

Depression in the elderly – Hidden sadness

Pr Frans Verhey
**Prof of Geriatric Psychiatry/
Neuropsychiatry**

Alzheimer Centrum Limburg
Maastricht University



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Ms Magnee's chair



Ms Magnee's chair



Content

- What is depression
- What is depression in the elderly
- Why should municipalities bother?
- What can they do?
- Conclusion

What is depression ?

Everybody feels sad sometimes.



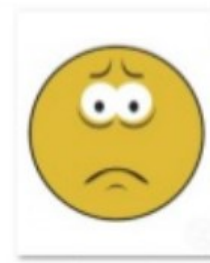
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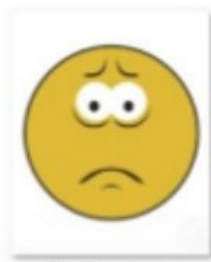


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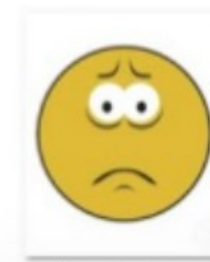


Sun.

But with depression, you feel sad a lot.



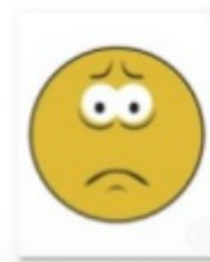
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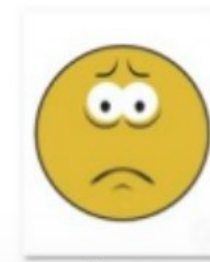
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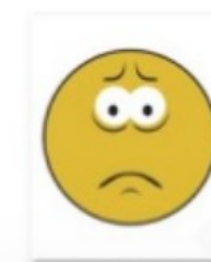
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What is depression ?

- Depression when lasting for at least 2 weeks, all the time
- Emotional
- Physical
- Thinking/ Cognitive

Symptoms of depression (DSM-5)

Every day, most of the day, > 2 weeks

- **Feeling depressed during most of the day, particularly in the morning**
- **Diminished interest in almost all activities**
- Feeling tired
- Feeling worthless or guilty
- Impaired concentration, indecisiveness
- Cannot sleep
- Thinking of death or suicide all the time (not just fearing death)
- Feeling restlessness or being slowed down
- Significant weight loss or weight gain

Depression in the elderly

- ‘Full’ depression less common
- Depressive symptoms more frequent (‘minor’)
- Higher level of somatic complaints
- Less prone to ask for professional help
- Other profile of risk factors
 - Loneliness
 - Losses
 - of autonomy, of family and friends, of social roles
 - Chronic diseases
 - Informal carers

Epidemiology

- 1-2% of elderly
- ‘Minor’ depression: 10-20%
 - 10-15% in Primary Care
 - 20-30% in Nursing home
 - 11-45% in Inpatient setting
 - >25% of informal carers



Hidden sadness

- Elderly do not want to complain
- Present as somatic disorder ('tired')
- In most cases, they *do* have somatic conditions
- Professionals do not recognize as depression
 - Wouldn't you be depressed yourself?



