

Depression and Seniors

By Laila Pera, CSA

Despite popular opinion, depression **is not** a normal part of aging. While there can be many challenges that may explain why a senior person may feel sadness at times, prolonged periods of changed behaviour may be an indication of clinical depression. We must also understand that depression is not only sadness. It can affect the whole body, aches and pains, forgetfulness, inability to think clearly and/or make decisions. A lot of these symptoms can be put off to the aging process so careful analysis and attention to a diagnosis is very important to good mental and physical health.

Below is an excerpt from www.depression-guide.com that shows some symptoms of depression:

“Symptoms of depression in the elderly may include:

- *loss of interest in normally pleasurable activities*
- *persistent, vague or unexplained somatic complaints*
- *memory complaints*
- *change in weight*
- *sleeping disorder*
- *irritability or demanding behaviour*
- *lack of attention to personal care*
- *difficulty with concentration*
- *social withdrawal*
- *change in appetite*
- *confusion, delusions or hallucinations*
- *feeling of worthlessness or hopelessness*
- *thoughts about suicide “*

There are also many myths and stigmas attached to depression and its treatment. www.healthcentral.com and Deborah Gray examine those in this blog excerpt:

“1. Myth: Depression is not a real medical illness. Clinical depression is a serious medical condition that affects not only an individual’s mood and thoughts, but also the individual’s body. Research has shown that depression has genetic and biological causes. Individuals coping with depression have a higher level of stress hormones present in their bodies, and the brain scans of depression patients show decreased activity in some areas of the brain.

2. Myth: Even if depression is a medical illness, there’s nothing that can be done about it. Depression is treatable, and more than 80 percent of individuals with depressive disorders improve with treatment. As new medications and treatments are discovered, the number should continue to rise. The first step to finding effective treatment is to get a physical examination by a doctor to rule out other causes for your symptoms, such as thyroid problems. Once you’ve been diagnosed with depression, you and your doctor will decide on a course of treatment, which will include medication, psychotherapy or a combination of both.

3. Myth: Depression is no different from getting the “blues” – and this is just a normal part of life. Equating depression with the blues is like saying that a common cold is the same as pneumonia. Everyone gets the blues or blahs from time to time, usually in reaction to disappointment or an upsetting event, or sometimes in reaction to something as simple as a rainy day. But the blues only last a day or two. Depression, on the other hand, can last a lifetime, and the illness is much more pervasive and disabling. No one commits suicide because they have the blues.”

Please take care of your physical and mental health at every age and be aware of changes in yourself and those around you. It can happen so gradually that it’s hard to recognize but trust your instincts. They are seldom wrong.

