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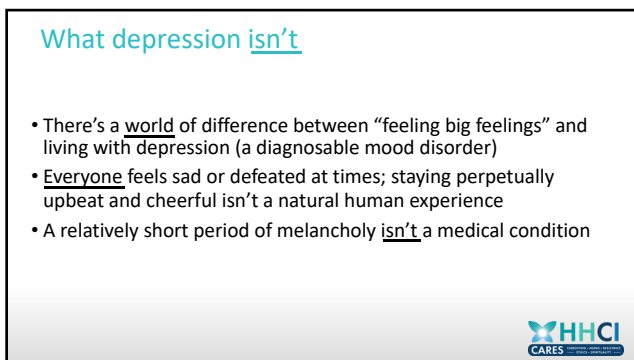
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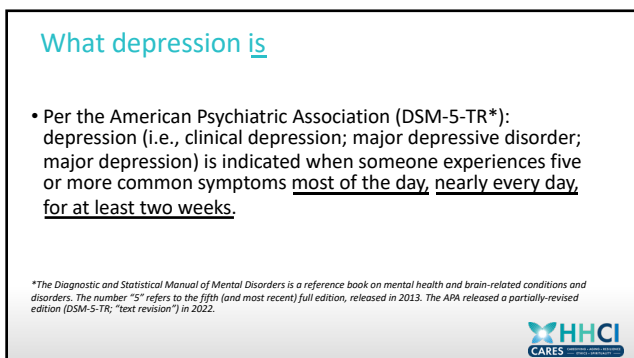
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### Common symptoms include

- Persistent sadness, emptiness, numbness
- Anhedonia (inability to experience pleasure)
- Hopelessness, guilt, worthlessness
- Sleeping much more (or much less) than usual
- Decreased appetite, weight loss



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### Common symptoms include (cont.)

- Low energy, fatigue
- Moving and/or talking more slowly
- Problems with concentration and/or focus
- Physical symptoms (e.g., aches; pains; headaches; digestive problems)
- Thoughts of death, thoughts of suicide (988)



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### Depression in older adults – catalysts

- Social isolation
- Loneliness
- Lack of purpose
- Life stress (e.g., death of loved one; being a caregiver)
- Previous (diagnosed) depressive episodes
- Family history of (diagnosed) depression



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### Depression in older adults – catalysts (cont.)

- Serious illness (e.g., Parkinson's; dementia; heart disease; stroke)
- Economic problems
- Sleep problems
- Addiction
- Lack of physical activity
- Physical limitations



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### Different ages; different presentations

- Reminder: Depression in older adults is NOT a normal part of aging!
- Rates of depression in healthy older adults → 1-5%
- Rates of depression in hospitalized/post-hospitalization older adults → 11-13%



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### Different ages; different presentations (cont.)

- Older adults may experience different symptoms of depression that younger counterparts (e.g., numbness/lack of interest in activities may be noticed before sadness)
- Various external/internal factors may make older adults less willing to discuss how they're feeling



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### Dementia, depression, and older adults

- Depression rates much higher in older adults living with Alzheimer's/other dementia (~30-40%)
- Dementia can cause some of the same symptoms as depression
- Depression can be an early warning sign of dementia



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### Dementia, depression, and older adults (cont.)

- Suicide attempts increase in older adults recently diagnosed with dementia (**988**)
- Important to enact support systems when dementia and/or depression is diagnosed
- More research needed re: effective depression treatment for people living with dementia



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### Possibly experiencing depression? PCP!

- **Ideally, physicians rule out/rule in/educate/refer**
  - PCPs investigate when symptoms began, how often they occur, if/how symptoms prevent engagement in usual activities, et al.
  - PCPs rule out other causes (e.g., UTIs; viral infections; thyroid issues; medication side effects; polypharmacy)
  - PCPs help those from generations that still consider mental illness "weakness" (vs. health condition) to overcome stigma



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### Possibly experiencing depression? PCP! (cont.)

- **Ideally, physicians rule out/rule in/educate/refer**
  - PCPs champion the efficacy of talk therapy for older adults (*regardless of cognition*), which helps counter isolation/loneliness)
  - PCPs educate re: how antidepressants work/can be used alongside talk therapy
  - PCPs diagnose, prescribe, refer, follow up re: all the above



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### Medications for older adults

- SSRIs (selective serotonin reuptake inhibitors), such as Zoloft or Lexapro (avoid Prozac, due to longer-lasting side effects in older adults)
- SNRIs (serotonin and norepinephrine reuptake inhibitors), such as Cymbalta or Effexor



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### Medications for older adults (cont.)

- Newer generation antidepressants (e.g., Wellbutrin), which affect dopamine, norepinephrine, serotonin and acetylcholine
- Ketamine (inhibits N-methyl-d-aspartate [NMDA]), such as Spravato (nasal spray); infusion/injection options as well; medications remain with/administered by trained professionals



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### What else helps older adults

- Magnets and/or electricity stimulate specific brain cells involved in depression (e.g., transcranial magnetic stimulation; electroconvulsive therapy); tried when other therapies plateau
- Physical and/or mental activity, especially if said activities hold meaning/purpose, can improve depression symptoms in older adults (e.g., mentoring; civic responsibilities; volunteering in hospitals, long-term care facilities, faith communities)



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### What else helps older adults (cont.)

- Normalizing that, at any stage of life and for many reasons, depression is experienced by a significant portion of society (which in turn normalizes conversation, screening, diagnosis, treatment, recovery)
- *Everyone, regardless of age/circumstance, deserves the opportunity to (re)discover a path of purpose, unencumbered by treatable medical conditions*



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Questions?



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