REVIEW ARTICLE

CONTENTS

Depression in older adults

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ABSTRACT

Depression is an increasingly common disease in elderly. It affects almost every sphere of senior life and is a socio-medical challenge for the modern world. Unfortunately, it is rarely diagnosed in this age group, which concerns the use of pharmacological and therapeutic intervention. The complex etiology and comorbidity of somatic diseases makes diagnosis difficult because depressive symptoms are attributed to the underlying disease. Often, the lack of treatment and ignoring the symptoms by the patient and their relatives can contribute to suicide behavior of seniors. The phenomenon of population aging is observed all over the world. The average lifespan of people is increasing, which means an increase in the number of people in senior age. Depression affects more and more elderly people. Lack of interest from family and society, illnesses, loneliness, isolation make seniors experience depressive disorders more often. It is worth taking a closer look at the problem of depression among the elderly and implementing appropriate actions to minimize the problem. The key role is played by educating society about the characteristic symptoms of depression in old age and preventing its occurrence, among others by activating the elderly.

KEY WORDS: depression, the elderly, treatment, prevention

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INTRODUCTION

Old age is the last stage in human life. Ageing is an inevitable process and concerns everyone. The process starts when you are born, and depends on your social factors, personality and genetics, there will be a difference in the way you age. The World Health Organization has made the old age divided into three stages: 60-75 years old (early old age), 75-90 years old – (late old age), 90 plus – old age (longevity). Aging has a biological, psychological and social dimension. The biological dimension refers to the gradual degenerative changes in the body's cells, and then the mental dimension is associated with inhibition of the proliferation of new nerve cells. In the social aspect, changes in interpersonal relationships due to disability or illness [1].

AIM

To present the reader with the subject of depression in the elderly.

REVIEW

DEFINITION

Depression is an increasingly common disease in the modern world. According to the World Health Organization, her symptoms are: reduced self-esteem, tiredness, guilt, sleep and appetite disorders, loss of interest and pleasure. Depression affects various areas of human life, both professional and social. 350 million people in the world suffer from depression and 1.5 million in Poland, this disease affects women more often [2]. Depression affects all ages, from children to the elderly. In each age group, the symptoms and course of the disease, apart from common features, also show their own specificity.

EPIDEMIOLOGY

People live longer in highly developed countries. According to demographic data, Poland is currently one of the youngest countries of the European Union, but in 2060 it will become

the oldest. The issue of an aging society places new tasks for medical staff in the somatic and mental sphere. GUS data indicate that in 2035 people over 65 will be 23.8% of the population, and in 2050 up to 40% of the population. Currently, 4% of the population is over 80. Women are the majority – 56%. According to the Central Statistical Office, the number of older people will accelerate in the second half of the 21st century. Polsenior (2007-2011) research shows that the number of seniors with symptoms of depression is still increasing. In the 55-59 age group it is found in 20% of people, in the 65-79 age group in 25% and in 33% of seniors over 80 years of age. Studies have shown that 10.9% of older people show severe depression and 43.6% have mild mood disorder [3].

DEPRESSION RISK FACTORS IN ELDERLY PEOPLE

Depression in the elderly has the following conditions: psychological, social and biological. Psychological causes of depression in the elderly are most often associated with experiencing loss: e.g. death of a spouse, moving an adult child out of the home, deterioration of health, loss of independence, change in social or professional position. Elderly people feel lonely and useless [4]. A very important issue is the overall balance of life, which the elderly person makes to summarize his life achievements – successes and failures. In the case of a negative balance of life in older people, psychophysical deterioration may appear [5].

Another factor in the appearance of depression is the social factor. The difficult financial situation of seniors and the lack of proper healthcare are of particular importance. Older people often experience rejection and negative attitudes on the part of society, which results in social isolation [6].

The biological basis for the development of depression in the elderly is formed by atrophic processes of the CNS [7] and somatic diseases. Among them are:

-respiratory system diseases
- endocrine disorders
- chronic infections
- cancer
- vitamin deficiency (vitamin B12, folic acid, vitamin D)
- stupor
- stroke
- musculoskeletal system diseases with chronic pain and disability [8]

Patients with depression as well as their family are more likely to accept somatic symptoms that occur with age than mental disorders. Lack of access to experts and knowledge about depression cause that people suffering from this disease show reluctance towards treatment and taking antidepressants, because of social stigmatization fear [9]. Elderly people attempts suicide twice as often as people from other age groups [10].

The diagnostic criteria according to which depression can be diagnosed are the same for all age groups. Psychiatric examination plays the most important role in the diagnosis. Reported symptoms and observation of the patient (how he behaves, what he says) play a major role in diagnosing depression [11].

