

Depression in Seniors

As we age, we are sometimes faced with chronic health conditions, mobility issues that can keep us home more than we like, and a decrease in friends or a support network. While these things can certainly make seniors feel sad or blue, [the CDC](#) tells us that depression is *not* a normal part of the aging process. However, family members and even medical professionals do not always recognize depression in seniors over the age of 65 because of the misconception that it is normal to feel sad when you are getting old and sick. This false line of thinking keeps many seniors from receiving the diagnosis, treatment, and support that they need.



Depression can be brought on not only by major life changes, but also by medications that your loved one might be taking for other chronic conditions. Feelings of depression can be a side effect to many common medications. Depression can affect an older adult with a history of mental illnesses or an adult who has been relatively happy throughout life. If depression is diagnosed and treated quickly, quality of life remains intact.

What to look for

Depression can look differently in every person. However, if you notice any of the following symptoms in yourself or your aging loved one, it is good to address it with a trusted friend or healthcare professional.

- Changes in sleep patterns (sleeping more or less than usual)
- Feeling teary or sad and unable to shake it
- Changes in eating patterns (eating more or less than usual)
- Decreased desire to pursue hobbies previously enjoyed
- Memory issues
- Difficulty concentrating or remaining focused
- Aches and pains that do not go away with treatment

What is normal

Unfortunately, seniors are dealing with many changes that can make anyone feel sad or upset.

These feelings of grief or sadness are normal and are not necessarily depression. However, if your loved one is unable to shake feelings of sadness, helplessness, or worthlessness, and you notice other symptoms as listed above, it is safe to say that the feelings are no longer normal and have crossed into depression.

What to do

If you are concerned that your loved one is depressed, bring up those concerns during your next geriatrician or physician appointment. Advocate for your loved one and ask if it is appropriate for prescription help or a consultation with a psychiatrist. Depression in seniors is best treated with a mix of prescription and talk therapy; be sure your loved one's doctor is pursuing the correct course of treatment for your loved one's needs. Finally, if your loved one is talking about suicide or is sharing suicidal thoughts, call 911 or make an immediate appointment with a physician. It is better to be safe and get your loved one the support they need sooner than later.

A major part of depression is isolation. With decreased mobility and a small network of friends and family, seniors can find that they are in their home alone more often than not. [Our Visiting Angels](#) are not only a valuable resource for daily care, we also offer companionship that will keep your loved one feeling safe, secure, and loved. We are ready to join your family team to fight isolation and depression in your loved one.

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