

Understanding Dementia: Depression

What raises your suspicion it may be depression?

"Mom isn't attending church anymore"

"Gladys is ringing the call bell constantly! And all she does is complain" (called "importuning")

"Mom says she needs something for her nerves"

"Dad's pants are almost falling off him! He needs a belt!"

What does depression look like?

When you have depression, you have trouble with daily life for weeks at a time. Doctors call this condition "depressive disorder" or "clinical depression".

Depression is a real illness. It is not a sign of a person's weakness or a character flaw. You can't "snap out of" clinical depression. Most people who experience depression need treatment to get better. Older people are less likely to admit depression due to the stigma of a mental disorder or a character failure.

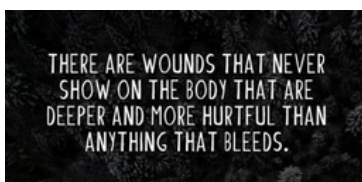
Depression can co-occur with dementia.

Depression can look like pseudo-dementia.

Major affective disorder in older persons is the most common mental health challenge, exceeding the dementias. It is a diagnosis often missed due to the stigma, atypical clinical presentation and other complexities in the older person.

Often times we as health care professionals, including physicians, will believe depression is a normal part of ageing (ageism) thinking "I would be depressed too".

Major affective disorder will often reoccur. If a person experiences 2 or more episodes there is a 60-80% chance of a reoccurrence. Knowing the person's emotional health history is critical.



Depression isn't a normal part of ageing?

Depression is a common problem among older adults, but it is NOT a normal part of aging. In fact, studies show that older adults feel satisfied with their lives, despite having more illnesses or physical problems. However, important life changes that happen as we get older may cause feelings of uneasiness, stress, and sadness.

Depression in the general population

Major Depressive Disorder (also known as unipolar) is characterized by a persistent feeling of sadness or a lack of interest to outside stimuli.

The individual must be experiencing 5 or more symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure

- Depressed mood most of the day, nearly every day
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
- Significant weight loss when not dieting or weight gain; or decreased or increase in appetite nearly every day (usually loss of weight and appetite in seniors)
- A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down)
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day
- Diminished ability to think or concentrate, or indecisiveness, nearly every day (pseudo-dementia)
- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan for completing suicide

Other symptoms in older persons

- Sleep disturbances, particularly early morning waking
- Diurnal variation in emotions, often worse in the morning and better as the day progresses
- Associated or co-occurring anxiety
- Mood congruent thoughts or distortion i.e. feelings of poor self-esteem, re-emergence of traumas of the past
- Psychotic symptoms with somatic distortions commonly experienced, thoughts of being a sinner, a feeling that people are against the person (which the person may endorse as being deserved)

Standardized Tools to Assess for Probable Depression:

Geriatric Depression Scale (GDS) - no or mild dementia

Cornell Depression Scale - can be used at any stage of dementia or without dementia

For more information,
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