Depression in Older Adults

Information for patients, families, friends and caregivers

What is depression?

Depression can be described as feelings of sadness, hopelessness and a loss of interest or pleasure in things you usually like to do. You might worry about depression if you have felt this way for a few weeks or months. Depression is a common health problem.

Although common, depression is not a normal part of aging.

Depression in later life is an illness that can be treated. When depression is treated quickly and properly, most older adults with depression lead full and active lives.

Why do some older adults in hospitals have depression?

Some older adults may come to the hospital with depression. Others may develop depression while in the hospital. Risk factors for developing depression in the hospital include:

• a history of depression, dementia and/or prolonged grief or bereavement
• a history of poor health and/or disability
• not having many social supports such as family, friends and visitors
• not having enough things to do or people to talk to in the hospital
• being a caregiver to another sick person in the home or community
What to look for?
There are some things to observe or watch for to decide if you or a loved one may have depression and need help. We call these red flags.

The red flags for developing depression are:
- being in a low mood most of the time
- talking about suicide or death
- loss of interest in activities and not being motivated
- having problems sleeping
- not being able to feel pleasure or enjoy activities
- having a loss of appetite
- weight loss that cannot be explained
- moving slower or having other changes in movement
- not being able to make decisions
- not being able to concentrate or remember things

What other health problems may ‘look like’ depression?
Some other health problems can look like depression. It is important to see a health care provider to check for other health problems. These include:
- dementia
- taking medications that do not work well together (polypharmacy)
- drinking alcohol
- low thyroid called hypothyroidism
- stroke
- not eating enough healthy food each day (malnutrition)
- low blood pressure (hypotension)
- not drinking enough fluids each day (dehydration)
- low vitamin B12
- poorly controlled medical illness

Where can I learn more about depression?
You can talk to any member of your health care team for more information.

Canadian Coalition for Seniors Mental Health
Call: 1-416-785-2500, ext. 6331
www.ccsmh.ca

Canadian Mental Health Association
Call Toll Free: 1-877-693-4270
www.cmha.ca

COAST (Crisis Outreach and Support Team)
Call Toll Free: 1-877-825-9011

Halton Geriatric Mental Health Outreach Program
Call: 905-681-8233

Hamilton Health Sciences – Centre for Healthy Aging
Call: 905-521-4995

Mood Disorders Associations of Ontario
Call: 1-888-486-8236
www.checkupfromtheneckup.ca

Niagara Geriatric Mental Health Outreach
905-704-4068
Managing other health care problems
Members of the health care team will manage and monitor any other health care problems.

Antidepressant medication
This medication helps to improve mood and is used to treat depression. There are many different names for this type of medication. It may take 4 to 6 weeks to get the full effect of this medication. This medication needs to be taken every day as directed by a doctor or health care provider.

What do I do if I think an older adult has depression?
Older adults are less likely to talk about feeling depressed with their health care providers. They might feel shame about having an ‘emotional illness’ or be afraid that they are ‘losing it’.

There are many ways to find out if an older adult has depression. These are combined together to make sure the correct diagnosis is made.

You can first ask, “Are you depressed?” or “Do you often feel downhearted or sad?” or “Do you feel there is nothing to live for?”

It is important to talk to your health care provider to get help if you think someone you know has depression. There are special screening tools members of the health care team can use to see if an older adult is depressed and how severe the depression is.

How is depression managed?
There are many ways to help manage depression. They are used in combination to find the best treatment for each person.

These include:
- counselling and therapy
- exercise
- light therapy
- cognitive leisure activities
- managing other health care problems
- taking medication such as an antidepressant
Counselling and Therapy

There are many different types that can help manage depression. One or more may need to be explored to find the treatment that helps the most. Some examples of therapy are:

- Individual counselling
- Cognitive behavioural therapy
- Family counselling
- Bereavement group for people who are grieving the death of a loved one.

Only specially trained health care professionals should offer counselling and therapy. Talk to your health care provider first. Your health care provider can explain the types of therapy and make a referral to a health care professional who works with older adults with depression.

Exercise

Exercise is important for your mental well-being. There are many types of exercise and each person needs to find the best fit. Some types of exercise include walking, gardening, water fit, yoga or tai chi.

Many activities and exercise can be adapted for a chair or wheelchair. Talk to a member of your health care team for ways to add exercise into your life.

Light therapy

Light therapy has been shown to help for many people with depression. You can get light therapy by sitting in a sunny room each day. You can also talk with a health care provider about using a special light called a Seasonal Affective Disorder Light.

Cognitive Leisure Activities

This means doing things that make you think and use different parts of your brain. Some people can do these alone and others do better with family, friends and visitors helping. Here are some suggestions:

- enjoying computer games
- doing Sudoku, crossword or word find puzzles
- reading short stories or jokes
- cooking
- knitting
- listening to music
- scrapbooking
- sorting collections
- talking on the telephone
- doing or trying other creative activities
Counselling and Therapy

There are many different types that can help manage depression. One or more may need to be explored to find the treatment that helps the most. Some examples of therapy are:

- Individual counselling
- Cognitive behavioural therapy
- Family counselling
- Bereavement group for people who are grieving the death of a loved one.

