

Community Resources:

Aging and Long Term Care of Eastern WA
(509) 458-2509

Elder Services
(509) 458-7450

Geropsychiatry
(509) 474-4787

First Call for Help
(509) 838-4428

Holy Family Adult Day Centers
(509) 482-2475

Spokane Alliance for the Mentally Ill
(509) 838-5515

Suicide Prevention Coalition
(509) 324-1530 or 324-1596

QPR Suicide Prevention Training
(509) 536-5100

**Veteran's Affairs Medical Center-
Mental Hygiene Clinic**
(509) 434-7013



National Resources:

National Institute for Mental Health
(301) 443-4513
www.nimh.nih.gov

American Geriatrics Society
(212) 308-1414
www.americangeriatrics.org

National Mental Health Association
(800) 969-NMHA (6642)
www.nmha.org

American Association for Geriatric Psychiatry
(301) 654-7850
www.aapgonline.org

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1101 West College Avenue
Spokane, WA 99201-2095

**SPOKANE REGIONAL
HEALTH
DISTRICT**

Elder Depression



*What you
should know*



1101 West College Avenue
Spokane, WA 99201-2095
509.324.1530 or 509.324.1596
TDD 509.324.1464
www.srhd.org

At a glance...

Depression is not a normal part of aging, but many Americans think it is. Although late-life depression affects millions of Americans, **only 10% seek help.**

Depression can take the pleasure out of daily activities and irritate other medical conditions found in later life. If overlooked, it **can lead to suicide.**

Many older adults who commit suicide have visited a primary care physician within one month of the suicide.

The elderly often have a chronic form of depression that is less severe but lasts longer.

Suicide deaths are over-represented among elder citizens. Although, older Americans make up 13% of our population, individuals over the age of 65 **account for 18% of all suicide deaths.**

Older adults have a 50% higher risk for suicide than young people or the nation as a whole.

White men over age 80 are six times more likely to commit suicide than any other demographic group. Among the highest rates are white men aged 85 and older.

Sources: Suicide Awareness Voices of Education, National Institute on Mental Health, and University of Washington PEARLS Project.

What to watch for:

- ♦ Frequent doctor visits without relief of symptoms
- ♦ Complaints of aches and pains, fatigue, slowed movements or speech, loss of appetite, inability to sleep, weight increase or decrease, blurred vision, dizziness, heart racing, anxiety
- ♦ Inability to concentrate, remember or think straight, an overall sadness or apathy, withdrawn, unable to find pleasure in anything
- ♦ Irritability or mood swings
- ♦ Talk of worthlessness, not being needed, excessive and unwarranted guilt

In screening older adults for depression ask them two questions:

- 1 During the past month, have you been bothered by feeling down, depressed or hopeless?
- 2 During the past month, have you had a loss of interest or pleasure in doing things?

If they answer yes to either question, further screening should be done.

Treatment works!

Clinical depression can be treated successfully in at least 80% of all cases. Self-management is key to overcoming depression. Doctors can help to recognize it, but patients have to be educated and understand depression and have support to change behaviors.

Frequently asked questions

How common is depression?

Symptoms of depression occur in nearly 15% of citizens over 65. It is often undetected because patients do not report their symptoms, or when they do, they are often mistaken for signs of a medical illness.

What triggers depression?

Chronic illnesses that are common in later life such as diabetes, stroke, heart disease, cancer, chronic lung disease, Alzheimer's disease, Parkinson's disease and arthritis can trigger depression.

Can depression be life threatening?

Yes. Of all suicides, one fourth occur in the elderly population and are associated with depressive disorder. These suicides are often attributed to untreated or mis-diagnosed depression.

