Older adults with a disability are at a higher risk of depression than older adults without a disability. Depression is a treatable medical condition that often goes untreated in older adults because:

- People do not seek treatment because they think that depression is a normal part of aging or a natural reaction to losses that might happen as we age. Fortunately, depression is not a normal part of aging with a disability. In fact, most older adults adjust well to aging and are not depressed.

- People may not want to admit that they are depressed because they feel embarrassed or ashamed. Depression is not a sign of weakness or a character flaw.

Older adults also report more physical symptoms of depression than younger adults, like difficulties sleeping and loss of appetite. Social isolation and loneliness may also worsen depression in older adults.

For all these reasons, it is important that older adults know how to recognize symptoms of depression and seek treatment if needed.

What are the symptoms of depression?

Depression can affect your thoughts, feelings, physical health and daily activities. Depression can cause some or all of the following symptoms:

- Feeling down
- Loss of interest in activities or not enjoying activities you used to enjoy
- Changes in appetite
- Changes in sleep
- Lack of energy or feeling fatigued
- Difficulty concentrating or making decisions
- Memory problems
- Feelings of worthlessness or self-blame
- Feelings of hopelessness
- Feeling more irritable
- Thoughts of death or suicide

If you’re having thoughts of death or suicide, contact your health care provider or a mental health professional immediately. Let others around you know...
how badly you are feeling so they can support you and help keep you safe while you go through this difficult period.

If you are in danger of harming yourself now, please call 911, the 24-hour National Crisis Hotline at 800-273-8255, or your local Crisis Clinic right away.

**What causes of depression?**

Medical problems and stressful life situations that may be part of aging, such as retirement or loss of a spouse, can cause changes in certain brain chemicals, called neurotransmitters. These chemical changes (also called a chemical imbalance) can affect your mood, sleep, energy, appetite and ability to concentrate.

**How do I know if I’m depressed?**

Some periods of sadness can be normal, but if you are feeling depressed, or lose interest in usual activities on a daily basis that lasts for more than two weeks, it is important to seek professional help. You can also take a depression self-test like the one on this page by following these steps:

- Answer all the questions honestly and add up your score.
- If your score is 10 or higher and you have been feeling this way for more than a week or two, contact your health care provider or a psychologist, psychiatrist or counselor who has experience treating depression.

### Depression Self-Test

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or no pleasure in doing things.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or over-eating.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself or that you are a failure or have let yourself or your family down.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite: being so fidgety or restless that you have been moving around a lot more than usual.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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Treatment
It is important to treat depression because it can have a harmful effect on your ability to function in day-to-day life. Depression can also make pain worse, make sleep difficult, lower your energy, take away your enjoyment and make it difficult for you to take good care of yourself.

Depression can almost always be treated with counseling (psychotherapy) and/or antidepressant medications. A combination of both counseling and antidepressant medication has been shown to be most effective in treating depression.

There are also some things you can do on your own to help improve your mood such as:

- Regular exercise or physical activity - Even gentle stretching or going on short walks has been shown to help with depression.
- Eating a balanced diet.
- Getting enough sleep.
- Doing activities that you enjoy or have enjoyed in the past.
  - Social activities can be helpful.
  - Scheduling these activities can help you follow-through.
- Meditation or mindfulness-based practice is effective for some people.
- Being outside and exposed to natural light can also make a difference.

Cognitive-behavioral therapy
There are many kinds of therapy, but cognitive-behavioral therapy (CBT) is a type of psychotherapy that has been proven to work for depression.

Cognitive-behavioral therapy examines the relationships between your thoughts, feelings and behaviors. Cognitive-behavior therapists focus on your current situation and finding solutions. For example, your therapist may:

- Help you return to activities that are meaningful or enjoyable to you.
- Support you and help you problem-solve to overcome barriers.
- Help you recognize how your thoughts are more negative when you are depressed and how you can adjust your thinking to improve your ability to cope with stress and increase your confidence.

Cognitive-behavioral therapy can take place one-on-one with a therapist or in a group setting.

Antidepressant medications
A variety of antidepressant medications are used to treat depression. Antidepressant medication works by restoring balance to chemicals in your brain that are important to mood, such as the chemical serotonin. Typically, medications take several weeks to be fully effective.

It is important to find the medication that works best for you since everyone is different. If one medication does
not work, let your health care provider know and he or she may change your medication.

Some people have concerns about taking antidepressants. Antidepressants are not addictive, but there may be some side effects. It is important to discuss your concerns with your health care provider.

**How do I find treatment?**

Many mental health professionals are qualified to treat depression. If you think you might be depressed, talk to your health care provider. He or she can often help you get treatment started and refer you to a mental health professional as needed. What you tell your health care professionals is confidential.

There are some mental health resources available for individuals with no or limited insurance. Please refer to the Department of Social and Health Services website (www.dshs.wa.gov). Also, many support groups are free.

**Resources**

National Council on Aging (NCOA) Center for Health Aging, Behavioral Health http://www.ncoa.org/improve-health/center-for-healthy-aging/behavioral-health/

National Institute of Health Senior Health: About depression http://nihseniorhealth.gov/depression/aboutdepression/

University of Washington’s Health Promotion Research Center for Older Adults, Depression Program (PEARLS: Program to Encourage Active, Rewarding Lives) http://depts.washington.edu/hprc/depression


**References**


**Authorship**

Depression and Aging with a Disability was developed by Alexandra L. Terrill, PhD, and published by the University of Washington Aging and Physical Disability Rehabilitation Research and Training Center. Content is based on research evidence and/or professional consensus.

**Disclaimer**

This information is not meant to replace the advice from a medical professional. You should consult your health care provider regarding specific medical concerns or treatment.

**Suggested attribution:**