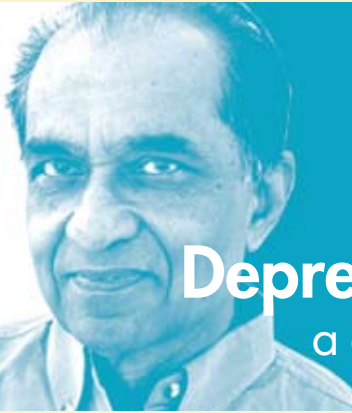


Canadian Coalition for Seniors' Mental Health



Depression in Older Adults: a guide for seniors and their families



Based on the Canadian Coalition for Seniors' Mental Health (CCSMH) *National Guidelines for Seniors' Mental Health: The Assessment and Treatment of Depression.*

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Disclaimer: This guide is intended for information purposes only and is not intended to be interpreted or used as a standard of medical practice.

Canadian Coalition for Seniors' Mental Health (CCSMH)

Kim Wilson, Executive Director
Sherri Helsdingen, Project Manager

Address: c/o Baycrest
3560 Bathurst Street
Room 311, West Wing, Old Hospital
Toronto, ON M6A 2E1

Phone: 416-785-2500 ext. 6331

Fax: 416-785-2492

Web: www.ccsmh.ca

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A full list of references is available at www.ccsmh.ca

Introduction

We're very glad you picked up this booklet. Canadians are not only living longer, but also staying healthy and independent longer than ever before. We want all older adults – and their family members – to have high-quality information about health issues that might affect them. We believe that with this information, older adults will be empowered to make informed decisions about their health care and build effective relationships with their health care providers.

What is the Canadian Coalition for Seniors' Mental Health?

The Canadian Coalition for Seniors' Mental Health (CCSMH) started in 2002 to **promote the mental health of seniors by connecting people, ideas, and resources**. Members of the CCSMH are organizations and individuals who represent seniors, family members and informal caregivers, health care professionals, researchers and policy makers.

In 2006, the CCSMH created the first set of national guidelines on seniors' mental health based on the most current research. These guidelines were written for health care professionals who work with older adults. They recommend ways to improve the assessment, prevention, treatment and management of key mental health problems for older adults: mental health issues in long term care homes, delirium, suicide and depression. This booklet is part of a series that covers the same topics for seniors, their family members, and others who care about them.

The CCSMH will happily provide these resources on request. Call 416-785-2500, ext. 6331, or visit www.ccsmh.ca to download them at no cost.

Mental health problems are NOT a normal part of aging

Many people think that mental health problems are just a normal part of aging. This simply isn't true. Difficulties with mood, thinking and behaviour are not an inevitable part of aging. Nor are they signs of personal weakness. They are usually signs that something is wrong that requires attention from a health care professional.

Some people may argue that there is no point investigating these problems in older adults because these problems can't be fixed. Some problems associated with aging cannot be cured *yet*, but there is still a lot that can be done. Mental health problems can be treated.

Older adults experiencing changes in their mood, thinking and behaviour may not be aware of the changes that are taking place, may misunderstand the nature of the changes that are occurring, or may be ashamed of the idea that they're developing "mental health problems." Family members may misunderstand and think that these changes are normal parts of aging, aspects of their relative's personality, or signs of personal weakness and may not know how best to help.

We hope this guide will help inform older adults and their families about what they can do if they have mental health concerns.



Who should use this guide?

This guide will help older adults who are feeling depressed. It will also help family members and others who care about them. The guide gives information about the causes and symptoms of depression. It also describes what to do if you, or someone you care about, is feeling depressed.

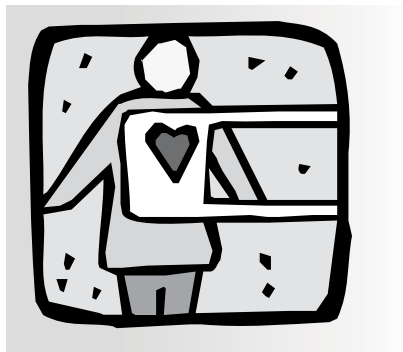
Definitions

Ageism is a way of thinking about older people based on negative attitudes and stereotypes about aging. Ageism can lead to age discrimination – treating people in an unequal fashion because of their age. Age discrimination can negatively affect older adults in all aspects of life.

