

Example of essay on depression in old age

[Health & Medicine](#), [Nursing](#)



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Depression in older patients has become an issue of concern due to the nature of its prevalence. One in every four elders has been noted to exhibit symptoms of depression. In the nursing profession, there are the treatment practices that are currently used. There have also been certain innovations and calls for research in various treatment methods. There are however certain barriers when it comes to the diagnosis and treatment of depression in these patients due to the nature of relationship between the patients and their caregivers or health officers in residential homes.

Treatment of Depression

Older patients who exhibit depression are usually given anti-depressants. These drugs are suitable for patients that have moderate to severe depression. The choice of the depressant will depend on several factors such as the patient's reactions to other anti-depressants and any side effects of the drug (Katz, 1996). The patients can also be treated using electroconvulsive therapy (Pridmore & Turnier, 2004).

Aside from the medical treatment, the patients can also undergo psychological treatment approaches such as cognitive behaviour therapy

and interpersonal therapy. The medical approaches tend to deal with severe situations while the psychological approaches focus on addressing social factors (Crowe & Luty 2005).

In the recent past, it has actually been preferred that the nurses or health officers should use a combined treatment method where the person undergoes therapy even as he takes the anti-depressants. This combined treatment has been found to be quite effective (Hollon, Jarrett, Nierenberg, Thase, Trivedi & Rush, 2005). Psychological treatment approaches are also prescribed to patients who have not responded well to the medicine and for those who are facing low social support or other environmental challenges. Therapy is also crucial as it assists the patients after the discontinuation of the anti-depressants (Cathy, Christensen & Griffiths, 2005).

In therapy strategies, activities such as reminiscing have been found to uplift the patients and reduce depression. The nurse communicates with the patients on his past life and they discuss previous work and family life. There can be the use of photographs, scrap books and other items that help the patient to remember.

The nurses may also choose to mobilize social support for the patient (Chan, 2009).. This may require the nurse to contact direct family members and other relatives and convince them why it is important that they visit the elderly patients. The feelings of isolation and uselessness will start to decrease once the patient realizes there are people who are actually concerned about his or her health (Cummings, 2004)

Resident and Caregiver Relationships with Patients

There are several barriers when it comes to the treatment of depression.

First of all there is the traditional stigma associated with the people who have mental diseases (Haralambous, Lin, & Briony, 2009). The patients may be reluctant to report to the medical officers when they have symptoms that indicate mental challenges or depression (Andrew & Dulin, 2006). Due to the stigmatization and fear, sometimes the patients choose not to continue with the medication or they do not take the treatment as often as is recommended. They may also be less willing to attend the group therapy sessions.

They will also tend to prefer to go to the general care treatment centers instead of the mental health specialty centers. The patients who are at home need the family to provide an environment where the patient does not feel stigmatized or discriminated against.

There are also other barriers when it comes to receiving healthcare for the patients who are at home. The centers for treatment and therapy may be located in unsuitable locations causing the family to face practical challenges in terms of cost and transport when taking the patient for check-ups. If the family does not seek to improve the situation, they may give up on being consistent and the patient will miss out on important treatment affecting recovery.

There needs to be more initiatives where the people are generally educated about mental health and the treatment approaches available. It is also important to communicate the benefits of the treatment to the older patients

and their family members. There are also discriminative attitudes towards the elderly where people generally avoid them and do not pay to them adequate attention even in the homes.

The health officers may tend to patronize the older patients or listen less to what they are trying to communicate. Anything they say is simply seen as just one of the signs of aging and not any other another medical condition (Koritsas, Davidson, Clarke & O'Connor, 2005). . The risk of undiagnosed depression is higher in the male population because the women will probably narrate to the heath officer of any crying spells or any other affective symptoms. Physical symptoms or conditions will also compete with depression to get the health officer's attention. The officer is more likely to pay attention to the physical conditiond leading to misdiagnosis and eventual lack of treatment (Mitchell, Woodward & Hirose, 2008). The nurses may also be reluctant to uncover mental issues where they lack the skills and they have no access to educational facilities or mental health specialists.

In the industry, there has also been a tendency for the individuals to prefer not to specialize in old age care. There are therefore few professionals in the industry who have specialized in their care and are equipped to diagnose and offer the right treatment.

In the recent past, there has been the development of certain screening tools that have been found to be more effective than simply relying on the caregiver's judgement (Chan & Parker, 2004). The screening tools include such resources such as the 9-item patient health questionnaire which has been found to be quite effective. It guides the carer on which questions to

ask and based on the response how to determine whether the depression ranges from moderate to severe depression.

One of the challenges for caregivers and the residential staff may be the lack of skills to notice the depression symptoms. Caregivers should be equipped with the knowledge on how to diagnose depression in older patients. The symptoms of depression range from inability to sleep, feelings that one is overwhelmed and disinterest in activities that the older patient used to love. There is also fatigue that is not related to age or medication. The individual may feel that they are not useful at all especially now that they are old. Due to these low feelings, the individual loses interest in grooming and maintaining personal hygiene practices.

There is also forgetfulness, anxiety or irritability and inability to manage or perform the usual tasks. The patient may decide to increase his use of drugs and alcohol. There may also be joint pains and general loss of appetite.

There are many causes of depression in older patients. One of the major causes may be the severe change in their lifestyle. They find that they can no longer drive their car and they have to depend on someone else to completely take care of them especially when it comes to going to use the lavatory facilities. There are other factors such as living in isolation and those elderly people who have been segregated from their families and now live in homes have a higher risk of getting depression (Eisses, 2004)

There are those who have lost a spouse and other family members and the loneliness is overwhelming. The individual also realizes that he has reached retirement age and he can no longer contribute to the success of the

company he used to work for (Alpass, Towers, Stephens, Fitzgerald, Stevenson & Davey, 2006).. There are those who have had to give up the family home to other relatives or sell it because it is no longer safe to live in the house or it is too much work or expensive to maintain the family home. There are also other causes of depression such as vitamin or other deficiencies, dehydration or thyroid complications. The progression of a terminal disease also causes depression due to the loss of control or power that the patient experiences.

A lot of focus should be paid due to the severe impact that misdiagnosed or undiagnosed depression can have on a patient. Researchers have found that depression reduces the recovery of the patients from conditions such as strokes, broken hips, heart diseases and Parkinson's diseases. If not treated, the depression also interferes with the treatment of diabetes and dementia (Abbott, Wong, Giles, Wong, Young & Au, 2003).

Depression also increases the mortality rates of the elderly especially when they suffer from conditions such as heart disease. Depression has also been found to increase the risk of suicide in older patients. There are those who have been successful and that are why the intervention strategies that can improve the current situation need to be conducted well.

Conclusion

Many older people are increasingly becoming affected by depression. Many factors have been noted to contribute to this. It is therefore critical to note that this a treatable disease and people going through it need to seek help to overcome. Thus, through improvement of the care to people who exhibit

certain behavioral disorders that can be lined to depression, there is a likelihood of more depression cases and improved quality of life which can in turn lead to a reduced economic and social burden that are associated with the condition. By improving the care of behavioral disorders, health plans can save, extend, and improve the quality of members' lives, and reduce the societal and economic burden of depression.

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