MENTAL HEALTH ISSUES IN LATER LIFE
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Depression

• Depression is not a normal part of growing older.

• It is a natural part of life. But when the sadness persists and interferes with everyday life, it may be depression.

• It is a treatable medical illness, much like heart disease or diabetes.

Depression Defined
A psychiatric disorder characterized by an inability to concentrate, insomnia, loss of appetite, feelings of extreme sadness, guilt, helplessness and hopelessness, and thoughts of death. Also called clinical depression (www.answers.com)

Statistics

✓ 9.5 % Americans age 18+ have a mood disorder. (NIH) (1 in 10)
✓ 10% of Americans take an anti-depressant. (2009 Columbia University Study)
✓ 20% of older Americans experience MH disorders. (3% receive Tx)
✓ 19% older adults knowingly or unknowingly engage in alcohol or medication misuse and abuse.
✓ 50% emergency room visits by older adults are due to consequences of alcohol or substance abuse.

Common Mental Health Disorders

• Depression
• Anxiety
• Substance Abuse
• Co-occurring Disorders
• Alzheimer's
• Other Dementias
• Delirium
• Suicide

Prevalence

• 3.8% of people over the age of 55 residing independently in the community suffer from major depression in any given year (www.surgeongeneral.gov)
World Health Organization (WHO)

• Significant serious public health problem, and unfortunately, a common one.

• One of the most disabling disorders in the world, affecting 1 in 5 women and 1 in 10 men at some point in their lifetime.

• 21% of women and 12% of men in the U.S will experience an episode of depression at some point in their lifetime.

Depression Later in Life

• Current population of older Americans came of age at a time when depression was not understood to be a biological disorder and medical illness.

• Fear being labeled "crazy," or worry that their illness will be seen as a character weakness. (cultural sensitivity)

Depression in Later Life

- Can cause problems with thoughts, feelings, and behavior
- Causes needless physical and emotional suffering
- Can be treated effectively when diagnosed
- Is everyone’s responsibility

Depression Later in Life

• Affects 15 out of every 100 adults over age 65 in the U.S.

• Affects a much higher percentage of people in hospitals and nursing homes.

• Can be a relapse of an earlier depression, when it occurs for the first time in older adults, it usually is brought on by another medical illness.

Depression Does Not Discriminate

• Affects men and women of every age, educational level, and social and economic background

• Areas of life that suffer when depression is present: marriage, parenting, friendships, and careers.
Sadness vs. Depression

- Sadness associated with normal grief or everyday "blues" is different
- A sad or grieving person can continue to carry on with regular activities.
- Depressed person suffers from symptoms that interfere with his or her ability to function normally for a prolonged period of time. (ADLs)

Who is at risk?

Older-adults who:
  - Live alone
  - Are socio-economically disadvantaged
  - Have no relatives or friends nearby
  - Have experienced recent losses
  - Have been ill or have a progressive or chronic illness
  - Have experienced a head injury causing loss of consciousness

Most Common Symptoms

- Feel sad or blue most of the day nearly every day, (lasting 2 or more weeks)
- Feel tired/less energetic most of the time
- Excessive worries about finances and health problems
- Frequent tearfulness

Most Common Symptoms

- Feeling worthless or helpless
- Weight changes
- Pacing and fidgeting
- Difficulty sleeping or sleeping more than usual
- Difficulty concentrating
- Physical symptoms such as pain or gastrointestinal problems

What should You look for?

Physical Appearance

1. Dirty clothing or skin
2. Body odor
3. Uncombed or dirty hair
4. Unshaven
5. Inappropriate clothing for the weather/situation
6. Underclothing worn over outer clothes

What should You look for?

Emotional State

- Anxious, nervous, fidgety
- Lack trust, suspiciousness, blaming
- Angry, hostile, irritable
- Rapid mood changes
- Statements such as “no one cares,” or “I’m all alone”
### Personality Changes

The person’s usual character or personality may seem different than earlier years...