Mental health is the capacity of each person to feel, think and act in ways that allow them to enjoy life and deal with all the challenges they face.

The terms “**seniors**” and “**older adults**” are used in this guide to refer to individuals over the age of 65.

Stigma is defined as a mark of shame or disgrace. It often involves stereotypes, hurtful words and discrimination. Stigma around mental health is often based on society’s misunderstanding and lack of knowledge about mental health problems. Many people living with mental health problems say that society’s negative reactions to them can be worse than the illness itself. Because of the stigma of mental health problems, many people don’t seek – or receive – the health care they need.



Depression can cause people to feel persistently low in spirits and lose interest in things that used to give them pleasure. This is sometimes triggered by stressful events in a person’s life that impact their state of mind, their health, or their ability to connect with other people.

However, sometimes it can happen for no apparent reason. When a person is severely (i.e. clinically) depressed, the chemicals in his or her brain may be out of balance. Other symptoms often include sleep and appetite changes and anxiety.

Delirium is a confusional state. This means that people with delirium are disoriented, with an altered level of consciousness and trouble understanding the environment. Delirium develops *quickly* over a period of hours or days. The symptoms of delirium may come and go and are often worse at night. Delirium is a medical emergency caused by difficulties in brain functioning.

Dementia is an illness characterized by the loss of intellectual abilities that is severe enough to interfere with a person’s ability to function. Dementia results in changes in the way the person thinks, feels and behaves, along with memory impairment. It tends to develop slowly over a period of months or years and progresses over time. Alzheimer’s disease is an example of dementia.

All three of these conditions can occur at the same time. It helps to understand the differences between these conditions so that you can identify them and get the proper help right away.

What is depression?

Depression is more than having a bad day or feeling a little “blue.” Depression can be described as feelings of sadness, hopelessness and a loss of interest or pleasure in things you usually like to do. You might be worried about depression if you’ve felt this way for a couple of weeks or longer.

Depression is the most common mental health problem in older adults. Although common, it is not a normal consequence of aging. Depression in later life is an illness that can be treated.

Older adults are less likely to talk about feeling depressed with their health care providers. They might feel shame about having an “emotional” illness or be afraid that they’re “losing it.”

Some symptoms of depression, such as low energy, and more aches and pains, are often falsely interpreted as symptoms of aging. A lack of knowledge about depression in later life can mean that treatable symptoms aren’t recognized.

Depression can cause stress in the family and can affect not only the older adult living with depression, but also those who care for them.



Have you lost interest or pleasure in things you usually like to do?

Are you feeling sad, low, depressed and hopeless?

You are not alone!

Did you know that up to 1 in 5 seniors have symptoms of depression? The rates of depression among seniors are even higher in hospitals. In long-term care homes, up to 40% of residents may be experiencing depression.

Although depression can be quite common in later life, depression is not a typical part of aging. Symptoms can be successfully treated in almost all cases!

What are the risk factors for depression in older adults?

Do any of these risk factors apply to you?

- Being depressed in the past
- Having other biological relatives with depression
- Being female
- Being widowed or divorced
- Changes in the brain resulting from other illnesses such as a stroke, Parkinson's disease or Alzheimer's disease
- Trouble developing close relationships or having low self-esteem
- Illnesses that last a long time and cause difficulties like pain and disability
- Certain medications
- Drinking too much alcohol or abusing drugs
- Sleep problems that last a long time (either too much or too little sleep)
- Not having a strong social network and being isolated
- Taking care of a family member who has a serious illness such as dementia

Even if you have some or many of these risk factors, it does not mean that you are depressed or will experience depression in the future.

Life events that can trigger symptoms of depression:

- When an older adult is grieving the death of a loved one, it is normal to experience feelings of sadness and despair. For most people, these feelings will gradually decrease (usually within a year). If a person's despair is so bad that they are unable to function and their symptoms don't get better with time, they may be suffering from depression.
- Depression is common in the year after a person moves to a smaller place, an apartment, or a nursing home. It is also normal for a person to experience a sense of loss if they are moving away from their friends, family and other supports.
- Negative life events, such as a separation or divorce, a financial crisis or other loss can trigger symptoms of depression.



