

Depression and Older Adults

Depression is more than just feeling sad or blue. It is a common but serious mood disorder that needs treatment. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, and working.



When you have depression, you have trouble with daily life for weeks at a time. Doctors call this condition “depressive disorder” or “clinical depression.”

Depression is a real illness. It is not a sign of a person’s weakness or a character flaw. You can’t “snap out of” clinical depression. Most people who experience depression need treatment to get better.

Depression Is Not a Normal Part of Aging

Depression is a common problem among older adults, but it is NOT a normal part of aging. In fact, studies show that most older adults feel satisfied with their lives, despite having more illnesses or physical problems. However, important life changes that happen as we get older may cause feelings of uneasiness, stress, and sadness.

For instance, the [death of a loved one](#), moving from work into retirement, or dealing with a serious illness can leave people feeling sad or anxious. After a period of adjustment, many older adults can regain their emotional balance, but others do not and may develop depression.

Get Immediate Help

If you are thinking about harming yourself, tell someone who can help immediately.

- Do not isolate yourself.
- Call your doctor.
- Call 911 or go to a hospital emergency room to get immediate help, or ask a friend or family member to help you.

Call the toll-free, 24-hour [National Suicide Prevention Lifeline](#): **1-800-273-TALK (1-800-273-8255)** or **1-800-799-4TTY (1-800-799-4889)**.

Recognizing Symptoms of Depression in Older Adults

Depression in older adults may be difficult to recognize because they may show different symptoms than younger people. For some older adults with depression, sadness is not their main symptom. They may have other, less obvious symptoms of depression, or they may not be willing to talk about their feelings. Therefore, doctors may be less likely to recognize that their patient has depression.

Sometimes older people who are depressed appear to [feel tired](#), have [trouble sleeping](#), or seem grumpy and irritable. Confusion or attention problems caused by depression can sometimes look like [Alzheimer's disease](#) or other brain disorders. Older adults also may have more medical conditions, such as [heart disease](#), [stroke](#), or [cancer](#), which may cause depressive symptoms. Or they may be taking medications with side effects that contribute to depression.

Types of Depression

There are several types of depressive disorders.

Major depression involves severe symptoms that interfere with the ability to work, sleep, study, eat, and enjoy life. An episode can occur only once in a person's lifetime, but more often, a person has several episodes.

Persistent depressive disorder is a depressed mood that lasts for at least 2 years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for 2 years to be considered persistent depressive disorder.

Other forms of depression include psychotic depression, postpartum depression, and seasonal affective disorder.

Causes and Risk Factors for Depression

Several factors, or a combination of factors, may contribute to depression.

- **Genes**—People with a family history of depression may be more likely to develop it than those whose families do not have the illness.
- **Personal history**—Older adults who had depression when they were younger are more at risk for developing depression in late life than those who did not have the illness earlier in life.
- **Brain chemistry**—People with depression may have different brain chemistry than those without the illness.
- **Stress**—Loss of a loved one, a difficult relationship, or any stressful situation may trigger depression.

Vascular Depression

For older adults who experience depression for the first time later in life, the depression may be related to changes that occur in the brain and body as a person ages. For example, older adults may suffer from restricted blood flow, a condition called ischemia. Over time, blood vessels may stiffen and prevent blood from flowing normally to the body's organs, including the brain.

If this happens, an older adult with no family history of depression may develop what is sometimes called “vascular depression.” Those with [vascular depression](#) also may be at risk for heart disease, stroke, or other vascular illness.

Depression Can Co-Occur with Other Illnesses

Depression, especially in middle-aged or older adults, can co-occur with other serious medical illnesses such as [diabetes](#), cancer, heart disease, and [Parkinson's disease](#). Depression can make these conditions worse and vice versa. Sometimes medications taken for these physical illnesses may cause side effects that contribute to depression. A doctor experienced in treating these complicated illnesses can help work out the best treatment strategy.

All these factors can cause depression to go undiagnosed or untreated in older people. Yet, treating the depression will help an older adult better manage other conditions he or she may have.

Common Symptoms of Depression

There are many symptoms associated with depression, and some will vary depending on the individual. However, some of the most common symptoms are listed below. If you have several of these symptoms for more than 2 weeks, you may have depression.

