



San Diego's Voice On Mental Illness

February 2003

Older Adults...

**Before you say
"I'm fine"...**

*Ask yourself if you
feel:*

- *Nervous or "empty"*
- *Guilty or worthless*
- *Very tired and
slowed down*
- *You don't enjoy
things the way you
used to*
- *Restless or irritable*
- *Like no one loves you*
- *Like life is not worth
living*

Or if you are:

- *Sleeping more or less
than usual*
- *Eating more or less
than usual*
- *Having persistent
headaches, stomach
aches or chronic
pain*

These may be symptoms of depression, a treatable illness. But your doctor can only treat you if you say how you are really feeling. Depression is not a normal part of aging.

Older Adults: Depression and Suicide Facts

Major depression, a significant predictor of suicide in older adults, is a widely under recognized and under treated medical illness. In fact, several studies have found that many older adults who commit suicide have visited a primary care physician very close to the time of the suicide: *20% on the same day, 40% within one week, and 70% within one month of the suicide.* These findings point to the urgency of enhancing both the detection and the adequate treatment of depression as a means of reducing the risk of suicide among the elderly.

Older Americans are disproportionately likely to commit suicide. Comprising only 13% of the U.S. population, individuals ages 65

and older accounted for 19% of all suicide deaths in 1997. The highest rate is for white men ages 85 and older: 64.9 deaths per 100,000 persons in 1997, about 6 times the national U.S. rate of 10.6 per 100,000.

An estimated 6% of Americans ages 65 and older in a given year, or approximately 2 million of the 34 million adults in this age group in 1998, have a diagnosable depressive illness (major depressive disorder, bipolar disorder, or dysthymic disorder). In contrast to the normal emotional experiences of sadness, grief, loss, or passing mood states, depressive disorders can be extreme and persistent and can interfere significantly with an individual's

ability to function.

Dysthymic disorder as well as depressive symptoms that do not meet full diagnostic criteria for a disorder are common among the elderly and are associated with an increased risk of developing major depression. In any of its forms, however, depression is not a normal part of aging.

Open Your Mind



*Mental Illnesses
Are Brain Disorders*

1-800-950-NAMI

Difficult to diagnose

Depression often co-occurs with other medical illnesses such as cardiovascular disease, stroke, diabetes, and cancer. Because many older adults face such physical illnesses as well as various social and economic difficulties, individual health care professionals often mistakenly conclude that

depression is a normal consequence of these problems—an attitude often shared by the patients themselves. These factors conspire to make the illness under-diagnosed and under-treated.

Both doctors and patients may have difficulty identifying the signs of depression.

Identifying the signs of depression.

Research & Treatments

Researchers funded by the National Institute of Mental Health (NIMH) are currently investigating the effectiveness of a depression education intervention delivered in primary care clinics for improving recognition and treatment of depression and suicidal symptoms in elderly patients.

Modern brain imaging technologies are revealing that in depression, neural circuits responsible for the regulation of moods, thinking, sleep, appetite, and behavior fail to function properly, and that critical neurotransmitters—chemicals used by nerve cells to communicate—are out of balance. Genetics research indicates that vulnerability to depression results from the influence

of multiple genes acting together with environmental factors. Studies of brain chemistry and of mechanisms of action of antidepressant medications continue to inform the development of new and better treatments.

Medications

Antidepressant medications are widely used, effective treatments for depression. Existing antidepressant drugs are known to influence the functioning of certain neurotransmitters in the brain, primarily serotonin and norepinephrine, known as monoamines. Older medications—tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs) -

affect the activity of both of these neurotransmitters simultaneously. Their disadvantage is that they can be difficult to tolerate due to side effects, or in the case of MAOIs, dietary and medication restrictions. Newer medications, such as the selective serotonin reuptake inhibitors (SSRIs), have fewer side effects than the older drugs, making it easier for patients including older adults to adhere to treatment. Both generations of medications are effective in relieving depression, although some people will respond to one type of drug, but not another.

Psychotherapy

Certain types of psychotherapy also are effective treatments for depression. Cognitive-behavioral therapy (CBT) and interpersonal therapy (PT) are particularly useful. Approximately 80% of older adults with depression improve when they receive appropriate treatment with medication, psychotherapy, or the combination.

In fact, recent research has shown that a combination of psychotherapy and antidepressant medication is extremely

effective for reducing recurrence of depression among older adults. Those who received both interpersonal therapy and the antidepressant drug nortriptylene (a TCA) were much less likely to experience recurrence over a three-year period than those who received medication only or therapy only.

Studies are in progress on the efficacy of SSRIs and short-term specific psychotherapies for depression in older persons. Findings from these studies

will provide important data regarding the clinical course and treatment of late-life depression. Further research will be needed to determine the role of hormonal factors in the development of depression, and to find out whether hormone replacement therapy with estrogens or androgens is of benefit in the treatment of depression in the elderly.

NAMI San Diego

NAMI San Diego, a non-profit organization, provides education, support services, and advocacy to improve the quality of life of everyone affected by mental illnesses. It is an affiliate of the National Alliance on Mental Illness (NAMI) and NAMI California. Its membership includes persons with brain disorders, their families, friends, mental health professionals and supportive members of the community.

NAMI offers monthly informational meetings, a monthly newsletter, free educational programs, a lending library of books and video-tapes, and support meetings for consumers and families throughout the county.

For information and support, call

**NAMI San Diego
Helpline**

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