

contributing to the depression. Therapy can help you understand and work through difficult relationships or situations that may be causing your depression or making it worse.

Electroconvulsive therapy (ECT) is sometimes used for severe depression that is very difficult to treat and does not respond to medication or therapy. Although ECT once had a bad reputation, it has greatly improved and can provide relief for people for whom other treatments have not worked. ECT may cause side effects such as confusion and memory loss. Although these effects are usually short-term, they can sometimes linger.

How can I help a loved one who is depressed?

If you know someone who has depression, first help him or her see a doctor or mental health professional.

- Offer support, understanding, patience, and encouragement.
- Talk to him or her, and listen carefully.
- Never ignore comments about suicide, and report them to your loved one's therapist or doctor.
- Invite him or her out for walks, outings, and other activities.
- Remind him or her that with time and treatment, the depression will lift.

How can I help myself if I am depressed?

As you continue treatment, gradually you will start to feel better. Remember that if you are taking an antidepressant, it may take several weeks for it to start working. If a first antidepressant does not work, be open to trying another. You may need to try a few different medications before finding one that works for you.

Try to do things that you used to enjoy before you had depression. Studies have shown that doing these things, even when you don't expect to enjoy them, can help lift your spirits. Go easy on yourself. Other things that may help include:

- Breaking up large tasks into small ones, and doing what you can as you can. Don't do too many things at once.
- Spending time with other people and talking to a friend or relative about your feelings.
- Once you have a treatment plan, try to stick to it. It will take time for treatment to work.
- Do not make important life decisions until you feel better. Discuss decisions with others who know you well.

If you are in a crisis

Older adults with depression are at risk for suicide. In fact, white men age 85 and older have the highest suicide rate in the United States.

If you are thinking about harming yourself or attempting suicide, tell someone who can help immediately.

- Call your doctor.
- Call 911 for emergency services.
- Go to the nearest hospital emergency room.
- Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to be connected to a trained counselor at a suicide crisis center nearest you.



Contact us to find out more information on Older Adults and Depression.

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Older Adults and Depression

Do you feel very tired, helpless and hopeless? Are you sad most of the time and take no pleasure in your family, friends, or hobbies? Are you having trouble working, sleeping, eating, and functioning? Have you felt this way for a long time?

If so, you may have depression.

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What is depression?

Everyone feels down or sad sometimes, but these feelings usually pass after a few days. When you have depression, you have trouble with daily life for weeks at a time. Depression is a serious illness that needs treatment. If left untreated, depression can lead to suicide.

Depression is a common problem among older adults, but it is **not** a normal part of aging. It may be overlooked because for some older adults who have depression, sadness is not their main symptom. They may have other, less obvious symptoms of depression or they may not be willing to talk about their feelings. Therefore, doctors may be less likely to recognize that their patient has depression.



What are the different forms of depression?

There are several forms of depression. The most common forms are:

Major depression—severe symptoms that interfere with your ability to work, sleep, study, eat, and enjoy life. Some people may experience only a single episode within their lifetime, but more often a person may have multiple episodes.

Dysthymic disorder, or dysthymia—depressive symptoms that last a long time (2 years or longer) but are less severe than those of major depression.

Minor depression—similar to major depression and dysthymia, but symptoms are less severe and may not last as long.

What are the signs and symptoms of depression?

Different people have different symptoms. Some symptoms of depression include:

- Feeling sad or “empty”
- Feeling hopeless, irritable, anxious, or guilty
- Loss of interest in favorite activities
- Feeling very tired
- Not being able to concentrate or remember details
- Not being able to sleep, or sleeping too much
- Overeating, or not wanting to eat at all
- Thoughts of suicide, suicide attempts
- Aches or pains, headaches, cramps, or digestive problems.

What causes depression?

Several factors, or a combination of factors, may contribute to depression.

Genes—people with a family history of depression may be more likely to develop it than those whose families do not have the illness. Older adults who had depression when they

were younger are more at risk for developing depression in late life than those who did not have the illness earlier in life.

Brain chemistry—people with depression may have different brain chemistry than those without the illness.

Stress—loss of a loved one, a difficult relationship, or any stressful situation may trigger depression.

For older adults who experience depression for the first time later in life, the 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 stiffen 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 is sometimes called “vascular depression.” Those with vascular depression also may be at risk for heart disease, stroke, or other vascular illness.

Depression can also co-occur with other serious medical illnesses such as diabetes, cancer, heart disease, 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. A doctor experienced in treating these complicated illnesses can help work out the best treatment strategy.

How is depression treated?

The first step to getting appropriate treatment is to visit a doctor. Certain medications or conditions can cause symptoms similar to depression. A doctor can rule out these factors by doing a complete physical exam, interview, and lab tests.

If these other factors can be ruled out, the doctor may refer you to a mental health professional, such as a psychologist, counselor, social worker, or psychiatrist. Some



doctors are specially trained to treat depression and other mental illnesses in older adults.

The doctor or mental health professional will ask about the history of your symptoms, such as when they started, how long they have lasted, their severity, whether they have occurred before, and if so, whether they were treated and how. He or she will then diagnose the depression and work with you to choose the most appropriate treatment.

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 you find one that works.

Medications called antidepressants can work well to treat depression. They can take several weeks to work. Antidepressants can have side effects including:

- Headache
- Nausea—feeling sick to your stomach
- Difficulty sleeping or nervousness
- Agitation or restlessness
- Sexual problems.

Most side effects lessen over time. **Talk to your doctor about any side effects you have.**

Psychotherapy can also help treat depression. Psychotherapy helps by teaching new ways of thinking and behaving, and changing habits that may be