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness, guilt, worthlessness, or helplessness
- Irritability, restlessness, or having trouble sitting still
- Loss of interest in once pleasurable activities, including sex
- Decreased energy or fatigue
- Moving or talking more slowly
- Difficulty concentrating, [remembering](#), making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Eating more or less than usual, usually with unplanned weight gain or loss
- Thoughts of death or suicide, or suicide attempts
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease with treatment
- Frequent crying

Treatments for Depression

Depression, even severe depression, can be treated. If you think you may have depression, start by making an appointment to see your doctor or healthcare provider. This could be your primary doctor or a provider who specializes in diagnosing and treating mental health conditions (a psychologist or psychiatrist). Certain medications and some medical conditions can cause the same symptoms as depression. A doctor can rule out these possibilities by doing a physical exam, interview, and lab tests. If the doctor can find no medical condition that may be causing the depression, the next step is a psychological evaluation.

Learn about [talking with your doctor about sensitive subjects, including depression and mental health](#).

Treatment choices differ for each person, and sometimes multiple treatments must be tried to find one that works. It is important to keep trying until you find something that works for you.

The most common forms of treatment for depression are medication and psychotherapy.

Therapy for Depression

Psychotherapy, also called "talk therapy," can help people with depression. Some treatments are short-term, lasting 10 to 20 weeks; others are longer, depending on the person's needs.

Cognitive behavioral therapy is one type of talk therapy used to treat depression. It focuses on helping people change negative thinking and any behaviors that may be making depression worse. Interpersonal therapy can help an individual understand and work through troubled relationships that may cause the depression or make it worse. Other types of talk therapy, like problem-solving therapy, can be helpful for people with depression.

Medications for Depression

Antidepressants are medicines that treat depression. There are many different types of antidepressants. They may help improve the way your brain uses certain chemicals that control mood or stress. You may need to try several different antidepressant medicines before finding one that improves your symptoms and has manageable side effects.

Antidepressants take time, usually 2 to 4 weeks, to work. Often symptoms such as sleep, appetite, and concentration problems improve before mood lifts, so it is important to give the medication a chance to work before deciding whether it works for you.

If you begin taking antidepressants, do not stop taking them without the help of a doctor. Sometimes people taking antidepressants feel better and then stop taking the medication on their own, but then the depression returns. When you and your doctor have decided it is time to stop the medication, usually after 6 to 12 months, the doctor will help you slowly and safely decrease your dose. Stopping antidepressants abruptly can cause withdrawal symptoms.

Most antidepressants are generally safe, but the U.S. Food and Drug Administration requires that all antidepressants carry [black box warnings](#), the strictest warnings for prescriptions. The warning says that patients of all ages taking antidepressants should be watched closely, especially during the first few weeks of treatment. Talk to your doctor about any [side effects](#) of your medication that you should watch for.

For older adults who are already taking several medications for other conditions, it is important to talk with a doctor about any adverse drug interactions that may occur while taking antidepressants.

Do not use herbal medicines such as [St. John's wort](#) before talking with your healthcare provider. It should never be combined with a prescription antidepressant, and you should not use it to replace conventional care or to postpone seeing a healthcare provider.



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about the emotional benefits of exercise.

Preventing Depression

What can be done to lower the risk of depression? How can people cope? There are a few steps you can take. Try to prepare for major changes in life, such as retirement or moving from your home of many years. Stay in touch with family. Let them know when you feel sad.

Regular [exercise](#) may also help prevent depression or lift your mood if you are depressed. [Pick something you like to do](#). Being physically fit and eating a [balanced diet](#) may help avoid illnesses that can bring on disability or depression.

How Do I Find a Clinical Trial on Depression?

The National Institute of Mental Health at NIH is dedicated to mental health research, including clinical trials of possible new treatments as well as studies to understand the causes and effects of depression. Find studies currently recruiting participants with depression by going to [ClinicalTrials.gov](#) (search: depression).

Remember, with treatment, most people will begin to feel better. Expect your mood to improve slowly. Feeling better takes time, but it can happen. Learn more about depression from the [National Institute of Mental Health](#).

For More Information About Depression

American Psychological Association

1-800-374-2721 (toll-free)

1-202-336-6123 (TDD/TTY)

www.apa.org

Depression and Bipolar Support Alliance

1-800-826-3632 (toll-free)

www.dbsalliance.org

National Alliance on Mental Illness

1-800-950-6264 (toll-free)

www.nami.org

Mental Health America

1-800-969-6642 (toll-free)

www.mentalhealthamerica.net

National Institute of Mental Health

1-866-615-6464 (toll-free)

1-866-415-8051 (TTY/toll-free)

nimhinfo@nih.gov

www.nimh.nih.gov

National Suicide Prevention Lifeline

1-800-273-8255 (toll-free/24 hours a day)

1-800-799-4889 (TTY/toll-free)

www.suicidepreventionlifeline.org

Substance Abuse and Mental Health Services Administration

1-877-726-4727 (toll-free)

1-800-487-4889 (TTY/toll-free)

samhsainfo@samhsa.hhs.gov

www.store.samhsa.gov

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