According to the diagnostic criteria of ICD-10, depression is diagnosed if for at least two out of three basic symptoms last for two weeks:

- Depressed mood
- Loss of interest and ability to enjoy
- Reduction of energy, leading to increased fatigue and reduction of activity

Other symptoms of depression include:

- Weakened concentration
- Low self-esteem and self-confidence
- Guilt and low value
- Pessimistic vision of the future
- Suicidal thoughts, tendencies and attempts
- Sleep disturbance
- Decreased appetite

MASKED DEPRESSION

Diagnosis of depression in seniors is difficult because the problems they report are mostly somatic complaints. Older adults are trying to deal with them on their own and reach for medications that often do not bring the expected results, because bothersome symptoms are tied to depression, which could give a completely different than typical symptoms. Professor S. Płóżyński lists the following depression masks:

- psychopathological masks (e.g. anxiety, obsessive-compulsive, anorectic, phobic symptoms)
- disorders of biological rhythms (e.g. insomnia or excessive sleepiness)
- vegetative masks (e.g. pseudo-coronary pain, gastrointestinal motility disorders, pruritus of the skin)
- pain masks (e.g. headaches)
- periodic behavioral disorders (e.g. periodic drug or alcohol abuse) [12].

TREATMENT

In the treatment of depression in the elderly, the most effective is the combination of pharmacotherapy and psychotherapy. Psychotherapy can be conducted in individual or group form. Psychotheapy plan should include helping the patient to set a new rhythm of the day, regulate sleep, and plan a variety of activities that will facilitate opening up to the world. The conducted research indicates that cognitive-behavioral method and music therapy are effective in the treatment of depression in seniors. Elderly people are often afraid of side effects of

pharmacotherapy, e.g. addiction. It is necessary to explain to the patient that the recommended drugs are safe. They must be selected so that they do not cause unwanted interactions with other medicines that the patient is taking [13, 14].

DISCUSSION

Researchers are looking at elderly depression in the context of various variables. One of the studies focuses on the effects of vitamin D supplementation on fighting with depressive symptoms. The study lasted 8 weeks and involved 3 psychiatric clinics. In total 78 people over 60 years of age participated in the study. One group of patients received 50,000 units of vitamin D3 and the other received placebo tablets. The main tool for studying depression was the GDS-15 questionnaire (Geriatric Depression Scale). The depression rate decreased in the vitamin D group, while the depression group worsened in the placebo group. The results obtained indicate an improvement in the functioning of the elderly suffering from depression, through supplementation with vitamin D [15].

Another study was conducted in Egypt. It concerned the relationship between ritual activities and depression in the elderly. The study lasted two months. Forty seniors took part in it. Ritual activities have been shown to support treatment and could add to the general recommendations in the management of depression in the elderly [16].

Risk factors for geriatric depression are a very important issue. The study was conducted in Bangladesh. The method used by the researchers was a partially structured interview, the Geriatric Depression Scale (GDS-15), socio-demographic variable, psychosocial, physical, lifestyle and dietary factors. In total, 168 self-reported people aged 60-80 took part in the study. Studies have shown that 36.9% of respondents suffer from depression, which starts due to following factors: living in rural areas, depressive episode, lack of involvement in daily activities and systematic exercises, lack of hobby, bad eating habits and lack of involvement in religious rituals. The conducted research indicates that preventive actions aimed at reducing the risk of depression among older people should be based on promoting a healthy lifestyle [17].

Another study presenting the relationship between social support, loneliness and the appearance of depression in the elderly. The study was conducted in Egypt. The study group consisted of 150 elderly people. The methods used were: Mental State Assessment Scale (MMSE), Loneliness Scale (UCLA), Multidimensional Social Support Scale (MSPSS), Geriatric Depression Scale (GDS). The experiment included socio-demographic data and the clinical picture of the subjects. Studies show that a lack of social support and loneliness contribute to the occurrence of depression in the elderly [18].

The above studies indicate the direction of actions aimed at preventing depression in the elderly. It is recommended to educate both seniors and their loved ones about healthy behaviors, ways of dealing with stress, depression symptoms, risk of illness and treatment options. Activation through participation in classes conducted by the Universities of the Third Age or senior clubs is conducive to intellectual functioning and prevents social isolation of the elderly. It is also worth looking at the diet of seniors, introducing supplementation, e.g. vitamin D, which has been shown to reduce the likelihood of depression. It is important that older people actively spend time and notice the positive sides of daily physical activity.

CONCLUSIONS

Depression affects more and more older adults. Amongst the elderly, it has a slightly different clinical picture than among younger people, so it is important to pay special attention to symptoms reported by the patient and to distinguish between somatic and mental disorders. If pharmacological treatment is initiated, co-existing symptoms and possible interactions between medications and antidepressants should be taken into account. It is important to prevent the symptoms of depression in older people through education and promotion of healthy behaviors.

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CONFLICT OF INTEREST
The authors declare no conflict of interest

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