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# CAUSES OF DEPRESSION AS YOU AGE

**M**ajor depressive disorder is one of the most prevalent disorders amongst mental health disorders. It's one of the leading causes to older people experiencing emotional and physical distress that may result in a diminished quality of life and increase the risk of death amongst this population. Older people seem to be at a greater risk of being diagnosed with depression than previously realised, however, there is still a lower indication of reported cases in comparison to the middle-aged population. Health care professionals need to be aware

of the special needs of elders as there's an increase in numbers of older adults meeting the criteria for depression.

## **MAJOR DEPRESSIVE DISORDER PRESENTATION, CAUSES AND CONSEQUENCES OF DIAGNOSIS:**

There are dire consequences of untreated late-life depression as the mortality rates due to suicide and medical illness are high. Though suicidal ideation/thoughts decrease with age, older adults who have suicidal thoughts are more likely to be successful in their suicidal attempt than younger individuals. Studies have shown

that older individuals tend to have well thought out and planned self-destructive behaviour and less forewarning of suicidal intent. A study in Canada indicated there were approximately four attempts for each completed suicide in later life.

Late-life depression is also costly as some studies have shown that health care costs of those diagnosed with late-life depression can reach up to 47% to 51% in total, which is significantly higher than the health care costs of those diagnosed with depression. These stats took into consideration the inclusion of chronic medical

illnesses.

There are multiple causes to late-life depression that requires considering biological, psychological as well as social vulnerabilities. Research has indicated experiencing depression later in life may be hereditary as well as environmental. A Swedish study indicated genetic influences accounted for 16% of depression in older adults. Studies have also indicated that depression is more common amongst females than males persisting into late life.

Older adults can have varying presentations of depression such as when it's recurrent and stemming from earlier life (i.e. early onset of depression); as a new diagnosis (i.e. late onset depression); as a mood disorder due to another medical condition or as a result of substance or medication use. Health care professionals as well as researchers are still not in agreement with regards to what causes clinically significant major depressive disorder, as well as the effects between male, female, young, old and between different racial groups. However, the accepted standard of Major depression is diagnosed in the Diagnostic and Statistical Manual, Fifth Edition (DSM5) as:

- When the older adult exhibits one or both of two core symptoms (depressed mood and lack of interest) along with four or more of the following symptoms for at least two weeks:
  - Feelings of worthlessness or inappropriate guilt
  - Diminished ability to concentrate or make decisions
  - Fatigue all or most of the day, daily
  - Psychomotor agitation or retardation (Slowed movements/inability to move)
  - Insomnia or hypersomnia (lack of sleep or sleeping more than eight hours a day)
  - Significant decrease or increase in weight or appetite
  - Recurrent thoughts of death or suicidal ideation or planned suicide attempts

These symptoms of moderate

to severe depression are similar across older adults and persons in midlife, especially where there are no comorbid conditions. However, there may be subtle differences by age such as slowed movements or inability to move being more prominent in older adults. The likelihood of detecting a mood disorder in an older person is lower than that of a middle-aged adult. This may be due to depression in the older person being missed as the symptom of sadness can be less prominent in its presentation.

Furthermore, older depressed people are also more likely to have psychotic delusions than younger people. Whereas symptoms such as withdrawing or isolating oneself, fatigue and low energy levels may present as more prominent. There has been an indication that between 3%-4% of the population (60years old and above) experience late onset depression. Some studies indicate this is highly linked to cerebrovascular compromise. It has been suggested that depression may serve as a risk factor and an early sign for dementia.

