



# Depression in the Elderly: Risk Factors and Treatment

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## General Information and Prevalence Rates

- The average prevalence rate for depression in adults over the age of 65 is 13.5% (Katona & Shankar, 2004).
- Depression is not as frequent in old age as it is in younger age groups. However, causes of late-life depression are more likely to be associated with physical challenges and psychological factors due to aging (Christensen et al., 1999).
- Depression in the elderly is associated with a decline in day to day functioning (Hébert, Brayne, & Spiegelhalter, 1999).
- Relapse rates for depression in old age are higher than those of middle or younger adult age groups. Adults over the age of 60 are more likely to relapse into depression after 3-5 years of treatment, unlike adults under the age of 60 (Mitchell & Subramaniam, 2005).

## Risk Factors

### Disability:

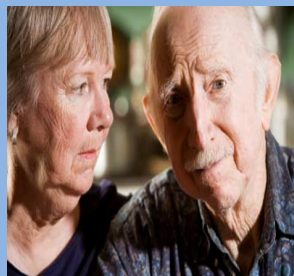
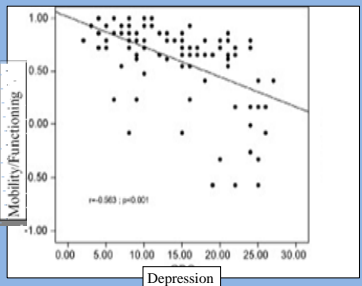
- Depressive symptoms are increased in older adults who have more disability in performing physical tasks, daily tasks, and tasks necessary for independent living. Becoming disabled in daily tasks is associated with the highest rates of depressive symptoms, with lower rates for those disabled in physical and independent living tasks. See lists of examples below (Yang & George, 2005).

Physical tasks:	Daily Task:	Independent Living Tasks
Moving heavy objects	Walking across a room	Using a phone
Ability to stoop or kneel	Bathing	Driving a car
Ability to carry weight of 10lbs or more	Personal grooming	Grocery shopping
Reaching above shoulder	Dressing oneself	Preparing meals
Writing, or being able to handle small objects	Eating	Doing housework
Ability to walk up stairs	Taking medication	Taking care of finances/money
Able to walk at least half a mile		

-Visual impairment is a common physical disability that may be associated with depression in older adults. 18.1% of older adults have vision impairment by 70 years old. 63.4% of visually impaired patients in one study reported some form of depressive symptoms (Jones, Crew, Rovnew, & Danielson, 2009).

### Chronic Illness or Pain:

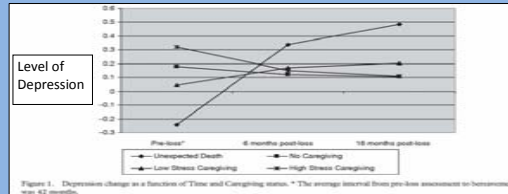
Depressed, chronically ill elderly patients have higher rates of immobility, pain or discomfort, and anxiety. Depressed, elderly patients also spend a longer duration of time in their illness. Depressed patients tend to have their chronic illness on average from 7.4-8.3 years while patients who are not depressed have their chronic illness on average from 4.7-5.9 years (Unsar & Sut, 2008).



## Risk Factors

### Bereavement:

- Older individuals who are caring for a spouse experience the highest levels of depression if the death is unexpected (Burton, Haley, & Small, 2005).



-Depression due to bereavement tends to be more short-term than depression triggered by other factors. In most cases, depression related to bereavement tends to decline to only slightly higher than reported pre-loss depressive levels by 15 months after death of spouse (Taylor et al., 2007).

### Other:

#### -Sleep Disturbances

Persistent insomnia is associated with Major Depressive Disorder and Dysthymia in the elderly. However, it is unclear whether persistent insomnia is a symptom or a co-occurring disorder (Pigeon et al., 2008).

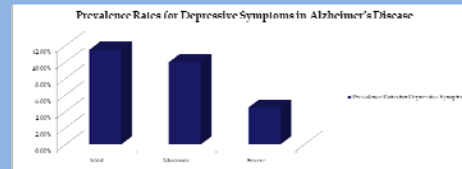
#### -Prior Depression

Depression is a disorder that often reoccurs throughout life. One important risk factor for developing late-life depression is having depressive episodes earlier in life. (Heun & Hein, 2005).

#### -Cognitive Functioning

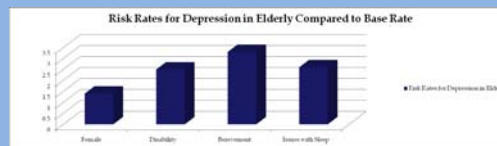
\*Cognitively impaired adults are more likely to experience depression than those who do not have dementia (Steffens et al., 2009).

\*30-50% of elderly with Alzheimer's Disease are also suffering from depressive symptoms. However, rates of depression decrease with severity of Alzheimer's Disease (Steffens & Potter, 2007).



### Overall:

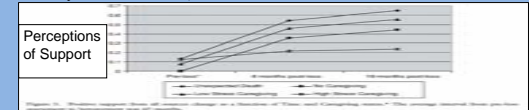
-Some of the top reported risk factors for depression in the elderly are being female, having a disability, being diagnosed with a new medical illness, having difficulties sleeping, and bereavement (Cole & Dendukuri, 2003).



-Medical Illness: Pain and discomfort due to chronic illness is associated with higher rates of depression (Unsar & Sut, 2008).

## Protective Factors

- Having higher levels of perceived health, perceived social support, sense of control, and self-esteem are possible protective factors against depression (Yang & George, 2005 and Fuller-Iglesias, Sellars, & Antonucci, 2008).
- Individuals with an unexpected death, no caregiving, or low stress-caregiving for spouse show significant improvement in perceptions of support from others 6 months to 18 months post loss. However, individuals who are involved in high stress caregiving do not show such increased perceptions of support over time (Burton, Haley, & Small, 2005).



## Treatment

### Approaches:

#### -Antidepressants

Treating depression in the elderly using antidepressants is difficult. It is important to make sure that the antidepressant does not interfere with any current medications the patient is taking. Some antidepressants can interfere with specific cognitive impairment medications. Cholinesterase inhibitors like donepezil or galantamine are dementia medications that work best for patients taking antidepressants (Steffens & Potter, 2007).

#### -Psychotherapy

Cognitive strategies targeted to thoughts related to depression, (bereavement, death, etc.), interpersonal therapy, and problem solving are useful in treating depression in older patients with depression (Katona & Shankar, 2004; Kim, Braun, & Kunik, 2001).

### Outcomes:

Using a combination of treatments is the best way to treat depression in the elderly. When more than one treatment was used for depression, 80% of older adults in one study did not have a recurring episode of depression for three years (Katona & Shankar, 2004).

### Gender Issues:

#### -Conflicting Findings on Gender and Depression

Elderly women may have higher rates of depression than men. Some research has found increased levels of depression in elderly women, while others have found no difference between men and women. One longitudinal study found that women had higher rates of depression than men from ages 50-60, but the rates become more similar after 60 years of age until there was no significant difference between men and women by age 80 (Barefoot et al., 2001).

#### -Coping for men may differ

The most common coping strategies in older men with depression caused by a stressful life event are to try to make or perceive life as it was before the event, or to ignore emotions and feelings of depression altogether. However, these strategies tend to not be effective. Coping strategies that involve accepting new limitations and finding a new normal in life tend to help decrease depression in this population (Jensen, Munk, & Madsen, 2010).

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