

## Loneliness and Depression

Everyone feels sad or low sometimes, but these feelings usually pass with a little time. Depression—also called “clinical depression” or a “depressive disorder”—is a mood disorder that causes distressing symptoms that affect how a person feels, thinks, and handles daily activities, such as sleeping, eating, or working. When the sad feelings last for an extended period of time and interfere with daily functioning, a person may have the medical diagnosis of depression (CDC, 2017). Late-life depression affects about 6 million Americans ages 65 and older. Loneliness in conjunction with other physical and mental problems can increase depressive feelings.

Research suggests that a combination of genetic, biological, environmental, and psychological factors play a role in depression. Depression can occur along with other serious 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 illnesses may cause side effects that contribute to depression symptoms.

## Objectives:

Overview of loneliness, anxiety and depression

Depression in the Elderly

The In-Home Aide role in working with a client with depression

## Symptoms of Depression

Sadness is only one small part of depression and some people with depression may not feel sadness at all.

Different people have different symptoms.

### Some symptoms of depression include:

- ❖ Persistent sad, anxious, or “empty” mood
- ❖ Feelings of hopelessness or pessimism
- ❖ Feelings of guilt, worthlessness, or helplessness
- ❖ Loss of interest or pleasure in hobbies or activities
- ❖ Decreased energy, fatigue, or being “slowed down”
- ❖ Difficulty concentrating, remembering, or making decisions
- ❖ Difficulty sleeping, early-morning awakening, or oversleeping
- ❖ Appetite and/or weight changes
- ❖ Thoughts of death or suicide or suicide attempts
- ❖ Restlessness or irritability
- ❖ Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment
- ❖ A physician or other appropriate healthcare provider would make a diagnosis of depression

## Anxiety

- ➔ Anxiety is a normal reaction to stress, but it can become a problem when it results in obsessive thoughts, excessive worrying or uncontrollable fears about everyday events
- ➔ Very often, people who experience anxiety also have depression-this is true in approximately 75% of people who have one or the other
- ➔ Similar to depression, inherited characteristics, brain chemistry, and environmental factors, such as stressful life events, may all play a role in bringing about an episode of anxiety
- ➔ Anxiety can be treated successfully through medication, specific types of psychotherapy, or both provided by a physician or other appropriate healthcare provider

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### Depression in the Elderly:

Depression impacts older people differently than younger people.

In the elderly, depression often occurs with other medical illnesses and disabilities and lasts longer

Advancing age is often accompanied by loss of social support systems due to the death of a spouse or siblings, retirement, or relocation of residence

Because of changes in an elderly person's circumstances and the fact that elderly people are expected to slow down, doctors and family may miss the signs of depression. As a result, effective treatment often gets delayed, forcing many elderly people to struggle unnecessarily with depression

### Risk Factors for Depression in the Elderly:

Factors that increase the risk of depression in the elderly include:

- Being female
- Being single, unmarried, divorced, or widowed
- Lack of a supportive social network
- Stressful life events

Physical conditions like stroke, hypertension, atrial fibrillation, diabetes, cancer, dementia, and chronic pain further increase the risk of depression

### Depression affects different people in different ways- for example:

**Women** have depression more often than men. Biological, lifecycle, and hormonal factors that are unique to women may be linked to their higher depression rate. Women with depression typically have symptoms of sadness, worthlessness, and guilt

**Men** with depression are more likely to be very tired, irritable, and sometimes angry. They may lose interest in work or activities they once enjoyed, have sleep problems, and behave recklessly, including the misuse of drugs or alcohol. Many men do not recognize their depression and fail to seek help

**Older adults** with depression may have less obvious symptoms, or they may be less likely to admit to feelings of sadness or grief. They are also more likely to have medical conditions, such as heart disease, which may cause or contribute to depression. **Depression is not a normal process of growing older.** Evidence indicates depression is more prevalent in older people with chronic diseases or disabilities

**Younger children** with depression may pretend to be sick, refuse to go to school, cling to a parent, or worry that a parent may die

**Older children and teens** with depression may get into trouble at school, sulk, and be irritable. Teens with depression may have symptoms of other disorders, such as anxiety, eating disorders, or substance abuse

**Once diagnosed by a physician or other appropriate healthcare provider, depression can be treated with medications, talk therapy (psychotherapy) and other treatments**

**Most people who experience depression require treatment to improve**



### Loneliness:

- Studies continue to reveal links between loneliness and a variety of physical, emotional and mental health problems
- According to the American Psychological Association, more than 42 million Americans identify as being lonely
- About one-third of U.S. adults age 45 and older report feeling lonely and due to an increased number of aging adults, the number is growing
- People who are lonely and socially isolated are more likely to have health problems, which can have serious financial implications
- Diagnoses of depression and anxiety are associated with an increased likelihood of loneliness

### Role of the In-Home Aide:

- Offer support, understanding, patience, and encouragement
- Encourage your clients to call family and friends to reduce loneliness
- Encourage your client to discuss feelings of depression with their physician, a physician can screen a patient for depression
- Remind client's to adhere to their treatment plan and provide reminders to take prescribed medications if part of your assignment according to the client's plan of care
- Certain medications for depression may cause side effects. Notify your supervisor if your client seems drowsy, confused, dizzy or any other change in condition noted and have a falls prevention plan in place per your agency policies and procedures
- Discuss with your supervisor how to communicate client information appropriately
- Knowing what observations are important to report, how to record your observations (i.e. written or electronic), and how to report your observations (i.e. verbal, written communication) are an important part of your role as part of the health care team. Talk with your supervisor if you think your client is depressed and discuss ways to assist your client
- Listen to client's for "negative talk" (such as "I am worthless", "I have no reason to live") and notify your supervisor if this occurs
- Never ignore client comments about suicide, and report them to your supervisor immediately and **do not leave the client alone** until appropriate help is in place, discuss your agency policies and procedures with your supervisor regarding a client who talks about suicide.
- If the client is in immediate danger contact emergency services (911) and do not leave the client until help arrives