

### Late Life Depression is Manageable

Late life depression is treatable and should *not* be considered a normal consequence of aging. Addressing the signs of depression may lead to increased quality of life.

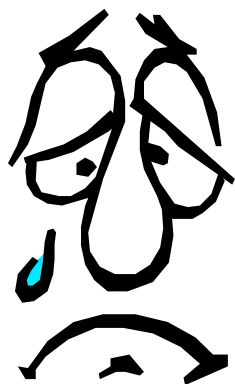
Late onset depression is likely caused by an intervening vascular illness such as stroke and/or TIA (transient ischemic attack), affecting the brain. Late onset depression may also be triggered by grief, both of which are highly amenable to treatment or prevention. Conversely, early onset depression at a younger age may be associated with a genetic disposition.

Challenges to detecting depression in the elderly may include; the absence of depressed mood, significant cognitive/thinking impairment and high complaints of somatic (physical) complaints, plus many are recently bereaved. Cognitive/thinking problems can mask depression and be misdiagnosed as dementia or delirium, resulting in mistreatment.

The signs of late life depression might include: poor grooming, dressed in somber colours, fidgety (agitated, restless, crying), not engaged in conversation, slow movements (few gestures, hunched posture), a sad dejected facial expression, guilt, irritability and a disheveled appearance.

Assessment for depression should include screening tools. Screening measures do not diagnose depression but provide an indication of the severity of symptoms within a given period. One such tool is SIG E CAPS.

SIG E CAPS: the individual must exhibit depressed mood with at least 4 other of the following symptoms, most of the time, most days, for at least 2 weeks.



S	Sleep (insomnia, hypersomnia)
I	Interest (diminished)
G	Guilt (feelings of burden)
E	Energy ( increased fatigue)
C	Concentration (problem focusing)
A	Appetite (change in appetite/weight)
P	Psychomotor retardation or agitation
S	Suicidal Ideation

Does depression present the same for all ages?

Typical symptom	Older people	Younger people
<b>Anxiety</b>	X	
Decreased appetite	X	X
<b>Constipation</b>	X	
Fatigue	X	X
Irritability	X	
Loss of libido (sex drive)	X	X
<b>Pain</b>	X	
Poor concentration	X	X
Poor memory	X	
Restlessness	X	
Change in sleep	X	X

\*highlighted items not typical in younger people

**\*\*Alert—CAREGIVERS ARE AT RISK OF DEVELOPING DEPRESSION TOO.** It is often hard to admit that you yourself need help when taking care of someone with a more serious illness—but to take care of someone else you need to take care of yourself...\*\*

Older Person's Mental health and Addiction Network of Ontario

Treatment plans should take into account the person's preferences, treatment history and coexisting medical and psychiatric conditions. The following treatment options can be used alone or in combination.

**Exercise:** first line of therapy. *Regular weekly exercise can do wonders for depression. Even starting a daily walk, getting some exercise can make a big difference.*

**Psychotherapy:** supportive psychosocial intervention, delivered in 6-12 sessions. This might include behavioral therapy, problem solving therapy, interpersonal psychotherapy and reminiscence therapy.

**Pharmacological:** Medications are used for treatment with older adults. Start with a low dose and go slow. The following should be considered; previous response to treatment, type of depression, co-existing medical conditions, other medications, and potential risk for overdose.

ETC (electroconvulsive or shock therapy): should be offered if suicide is imminent or if a major depressive episode occurs and the person is unresponsive to other treatment.

Positive outcomes of treatment are improved emotional, social, and physical functioning, as well as improved quality of life, better self awareness and better self care for chronic medical conditions. All resulting in reduced mortality. Awareness of late life depression is KEY to treatment.

#### REFERENCES

GiiC (Geriatrics Interprofessional Interorganizational Collaboration)

Canadian Coalition for Seniors' Mental Health (2006). National Guidelines for seniors' mental health.

*Caring for our seniors is perhaps the greatest responsibility we have. Those who walked before us have given so much and made possible the life we all enjoy.*

John Hoeven

#### **Katherine Punch Resource Library**

For more information on dementia visit the Alzheimer Society's resource library.  
633 Albert Street East, Sault Ste. Marie 705 942-2195

#### **Upcoming Events—**

### **ALZHEIMER EDUCATION CONFERENCE 2010**

**How Dementia Changes Our World:  
Impact on Professionals and  
Family Caregivers**

**Friday, March 26, 2010  
Algoma's Water Tower Inn  
360 Great Northern Road**

**Cost Per Person  
\$50.- Early Bird Registration Fee  
\$55.- Regular Fee Registering After March 5**

**Call 942-2195 to register**

**Evaluation and Feedback:** To ensure that this newsletter is an effective source of information for you, your feedback is important to us. Please visit our website [www.dementiaalgoma.org](http://www.dementiaalgoma.org) and fill out the evaluation.