

# Depression and Anxiety in Elderly

*by* Preeti Sinha

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## **Depression and Anxiety in Elderly**

- Dr Preeti Sinha

### **Case Vignette**

A 70-year-old man lost his wife a month back after taking care of her in bed-ridden state for more than 2 years. He performed last rites and later rituals as expected. However, for last 2 weeks, his son saw a gradual change in him. He has become overconcerned for his health and asked again yesterday for a doctor's visit, though the doctor reassured him last week only about his good physical health. He has reduced his food intake since his wife passed away and his daughter-in-law has noticed him crying alone with his wife's picture. Son feels sometimes that he should be shown to a psychiatrist, the man outrightly rejected this offer saying that his mind is absolutely working fine. He was very upset that his son felt that he had gone mad.

### **Case Discussion**

The above case vignette might have arose one or more of the following questions. I hope that by the end of this chapter, you would get reasonable clarity about them.

- Does this gentleman need help and support of a psychiatrist? If yes, what does he have? Depression, health anxiety or something else?
- Isn't health anxiety a normal phenomenon?
- Do older adults have depression? Isn't it a normal part of aging as some kind of health issue or loss does happen in aging, which would make the older adult a bit sad?
- What are risk factors of depression and anxiety?
- Is depression in older adult different from that in younger adult? What if depression is not treated in elderly?
- What is the association between depression and dementia?
- Or, are these issues just due to recent loss of life-partner and would be gradually better with time? Can a person also need consultation of a mental health professional for grief?
- How can someone force his/ her parent or uncle/ aunt to go to psychiatrist when they don't want?

### **How prevalent are anxiety and depression in elderly?**

Unlike what many people think, elderly person also feels anxiety and depression. And in many situations, it can reach the level of an anxiety disorder or a depressive disorder and then the help of mental health professional would be required for recovery. In fact, depressive disorders are more common in older adults than younger adults. Among 100 older adults, 3- 5 of them may have a depressive disorder at one point of time and should seek professional help. This

number can range from 7-15% if we count for whole life. Anxiety disorders are probably as prevalent in older adults as in younger population; again it would be around 3-4%.

### **Presentation of Typical Clinical Depression/ Depressive Disorder**

Everyone of us feel sad and depressed at some point of our life. If feeling of sadness is associated with one or more of the following features, then it may suggest that the person's feeling of depression has taken the form of a depressive disorder and needs psychiatric consultation.

- Low mood is present throughout the day
- Unable to enjoy the activities and have fun as before
- Feeling tired throughout the day
- Doesn't want to mingle with others; prefers to be alone
- Having negative thoughts about self and/ or future

There are further hints, which should be considered as "Red Flags" and definitely not to be ignored especially, if more than one of the them are present.

- Lasting continuously for many days
- Affecting Sleep, Food intake and self-care
- Hampering regular household/ job related work
- Thoughts of dying or committing suicide

### **Differences from young age depression**

Though older adults may have similar presentation of depressive disorder, there are some unique characteristics of old age depression. These are more often seen in situation where depressive disorder occurs for the first time in old age only.

- Anxiety more than sadness
- Very irritable, which is more than usual nature of before
- Becoming restless; keeps on pacing at home
- OR Too less physical activity (Mostly lying on bed)
- Increase in disturbance in sleep
- Frequent complaining of forgetfulness and quite concerned about it
- Marked Increase in preoccupation with one aspect of health; Unsatisfied with doctor's inference of normalcy
  - Digestion, Constipation
  - Urination
- Worsening of existing medical illness
- Thoughts in some way related to "Negation of existence of one or more aspect" such as
  - Food
  - Body parts
  - Money/ property
  - Whole world

### **Ageing comes with events which can be stressful**

- Retirement/ Reduced involvement in household work/ occupation
- Bereavement of spouse/ siblings/ friends
- Isolation and loneliness
- Decline in health
- Vulnerability to abuse
- Role reversal: Elderly have to be dependent in some way to their children
- Financial stressor

Many elderly may cope up with one or more of these events successfully due to their resilience and support from others. Nonetheless, some may suffer from depressive or other psychiatric disorder with/ without a stressor as a contributing factor.