What are the symptoms of depression in older adults?

It is normal to experience ups and downs throughout life. Depression is more than having a bad day or feeling a little “blue.” To be diagnosed with depression, you need to experience some or all of these symptoms for at least two weeks.

Do you have any of these symptoms of depression?

- Feeling sad
- No interest in or pleasure from things you used to enjoy
- Less energy and feeling tired
- Not feeling well, having aches and pains
- Feeling guilty or worthless
- Difficulties thinking and concentrating
- Problems sleeping (too much or not enough)
- Changes in appetite and weight
- Feeling agitated, restless and/or sluggish
- Thoughts of suicide or death

Depression usually doesn't get better on its own. If you have experienced many of these symptoms for a prolonged period of time, talk to a health care provider.

What should you do if you notice symptoms of depression?

Get help! If you think you are depressed, it is important to get help from a health care provider. If you do not have a family doctor, there are other options, like walk-in clinics, your local hospital or community health centres. Most specialized geriatric programs will see people who do not have a family doctor.

When you visit your health care provider, try to be as open and honest as possible about your symptoms.

Remember that depression is an illness like any other.

It's okay to talk about what

you're experiencing. Some people may feel uneasy sharing their thoughts and feelings but it is an important step in getting the help you need to feel better. You are not alone.

Many older adults experience these same feelings.

If you (or someone you care about) is feeling so low that you are thinking of hurting yourself or ending your own life, call 911 immediately, or go to the emergency room of your local hospital.

Depression isn't caused by personal weakness. It's a medical illness that can be treated.



A message for caregivers:

Helping a family member deal with depression is stressful. You may be worried about their safety and well-being. You might feel sad about the effect the illness is having on your relationship with them. Remember that most people with depression get better with proper treatment.

It is common for caregivers to feel overwhelmed, at least some of the time. If you are feeling stressed or hopeless, share your feelings with a caregivers' support group, a therapist, or a trusted friend or family member. If you feel ill or think you may be depressed, visit your health care provider.

It's not unusual for caregivers to develop mild or more serious depression as a result of the constant demands they face in providing care.

How is depression diagnosed?

To diagnose depression, your health care provider may:

- Do a physical exam and run some tests to rule out other problems that could be causing symptoms of depression.
- Ask questions about your thoughts and feelings and what's happening in your personal life. They may ask you to fill out a questionnaire that includes questions like:
 - Are you basically satisfied with your life?
 - Have you dropped many of your activities or interests?
 - Are you in good spirits most of the time?

Family members who are caring for an older adult with memory problems can be very helpful in providing information about recent changes in their mood or behaviour.

It might be difficult for an older adult who doesn't speak English as a first language to communicate with a health care provider about their symptoms and treatment options. Cultural or religious beliefs may also make it difficult to talk openly about mental health issues. Family members can help bridge the communication gap between their relative and the health care provider.



How is depression treated?

Depression can be treated in different ways. The type of depression, how severe it is, and the wishes of the older adult will all help determine the best treatment. Treatment can include improving one's lifestyle and social supports, counselling and therapy, and medication. A combination of these treatments may give the best results. Your health care provider can explain your options and help you choose the treatment that's best for you.

Types of treatment available:

1. Improving lifestyle and social supports

- Education (finding out more about depression)
- Visiting nurse and / or home care services
- Community-based activities / programs
- Exercise
- Nutrition

2. Counselling and therapy

There are many different types of therapies that help treat depression. You may need to explore more than one to find one best suited for you. Some examples of therapy are:

- Individual counselling or therapy
- Family counselling or therapy
- Bereavement groups for people who are grieving the death of a loved one

Only specially trained professionals should offer therapy. This may be a social worker, psychologist, physician, nurse or psychiatrist. Your family physician can refer you to someone who is qualified to work with older adults with depression.

3. Medication

Medications that treat depression are called **antidepressants**. They correct the chemical imbalance in your brain. Your health care professional can prescribe an antidepressant based on the type and severity of your depression. You may need to try different types of antidepressants to find the one that works best for you. Your health care provider will tell you how long you'll need to take the medication, and about any possible side effects.