### SOME FACTORS TO CONSIDER CAUSING DEPRESSIONS LATER IN LIFE:

- Underactivity of serotonergic neurotransmission (hormone levels/activity decreasing)
- Low levels of testosterone
- Stroke
- Medical illness and functional impairment
- Alcohol abuse and dependence
- Psychological risks
- Personality disorder
- Neuroticism (other mental health illnesses)
- Learned helplessness (inability to cope with life stresses independently)
- Loneliness
- Disability
- Cognitive distortions (deterioration of the brain function)
- External locus of control (Depending on others for help as you age)
- Social risks
- Stressful life events and daily hassles
- Bereavement (loss of a spouse or loved ones)
- Socio-economic disadvantage





- ( Living on a lower income/ pension income)
- Impaired social support (living alone/ poor social support)
- Alzheimer's disease (illnesses associated with aging)

**SUGGESTED TREATMENT:**

Depression amongst older people has been associated with increased morbidity as well as premature mortality. The treatment of depression here has been deemed inadequate due to poor detection in this specific population, an increase in side-effects of medication, as well as poor adherence to treatment. As a result, it has been predicted that depression will be the leading cause of disease burden amongst older adults by the year 2020 at which one in five of the population will be aged 60.

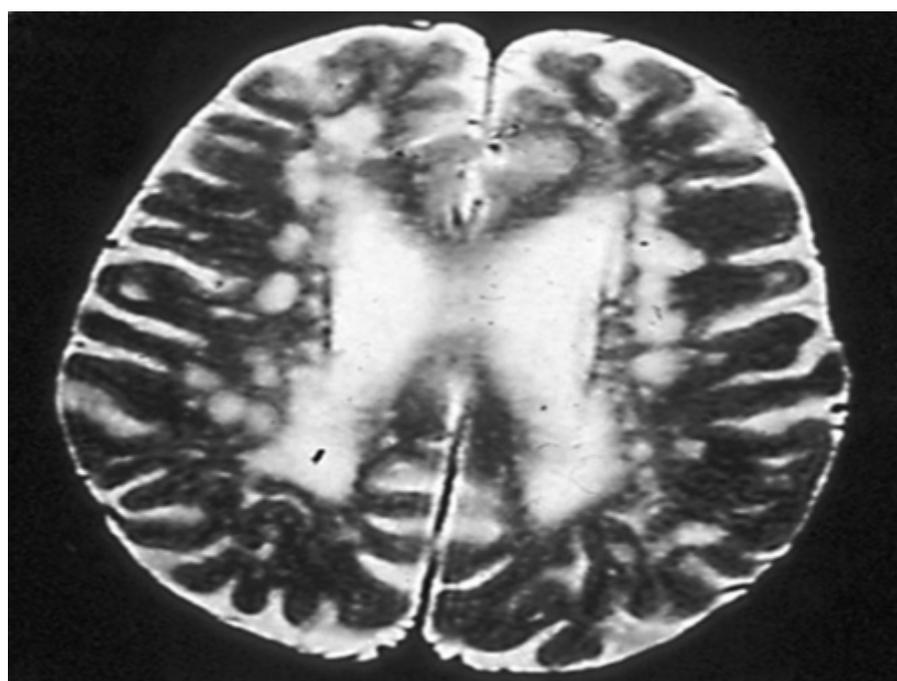
Treatment of such depression is quite challenging due to the multiple factors of its presentation, meaning a holistic perspective of treatment is required. Though there isn't much research on the clinically significant long term efficacy, exercise has been proposed as one possible therapeutic treatment amongst others. Other forms of proposed treatment:

- Medical treatments namely antidepressants such as SSRI's (overdose risk needs to be monitored and discontinued if there are severe side effects).

- Electroconvulsive therapy (ECT) - brief electric current to the brain to produce a cerebral seizure. (Need to be aware of memory deficit, confusion, heart problem side effects).
- Oestrogen therapy (risk of uterus and breast cancer)
- Testosterone therapy (can cause acne, hepatic dysfunction; shouldn't be used in prostate cancer patients)
- Transcranial magnetic stimulation (TMS) - magnetic brain stimulation

- Cognitive behavioural therapy (CBT) - active, time-limited therapy aimed to change thinking and behaviour that cause/maintain depression.
- Dialectical behaviour therapy (DBT) - individual/group therapy aimed to reduce rigid or extreme emotional responses. Problem solving, accepting reality and maintaining sense of self.
- Avoidance of substance use **MHM**

**References available upon request**



**MRI BRAIN SCAN OF A 73-YEAR-OLD WOMAN WITH MAJOR DEPRESSION. THE SCAN SHOWS EXTENSIVE WHITE MATTER DISEASE.**