### **What should be done for depression?**

**MOST IMPORTANT IS EARLY IDENTIFICATION AND CONSULTATION WITH A PSYCHIATRIST.** Sooner the treatment is started, the faster would be the recovery. Most of the times elderly are able to get completely rid of depression in few weeks to 2-3 months. If they are started on medications as a part of treatment for depression, they may need to continue for few months after the depression has gone. However, they may get better with few counselling sessions and professional psychological support, and may not need any medication. Sometimes, if condition is severe, they may require admission to the hospital especially if they are very old and/ or have many / poorly controlled associated medical illnesses. Regarding medications, few points to remember-

- Mostly, one or 2 medications are required
- Mostly, they have none or minimal adverse effects. If one is not tolerated, there are alternate medications available which may suit well
- These medications don't cause addiction if taken as prescribed by the doctor. Always avoid taking over the counter medication or those given to someone else for sleep or specific psychiatric disorder
- Get the blood tests done as asked by the doctor.
- Always inform physician and psychiatrist of all medications consumed on daily basis or sometimes
- Don't hesitate to inform doctor if there is unwanted effect.

### **Challenges in Old age depression**

- Gets ignored due to following reasons
  - Functional requirement/ expectation from older adults decreases as they age.
  - Some amount of depression/ irritability/ forgetfulness is misunderstood as part of ageing
  - Considered as taboo or that children are not taking care of parents
- Presentation is more related to physical symptoms/ illness
- Person himself/ herself is unwilling to accept it as illness and family feels uncomfortable to pressurize him/ her
- Elderly is dependent on others to be consulted to the doctor

- May be associated with physical/ emotional abuse

#### **Tips to address the challenges**

- To see if there are one or more red flags
- Compare the current elderly's status with that of few months before and note the difference
- The elder person can be convinced with
  - Focusing on managing symptoms to which he is concerned than overall diagnosis
  - Make your intentions clear to him
  - Take one step at a time e.g just consultation to psychiatrist
  - If not psychiatrist, at least any doctor who may help in convincing
- If still the elder person is unwilling, the family member can visit as proxy to psychiatrist and discuss further plan of action including tele-consultation

#### **Can elderly have anxiety disorder without depression?**

**Yes.** Anxiety can sometimes be present without depression. There can be different presentations of anxiety disorders which are distinguished from depressive disorder. Along with feeling of anxiety there may be physical symptoms of palpitations, giddiness, sweating or uneasiness. In these cases, it is always important to rule out any underlying cardiac or other physical illness. Important characteristics may be as follows-

- Come in episodes lasting for few minutes to an hour or continuously throughout the day
- May be associated with reduced sleep or sometimes food intake but unlikely to have other symptoms of depression
- May lead to avoidance of work/ social interaction though would desire of it
- May be present since young adulthood but becomes evident in old age only
- May only have health anxiety

If it is leading to difficulty in sleep or appetite or impaired functioning, it is always advisable to consult doctor. One should avoid taking medications without consultation as it may lead to some kind of dependence.

#### **Is depression and dementia same?**

**No.** Depressive disorder and dementia are 2 different disorders. However, both of them can have similar presentation and association with memory problems, mood changes and behavioral issues. They may also co-exist or may follow each other. It is always advised to take the help of psychiatrist to know the correct diagnosis as these disorders have different course of treatment and prognosis.

#### **How to prevent depression?**

Following steps can help in preventing any depressive or other psychiatric disorder, minimizing their impact and leading to faster recovery

- Discuss and plan possible change in life circumstance associated with old age, and act accordingly. Eg Retirement
- Maintain good physical health; focus on control of existing medical illnesses
- Adopt healthy lifestyle: Nutritious food intake, regular physical activity, timely sleep
- Get involved socially in small to big groups; with family, friends and others
- Have reasonable daily schedule of activity
- Inculcate/ develop/ cherish hobbies or interests
- Share/ communicate emotions/ concerns with others
- Try to avoid social isolation
- Discuss/ consult others if depressive symptoms develop with above mentioned features and red flags

**Author:**

Dr Preeti Sinha  
Additional Professor  
Geriatric Psychiatry Unit  
NIMHANS, Bangalore  
preetisinha@nimhans.ac.in

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