



Depression

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Symptoms of depression in the elderly contribute to physical decline

More than the

DEPRESSION

I got those sad old weary blues.
I don't know where to turn.
I don't where to go.
Nobody cares about you.
When you sink so low...

Too Blue
Langston Hughes

BLUES

Everybody feels down every now and then. But when the feelings of sadness, hopelessness, or loss of interest in everyday activities persist for weeks, it may be a sign of a more serious problem.

Depression can be a normal mood—a period of sadness or the “blues”—particularly after a loss or disappointment. It can also occur as a symptom of another illness, such as an infection. But when depression persists for at least 2 weeks and is accompanied by other symptoms, it is an illness that is a major source of suffering and impairment, affecting 10% to 15% of people at some time in their lives.

In this issue of *JAMA* (page 1720), researchers at the National Institute on Aging determined that symptoms of depression in the elderly (over age 70) increased the subsequent decline in their physical abilities. Over a period of 4 years, depressive symptoms resulted in 55% greater decline in physical performance, such as walking speed and the ability to balance in several standing positions or rise from a chair. The decrease

in physical performance was most pronounced in older adults with severe depressed mood, but similar effects were also found among the less severely depressed elderly people.

The researchers believe the findings of this and other studies suggest that depression and poor physical function are mutually reinforcing and cause a downward spiral in the physical and psychological health of older people. They suggest that prevention or reduction of depressed mood could play a role in reducing functional decline in the elderly.

A diagnosis of **major depression** is made when at least 5 of the typical symptoms persist for at least 2 weeks.

However, having even a few of these symptoms can cause suffering and impairment. Anyone who experiences persisting symptoms of depression should be evaluated by a physician. Fortunately, several forms of treatment have been shown to be effective for depression.

Additional Sources: National Institute on Aging, National Institute of Mental Health, AMA's Encyclopedia of Medicine, AMA's Psychiatry for Primary Care Physicians

SYMPTOMS OF DEPRESSION:

- Persistent sad, anxious, or “empty” mood
- Loss of interest or pleasure in activities, including sex
- Restlessness, irritability, or excessive crying
- Feelings of guilt, worthlessness, helplessness, hopelessness, or pessimism
- Sleeping too much or too little
- Appetite and/or weight loss, or overeating and weight gain
- Decreased energy, fatigue, feeling “slowed down”
- Difficulty concentrating, remembering, or making decisions
- Thoughts of suicide, or suicide attempts

TREATMENT OPTIONS:

- **Psychotherapy**
Several forms of treatment involving discussions with a therapist have been found to be effective. These can be combined with drug treatment.
- **Drug Treatment**
Antidepressant drugs are usually effective in more than two thirds of patients. Physicians can now choose from a number of such drugs.
- **Electroconvulsive Therapy (ECT)**
Usually reserved for treating severely depressed people, especially if they do not respond to other treatments.

FOR MORE INFORMATION:

- The National Institute on Aging
800/222-2225 or www.nih.gov/nia
- National Institute of Mental Health
800/421-4211 or
www.nimh.nih.gov/dart/index.htm
- National Mental Health Association
800/969-NMHA or nmhainfo@aol.com
800/433-5959 (TTY) or
www.nmha.org/
- National Depressive and Manic Depressive Association
800/826-3632 or www.ndmda.org
- American Association for Geriatric Psychiatry
7910 Woodmont Avenue, Suite 1350
Bethesda, MD 20814

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