- a. Decreased social contacts
- b. Sloppy appearance
- c. Lack of eye contact or excessive staring
- d. Excessive orderliness (to cover memory loss) or preoccupation with health

http://www.nursing.uiowa.edu/hartford/nurse/Gatekeeper1.pdf

### Thoughts

- Trouble concentrating
- Trouble making decisions
- Trouble remembering
- Thoughts of harming yourself
- Delusions and/or hallucinations can also occur in cases of severe depression

### Living Conditions

1. Neglect of pets
2. Little or no food
3. Old newspapers or dirty dishes lying around
4. Calendar on wrong month
5. Shades drawn, garden/flowers neglected

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### Behaviors

- Social isolation
- Substance abuse
- Lose interest in things that he or she used to enjoy
- Attempts to harm yourself

### Feelings

- Sadness
- Hopelessness
- Guilt
- Moodiness
- Angry outbursts
- Loss of interest in friends, family and favorite activities, including sex

### Physical Problems

- Tiredness or lack of energy
- Unexplained aches and pains
- Changes in appetite
- Weight loss
- Weight gain
- Changes in sleep – sleeping too little or too much (Note: if you are concerned about your sleep)
Late-life depression
Signs
• Persistent sadness (lasting 2 weeks or more)
• Feeling slowed down
• Excessive worries about finances and health problems
• Frequent tearfulness
• Feeling worthless or helpless

Late-life depression
Signs
• Medical illnesses are a common trigger for depression, and often depression will worsen the symptoms of other illnesses. The following illnesses are common causes of late-life depression:
  • cancer
  • Parkinson's disease
  • heart disease
  • stroke
  • Alzheimer's disease.

Late-life depression
Signs
• Weight changes
• Pacing and fidgeting
• Difficulty sleeping
• Difficulty concentrating
• Physical symptoms such as pain or gastrointestinal problems.

Late-life depression
Signs
UNTREATED DEPRESSION CAN:
• lead to disability
• worsen symptoms of other illnesses
• lead to premature death
• result in suicide.

If you only remember ONE thing
Behavior is Communication!

Suicidiology
- 11th cause of death in the U.S.
- Older adults commit suicide at a higher rate than any other segment of the population.
- Caucasian males 85+ highest risk due to increased isolation, divorced and widowed.
- Violent deaths with 8 of 10 men over the age of 65 using a gun.
Occurrence

- Suicide took the lives of 30,622 people in 2001 (CDC 2004).
- Suicide rates are generally higher than the national average in the western states and lower in the eastern and Midwestern states (CDC 1997).

Risk Factors

Males
- Males are 4x more likely to die from suicide than females (CDC 2004).
- Of the 24,672 suicide deaths reported among men in 2001, 60% involved the use of a firearm (Anderson and Smith 2003).

Occurrence

- In 2002, 132,353 individuals were hospitalized following suicide attempts; 116,639 were treated in emergency departments and released (CDC 2004).
- In 2001, 55% of suicides were committed with a firearm (Anderson and Smith 2003).

Risk Factors

Females
- Women report attempting suicide during their lifetime about 3X as often as men (Krug et al. 2002).

Groups At Risk

- Suicide rates are highest among Whites and second highest among American Indian and Native Alaskan men (CDC 2004).

Risk Factors

- Previous suicide attempt(s)
- History of mental disorders, particularly depression
- History of alcohol and substance abuse
- Family history of suicide

Source for suicide information: http://www.cdc.gov/ncipc/factsheets/suifacts.htm
**Risk Factors**

- Family history of child maltreatment
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)

**Suicide Rates Among Older-Adults**

- Suicide rates increase with age and are very high among those 65 years and older.
- Most victims are seen by their primary care provider a few weeks prior to their suicide attempt and diagnosed with their first episode of mild to moderate depression (DHHS 1999).
- Older adults who are suicidal are also more likely to be suffering from physical illnesses and be divorced or widowed (DHHS 1999; Carney et al. 1994; Dorpat et al. 1968).

