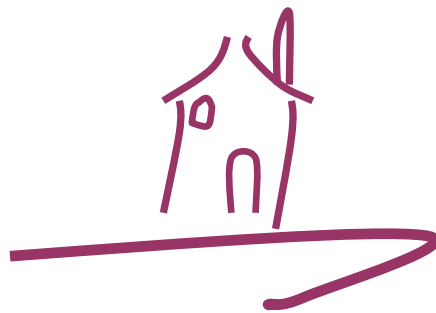


'Homeward Bound'

Education- Workbook For DEPRESSION in OLD AGE

A Psychoeducation Program for
Managing and Preventing the
Symptoms of Depression in
Older Adults
For Patients & Carers



Developed by

Dr Sarah O'Dwyer
Ms Linda Malusa CNS
Mr Robert King CNS

The St. Vincent's Hospital
Psychogeriatric Mental Health Service

Darlinghurst, Sydney.

Introduction

This booklet has been designed by the Psychogeriatric Service of St Vincent's Hospital. Its purpose is to meet the needs of older people who have been diagnosed with a depressive illness, and their carers.

It is designed with a holistic approach to care, acknowledging that each person has a different experience of depression and therefore each person requires an **INDIVIDUAL CARE PLAN**.

This program directly involves the individual in their own care planning thereby facilitating control over their health decisions and ongoing wellbeing.



The booklet is divided into three sections:

Section 1: Understanding Depression

Definition

Prevalence

The causes and risk factors: physical, psychological/ personality and social factors

Signs and symptoms

Treatment & helping yourself

Relapse prevention- how to stay well



Section 2: The 'Wellness Kit'

Management & relapse prevention

Everyday Self Care List

Adverse Events List

Adverse Events Action Plan

Early Warning Signs

When Things Are Getting Worse

Contacts

Medications

Community Plan



YOUR 'WELLNESS KIT'

Section 3: Carers

Caring for someone with depression

Talking and listening

Unhelpful strategies

Taking care of yourself

Helpful websites and phone numbers

Section 1: UNDERSTANDING DEPRESSION

Depression

Depression is more than just a low mood - it's a serious illness. While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time and often without reason. People with depression find it hard to function every day and may be reluctant to participate in activities they once enjoyed.

Some older people can suffer from a more serious form of depression called *melancholic depression*. This is characterised by marked agitation, preoccupation with pessimistic/negative thoughts and changes in mood throughout the day - feeling worse in the morning and improving as the day progresses.

Depression affects a person's whole being, both **mental and physical**, highlighting the importance of recognising and treating this illness.

Depression is not a weakness or character flaw.

DEPRESSION IS A TREATABLE ILLNESS.



Prevalence

Depression in older adults is very common BUT **it is not a normal part of ageing**. The exact numbers are not known, but in Australia, it is estimated that up to 15% of older adults living in the community and up to 45% living in aged care facilities experience depression. **MEN** and **WOMEN** are both affected by depression, however men are more likely to go for longer periods without seeking treatment.

Cause of depression

Depression in old age is caused by many factors. Some older adults may have suffered from depression for most of their life while others may experience depression only late in life.

Ultimately physical, psychological and social factors can cause a **DISRUPTION IN THE BALANCE OF CHEMICALS** (neurotransmitters) in the brain which leads to the symptoms of depression.

This imbalance can be precipitated by a **combination of recent events and personal risk factors**. Ongoing difficulties such as multiple losses eg death of a spouse or friend, loss of role through retirement and poor physical health are all stressors that pose a risk factor for depression.

DEPRESSION IS CAUSED BY A CHEMICAL IMBALANCE IN THE BRAIN



RISK FACTORS FOR DEPRESSION IN OLDER ADULTS

It is often difficult to know exactly which factors have contributed a particular individual's illness but we know that multiple factors can increase risk. Physical, psychological and social or environmental factors can play a role.