Only specially trained health care professionals should offer counselling and therapy. Talk to your health care provider first. Your health care provider can explain the types of therapy and make a referral to a health care professional who works with older adults with depression.

Exercise

Exercise is important for your mental well-being. There are many types of exercise and each person needs to find the best fit. Some types of exercise include walking, gardening, water fit, yoga or tai chi.

Many activities and exercise can be adapted for a chair or wheelchair. Talk to a member of your health care team for ways to add exercise into your life.

Light therapy

Light therapy has been shown to help for many people with depression. You can get light therapy by sitting in a sunny room each day. You can also talk with a health care provider about using a special light called a Seasonal Affective Disorder Light.

Cognitive Leisure Activities

This means doing things that make you think and use different parts of your brain. Some people can do these alone and others do better with family, friends and visitors helping. Here are some suggestions:

- enjoying computer games
- doing Sudoku, crossword or word find puzzles
- reading short stories or jokes
- cooking
- knitting
- listening to music
- scrapbooking
- sorting collections
- talking on the telephone
- doing or trying other creative activities
Managing other health care problems

Members of the health care team will manage and monitor any other health care problems.

Antidepressant medication

This medication helps to improve mood and is used to treat depression. There are many different names for this type of medication. It may take 4 to 6 weeks to get the full effect of this medication. This medication needs to be taken every day as directed by a doctor or health care provider.

What do I do if I think an older adult has depression?

Older adults are less likely to talk about feeling depressed with their health care providers. They might feel shame about having an ‘emotional illness’ or be afraid that they are ‘losing it’.

There are many ways to find out if an older adult has depression. These are combined together to make sure the correct diagnosis is made.

You can first ask, “Are you depressed?” or “Do you often feel downhearted or sad?” or “Do you feel there is nothing to live for?”

It is important to talk to your health care provider to get help if you think someone you know has depression. There are special screening tools members of the health care team can use to see if an older adult is depressed and how severe the depression is.

How is depression managed?

There are many ways to help manage depression. They are used in combination to find the best treatment for each person.

These include:

- counselling and therapy
- exercise
- light therapy
- cognitive leisure activities
- managing other health care problems
- taking medication such as an antidepressant
What to look for?

There are some things to observe or watch for to decide if you or a loved one may have depression and need help. We call these red flags.

The red flags for developing depression are:

- being in a low mood most of the time
- talking about suicide or death
- loss of interest in activities and not being motivated
- having problems sleeping
- not being able to feel pleasure or enjoy activities
- having a loss of appetite
- weight loss that cannot be explained
- moving slower or having other changes in movement
- not being able to make decisions
- not being able to concentrate or remember things

What other health problems may 'look like' depression?

Some other health problems can look like depression. It is important to see a health care provider to check for other health problems. These include:

- dementia
- taking medications that do not work well together (polypharmacy)
- drinking alcohol
- low thyroid called hypothyroidism
- stroke
- not eating enough healthy food each day (malnutrition)
- low blood pressure (hypotension)
- not drinking enough fluids each day (dehydration)
- low vitamin B12
- poorly controlled medical illness

Where can I learn more about depression?

You can talk to any member of your health care team for more information.

- **Canadian Coalition for Seniors Mental Health**
  Call: 1-416-785-2500, ext. 6331
  [www.ccsmh.ca](http://www.ccsmh.ca)

- **Canadian Mental Health Association**
  Call Toll Free: 1-877-693-4270
  [www.cmha.ca](http://www.cmha.ca)

- **COAST (Crisis Outreach and Support Team)**
  Call Toll Free: 1-877-825-9011

- **Halton Geriatric Mental Health Outreach Program**
  Call: 905-681-8233

- **Hamilton Health Sciences – Centre for Healthy Aging**
  Call: 905-521-4995

- **Mood Disorders Associations of Ontario**
  Call: 1-888-486-8236
  [www.checkupfromtheneckup.ca](http://www.checkupfromtheneckup.ca)

- **Niagara Geriatric Mental Health Outreach**
  905-704-4068
Depression in Older Adults

What is depression?
Depression can be described as feelings of sadness, hopelessness, and a loss of interest or pleasure in things you usually like to do. You might worry about depression if you have felt this way for a few weeks or months. Depression is a common health problem.

Although common, depression is not a normal part of aging.

Depression in later life is an illness that can be treated. When depression is treated quickly and properly, most older adults with depression lead full and active lives.

Why do some older adults in hospitals have depression?
Some older adults may come to the hospital with depression. Others may develop depression while in the hospital. Risk factors for developing depression in the hospital include:

- a history of depression, dementia and/or prolonged grief or bereavement
- a history of poor health and/or disability
- not having many social supports such as family, friends and visitors
- not having enough things to do or people to talk to in the hospital
- being a caregiver to another sick person in the home or community