

MATRIX

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Issues

Information and ideas for those
serving seniors.

on Aging

Depression in the Elderly Can Be Deadly

The patient was a 70-year-old grandmother who lived alone in an apartment building for the elderly. The doctor was asked to see her because twice she had been taken to the emergency room in danger of a diabetic coma.

But when the doctor examined her, he found the pressing problem was not her diabetes, which could be controlled by diet and medication. Rather, it was depression, which rendered the woman apathetic about taking care of herself.

"A brother to whom she was close had died the year before, and in her grief she didn't bother to take her insulin or eat right," said Dr. Gene Cohen, who was called to treat her. After six months of psychotherapy for depression, the woman did well and her diabetes was back under control.

A new finding, that depression among men and women 65 and older nearly triples the risk of a stroke, underscores the need to treat depression in the elderly — not just to raise their spirits, but also to protect them better against other diseases.

The study of more than 10,000 elderly men and women, all told by their doctors that they had hypertension, and all with blood pressure readings higher than 160/95 or on medication for hypertension, found that over a three-year period, those with symptoms of depression suffered strokes at up to 2.7 times the rate of those being treated for hypertension but without depression.

"If elderly people have depression, it complicates their medical risk across

the board," said Dr. Eleanor Simonsick, an epidemiologist at the National Institute on Aging, who will publish results of the stroke study this month in the journal *Psychosomatic Medicine*.

Other studies have found that elderly people with depression fared worse in recovering from heart attack, from hip fracture and from severe infections such as pneumonia and had more difficulty regaining functions such as walking after being stricken by diseases of all kinds.

One obvious reason for the higher risk of stroke among the depressed, Cohen said, is that "if you're depressed, you're less motivated to be diligent in staying on top of eating right or treating your hypertension." For some, these lapses in treatment may be a "covert suicidal act," he said. For such patients, despairing thoughts, like "So what — nobody cares what happens to me anyway," can lead to a failure to take essential medications.

Another increased medical risk is biological. "Prolonged depression interferes with the functioning of the immune system," Cohen said "If you have a broken hip or an infection, the depression slows the rate of recovery, which can in turn worsen the depression."

Of the 32 million Americans who are 65 and older, about 6 million suffer from some level of clinical depression, said Dr. Barry Liebowitz, chief of the Mental Disorders Among the Aging

Research Branch at the National Institute of Mental Health.

Of these, the depression of at least 75 percent is undiagnosed and goes untreated, even though a large share are routinely treated for other illnesses by doctors who fail to recognize that they are depressed, he added.

"The major reason depression is not diagnosed is that doctors don't ask," said Dr. Deborah Marin, director of geriatric psychiatry at Mount Sinai Medical School in New York. "And older people don't divulge it unless they're probed, because for their generation there is such great stigma to having a psychiatric problem."

Studies of elderly people who committed suicide as a result of depression have found that three-quarters visited a doctor within a week of their deaths, but in only one-quarter of those cases did the doctor recognize that the patient was depressed.

"People around a depressed older person don't see the depression as a disease that should be treated," Cohen said.

Among the symptoms of depression that can be discounted or misinterpreted, Cohen said, are sudden irritability and fault-finding, or pessimism and little hope for the future.

Daniel Goleman, "*Depression in the Old Can Be Deadly*," (The New York Times, 9/6/95.)
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Who we are and what we do.

Matrix AdvoCare Network has provided care management services to elderly and disabled clients since 1987. Our goal is to help clients solve health care and social problems, leading to improved well-being. Registered nurses with expertise in gerontology handle all care management, which involves:

1. A multi-dimensional assessment that identifies clients' physiological, psychological, sociocultural, and spiritual needs.
2. Identifying services and referring clients to them.
3. Monitoring client response to services and adjusting them as needed.
4. Regular evaluation of service quality.

The care manager develops a plan to prioritize and solve the needs with the client's family, physician, and significant others. Community experts called upon include physicians, physical and speech therapists, home care nurses, transportation and meal services, rehabilitation and long-term care facilities, and volunteers. Since Matrix AdvoCare Network provides only care management, services are selected based on quality and cost-effectiveness.

The emotional support provided by the care manager is critical. Many elderly have lost family and friends, and are isolated and lonely. The care manager develops a therapeutic relationship with the client and often becomes a confidante.