BENJAMIN ROSE EST 1908

Elder depression is real, and very treatable

- December 20, 2001
by Eileen Beal

Holiday highs and post-holiday lows hit us all. But the emotional roller-coaster-stress and exhaustion from holiday activities, social events, and family gatherings; frustration caused by heightened and unmet expectations; anxiety and guilt caused by everything from declining health and rising medical bills to increased dependence on family and friends-from Thanksgiving to New Year, plus the fact that winter weather closes the door on many outside activities and aggravates many of the symptoms of chronic diseases, hits seniors especially hard.

"This is especially the case," says Dr. Michael Knight, the medical director at Menorah Park Center for Senior Living in Beachwood, "if there has been a recent loss, or if there are is a chronic illness. Depression and chronic health problems...tend to go hand-in-hand."

Ignoring this physical, emotional, and fiscal overload can often lead to lowered self-esteem and situational--or holiday--depression.

The best "cure" for holiday depression is prevention. That means, "recognizing when someone is a prime candidate for it," says Kate Proehl, a psychiatric clinical nurse specialist at Benjamin Rose. Prime candidates, she says, are people who have a history of "being blue or down around the holidays;" who don't have a strong support network (friends, family, social activities); and who, because of their unrealistic expectations "are pushing themselves, or let themselves get pushed, to the point of physical, mental, and emotional exhaustion." That kind of exhaustion, she adds, shows up as general sadness and fatigue; apathy and loss of interest in once-pleasurable activities; social withdrawal--in other words, mild depression.

If that happens, talk therapy may be all that's needed to turn things around, says Dr. Teresa Dolinar, medical director of the Foley ElderHealth Center at University Hospitals. "It's the best kind of therapy for situational [i.e. holiday] depression," she adds, "because it's helping people cope with the stresses causing the depression immediately."

Talking with a family member or friends doesn't work nearly as well, she noted, as talking with a clergyman, a social worker at a senior center or mental health service counselor, or members of a support group "who can often share coping strategies." Talking with non-judgmental, "caring strangers," she explained, allows people to let off steam, admit they are tired or bored or angry or depressed. Those are normal human emotions, and by talking about them "people can validate their

feelings, gain another point of view, get another opinion, get a different direction and focus," explained Dolinar.

Getting that second (or third or forth) opinion, says Kate Proehl, "helps people dealing with depression realize that saying no is OK, that simplifying things is OK, that not doing things like they used to [in the past] is OK."

If getting past the holidays and a couple of weeks of post-holiday talk therapy don't brighten things up or resolve the situation--or if symptoms increase to include deterioration in hygiene and/or dress housekeeping habits; cessation of most outside activities; sleepless nights and sluggish days; confusion and memory lapses; erratic-use of prescription medications; agitation and outbreaks of temper or tears; complaints of non-specific aches and pains; secret drinking--then it's probably time to rethink the depth and magnitude of the depression. "This is when a geriatric professional should be called for a geriatric assessment," said Dr. Knight.

An assessment is usually done on an out-patient basis by a geriatrician or specially trained nurse and includes a health status work-up, a mental status evaluation, and a depression evaluation. The latter is based on observation and responses to a 15- or 30-question Geriatric Depression Scale, which asks questions about feelings and worries, activity level, and mental status.

If depression is diagnosed--and according to a recent Brown University study, major depression strikes one in six people over the age of 65--it can be usually be successfully treated with psychiatric counseling (i.e. talk therapy) therapy and anti-depressants.

"About 80% of people respond in a very short period of time to treatment," Dr. Knight said, "and if it's a mild or situational depression, say from the grieving process or from the holidays, two or three months may be the limit for the medication."

Several hospitals and geriatric care centers offer geriatric assessments. The following is a partial list of area hospitals and centers offering geriatric assessments under the direction of a qualified professional.

Akron City Hospital (Center for Senior Health) 330-375-4100
Benjamin Rose 216-791-8000
Catholic Charities Services 330-723-9615
Cleveland Clinic Health System (Geriatric Section) 216-444-8091

Heather Hill Hospital's Health and Care Center 440-279-2420
Judson Retirement Community 216-791-5474
Lakewood Hospital 216-521-2228
Lutheran Hospital (Senior Behavioral Health Department) 216-363-2122
MetroHealth Medical Center (Senior Health Clinic) 216-778-8788
Montefiore Home 216-360-9080
St. Michael Hospital 216-429-8436
University Hospital's Foley ElderHealth Center 216-844-6300
Western Reserve Area Agency on Aging (Passport Program) 216-621-8010

What is a geriatrician, and why should I care?
Geriatric physicians, explained Kate Proehl, a psychiatric clinical nurse specialist at Benjamin Rose, are specialists in the care of older patients--generally those age 60 and over. Usually they are internists, she added, with advanced training in the physical biology of aging, geriatric health and psychiatric care, and pharmacology. "They take a very holistic approach," she says, "and look at the all the [body's] systems together."

As the population continues to age (those in the 85 and older category are the fastest growing group in the US and first-born Boomers begin turning 65 in less than 10 years), projections are that the number of geriatricians will be far outstripped by their need.