**Risk Factors**

- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- Cultural and religious beliefs—for instance, the belief that suicide is a noble resolution of a personal dilemma

**Suicide Rates Among Older-Adults**

- With increased age, the relative importance of the contribution of depression to suicide risk is magnified.
- The typical clinical profile of the older suicide completer is late-on-set, nonpsychotic, unipolar depression of moderate severity uncomplicated by substance abuse or personality disorder.

**Risk Factors**

- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people

**Suicide Rates Among Older-Adults**

- Tragically, depression was rarely recognized or treated.
- Failure to recognize and treat depression was not due to restricted access to care.
- A majority of these depressed suicide victims had seen a health care provider in the last month of life, 39% in the last week, and 20% on the day of suicide.
### Suicide Rates Among Older-Adults

- Changes in the older adult's sensory abilities or environment may contribute to the development of depression. Examples of such changes include:
  - changes in vision and hearing
  - changes in mobility
  - retirement
  - moving from the family home
  - neighborhood changes

- In 2001, 5,393 Americans over age 65 committed suicide. Of those, 85% (n=4,589) were men and 15% (n=804) were women (CDC 2004).
  - Firearms were used in 73% of suicides committed by adults over the age of 65 in 2001 (CDC 2004).

### Signs

Normal to grieve after such a loss. But it may be depression if the grief persists, or is accompanied by any of the following:
- guilt unconnected with the loved one's death
- thoughts of one's own death
- persistent feelings of worthlessness
- inability to function at one's usual level
- difficulty sleeping
- weight loss.

### Protective Factors

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support

### Signs

- One important sign of depression is when people withdraw from their regular social activities. Rather than explaining their symptoms as a medical illness, often depressed persons will give different explanations such as:
  
  "It's too much trouble,"
  "I don't feel well enough," or
  "I don't have the energy."

<table>
<thead>
<tr>
<th>Hx of depression, previous suicide attempts.</th>
<th>Giving away possessions.</th>
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<td>Insomnia, excessive sleep, appetite loss.</td>
<td>Increase in alcohol/drug use.</td>
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<td>Severe mood swings.</td>
<td>Lack of interest in the future, feelings of hopelessness.</td>
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| Isolation, pushing people away.             |                          |
| Severe mood swings.                         |                          |
| Recent losses.                              |                          |

| Giving away possessions.                    |                          |
| Increase in alcohol/drug use.               |                          |
| Saying "You'd be better off without me" or "Maybe I won't be around anymore..." |                          |
| Lack of interest in the future, feelings of hopelessness. |                          |
| Recent losses.                              |                          |
### Protective Factors

- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation instincts

### Pharmacotherapy

- In general, the older tricyclic antidepressants (TCAs) and the newer selective serotonin reuptake inhibitors (SSRIs) have comparable efficacy in elderly patients.

- The newer drugs of mixed action have not been extensively studied in the elderly.
- SSRIs are coming to be seen as preferable largely because of ease of use, less dosage adjustment, different side effect profiles including a reduced anticholinergic and cardiovascular burden, and greater acceptance.

- Research has clearly demonstrated the efficacy of standardized approaches to treatment, such as cognitive behavioral therapy (CBT), interpersonal therapy, and problem-solving therapy, both alone and in combination with pharmacotherapy.

- Psychotherapy also has particular utility in older patients who cannot or will not tolerate medication, or who are dealing with obviously stressful situations, interpersonal difficulties, or low degrees of social support.
Pharmacology

- Certain anti-depressants and anti-anxiety prescriptions may increase energy levels after 2-4 weeks and may provide the momentum for individual to suddenly and effectively take their own life.
- Suddenly appear happy, carefree and hopeful.
- Monitoring and follow up is key when placed on new Rx.

Medication Options

- Selective serotonin reuptake inhibitors (SSRIs) 
  - Celexa, Lexapro, Luvox, Paxil, Prozac and Zoloft
- Monoamine oxidase inhibitors (MAOIs) 
  - Nardil, Marplan or Parnate.
- Tricyclic and tetracyclic antidepressants (TCAs) 
  - Anafranil, Adapin, Aventyl, Elavil, Norpramin, Pamelor, Pertofrane, Sinequan, Surmontil, Tofranil and Vivactil
- Other medications
  - Wellbutrin, Effexor, Trazodone and Cymbalta.

