

Depression in Older Adults: An Important Issue for Nurses in Primary Health Care

Dilini Nanayakkara

Depression in older adults

New Zealand has an aging population. A common mental disorder in the elderly (> 65 years) is depression but it is frequently missed or misidentified and goes untreated. Untreated depression leads to adverse outcomes for patients. Being the frontline in managing mental disorders in the community, health professionals in primary care settings need to be better prepared for providing the necessary care for older adults with depression.

Consequences of untreated depression in the elderly:

- Loss of quality of life
- Significant distress
- Increased mortality from other illnesses
- Severe malnutrition
- Increase suicide (75% of elderly persons who commit suicide visited a primary care service in the preceding month but symptoms were unrecognised/untreated)

How can nurses in primary health care services resolve this issue?

Target the following key areas of nursing practice:

- 1) Increase awareness of the issue of depression in older adults
- 2) Improve knowledge of management options for depression in the elderly
- 3) Recognise barriers to diagnosing and treating depression in older adults
- 4) Promote mental well being in older adults

Key points

Depression in older adults is:

- a common mental disorder
- not a normal part of the aging process
- often misdiagnosed/untreated resulting in adverse outcomes

❖ Nurses in primary care have an important role in resolving this issue

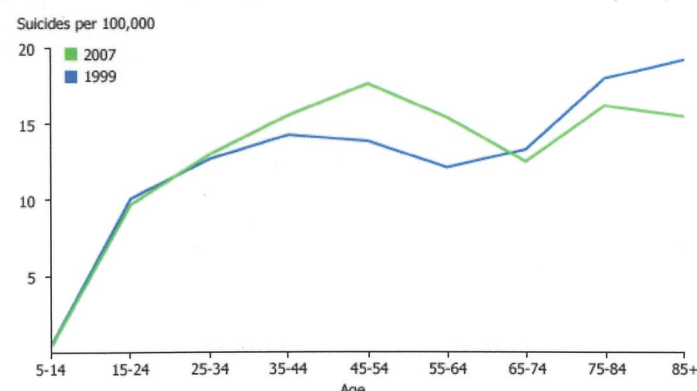
- Recognise that older adults, particularly males, are a high risk group for depression and suicide
- Target screening towards elderly patients
- Symptoms of depression in older adults is the same as those for younger age groups

- Antidepressants (mainly SSRIs) are the first line of pharmacological treatment
- Psychotherapy, counselling and cognitive behavioural therapy can be effective
- Management option similar to that of younger age groups

- Older adults usually present with non-specific symptoms
- There maybe stigma attached to being diagnosed with a mental illness
- Fear of addiction to medication
- Culturally unsafe treatment
- Misconception of depression being a normal part of aging process

- Help patients who are well, to continue to keep well
- Encourage socialising, community activity participation, volunteer work and exercise.
- In times of adversity, direct patients towards support available in the community

U.S. Suicide Rate by Age, 1999 and 2007



Source: WHO, World Report on Violence and Health, 2002

References

Chapman, D., & Perry G. (2008). Depression as a major component of public health for older adults. *Preventing Chronic Disease* 5(1), A22. http://www.cdc.gov/pcd/issues/2008/jan/07_0150.htm [accessed 20/05/15].

Chew-Graham, C., Lovell, K., Roberts, C., Balwin, R., Morley, M., Burns, A., ... Burrough, H. (2007). A randomized controlled trial to test the feasibility of a collaborative care model for the management of depression in older people. *British Journal of General Practice*, 57, 364–369.

Chew-Graham, C., Burns, A., & Baldwin, R. (2004). Treating depression in later life: we need to implement the evidence that exists. *British Medical Journal*, 329, 181–182.