Common Physical Risk factors:

These include medical illness/ injuries that can directly cause changes in brain functioning or neurotransmitter balance.

- Low thyroid function
- Brain injuries and diseases (e.g. stroke, heart disease, head injury, epilepsy, Parkinson's Disease)
- Blood vessel disease in the brain due to diabetes and / or hypertension
- Infectious diseases
- Some steroid and hormonal treatments
- Anaemia
- Chronic pain
- Following a stroke, a heart attack and major surgery
- Alcohol dependency
- All forms of cancer as an endogenous cause or environmental stressor



Psychological Risk Factors:

These include individual traits and personal qualities that can leave an individual vulnerable to depression.

- A lifelong worrier
- Perfectionism
- Sensitivity to criticism
- Unassertiveness
- Self-critical and negative
- Shy, socially anxious, low self esteem
- Low self esteem
- Rigid inflexible thinking style
- Unrealistic expectations of self or others
- Reluctance to discuss psychological distress



Social & Environmental Risk Factors:

These include events or circumstances in life that can be stressful and leave individuals vulnerable to depression.

- Loss through bereavement, divorce or separation
- Previous experience of depression
- Low socio-economic situation, poor housing, financial difficulties, inner-city living
- Being a victim of crime or experiencing fear of crime
- Physical impairment and disease, chronic ill health, incontinence and visual impairment
- Pain
- Loneliness and isolation
- Recent move into long-term care
- Ageism and perceiving self as "on the scrap heap"

- Lack of early identification and treatment
- Irritating, frustrating demands: constant reminders of bereavement or death; difficulties in carrying out activities which were once simple and are now difficult
- Strained relationships
- Loss of role through retirement



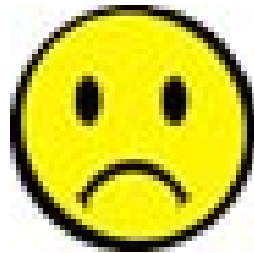
SIGNS & SYMPTOMS OF DEPRESSION IN OLD AGE (for more than 2 weeks)

Not all individuals will experience all of these symptoms, some may experience only a few.

Common behaviour associated with depression in older adults:

- Loss of appetite
- Poor sleep
- Loss of energy
- Poor concentration or memory complaints
- Thoughts about ending their life through suicide
- Moodiness that is out of character
- Increased irritability and frustration
- Finding it hard to take minor personal criticisms
- Spending less time with friends and family

- Loss of interest in food, sex, exercise or other pleasurable activities
- Increased alcohol intake
- Increased physical health complaints like fatigue or pain
- Recklessness or taking unnecessary risks
- Inability to make decisions
- In some severe cases people can suffer with agitation and restlessness along with feelings of hopelessness or feelings that they are going to die



TREATMENT FOR DEPRESSION IN OLD AGE

Options for treatment include **MEDICATION** (anti-depressants) and "**TALKING THERAPIES**". It is important to understand the cause of depression in order to determine the most appropriate treatment. A combination of the above treatments is believed to have the best outcome.

Medications

The medications used in the treatment of depression are called antidepressants. They are designed to correct the imbalance of chemical neurotransmitters in the brain. There are many different types of antidepressant medications and these can only be prescribed by a Medical Practitioner.

The antidepressant medication you have been prescribed has been chosen specifically to treat the particular symptoms you have. No two people experience depression in the same way and often different medications and different dosages are used depending on their efficacy in the individual. Sometimes you may need to take a combination of medications to treat your illness.

It can take from **2-4 weeks** of antidepressant treatment before you may feel any improvement. It is important to persevere with treatment during this time and you will need to take these medications for at least 12 months. It is important that you keep taking these medications to prevent a relapse of your symptoms. It is also important to talk to your doctor if you experience any side effects. Your medications should only be stopped after consultation with your GP or with your psychiatrist.

