

# Recognizing and Treating Depression in Older Adults

By Houkje Ross

Closing the Gap, Growing Older • May 2000

**Y**ou don't give a damn about yourself, anybody, or anything. Your aches and pains intensify. Any pride you took in your hair or how you looked disappears. This is how 70-year-old Hikmah Gardiner, an African American, describes depression. Gardiner, who has struggled with depression since she was 10, is the division director of mental health services at the Mental Health Association of South Eastern Pennsylvania. She also works as a peer supporter at the association, which serves predominantly African American and Hispanic patients.

A large reason older people become depressed is the loss and grieving they experience, says Gardiner. "They lose their spouses of 60 years, their children die before they do, or their grandchild gets shot in the street. There is tremendous loss," says Gardiner.

## Barriers to Diagnosis and Treatment

More than two million of the 34 million Americans age 65 and older suffer from some form of depression, according to the National Institute of Mental Health (NIMH), National Institutes of

Health. But statistics from NIMH also show that over 50 percent of the time, physicians miss or misdiagnose depression in older adults. Recognizing and treating depression in older adults is complicated, says Marion Becker, PhD, associate professor in the Department of Mental Health at the Florida Mental Health Institute of the University of South Florida.

Older people are more likely to suffer more than one illness at a time, requiring multiple diagnoses and medications, says Dr. Becker. Symptoms from diseases like dementia, delirium, Parkinson's disease, or stroke, may overlap, mimic, or distort symptoms of depression, according to the American Association for Geriatric Psychiatry. These disorders make it easy to overlook treating depression in the elderly. Studies also show that doctors spend less time with patients the older they get, Becker adds.

Depression occurs at higher than average rates in heart attack and cancer patients, persons with diabetes, and post-stroke patients, according to NIMH. These are all diseases that are more prevalent in the elderly. "Chronic illness, which often afflict the elderly, goes hand in hand with depression," Dr. Becker says.

Common medications used to treat illnesses found in the elderly can cause depression. African American elderly, who have a higher incidence of hypertension, may suffer from depression as a result of their medication, says Dr. Becker.

Another factor that plays into the increased rate of depression in the elderly is a reluctance to tell a provider about psychological symptoms, according to the Surgeon General's Report on Mental Health. "As a rule, no matter what color they are, older people don't come forth as quickly as the younger ones do," says Gardiner.

They are afraid to tell anyone because of fears of having to go to a nursing home and the stigma associated with mental illness, says Gardiner. "Some older folks were taught to be quiet and sit in the corner," she adds. Living in a society that does not encourage anyone, regardless of age, to talk about mental illness makes things more complicated. The public needs to learn about mental illness, and especially how it affects older adults, says Gardiner. "We need to start talking about depression."

Gardiner agrees and adds that some primary care physicians are not trained in how to treat mental illness. Some prescribe drugs to treat mental illnesses, but may not have the knowledge of a mental health specialist, says Gardiner. Doctors are also sometimes guilty of glossing over depressive symptoms in older adults as, "Oh, she's just getting old," says Gardiner. "It's not normal to be depressed, at any age," she says.

Family members need to take their elders directly to a service provider, suggests Gardiner. Don't assume they will go on their own, says Gardiner. "They'll come up with all sorts of excuses: 'These doctors are crazy,' 'I'm ashamed,' 'I feel fine.' The ideal situation is for elders to see a private therapist, who can give an adequate evaluation," says Gardiner. If they don't have the means to do that, then their local mental health center can be a good resource.

*To learn more about mental illness in the elderly, contact the Administration on Aging (202-619-7501) or the National Institute of Mental Health (301-443-4513). Both HHS agencies provide information on identifying and treating depression in the elderly. ❖*