Some antidepressants can interact with other medications and cause more health problems. Your physician needs to be aware of all the medications you are currently taking (including vitamins and herbal remedies) to make sure he or she prescribes the best antidepressant for you. Depression can be more difficult to treat when older adults misuse alcohol or drugs while taking antidepressants.

Important facts about antidepressants:

- They are not addictive.
- They need to be taken every day, as prescribed.
- Mild side effects are common but are usually temporary.
- It may take 4–6 weeks to notice any improvements in symptoms.
- You should not stop taking medication – or change the dose – without consulting with your doctor, even if you feel better.

4. Electroconvulsive therapy (ECT)

ECT is an effective treatment for people whose depression is so severe that medications and therapy don't do the job. It can improve symptoms more quickly than therapy and drugs.

In the past, ECT has had some bad press. The movie *One Flew Over the Cuckoo's Nest* showed the therapy as a punishment, not a treatment. Today, patients are anaesthetized (given drugs so they "sleep" through the procedure) and their muscles are relaxed before ECT is administered.

If your health care provider recommends ECT for you or a loved one, ask about the potential benefits as well as the risks and side effects, so you can make an informed choice.

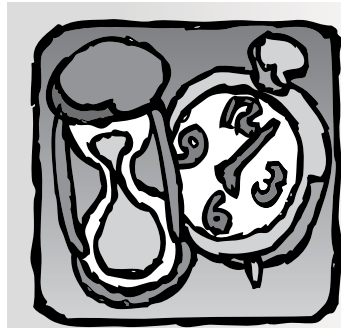
When the symptoms of depression are gone, your health care provider should monitor your medication to make sure the symptoms don't come back. Your physician may continue to prescribe medication for up to two years to ensure that you remain symptom-free. If you have had several episodes of depression or a severe episode, or have had ECT, it might be best to stay on antidepressants for much longer.

How long does treatment typically last?

Treating depression takes time and there may be ups and downs. Eventually, you will feel better.

Making positive lifestyle changes and finding helpful social supports should be an ongoing process.

If you decide to see a counsellor or a therapist, or to join a support group, the length of this relationship will depend on a number of factors. Discuss this with your counsellor, therapist or group facilitator.



If you are taking an antidepressant, it should be taken as prescribed and not adjusted or stopped without consulting with the physician who prescribed them. After monitoring your reactions to the medication and the change in your symptoms, your doctor may adjust your dosage.

What is the best way to work with health care professionals?

It can be difficult for a health care provider to diagnose depression in older adults. In most cases, older people don't use mental health services. Instead, they go to their family doctors, community centres or hospitals. It can be difficult for their doctor to diagnose depression (and suicide risk) because older adults are more likely to talk about physical symptoms than emotional concerns. Since depression affects bodily functions like sleep and digestion, it's often hard to sort out whether the physical symptoms are due to depression or medical illness.

Depression is the most common mental health problem associated with suicide in older people. Most older adults who die by suicide have seen a health care provider in the months before their death. Their depression often goes undiscussed, undetected and untreated.



Who can help?

This might depend on where you live. People in urban centres usually have more resources than those who live in rural settings. Members of your health care team might include:

- Your doctor
- Nurse
- Psychiatrist (a medical doctor that specializes in mental health) – your family doctor can make a referral
- Psychologist (an expert who can assess mental health and do counselling)
- Social workers and specialized mental health counsellors (found in community mental health centres, community agencies or private practice)
- Faith leaders

Tips to make the most of your appointment with a health care provider:

- Bring this guide with you to help you start the discussion about depression.
- Tell the health care provider about your symptoms (page 9) and risk factors (page 7).
- Ask a friend or family member to attend appointments with you for support, if you think this would be helpful.
- Ask for referrals to mental health professionals in your community.
- Ask for more information about depression.
- Book a follow-up appointment in the near future.

Can people with depression get better?

Yes! When treated quickly and properly, more than 80% of older adults with depression can be treated successfully and can lead full and active lives.

Patience is important. It may take time before you notice improvement. It's very important to stick with your treatments to prevent depression from happening again. Some people may need to stay on antidepressants for extended periods of time. Talk with your health care provider about any concerns you have.



