Depression in Later Years

We all feel down or fed-up at times but these feelings don’t usually last and are a normal response to problems or difficulties in our lives. However, when they don’t go away, are more than we can cope with, and our ability to carry out daily tasks and have satisfying personal relationships is affected, it may be depression the illness.

Depression is very common and may affect as many as 1 in 4 people at some point. People of all ages and backgrounds are susceptible but it is particularly common among older people. An estimated 25% of those living in the community and 40% of those in residential care homes are affected at any one time.

What Causes Depression

Usually there’s more than one cause or risk factor. Most of these fall into one of the following categories:

- **Heredity**: being born to a parent or close relative who has had depression may increase our risk
- **Environment**: current factors like poor housing, money worries, stress, relationship problems, physical illness, loneliness
- **Life events and experiences**: past issues like bereavement, abuse, bullying, job loss, relationship break-up
- **Personality**: people with a more sensitive personality or who have perfectionist tendencies are more vulnerable to depression.

Most people with depression probably fall into two or more of these categories and the more factors that apply the greater their risk. Sometimes there doesn’t seem to be any reason.

Why Are We More at Risk in Later Years

A number of factors contribute to increased risk at this stage - stopping work, having less money, loneliness, health problems, the death of a partner or friends. In spite of this, depression in later years should not be considered as inevitable or normal.

Symptoms of Depression

At least two of the following core symptoms for at least two weeks:
- An unusually sad mood that does not go away;
- Loss of enjoyment and interest in activities that used to be enjoyable;
- Tiredness and lack of energy
- In addition, people who are depressed can have a range of other symptoms such as:
  - Loss of confidence in themselves or poor self-esteem;
  - Feeling guilty when they are not really at fault;
  - Wishing they were dead;
  - Difficulty making decisions and concentrating;
  - Moving more slowly or becoming agitated and unable to settle;
  - Having difficulty sleeping or sleeping too much;
  - Loss of interest in food or eating more than usual, leading to weight loss or weight gain.

The number and severity of symptoms experienced will determine whether the depression is diagnosed as mild, moderate or severe.

What Helps for Depression

If you think you are depressed you should see your GP as soon as possible. Earlier treatment leads to a better recovery. The GP can also rule out any
other medical cause for your symptoms. He
will decide on suitable treatment depending
on the severity of symptoms. The three main
types of help for depression are:

**Medication**

Anti-depressant medication is effective for the
treatment of moderate/severe depression and
up to 70% of older people in this category will
improve, although recovery may be slower
than that expected for a younger person.
Modern antidepressants are not addictive and
have few serious side effects. However, in older
people, antidepressants can lower the amount
of salt (sodium) in the blood - this can make
you feel weak and unsteady. Ask your GP for
advice if this happens and about any other
troubling side effects.

**Talking therapies (psychotherapies)**

Cognitive behavioural therapy (CBT) has been
proven very effective for mild/moderate
depression and in preventing relapse. It works
on the basis that if we change our unhelpful
thinking patterns and behaviour it will improve
how we feel. However, if waiting lists are long
or you can’t access CBT there are many
excellent self help books based on CBT.
Computerised CBT is also available as are
other types of therapy and counselling. Any of
these may be used with/without medication.

**Self-help strategies**

When we’re depressed, we tend to do less
and less because of the tiredness, difficulty
sleeping/eating, and negative thinking. We
stop doing things we used to enjoy. It can get
so bad that we can’t go to work or do things
at home. We stay in bed or stay at home
doing very little and we isolate ourselves from
friends and family. Increasing our activity levels
can make a big impact on our mood but it’s
important to get a balance of activities that
give you a sense of:

**Closeness** e.g. walking with or visiting
friends/family, talking on the ‘phone, going to
lunch clubs

**Achievement** e.g. completing daily chores,
tidying the garden, volunteering

**Pleasure** e.g. reading, going to the cinema,
dancing, visiting the local park, keeping up
with hobbies

It is also really important to eat properly, get
balanced sleep and to be as active as you
can on a regular basis. Avoid alcohol or keep
to safe limits.

See our Factsheet 3 for more information on looking after your mental health. Take slow, small steps
and choose activities that suit you. Don’t forget to plan rest/relaxation periods too and remember
most people with depression recover fully.