

Straight Talk on Depression

On January 28 small groups at both campuses had the opportunity to sit with Cathy Chandler LICSW to discuss issues around depression among seniors. The conversations were fairly wide ranging but I think valuable and I want to share some of the key points. Starting with her fundamental point:

- ***Depression is common in older adults but is not a normal part of aging***
 - It often appears as a result of some illness or life change and is treatable (though not necessarily curable.) It is seen as an adjustment disorder to transitions of aging.
- For a number of reason depression is more often left untreated in men. Women more typically present with symptoms of hopelessness or helplessness; men with irritability, anger or isolation and therefore drive away those who might identify or help with the illness.
- Concern for depression in you, a friend or neighbor arises from ***changes in behavior*** that persist for greater than 2 weeks. They include:
 - Loss of interest in common sources of pleasure
 - New sleep difficulties
 - Fatigue or energy loss
 - Poor appetite
 - Restlessness or agitation
 - Trouble concentrating
 - Social isolation
 - Expressions of hopelessness, despondency, or defeat
- According to a research review on behalf of the Center for Medicare *one-third of all geriatric home healthcare patients* were found to have at least mild depression. *Amid the other illnesses (often multiple) with which these patients are struggling, depression may go undetected and is likely to be undertreated. In addition to the debilitating symptoms directly caused by major depression, the illness also has a significant impact on a number of other health outcomes. Research has found that depression reduces degree of recovery from hip fractures and cancer, increases mortality from heart attack and cancer, and is associated with declines in functioning and poorer physical health. [This review] also has found that geriatric depression is associated with adverse events like falls and hospitalization.*
- Antidepressant medication can help reset brain chemistry. These medications are not addictive. They are best prescribed by a geriatric psychiatrist.
- Antidepressants give support but do not remove the possible external causes of depression. They can act as a prop to allow someone to do the things they need to do to feel better.
- Effective therapy includes finding opportunities to explore underlying issues and beliefs, to overcome the negative cycle of thoughts. “Unspoken issues grow.”
- It is important to feel part of something. Our social networks can buoy us, and help lift us when we’re down. Plugging into the momentum of group activities can propel us upward and outward to feeling better.
- Exercise and sunshine are important mood boosters.

The bottom line is we all need to learn to recognize the symptoms of depression and have the courage to ask for help that is needed. Thanks to Cathy Chandler for helping shine some light on this often debilitating problem.