Be aware!

Suicide risk can increase when a person starts to recover from depression. Their energy level may improve before their mood does. They may now have the energy to carry out a suicide plan. During this period, they need ongoing support from family, friends and health care providers.

A final note about living well & aging well

Health and well-being is a journey, from birth, through childhood and into old age. Many different things impact our mental and physical health – our age, genetics, lifestyle and access to health services – and that's just for starters. We can't control everything, but we can make choices at every stage of our lives to protect and improve our mental and physical health.

Here's a list of things you can do at any age to live well:

- Eat healthy foods in healthy amounts
- Be physically and mentally active
- Get rest
- Manage your stress
- Don't smoke
- If you drink alcohol, drink only in moderation
- Get involved with things that interest you
- Spend time with people – family, friends and members of your community
- Follow the advice of your health care team
- Ask for help when you need it

If you are caring for a family member, caring for yourself is one of the most important things you can do. When your needs are taken care of, the person you care for will benefit too.

Some of these things might be easier for you to do than others. Talk about your health care goals with family, friends and caregivers. They can help you find new and creative ways to reach your goals. You might inspire them to protect and improve their health too.

Additional resources

In addition to this family guide, the **Canadian Coalition for Seniors' Mental Health (CCSMH)** has produced three other booklets for seniors and their family members on the topics of mental health issues in long-term care homes, delirium, and suicide prevention. These booklets were based on the CCSMH national guidelines for seniors' mental health that were created for health professionals.

Phone: 416-785-2500 ext. 6331

Website: www.ccsmh.ca

The **Canadian Caregiver Coalition** is a national organization that represents and promotes the voices, needs and interests of family caregivers to all levels of government and the community.

**Phone: 1-888-866-2273 (toll free)
or 613-233-5694 ext. 2230**

Website: www.ccc-ccan.ca

The **Canadian Mental Health Association (CMHA)** is a nation-wide, charitable organization that promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness. To locate a CMHA office near you, contact the head office in Ottawa or visit the CMHA website.

Phone: 613-745-7750

Website: www.cmha.ca

The **Mood Disorders Association of Canada** is a national, not-for-profit organization that is committed to improving the quality of life of people affected by depression, bipolar disorder and other related disorders.

Phone: 519-824-5565

Website: www.mooddisorderscanada.ca

The **Mood Disorders Association of Ontario** created a website called Check Up from the Neck Up to raise awareness about mood disorders and connect people with resources, so they can get help if they need it.

Phone: 1-888-486-8236 (toll free) or 416-486-8046

Website: www.checkupfromtheneckup.ca

The **Older Person's Mental Health and Addictions Network of Ontario (OPMHAN)** has produced a helpful booklet called "Depression...It's Just Part of Getting Old, Right? Wrong!!! The Facts of Aging and Depression for Older Adults and Those Who Care About Them." They also developed a guide called "Peer Support Groups for Older Persons with Depression and Those Who Care About Them: A Manual to Get You Started." OPMHAN has closed due to lack of funding, but some of their resources are still available on their website.

Website: www.opmhan.ca

(information accurate at time of printing)

Local resources

Use this area to record contact information for organizations and support services in your region.

The CCSMH would like to acknowledge the continued dedication of its Steering Committee members:

Canadian Academy of Geriatric Psychiatry (chair)

Alzheimer Society of Canada

Canadian Association of Social Workers

Canadian Caregiver Coalition

Canadian Geriatrics Society

Canadian Healthcare Association

Canadian Mental Health Association

Canadian Nurses Association

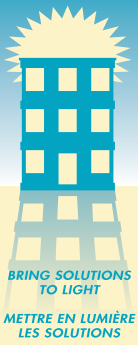
Canadian Pensioners Concerned

Canadian Psychological Association

Canadian Society of Consultant Pharmacists

College of Family Physicians of Canada

Public Health Agency of Canada (advisory)



Canadian Coalition for Seniors' Mental Health



The mission of the **Canadian Coalition for Seniors' Mental Health** is to promote the mental health of seniors by connecting people, ideas and resources.

To find out more about the CCSMH, visit **www.ccsmh.ca** or call 416-785-2500 ext. 6331.

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