get better at home with these treatments, some people do not. If this happens, your family doctor may ask a psychiatrist to see you for some expert advice. That does not mean that people think you are 'mad'. Your doctor may need a second opinion or advice about the best treatment in a particular case. Nowadays, most parts of the country have specialists (called 'psychogeriatricians' or 'old age psychiatrists') who are experts at treating older people with depression. They often work as part of a team, so you may see a nurse or a social worker first.

The first interview with a psychiatrist usually takes about an hour. If you are depressed, you may find it difficult to remember some of the details of how it all began. So ask a friend, neighbour or close relative to be present with you. It will help the psychiatrist to help you if he or she can get a complete picture of the situation.

## Going into hospital

A small number of people need to have their depression treated in hospital. If you are very unwell -perhaps unable to eat or drink, or have tried to kill yourself - you might need to have ECT or electroconvulsive therapy. If recommended, you will need to discuss this thoroughly with your relatives and doctors. If you are unwilling or unable to give consent to this, an independent doctor would be asked to see you to decide if it is really necessary.



## Staying well

It's important to stay well and try to make sure it doesn't happen again. For this reason you should not stop any tablets for depression until your doctor advises you to. Even if you are feeling normal, there's a chance of the depression returning if you stop taking your tablets too quickly.

If your general health is good and this is your first bout of depression, you will probably need to stay on the tablets for 6 to 12 months. If you have already had depression several times, your doctor may recommend that you stay on an antidepressant drug for longer. This has been shown to cut down the number of further bouts of depression.

## For relatives and friends - how can you help?

- If you think that your friend or relative is becoming depressed, encourage them to accept help. You may be the first person to notice the depression. Your friend or relative will need to hear that depression is quite common and that it usually gets better. They may need to be reassured that they are not "going mad". The first port of call should be their GP, who may be able to start their treatment.
- It may often be enough to show your concern by just being there with them.
- Older people with depression get tired very easily. It's particularly helpful to offer some practical help, like shopping or cleaning for them. They may need reminding to eat properly.
- Don't force your friend or relative to talk. Don't bully them into doing things. Although it can help to get out and do some gentle exercise, it may not help if you have to nag them to do it. In fact, people will often dig their heels in if they feel they are being put under too much pressure.
- Be patient. Older depressed people may constantly ask for reassurance or become convinced that they've got something physically wrong with them. It's often because they are frightened or don't understand what is happening to them. Reassure them as much as you can and try to spend time listening. Point out that they are not 'going

senile' or demented. People who have had depression are no more likely to get senile dementia than anyone else.

- Don't be embarrassed to ask if your friend or relative has felt suicidal. It's a myth that talking about it makes it more likely that someone will do it.
- Suicidal thoughts are a clear sign that help is needed. Most people who feel like this are relieved when someone asks about it.
- Caring for someone with depression can be exhausting. If you are getting worn out by everything, ask for help. Community Psychiatric Nurses can help you by arranging for your relative to go to a day centre or day hospital to give you a break. They can also help by being there for you to talk to.
- Finally, don't make decisions about housing or accommodation when someone is depressed. Your friend or relative may put pressure on you and say that how they feel is all to do with where they live. But things are not usually that simple. Many older people who move when they are depressed may regret it once they are better.

Other useful leaflets produced by the Royal College of Psychiatrists include: Depression, Antidepressants, Memory and Dementia, Physical Illness and Mental Health, Cognitive Behavioural Therapy, ECT, Lithium and Psychotherapy. They are available free of charge, with a stamped addressed envelope, from the Leaflets Department, The Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Tel: 020 7235 2351 ext.259; Fax: 020 7235 1935. They can also be down loaded from our website: [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk).

## References

Wilson K, Mottram P, Sivanranthan A, Nightingale A. **Antidepressants versus placebo for the depressed elderly** (Cochrane Review). In: The Cochrane Library, Issue 4, 2001. Oxford: Update Software.[www.nelh.nhs.uk/cochrane](http://www.nelh.nhs.uk/cochrane).

Benbow, S.M.

**The role of electroconvulsive therapy in the treatment of depressive illness in old age** (1989) British Journal of Psychiatry 155: 147-152.

Mather et al (2002)

**Effects of exercise on depressive symptoms in older adults with poorly responsive depressive disorder.** British Journal of Psychiatry 180,411-415.

Copeland et al (1999)

Cross-cultural comparison of depressive symptoms in Europe does not support stereotypes of ageing. British Journal of Psychiatry 174,322-329.

## Organisations That Can Help

### Age Concern:

([www.ageconcern.org.uk](http://www.ageconcern.org.uk)) Astral House, 1268 London Road, London SW16 4ER. Information line: 0800 009966. Provides information and advice to older people and their carers.

Alzheimer's Society:

([www.alzheimers.org.uk](http://www.alzheimers.org.uk)) Gordon House, 10 Greencoat Place, London SW1 P 1 PH. Tel: 020 73060606 Email :[enquiries@alzheimers.org.uk](mailto:enquiries@alzheimers.org.uk) Gives support to families by linking them through membership and provides information on Alzheimer's Disease and dementia.

### Aware:

([www.aware.ie](http://www.aware.ie)) 72 Lower Leeson Street, Dublin 2, Ireland, Tel: 00353 1 661 7211. Provides information and support to people affected by depression in Ireland and Northern Ireland.

### CRUSE - Bereavement Care:

([www.crusebereavementcare.org.uk](http://www.crusebereavementcare.org.uk)). Cruse House, 126 Sheen Road, Richmond, Surrey TW9 1 UR. Tel: 0870 167 1677 any time (national telephone number).

**Depression Alliance Cymru (Wales):**

11 Plas Melin, Westbourne Road, Whitchurch, Cardiff CF4 2BT. Tel: 0292069 2891,  
Information, support and understanding for people who suffer with depression and for  
relatives who want to help.

**Depression Alliance Scotland:**

3 Grosvenor Gardens, Edinburgh EH12 5JU. Tel: 0131 4673050.

**Fellowship of Depressives Anonymous:**

Box FDAL clo Self-Help Nottingham, Ormiston House, 32-36 Pelham Street, Nottingham NG  
1 2EG, Phone: 0870 774 4320. Fax: 0870 774 4319 Email: [fdainfo@aol.com](mailto:fdainfo@aol.com)

Website: [www.depressionanon.co.uk](http://www.depressionanon.co.uk). A national mutual support group for people suffering  
from depression,

**Help The Aged:**

([www.helptheaged.org.uk](http://www.helptheaged.org.uk)) 207-221 Pentonville Road, London N1 9UZ, Tel: 02072781144. E-  
mail: [info@helptheaged.org.uk](mailto:info@helptheaged.org.uk). Free advice on 0808 800 6565. Provides practical support  
and help for older people to live independent lives, particularly those who are frail, isolated or  
poor.

**Recommended Reading**

Milligan, S & Clare, **A Depression and How To Survive It**

Copeland, MA **The Depression Workbook: A guide to living with depression and manic  
depression**

Wolpert, L **Malignant Sadness: the anatomy of depression**

**Managing Depression** by Davis Westbrook, Clinical Psychology Department, Warneford  
Hospital, Oxford, OX3 7JX

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