"Talking Therapies"

Options for treatment include "talking therapies" such as cognitive behavioural therapy (CBT) and interpersonal therapy (IPT). CBT helps people to think more realistically and change their thought patterns in order to change their behaviour and how they react to situations. IPT helps people to improve their relationships with others and cope with loss and conflicts. Clinical psychologists specialise in this area of CBT and IPT and your GP can assist in recommending one to you.



Helping Yourself

Reducing stress and anxiety

- Practice slow-breathing exercises to decrease stress
- Learn and practice relaxation techniques
- Understand how important physical activity is for good mental health



Getting Enough Sleep

- Difficulty sleeping is a common problem
- Depression disturbs sleep and disrupts the body clock
- Sleeplessness and being tired may lead to irritability, lack of energy and poor concentration
- It's not the total length of sleep that matters, but the quality of *deep sleep* and *dream sleep*.
- Most deep sleep occurs during the first five hours after falling asleep at night. Even if a person sleeps for only four or five hours, they will still get the same amount of deep sleep as someone who sleeps for eight to ten hours



Keeping Active

Regular gentle exercise is VERY IMPORTANT

- Exercise such as walking, swimming, yoga, dancing, golf or a gym workout can help relieve mental tension
- Try to do some exercise everyday
- Continue to do things that give you a sense of achievement
- Maintain social contact



Reducing alcohol intake

- Many people try to make themselves feel better with alcohol, cigarettes and other drugs
- Although these substances may provide temporary relief, they may also cause long-term problems
- Alcohol interferes with the effects of anti-depressant meds (they don't work as well because they are broken down in the liver faster if alcohol is consumed)
- Alcohol increased the risk of cerebrovascular disease.



Remember depression in older adults is not a normal part of ageing. It is treatable illness and effective treatments are available. Help yourself and others by seeking help early.

Management & Relapse Prevention

Management and prevention of depression often go hand in hand. The things you do during the treatment stage to help you recover are also helpful in the prevention of depression. Along with the previous list of treatments and management, the following suggestions can also help prevent further episodes of depression.

Prevention

What can you do to prevent the onset or relapse of depression?

Have good MEDICAL and PHYSICAL health

See your GP regularly to monitor blood pressure, blood sugar levels and cholesterol. If you are prescribed medications for these ensure that you take them as prescribed. If you take an antidepressant it is important that you continue to take it until your GP or Psychiatrist says that you can stop them. Often they need to be stopped gradually. If you experience side effects it is important to talk to your doctor about this.



Weight

Check with your GP what a healthy weight would be for you and aim to maintain this by reducing caloric intake and increasing activity. Obesity can predispose you to many cardiovascular problems leading to cerebrovascular disease (damage to blood vessels in the brain) which is an established cause of depression.



Diet and supplements

Eat well. This includes a diet low in animal fats and high in marine omega 3 such as fish eg. salmon, tuna, mackerel and sardines, and high in fibre such as breakfast cereals, wholegrain bread, fruit and vegetables. Research indicates that it may be beneficial to take supplements such as Vitamin D which aids in calcium absorption and fish oil which is high in omega 3.

Folic acid (folate) and Vitamin B12 play a crucial role in the formation of neurotransmitters. Low levels of folic acid and vitamin B12 can lead to depression and contribute to cerebral dysfunction. Folic acid is found in foods such as lentils, asparagus, spinach, broccoli, beetroot and beans such as kidney, navy and black beans. Vitamin B12 is found in fish, meat, poultry, eggs, milk and milk products.

Vitamin E is thought to have a role in preventing atherosclerosis (blocking of the arteries from cholesterol). High dietary intake is associated with lower rates of heart disease. Vitamin E can be found in foods such as sunflower seeds, almonds, peanuts, pine nuts.



Social Engagement

Remaining engaged with family and friends can also be very beneficial. Staying socially active helps you to remain mentally active and often gives you a purpose to the day. Do things that you enjoy, this may involve meeting friends for a coffee, going to the cinema or going for a walk with friends. Others may like to read the paper daily which helps to remain mentally alert and in touch with what is going on in the world. It is helpful to have things to look forward to, so make plans with family and friends to meet or do activities together.



