



THE SOUTH AFRICAN DEPRESSION AND ANXIETY GROUP

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Elderly and Depression

Old age should be a time for quiet reflection and recreation, as well as an opportunity to use one's life experience to contribute back to society. Unfortunately, more and more elderly people are missing out by succumbing to the apathy and loneliness of depression in their final years. This is partly due to the fact that many elderly people are not getting the psychiatric service they require – either because they or their family members do not recognize and/or report their symptoms to doctors or because medical professionals fail to recognize the problem.

Depression is the most common disorder and the leading cause of suicide amongst the elderly. As many as 90% of depressed people over 65 fail to get help. Men who are seventy-five years or older have the highest suicide rates of any age group, worldwide.

Depression in the elderly tends to be far more difficult to diagnose than depression in other age. Often, this is because the situation is complicated by the presence of other physical illnesses. Sometimes the common symptoms of clinical depression – headaches, stomach problems, joint problems, and joint problems – may resemble the symptoms of other illnesses. In some cases, the confusion and memory loss associated with depression can even be mistaken for Alzheimer's disease or "senility". Many elderly patients tend to focus on their physical complaints as opposed to their feelings of sadness and anxiety. Furthermore, mental health professionals sometimes overlook the symptoms of sadness and confusion because they see these emotions as the "norm" for elderly patients.

Depression can also have physical roots. It is a symptom of high blood pressure, hypothyroidism, heart disease, stroke, arthritis and cancer. To make matters worse, many of the drugs prescribed to fight these diseases – as well as certain steroids, painkillers and over-the-counter antihistamines could contribute to the problem.

Mental or emotional disorders in elderly citizens can also be caused or aggravated by physical illnesses or their treatments. Depression and anxiety disorders can also accompany cancer, insomnia, diabetes, strokes, and influenza, post-surgical confusion and Parkinson's disease.

Although psychiatric care of the elderly tends to be a complicated procedure, recent evidence suggests that the treatment of depression in this age group does

not follow with greater resistance than treatment in other groups. The safest course of action is to seek medical care from a professional trained in geriatric psychiatry.

It is important to do a thorough check up and medical history on an elderly depressed patient before deciding on a course of treatment. There is a high possibility that the elderly patient will already be on treatment for depression. It is also important to check that the depression is not a side effect of another medication or illness.

There are a variety of antidepressants that can be used to treat depression in the elderly. SSRIs (Selective Serotonin Re-uptake Inhibitors) such as Aropax, Cipramil, Luvox, Prozac, Remeron, Serzone and Zoloft are particularly useful because they are safe in overdose and they remain in the system longer than other drugs do, meaning that a missed dose won't cause a relapse.

As a guide to use of antidepressants among older patients, one should always "start slow and go slow". Thereafter, once there is a response, the patient should remain on the medication for at least one year. Depressed people can also benefit greatly from visiting with a counsellor or psychotherapist or joining a group.

As the saying goes, though, prevention is still better than cure. Elderly people would follow certain guidelines to ensure a healthy, depression-free existence. These guidelines include sustaining a network of social contacts, staying active in the community, exercising regularly, continuing to stimulate the mind through board games and reading, cultivating an attitude of resilience and maintaining an active voice in decision making-making.

Depression need not be an inevitable part of getting old. If diagnosed timeously, depression in the elderly can be treated effectively and promptly. Mental health professionals and family members should keep a wary eye out for any warning signs that could indicate depression in an elderly relative or patient.