Common precipitants

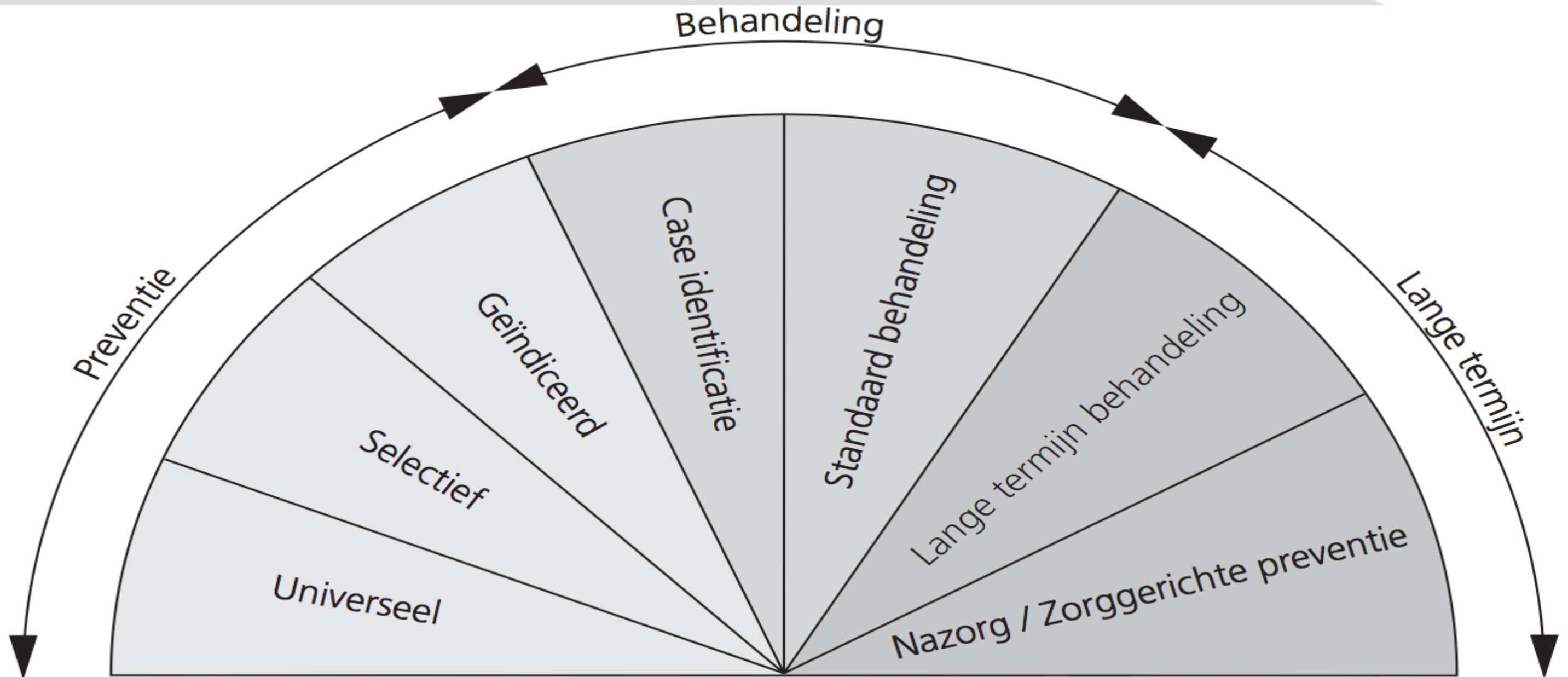
- Arguments with friends/relatives
- Rejection or abandonment
- Death or major illness of loved one
- Loss of pet
- Anniversary of a (-) event
- Major medical illness or age-related deterioration
- Stressful event at work
- Medication Noncompliance
- Substance use

Why should municipalities bother?

Why should municipalities bother?

Not only a medical problem

Prevention and treatment of depression



Figuur 1 Interventie spectrum voor psychische stoornissen

(NAAR MRAZEK & HAGGERTY 1994)

Prevention: general

- General education
- Awareness campaigns
- Courses for elderly to be prepared to new phase

Prevention: aimed at risk groups

- Informal carers
- Widows
- Chronic diseases
- Lonely elderly
- Elderly who are living in institutions
- Peer groups, support, respite care, meeting centres
- Visiting services

Prevention: Elderly who have some depressive complaints

- Awareness campaign
- Social activities
- Courses ('In de put, uit de put')
- Screening by GP or other HCP

Conclusion

- Depression in the elderly is important and frequent problem
- Underreported, underrecognized
- Prevention is important task for the communities
- Senior Friendly Community will assist with their products