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# Coping with Depression and the Holidays

The Geriatric Mental Health Foundation

**F**or most of us, the holidays are a time to gather with friends and family, celebrate, reflect on the past, and plan for the future. However, for some, especially older individuals, the holidays can be a difficult time. During the holidays, older adults may feel more acutely the passing of time; the absence of parents, siblings, and friends who have died; and the distance of loved ones who have moved away. Traditional reunions and rituals that were observed in the past may not be possible, and in their absence, the holidays may seem devoid of meaning.

It is normal to feel subdued, reflective, and sad in the face of these losses and changes. But family members, friends, or caregivers may notice that a senior is experiencing the “blues” for a long time and that what they may have thought was simple sadness actually is a serious case of depression.

## **Depression is Not a Natural Part of Aging**

Everyone feels sad or blue sometimes. A person who is sad or anxious around the holidays can, in most cases, continue to carry on with regular activities. Generally, such feelings are temporary, and the individual eventually returns to his or her normal mood state. However, a clinically depressed person suffers from symptoms that interfere with his or her ability to function in everyday life. These symptoms include much more than feeling blue.

When clinically depressed, the affected older person may lose the



will to live. He or she begins to question the value of life and may think of suicide. There often are feelings of diminished self-esteem or excessive feelings of guilt. As these symptoms develop, the older person may take to bed or not bother getting dressed in the morning.

Appetite and sleep may suffer while lethargy sets in. The person may show little interest in his or

her own welfare and little interest in doing things that in the past brought pleasure.

Recognizing depression in older individuals is not always easy. It often is difficult for a depressed older person to describe how he or she is feeling. In addition, the current population of older Americans came of age at a time when depression was not understood to be a biological

illness. Those who are depressed may fear being labeled “difficult” or worse, or may worry that their illness will be seen as a character weakness.

Those who are depressed, their families, and caregivers may think that a change in temperament or behavior simply is a passing mood, and that the person will just snap out of it. Unfortunately, a person suffering from depression cannot just “get over it.” Depression is a medical illness that should be diagnosed and treated by trained professionals. Left untreated, depression may last months or even years.

If left undiagnosed and untreated, depression can:

- Lead to a loss of independence
- Aggravate symptoms of other illnesses
- Lead to premature death
- Result in suicide

When properly diagnosed and treated, however, depression can be alleviated.

### **Facts About Depression**

Following is some information about depression in the elderly and how to help those who might be suffering from it.

### **What are some of the warning signs of depression?**

The most common symptoms of late-life depression include:

- Persistent sadness
- Withdrawal from regular social activities
- Slowed thinking or response
- Lack of energy or interest in things that were once enjoyable
- Excessive worry about finances or health
- Frequent tearfulness
- Feelings of worthlessness or helplessness
- Weight changes
- Pacing and fidgeting
- Changes in sleep patterns (inability to sleep or excessive sleep)
- Inability to concentrate
- Staring off into space (or at the television) for prolonged periods of time

### **What triggers depression in older adults?**

Chronic or serious illness is the most common cause of depression in the elderly. However, the disease also can be caused by biological changes in the brain and, thus, may occur for no visibly apparent reason.

As the body and brain age, a number of bio-chemical changes begin to take place. Changes as the result of aging, medical illness or genetics may put the older adult at a greater risk for developing depression.

Among older people, medical illnesses are a common trigger for depression, and often depression will worsen the symptoms of those other

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illnesses. In addition, some illnesses may hide the symptoms of depression. When a depressed person is preoccupied with physical symptoms he or she may attribute the depressive symptoms to an existing physical illness, or may ignore the symptoms entirely. For this reason he or she may not report the depressive symptoms to a doctor, family, or caregivers.

### **Is depression treatable?**

Today, there are highly effective behavioral and pharmacological interventions for depression in late life. In fact, most depressed elderly people improve dramatically with treatment.

Typically, it takes 4 to 12 weeks of treatment with *antidepressant medication* to begin seeing results, and medication is taken for 6 months to a year. It is important to take antidepressant medications in close consultation with a general

practitioner or psychiatrist. Taking the wrong amount—too much or too little—or discontinuing medication too soon may compromise the effectiveness of the treatment.

*Psychotherapy (talk therapy)* can also play an important role in the treatment of depression. Some patients improve notably with short-term talk therapy (10 to 20 weeks); others may benefit from long-term therapy. Some patients find group therapy with their peers helpful as they are able to share insights with others who are going through similar experiences. It is very important that the depressed person find a therapist with whom he or she feels comfortable and who has experience with older patients.