Tips for Responding

If immediate medical attention is needed, Call 9-1-1 and/or the MHPs
- Suicide screening (RSC)
- No Harm Contract (RSC)
- Property Manager, Resident Services Coordinator, Supervisor, MH/CD Case Manager, and Maintenance Personnel.
- Other Colleagues/Team Members?

Treatment Goal

- To achieve remission of symptoms, prevent relapse and recurrence, and improve the quality of life and functional capacity.

DEPRESSION IS TREATABLE

- Most depressed elderly people can improve dramatically from treatment. In fact, there are highly effective treatments for depression in late life. Common treatments prescribed by physicians include:
  - psychotherapy
  - antidepressant medications
  - electroconvulsive therapy (ECT).

Seeking Treatment

- Social stigma associated with mental health problems prevent many people, especially the elderly, from seeking professional help
- For many people the initial entry point for assessment of mental health concerns is their primary physician or general practitioner
Barriers to Detection and Treatment

- Unwilling to take their medicines because of side effects or costs.
- Treatment of multiple illnesses at the same time may interfere with the effectiveness of antidepressant medicines.
- Alcohol and/or illicit drug use.
- Stressful life events, death of loved ones and isolation may affect motivation to continue with treatment.

What can You do?

- Express sincere concern
- Demonstrate kindness
- Listen; be supportive and gentle

Barriers to Detection and Treatment

- Age-related changes
- Illness
- Attitudes of others
- Denial
- Alcohol or drug use
- Health complaints
- Stigma

What can You do?

- Use calm tone of voice and manner
- Exhibit a non-judgmental attitude
- Refer the person for help or contact a family member

Protective Factors

- These factors combine to make diagnosis and treatment of depression highly variable and problematic.
- One of the most striking and consistent findings in psychiatric epidemiology is that women have higher rates of all types of depression than men.

Sharing Your Concerns

- Avoid talking to the person if they are upset or under the influence
- Be gentle and kind
- Avoid a confrontational style
- Avoid using labels since they may carry a heavy stigma
- Take into consideration the person’s age and ability to understand
Sharing Your Concerns

- Be consistent and patient in your expression of concern without exerting undue pressure
- Be direct; treat the individual as an adult
- Give specific examples of behaviors that concern you
- Use I statements as in “I am concerned about you”

Tips for Responding

- Let the person know you care and are there for them.
- Be open, honest and direct.
- Acknowledge the signs and state that you take them seriously. Talking about it does not increase risk. (suicide screening tool)

Sharing Your Concerns

- Be prepared with referral information
- Don’t be discouraged if the person is not ready to accept your assistance
- Don’t worry if you don’t say things perfectly, what is important is that your message of concern is conveyed and your willingness to help is expressed

Self-Care

- Remember to take care of yourself.
- Speak up.
- Take relaxation breaks.
- Exercise.
- Practice positive self-talk. (mantra)
- Allow yourself some playtime every day.
- Take time off.
- Tend to your garden of friends.
- It’s OK to ask for help.
- Use buddy system

Appropriate Questions to Ask

- Do you feel as though life is no longer an option for you? (motive)
- Have you had thoughts about harming themselves?
- Are you planning to do hurt yourself? (plan)
- Do you have a collection of pills or guns in your home? (access)

Resources

- Geriatric Mental Health Foundation
  www.GMHFonline.org
- American Association for Geriatric Psychiatry
  www.aagponline.org
- American Association of Retired Persons Program Division
  www.aarp.org
- National Mental Health Association
  www.nmha.org
Resources

• National Alliance for the Mentally Ill
  www.nami.org
  Depression and Bipolar Support Alliance
  www.dbsalliance.org

• National Institute of Mental Health (866) 615-6464 (toll-free)
  www.nimh.nih.gov

American Geriatrics Society
  www.americangeriatrics.org