LATE-LIFE DEPRESSION: LEARN TO SPOT THE SIGNS EARLY

Depression and anxiety can go undiagnosed when symptoms are mistaken for agerelated physical illnesses. We need to treat mental health issues earlier in life

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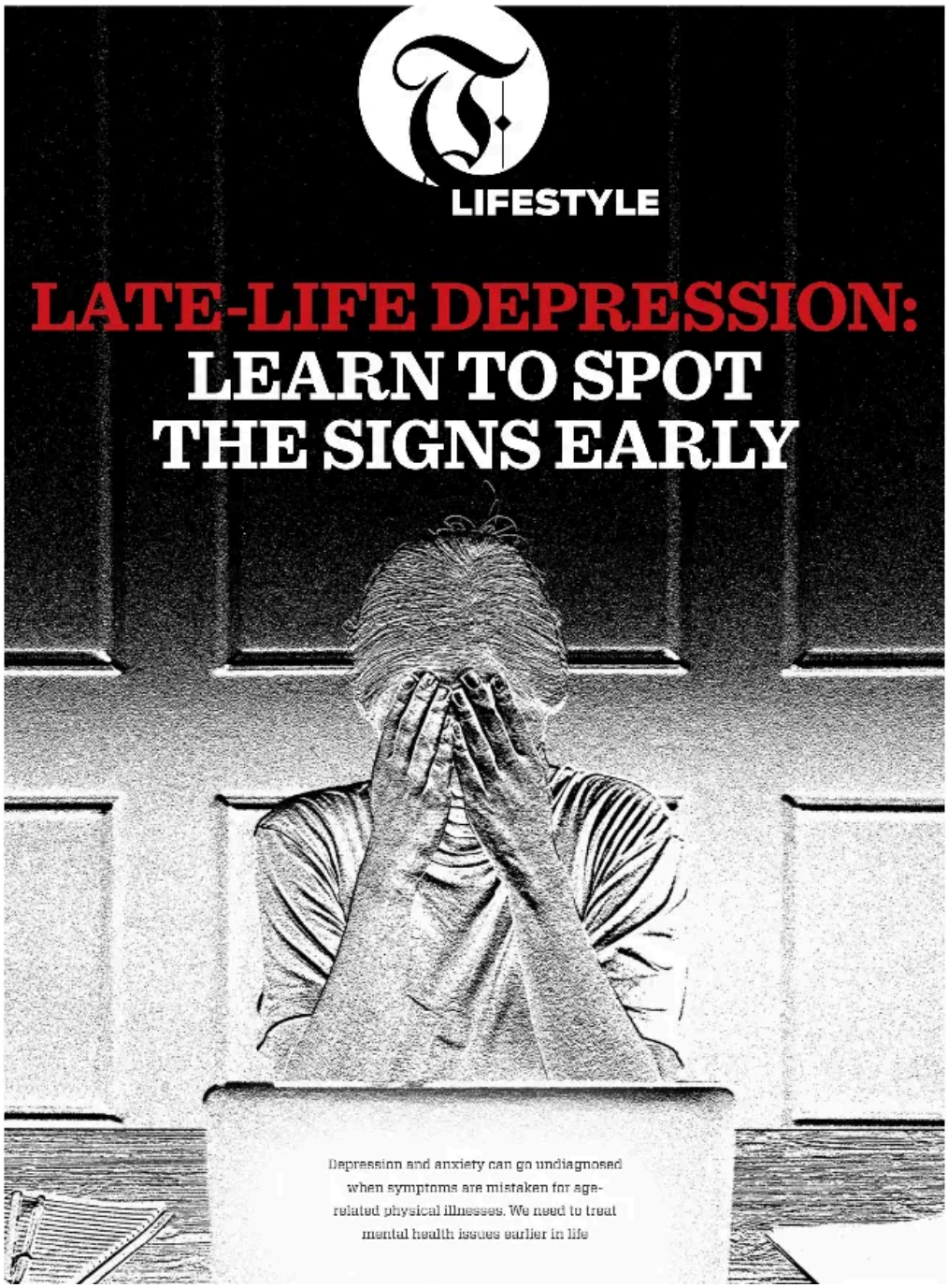
It is perhaps the last place you would expect to find a generational divide, but even in mental health, we (those of us of a certain age) are told, “We [those of us of a younger age] are more aware of mental health than you” — as if awareness alone could remedy depression.



There is actually some truth to this.

“There are shifts in younger generations and also in older generations. But unfortunately mental health is still very stigmatised for older adults,” said Pascal Schlechter at the Institute of Psychology, University of Münster, Germany. “It’s quite a big step [for some people] to admit, ‘I have a mental health problem and I want to talk about it.’”

