



Southern Caregiver Resource Center

Caring for those who care for others

Fact Sheet: **Depression**

Definition

A depressed mood or loss of pleasure or interest in once-pleasing activities are the key symptoms of depression. People suffering from depression may say that they feel sad, blue, down-in-the-dumps, hopeless, or worthless. While all people sometimes experience feelings of sadness, loss, or grief, these agonizing feelings tend to persist over time. Feelings associated with depression are often related to life events of crisis, stress, or loss. Sometimes the symptoms may involve biological disturbances of basic bodily functions.

Facts

- About 6% of the general population suffers from a degree of depression, which requires treatment.
- About 10% of persons over 65 suffer from depression.
- More women than men are recognized to suffer from depression.
- Approximately two-thirds of depressed people contemplate suicide, and ten to fifteen percent commit suicide.
- Depression is often related to life events such as stress, illness, worry, and grief over the loss of a loved one.

- Depression can be successfully treated.

Symptoms

Treatment for depression is necessary if symptoms last two weeks or longer or interfere with a person's ability to function in daily life. Symptoms of depression include:

- A sad, depressed, or empty mood most of the day, every day.
- Loss of interest or pleasure in ordinary activities most of the day, everyday.
- Significant unplanned weight loss or gain.
- Insomnia, waking up too early, or oversleeping almost everyday.
- Noticeable feelings of restlessness or of being slowed down.
- Fatigue, loss of energy, or general tiredness almost everyday.
- Feelings of worthlessness, shame, guilt or hopelessness.
- Diminished ability to think, concentrate, remember things, or make decisions almost everyday.
- Ongoing thoughts of suicide or wishing to die or a suicide attempt.

Additional symptoms of depression in the elderly may include agitated and

anxious behavior, irritability and resistant behavior, decreased interest in personal hygiene and grooming, little variation in facial expression except for a furrowed brow, slowed speech or motor activity, or increased complaints of memory problems, distress, ailments, and disabilities.

Possible Causes

- Stress and emotional distress: Stresses include caregiving activities and major life changes such as job and income loss, divorce, retirement, changing residences, placing a loved one in a nursing home, grieving the illness and loss of a loved one, and the death of a loved one. Social and emotional isolation of caregivers under stress contribute significantly to feelings of depression.
- Side effects of medication: Common medications sometimes cause symptoms of depression. Pain relievers and anti-inflammatory drugs (even over-the-counter), antibiotics, heart and high blood pressure medicines, sedatives, hormones, steroids, ulcer medicines, anti-parkinsonian agents, and anti-cancer drugs can cause symptoms of depression. All medications should be monitored by a physician to reduce the possibility of side effects.
- Neurological disorders: Dementias (including Alzheimer's disease), stroke, epilepsy and seizure disorders, Huntington's disease, Parkinson's disease, Multiple Sclerosis, Amyotrophic Lateral Sclerosis, head injuries, and brain tumors can cause or

contribute to symptoms of depression.

- Endocrine abnormalities: Hypothyroidism, hyperthyroidism, parathyroid disturbances, diseases of the pancreas, or adrenal abnormalities can cause symptoms of depression.
- Infections and inflammatory diseases: AIDS, chronic fatigue syndrome, mononucleosis, pneumonia, arthritis, and lupus-like diseases can cause symptoms of depression.
- Vitamin deficiencies: Insufficient B12, C, folate (folic acid), niacin, and thiamine in the diet can cause symptoms of depression.

Diagnosis

A complete medical examination is necessary to determine if the symptoms of depression are related to an organic cause or a reaction to medication. The examination should include a comprehensive medical history, a complete physical and neurological examination, and routine urine and blood tests (including tests of thyroid and adrenal functions). Then a thorough consultation with a mental health professional - a psychiatrist, clinical psychologist, or clinical social worker - will provide an appropriate assessment, diagnosis, and treatment plan.

Treatment

Treatment may include any of a variety of psychotherapies in an individual, family, or group setting. Therapists include psychiatrists, social workers, marriage and family counselors, and psychologists.

Treatment may also include antidepressant medication, which must be prescribed and monitored regularly

by a medical doctor, preferably a psychiatrist.

Choosing a Therapist

There are a number of things to consider when choosing a therapist. They include:

- **Expertise and availability:** Consider whether the therapist is knowledgeable about the particular area for which you are seeking help. Some problem areas might be caregiving issues, such as grief, role changes, and relationship problems. Consider seeing an intern (therapist-in-training), as fees are sometimes lower. Consider the accessibility of the therapist's office and if your appointments will be scheduled according to your other obligations.
- **Payment:** Find out if the fees are set or negotiable, the kinds of insurance the therapist accepts, and whether payment is required at the time of the visit or insurance is accepted on assignment. Find out what mental health services are covered by your insurance, i.e., in-patient, outpatient, number of visits, type of therapist. Some insurance carriers may require a referral from a psychiatrist or primary care doctor. Find out what portion of the fee your insurance covers.
- It may take more than one session to decide if a particular therapist is right for you and to come to an agreement over what you want help with. It is good to ask questions and interview more than one therapist. Therapies and therapists differ, and you decide who is best suited to help you.

References

Billig, N. (1988). To be Old and Sad: Understanding Depression in the Elderly. Lexington, MA: D.C. Heath.

Kaplan, H.I. and Saddock, B.J. (1991). Synopsis of Psychiatry (6th edition) Baltimore, MD: Williams and Wilkins.

Neurological Sciences Center. (1988). How to Recognize, Manage, and Treat Depression. Portland, OR: Good Samaritan Hospital.

Resources

San Diego County:

Southern Caregiver Resource Center
3675 Ruffin Road, Suite 230
San Diego, CA 92123
(858) 268-4432 | (800) 827-1008 (in CA)
E-mail: scrc@caregivercenter.org
Website: www.caregivercenter.org

Southern Caregiver Resource Center offers free support services to caregivers of adults with chronic and disabling conditions in San Diego and Imperial counties. Services include information and referral, needs assessments, care planning, family consultation, case management, individual counseling, legal and financial consultation, respite care, education and training, and support groups.

Access and Crisis Line

(888) 724- 7240

National Alliance on Mental Illness (NAMI)

(619) 543-1434

Imperial County:

Behavioral Health Services

(442) 265-1525

Senior Information and Assistance

(442) 265-7000