### **What are some of the complications in treating depression?**

Each person has individual biological and psychological characteristics that require specialized care. Sometimes different medications must be tried for a successful recovery. This is especially true with the elderly who have other serious illnesses or who are otherwise in frail health.

### **What are the first steps in caring for the depressed person?**

An elderly person who may be depressed should see a medical professional—a family doctor, a general psychiatrist, or a psychiatrist specializing in the elderly, called a geriatric psychiatrist. A complete physical should be part of any evaluation since depression may be the result of another medical condition.

### **How do you talk to someone who is depressed or blue?**

Sometimes the hardest part in helping someone who is depressed or blue is finding an approach that does not contribute to him or her feeling defensive, sad, or helpless. If you are at a loss for words, you may want to consider some of the following ways to begin:

- Discuss your own varied feelings

or a time in your life when you were depressed or blue. Knowing that you understand may give them the means to talk about their feelings.

- Acknowledge that the holidays can be difficult. Many people don't want to admit that life is not always as cheerful as portrayed in the media or in advertisements.
- If the older individual is not eating or has lost weight, you might start by gently asking about their appetite or why they do not seem interested in food.
- Once you have gotten past the initial awkwardness, you may be surprised to learn that the resident will talk to you. At that point, it is up to you to listen and offer support.
- Offer specific suggestions for help and be willing to assist in implementing them.

It may take more than 1 conversation and it may take more than 1 day or 1 week to get the individual to agree to get help. If someone is struggling with depression, he or she may not want to hear what you have to say and may resist your suggestions. Be persistent. This is a difficult process for you and the resident, but knowing that depression is treatable makes it easier to address.

### **Over the holidays, how might older individuals respond to the threat of terrorism?**

Today's senior citizens are a resilient and resourceful group, and the vast majority is managing the stress of current events very well. However, during the holidays, staff should be sensitive to possible delayed responses to the incidents of terror around the world, our involvement in the "war on terror," and even local and national acts of violence and threats of terror that are reported in the news.

In addition to feeling depressed, seniors may find themselves irritable and uninterested in previously cherished rituals or loved ones.

Those traumatized by earlier life experiences may become preoccupied with unwelcome images from the past. Older émigrés who fled political terror or religious persecution in their homelands may be particularly vulnerable.

### **Why might these responses be delayed?**

During the holidays, we let our emotional guard down. Our psychological defenses are loosened in anticipation of the warm, secure feelings associated with the holidays. Seniors who have busied

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themselves and kept the terror out of mind may find that the change of pace leaves them vulnerable.

### **What are signs that an older person may need help from a mental health professional?**

- Suicidal thoughts are not the norm even in very old persons and their presence indicates the need for professional help.
- An escalation in the use of alcohol, pain relievers (analgesics), or sleeping pills may indicate depression.
- Seniors who seem confused, cannot concentrate, or seem lost in the midst of family events may benefit from a professional assessment.
- Shedding a tear or two during the holidays is a sign of sentiment. But when crying becomes disruptive or disabling it may be a sign of depression.
- Seniors who suddenly isolate themselves are clearly having problems.

### **What can friends, family members, and caregivers do to help?**

The simple answer is to communicate one's concerns openly. Speak with administrators and family members. Suggest that the individual's doctor be contacted and that someone should accompany the senior to an appointment. A conversation with the senior's clergy also can facilitate referral to a mental health professional.

### **Assisted Living Residents**

Many families rely on assisted living (AL) facilities to provide the consistent care their older relative's needs. Holiday depression can arise—for many of the reasons previously mentioned—when individuals are in AL. The holidays may be especially hard on these individuals because of the loss of their own mobility.

### **What kind of care can a patient receive for depression in AL?**

If you suspect that a resident is depressed, you may want to talk to the resident's family and to your administrator or director of nursing about the symptoms you notice. You may want to suggest a consultation with a physician or psychiatrist. If the individual is in frail health, recommend that the doctor is trained in caring for the mental health of the frail elderly whose ability to tolerate treatments may be different from other elderly patients.

Remember that everyone should have access to the care they need—physical and mental—regardless of the setting. If you suspect that a resident is suffering from depression, inform the family and request that the facility help provide appropriate treatment. ALC

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