But it’s not only older patients who lack awareness or a willingness to talk about depression. It can also be their doctors, who may misdiagnose a mental health problem as a physical one, common when you grow old.

“If a 30-year-old tells you they’ve stopped going out and are withdrawing [from social interaction], you would ask them, ‘Is anything wrong with your mental health? Are you depressed?’,” said
Schlechter. “But with an older person, you might say, ‘You’re fatigued. It’s just part of the normal aging process. Just rest.’”
Symptoms: Is depression different for older adults?
The generational divide closes when we talk about symptoms of depression — there is little to no difference in depression between younger and older adults.
While at Cambridge University in the UK, Schlechter co-published a paper on the development of depressive symptoms in older adults, based on the results from a longitudinal study that tracked the progress of more than 11,000 people over a period of 16 years.
Schlechter and colleagues found the same symptoms in older adults as in younger adults: Patients expressed they felt depressed, or that everything was an effort, they couldn’t get going, had restless sleep, or felt lonely.
However, they noted: “In older adults, depression often presents with more somatic symptoms than in younger populations.”
When Schlechter spoke with DW in July, he added: “Medical or somatic symptoms may be part of a depression, but [older adults] often misattribute these symptoms to their aging process. This can lead to delayed recognition, [and as a result] their depression may manifest more chronically.”
So, there is that difference: Whether it’s due to a lack of awareness among patients and physicians, or stigma, depression can be worse for older people.
That may be because the depression is combined with — or, in part, “triggered” by — a somatic (physical) illness, or symptoms of depression were left unaddressed earlier in life — perhaps also due to a lack of awareness or stigma.
As with most illnesses the earlier depression or anxiety are diagnosed, the better the chances of treating them.
Some social factors also contribute to depression. As we enter late life, we are often forced to adjust to changes in our social status, our identity through work or elsewhere in a community, and people start dying around us. We may even experience abuse from our carers, as highlighted information from the World Health Organization on depression — another, potential contributing factor.
All these things can bring what may have been a mild, latent depression to the fore in a chronic and severe way.
Treatments: Depression medication and psychotherapy
There is a sense when talking to experts in the field that physicians may prefer to tackle physical ailments in older adults than mental ones. No matter what age a person is, depression is difficult to treat. But when older adults present with both physical and mental health problems, it’s even harder.
“In both poorer and richer health systems in Europe, one of the main instruments we have to deal with depression is medication,” said Albino Oliveira-Maia, who heads the Neuropsychiatry Unit at the Champalimaud Foundation in Lisbon, Portugal.
“When treating older adults [with] medication, [there is a] higher likelihood for interaction with other medication and for toxicities [to occur],” OliveiraMaia told DW. “That might mean physicians pay more attention to physical health problems than mental health.”
But medication is not the only treatment for depression — there are also a range of psychotherapy options, or so-called talk therapies, including cognitive behavioral therapy, and many others, specific to a patient’s situation.
Research: Older adults excluded from trials
One aspect of depression we have not touched on yet is suicide. Suicide can affect all groups of people, young and old, male and female.
But regulation often prevents people from participating in research if they are known to have suicidal thoughts or show suicidal behavior. And that means there is a lack of understanding and knowledge among researchers.
“This is obviously an ethical concern,” said Oliveira-Maia. “It’s an act of generosity to participate in a research program, so we need to protect the people. But in doing that, there are sometimes consequences that lead to slower progress for some of the patients that are most in need.”
People over 65 years can also be excluded from trials if they have existing medical conditions, such as vascular lesions in the brain, said Oliveira-Maia.
Scientifically, this makes sense, even if only from a cold, unemotional perspective: If people die or their illnesses worsen during a trial, it can make it impossible for other teams to verify the results — which is a standard process and safety net in research, especially in the development of new medication.
Awareness: Speak to your doctor!

Both Schlechter and OliveiraMaia have reservations about awareness campaigns, and specifically about self-diagnosis, which can go either way — a younger person may be more inclined to say, “Yes, I have a mental health problem” even if they don’t, and an older person may deny all the signs.

“For younger generations, there is more public awareness due to social media. And there are good campaigns that provide valid information,” said Schlechter. “But there’s also a lot of misinformation out there.”

Oliveira-Maia, meanwhile, is concerned about people misdiagnosing themselves, whether they are young or old.

“While [they are] valuable, there is also some data to suggest that the awareness campaigns can in themselves lead to misclassification in that some people that are healthy can value their normal symptoms of sadness and anxiety as a mental health problem.”

The solution, as always with any illness or symptom that concerns you, is to speak to a health professional you can trust.