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with patients in pain or other distress that has its roots in depression. It is not uncommon for a patient to go from cardiac to GI to neurology specialists, undergoing batteries of tests and scans, costing thousands upon thousands of dollars before being treated for depression and finding relief of symptoms ranging from stomach pain, nausea or weakness to arthritis, dizziness or loss of memory.

Personal cost is also high. It has been shown that treatment helps people retain their abilities and functions and live independently longer. Depression in the elderly is as much as six times more likely to lead to suicide than in other age groups. Enjoyment of life is compromised or impossible for the depressed.

The key to diagnosing and relieving depression is in recognizing the possible symptoms. Family or friends who know and spend time with an individual are in a good position to notice changes in health, mood or habits that provide clues. The primary care physician who follows and knows the patient and coordinates specialty care is aware of medications, tests and examinations provided by other specialists, and is poised to discern possible causes and symptoms of depression, if given enough time with the patient. Most are trained to recognize depression in the clinic setting.

Treatment for depression involves taking an anti-depressant medication and may also include psychotherapy or counseling for a time. There are many kinds of anti-depressants, and it may take a careful trial to find the ideal one for the patient. Just as many seniors respond to treatment as younger patients, though more time may be required for a full recovery--12 weeks on average. There are also life style enhancements that can aid recovery as well as help prevent future episodes, including social/community interaction, volunteer activities, acquiring new skills or knowledge, healthy diet and exercise (or as one source puts it, "exercise, exercise, exercise!"). Note that several of the above are promoted by Elder Collegium. The same are also advocated for retaining mental abilities and functions, as cited in the last CVEC newsletter.

Here are some things to look for that may indicate depression in yourself, a friend or a family member:

- Loss of pleasure and interest in normal or favorite activities

- Feeling of hopelessness
- Physical or mental slowness, fatigue, difficulty concentrating
- Pain that exceeds the apparent cause and does not respond to medical treatment
- Irritability, demanding behavior, suspicion
- Extreme grieving for a loved one beyond a year
- Changes in sleep, night awakenings
- Changes in appetite, weight loss or gain
- Anxiety – note that anti-anxiety medication can exacerbate depression

Other facts to note:

- Depression often follows stroke or heart attack, and physical recovery may depend on depression being treated
- Regular use of sleeping pills can cause depression and should be avoided
- A medical examination is necessary to determine whether memory impairment is a result of dementia or depression
- A family history or a previous episode of depression greatly increases risk
- After a third episode, anti-depressants may need to be continued permanently

A person suffering from depression may not seek help because of depression-induced apathy, guilt, embarrassment, a belief that it is normal to feel that way in the circumstances, or a reluctance to "complain" or to be a bother. Recognizing and understanding as much as possible about the symptoms and consequences of this sometimes hidden disease will encourage us to seek help for ourselves or for others who need it.

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