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Depressed seniors chronically undertreated: expert

Seniors who are depressed - about one in 10 in the general population – are chronically undertreated, in part, as depression memoirist Andrew Solomon, says, "because we as a society see old age as depressing."

Some of the factors contributing to geriatric depression are certainly environmental: Many seniors have lost spouses, are confined to nursing homes, and are prone to loneliness or poverty. Health Canada reports that as many as half the seniors living in long-term care facilities are affected by depression. But studies show that there are physiological concerns as well. Serotonin levels in people in their 80s are half what they are in 60-year-olds.

Aging brains themselves change in vigour and function, an issue reflected in the fact that it often takes much longer for antidepressant treatment to take effect for old people -- four times longer, in some cases, than the results for middle-aged adults.

Canadian studies show that as many as 90 per cent of depressed seniors go untreated, either because they resist asking for help or their symptoms go unnoticed.

"Depression can be hard to spot in these populations," writes Solomon in his landmark atlas of depression, *The Noonday Demon*. "The libido issues that are important elements of depression among younger people do not play so significant a role among the elderly. They feel guilt less often than do younger depressives. Instead of getting sleepy, older depressed people tend to be insomniac..... They have wildly exaggerated catastrophic reactions to small events. They tend to ... complain of an enormous number of peculiar aches and pains and atmospheric discomforts: This chair isn't comfortable any more. The pressure in my shower is down. My right arm hurts when I pick up a teacup. The lights in my room are too dim. And so on, ad infinitum."

Depression can be a result of physiological changes or a response to the general discomfort and indignity of aging.

"Depression appears to predict, to some degree, senility and Alzheimer's disease," Solomon says. "Those diseases in turn may coexist with or kindle depression. Alzheimer's appears to lower serotonin rates even further than does aging. We have severely limited capacities to alter the confusion and cognitive decay that are the essence of senility or Alzheimer's, but we can alleviate the acute psychic pain that often accompanies those complaints."

Caregivers, often slightly younger spouses, are also at increased risk of developing depression. But as more seniors' advocates make geriatric depression a priority in outreach and education programs, diagnosis and treatment rates are rising.

Source: Vancouver Sun