Factors Contributing to Depression in the Elderly

Depression is a condition that can affect people of all ages. Although it is more common in younger individuals, the elderly are certainly not impervious to the debilitating symptoms it may cause. (Data compiled by the National Institute for Mental Health [NIMH] shows that in the U.S., people age 30-44 are more than twice as likely to suffer from depression in their lifetime compared to people over the age of 60.) There are several theories which attempt to explain why people develop depression at all. One of the most widely accepted of these is the neurochemical hypothesis, i.e. that depression is due [at least in part] to the abnormal regulation of brain “chemicals” (neurotransmitters) believed to be involved in determination of mood. There is a lot of credence to this theory, considering that several medications designed to improve the regulation of serotonin, norepinephrine, and dopamine have proven effective for some. Even on a more basic level, patients often describe certain situational factors that trigger their depression. I will attempt to discuss a few of these that may be more common in the elderly.

Failing Health

It goes without saying that as we age, things “don’t work like they used to.” Even in individuals that don’t necessarily develop significant medical conditions, there are still changes to contend with including declines in general strength, stamina, response time, visual acuity, and hearing. These changes may be emotionally taxing for some elderly when they begin to realize their limitations. This may be especially true for some who previously led “active lifestyles,” e.g. the former avid golfer who realizes that he/she can’t play as many holes as before without experiencing significant aches and pains. Those that try diligently to maintain the same activity level of their youth sometimes do things that result in injuries such as sprains / strains or even fractures. Even relatively simpler tasks such as driving may become difficult for some and contribute to feelings of inadequacy.

On another level there are more serious health issues that may develop in the elderly. These include conditions that affect the cardiovascular system, e.g. hypertension, hyperlipidemia, and diabetes. These in turn may lead to very debilitating and potentially fatal conditions such as heart attacks, strokes, and kidney failure. There is high co-morbidity with these conditions and depression. This may be due at least in part to direct physiologic effects on the brain. However, one should also consider the emotional distress that may result both from the trauma of these events themselves or from the limitations and lifestyle changes that often ensue.

Social Isolation / Withdrawal

As people age, they also face circumstances that affect their important relationships. People that have children may eventually live to see them grow up, move out, get married, and start their own families. This may be more difficult in cases when the children move far away, decreasing the frequency of face-to-face contact. Aging people at some point have to deal with the failing health of their own parents and eventually their death. Married individuals who live long enough may later experience the loss of their spouses. (This is especially true for women in the U.S. where the average life span for women is about 4 years longer than that for men.) Elderly people tend to have elderly friends who may eventually pass away.
All of these factors combined may leave an elderly person feeling alone and isolated. This lack of adequate human interaction and social support may precipitate depression. The sense of isolation may be perpetuated by a lack of desire to or limited ability to establish new relationships. Again, if a person’s health restricts his/her ability to participate in certain activities, it may be more difficult to meet new people and make new friends. Also if he/she cannot or chooses not to drive for health/safety reasons, attending social events becomes difficult, thereby creating another potential barrier to expanding relationships. For these reasons some choose to move into assisted living or similar facilities where establishing social contacts is less challenging.

“Changing Times”

I often hear people refer to the fact that “times are changing.” For many adults today, especially those considered “middle-aged” and beyond, the world we live in is very different from the world in which our parents were raised. Even more striking to some are the societal changes that have occurred during the course of their own lives. (Using myself as an example, I recall as a little boy riding in vehicles that had 8-track players and having a “record player” in our home that played LPs and “45s”. I still at times find it hard to believe that today, music can be downloaded to a device from the internet without the use of a physical intermediary device.) With this being said, imagine the thoughts of some elderly who were alive when such things as televisions, radios, and other electronic devices were considered “new inventions.” Depending on their level of education and/or experience, some may not be familiar with using certain devices or equipment. Yet our world is almost requiring people to be knowledgeable [to some degree] of technology in order to perform even daily / routine tasks. With the seemingly perpetual pressure to create a “paperless” world, it may be increasingly difficult for some elderly to keep up. They may find it quite stressful to be asked to fill out something “online” as opposed to using a paper application. Those who grew up with rotary-dial phones may succumb to the pressure of newer cellular phones but struggle with the concept of touchscreen keypads. As a final example, I recall going to a local bank a while ago and watching as a teller tried to explain to an elderly gentleman what an “ATM / debit card” was and why it would be more convenient under certain circumstances. In summary, although these changes may seem relatively minor to others, they may be quite stressful for some elderly individuals. Inability to keep up with the pace of change may cause some to feel even more isolated.

Possibly an even greater stressor produced by changing times is financial strain. “The price of everything is going up” is certainly a complaint shared by many of all ages. However, some elderly individuals who are no longer working may experience more financial difficulty. They may be living on money that has been saved over the years by different methods. However, this may seem like a very finite amount as cost of living expenses continue to rise and if they do not have sources of “new income.” Also, the estimation of how much they needed to save may be deemed inaccurate if they “live longer than expected”. For those that are still able to drive, a bigger decision may be whether to venture out at times due to rising gas prices. Many elderly may have inadequate or no health insurance and this creates difficulty when they do become ill and need medical attention. Considering all these factors, some elderly find it hard to be optimistic and hopeful when they see their financial resources being depleted.

Final Thoughts

Overall there are several circumstances related to the reality of aging that may precipitate depression. I have discussed only a few here. Certainly stress happens to everyone, but the elderly may have more
difficulty handling it. One should also keep in mind that the elderly have a tendency to minimize their stressors or may have trouble verbalizing their emotions. However, being aware of the aforementioned and other pertinent factors may help to identify depression in this age group and facilitate the implementation of needed treatment / interventions.

(Note NIMH data/depression statistics are available online at www.nimh.nih.gov/statistics/1mdd_adult.shtml)

Dr. Marion Wright, Jr., M.D., Psychiatrist, received his Bachelor of Science degree in Biology from Duke University in 1995. He later proceeded to medical school at the University of North Carolina at Chapel Hill, obtaining his Doctor of Medicine degree in 2002. He completed the final phase of his medical training at the Brody School of Medicine with East Carolina University where he went through residency training with the Department of Psychiatric Medicine. He worked with a private practice in Wilson, NC before joining his current practice which is Eastern Psychiatric and Behavioral Specialists, located in Greenville, NC. He has a special interest in the connection between faith and healing, especially as it pertains to mental disorders. Dr. Wright is happily married and is the proud father of 2 children ages 3 and 5.