

Depression suicide in older people



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Depression and suicide have become very significant public health issues in older adults who use health services at higher rates and even engage in poorer health behaviors. As a result, depression is associated with suicide and research shows that older adults exhibit the highest rates of suicide among all age groups and it's mostly pronounced among men. Depressive illness is not just a part of the usual and normal ageing processes although emotional experiences such as grief and sadness seem to be normal.

For this reason, health personnel may be tempted to think that persistent depression is an acceptable response to other serious diseases and the social hardships that often accompany aging. This contributes to the low rates of medical diagnosis and treatment among older adults. Untreated depression may have fatal consequences in terms of suicide and non-suicide mortality but this condition has been singled out as the most significant risk factor for suicide in the elderly population.

Tragically, most people who die by suicide reach out for help whereby 20% of them see a doctor on the day they die, 40% the week they die, and 70% in the month they die. In addition, it's also common that elderly people seek treatment for other physical diseases other than depression (O'Connell, 2009). Symptoms of Depression in Older People Symptoms of depression in old people differ from those that can be diagnosed in younger persons. These symptoms may be distinguished by weight loss, confusion, memory loss, social phobia, hallucinations and the insomnia.

Individuals who suffer from depression often have feelings of severe sadness though they are not acknowledged openly. Generally, the signs that can be used to detect that someone is experiencing depression include: persistent

and vague complaints, help seeking, slow movement and demanding behavior. For this reason, clinical depression needs professional treatment to help in the reduction of the duration and intensity of the symptoms (Fischer, 2004). Causes of Depression in Old People Depression in older people is caused by many factors which include psychological, biological, environmental and genetic factors.

These are the factors that often cause the development of depression although scientists think that some people usually inherit a biological composition which makes them more prone to depression. On the other hand, lack of balance in some brain chemicals like norepinephrine, serotonin and dopamine are thought of being involved in major depression. Some people also become depressed for unknown reasons because depression tends to run in families and the vulnerability is often passed from the parents to the off springs.

In cases where such genetic vulnerability is present, factors like prolonged stress or major life changes can trigger depression. In other older people especially those who have life histories of depression, development of disabling illness and loss of spouses can easily bring about the onset of depressive episodes. It's also good to know that depression can also be a result of side effects of some medications that are commonly prescribed to older people like the drugs used in treatment of hypertension.

In addition, depression in the elderly people can be complicated and at times it's catalyzed by dependence on substances like alcohol which normally act as depressants. Disease conditions like heart attack and procedures like bypass surgery are known to be associated with occurrence of depression.

Therefore depression should be assessed as a possible thing if there is delay in recovery from medical procedures and if there is any problem with treatment processes (WHO, 2002). Comparison of Depression in Men and Women Older women are more vulnerable and at greater risk to depression as compared to men.

This is because women are considered to be exposed to several factors that make them more susceptible to depression than men. Examples of such factors include the biological factor which mainly involves hormonal changes in older women. Stress as a result of problems in maintaining relationships or caring for sick family members more often fall on women and this greatly accounts for the higher rates of depression. The unmarried and widowed people are also more likely to develop elevated levels of stress due to lack of supportive social networks.

The major difference of depression in men and women is that women are at a higher risk than men in experiencing the first episode of depression. After the first experience, there is no consistent gender difference in the severity of this condition. Many people also think that depression is more common in women than men because they are more likely to admit that they are depressed whereas men deny their symptoms or they even forget them (Schimelpfening, 2007). There is a difference in the depression symptoms between men and women and the following are some examples.

In men the following may be experienced: Blaming others, anger, suspicious feelings, conflict creation, restlessness and agitation, compulsiveness, little sleep, fear of failure and self medication using alcohol. On the other hand, women with depression have a tendency of blaming themselves, feeling sad,

anxious feelings; conflict avoidance, nervousness, procrastination, guilt feelings and they also assume low status. Diagnosis of Depression in Older People Diagnosis of depression in older people may involve a physical examination.

This is essential in determining whether depressive symptoms are a result of other medical illnesses or not. It's important to carry out the physical examination because most of the times, many disease conditions may make the elderly people to develop depression and during medication, the illnesses are not attended to. In addition to this, it's also essential to review the patients' medication. This is because a change in medication may help in reducing the intensity of the depressive symptoms that are exhibited by older people. Clinical and psychiatric interviews with the patients and their family members are of utmost importance.

This is because it's through dialogue with close family members and friends that helps in making diagnosis of what the patient is going through and to establish whether the patient is exposed to conditions that bring about the depression (Schimelpfening, 2007). Treatment of depression in older people It's possible to treat depression in older people and once diagnosis has been done, 80% of the clinically depressed patients get effective treatment through medication, psychotherapy, electroconvulsive therapy or a combination of the three.

Medication is effective for most people with depression and there are four groups of antidepressant medication that are currently being used to effectively treat depressive illness. These medications include: selective serotonin re-uptake inhibitors, norepinephrine and serotonin reuptake

inhibitors, tricyclics and monoamine oxidase inhibitors. Another method of treating depression is the use of transcranial magnetic stimulation. This is also known as shock treatment and it is very useful in the treatment of severe depression in older adults.

Although medication is very beneficial to the elderly people, it's better if it's frequently combined with supportive psychotherapy or cognitive behavioral therapy in order to boost its effectiveness (Schimelpfening, 2007). Suicide in older people In older people, life is a time of fulfillment and satisfaction with life's accomplishments although in some of them, later life is a time of physical pain, psychological distress and dissatisfaction. Such people normally feel hopeless about making changes to improve their lives and as a result suicide becomes a possible outcome.

Despite these, the causes of elderly suicide are treatable and suicide is preventable. In America, more than 6, 300 older adults take their own life annually which means that almost 18 older Americans kill themselves every day. Older adults have the highest suicide rate more than 50% higher than young people or the nation as a whole. Suicide does not have a single factor that propagates it but it results from a number of combined factors which produce feelings of hopelessness and depression (BDI, 2010).