Section 2: EDUCATION WORKBOOK EVERYDAY SELF CARE LIST

Things I need to do each day to take care of myself:
(see pages 13-15)



ADVERSE EVENTS

Things that may occur that can cause me to become unwell:
(See pages 7-8)

ADVERSE EVENTS ACTION PLAN

Action Plan—Things that I can do, if adverse events arise, to keep them from becoming more serious symptoms: (See pages 11-12)

EARLY WARNING SIGNS

Some early warning signs that I have experienced and that others have reported: (See pages 7-9)

EARLY WARNING SIGNS

Things I must do if I experience early warning signs:

WHEN THINGS ARE GETTING WORSE

SIGNS and SYMTPOMS that indicate that I am becoming unwell:



RELAPSE MANAGEMENT PLAN

These are the **people I can contact FOR HELP** when symptoms listed on pages 15 -17 occur

Name:

Relationship:

Phone number:

Tasks I need him/her to do:

Name:

Relationship:

Phone number:

Tasks I need him/her to do:

Name:

Relationship:

Phone number:

Tasks I need him/her to do:

Medications to treat my depression

Medications I am currently taking and why I am taking them:

1. why:

2. why:

3. why:

Community Plan

What can be put into place in order for me to stay at home or in my community and still get the care I need:

Other notes for my 'Wellness Kit':

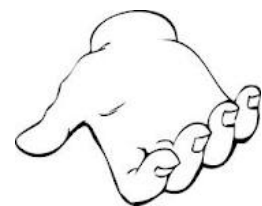
Section 3: FOR CARERS

Be supportive and encouraging:

- Accept the depression as real.
- Allow them to complete their daily routine at their own pace.
- Suggest caring for and taking responsibility for a pet or plants.
- Encourage feelings of usefulness by suggesting responsibility for completing household tasks.
- Promote feelings of success by giving one task to complete at a time
- Encourage physical activity

Talking and listening techniques

- Talk to the person about how they're feeling
- Listen to what they are saying
- Maintain eye contact
- Use open-ended questions such as "So tell me about that...?"
- If your conversation becomes difficult or the person you are talking to gets angry, stay calm, be firm, fair and consistent, admit if you are wrong and don't lose control
- Often just spending time with the person lets them know you care and you understand what they are going through
- Encourage the person to seek professional help
- Take care of yourself



Be patient and respectful:

- Learn to recognise the signs and symptoms of depression.
- Treat the person like an adult.
- Include them in social events and community activities.

Unhelpful Strategies

It is not helpful to:

- Pressure them to "snap out of it"
- Stay away or avoid them
- Tell them they need to stay busy and go out more
- To encourage them to use illicit drugs or alcohol to deal with how they are feeling
- Assume the problem will just go away

Taking Care of Yourself

Carer support is valuable during the recovery stages of depression. The role of the carer can be a demanding one and it is important that during this time you take time to pursue your own interests and maintain contact with family and friends.



Remember your own health and wellbeing needs are important as well.

Strategies to avoid carer stress:

- Understand that this is an illness and that the person will get better
- Often the person can be irritable and say things which are out of character for them. This is part of the illness and should not be taken personally
- Maintain your usual social activities
- Stay in touch with family and friends
- Find someone you can talk to for support- either a trusted friend or family member or alternatively you could seek professional counselling
- Stay active - take regular gentle exercise such as walking, swimming and yoga
- Eat well
- Get enough sleep
- Do things you enjoy doing

relax

Helpful Websites

www.beyondblue.org.au

www.agedcareaustralia.gov.au

www.cityofsydney.nsw.gov.au

Contact Numbers

St Vincent's Mental Health Services/psychogeriatric
Service: 8382 1800

Lifeline: 131114

