

# Resources for the Elderly

Older Adults, Depression & Suicide: Symptoms, Facts, & Risk Factors

## Elderly Depression Symptoms and Signs

- Frequent or prolonged depressed or irritable mood
- Feelings of worthlessness or sadness
- Loss of interest or pleasure in daily activities
- Increased temper, agitation
- Change in appetite, usually a loss of appetite
- Difficulty sleeping
- Daytime sleepiness
- Difficulty falling asleep
- Multiple awakenings through the night
- Difficulty concentrating
- Memory loss
- Abnormal thoughts, excessive or inappropriate guilt
- Abnormal thoughts about death/wishing for death
- Thoughts and/or plans about suicide
- Vague physical complaints that have no apparent physical basis\*
- Anxiety, agitation\*
- Memory problems and complaints\*
- \*Often the initial complaints of elders vs. identifying feeling depressed

## Other risk factors:

- Family/personal history
- Chronic illness
- Caregiver
- Loss of spouse/partner or other significant loss or change
- Lacking social support
- Alcohol or drug use
- Pattern of negative thinking and pessimism
- People who worry too much
- Low self worth, feeling little control over life events
- Certain types of medications
- Untreated hearing loss. A 1999 National Council on Aging study showed there was an increased report of depression, anxiety, and paranoia in those without hearing aids.

## Facts

- Symptoms of clinical depression can be triggered by other chronic illnesses common in later life, such as, heart disease, cancer, diabetes, arthritis, Alzheimer's Disease, and Parkinson's Disease.
- As many as 75% of depressed older Americans are not receiving the treatment they need,

- placing them at an increased risk of suicide
- Those who attempted suicide reported inadequate finances, social isolation, recent death of a loved one, and/or physical illness with chronic uncontrollable pain.
- The suicide rate of white male suicides over the age 85 is nearly six times the suicide rate for all ages.
- 20% of elderly suicides over 75 have been seen by a physician within 24 hours of completing suicide; 35% have been seen by a physician within a week; 75% have seen a primary care physician within a month of their suicide, and 80% have seen a primary care physician within 6 months of their suicide.
- Most suicidal elders will not self-refer to obtain mental health care.
- In Colorado, older adults make up 10% of the population and account for 13% of the suicides.

**Contrary to commonly held beliefs:**

- Depression is a NOT A NORMAL part of aging
- Depression among older adults cannot be treated
- Most completed suicides are not due to terminal illness
- Elders who complete suicide are not always all alone in the world and may have close family members
- Even older adults who live with others can be at risk of suicide
- Sources: Mental Health Association of Colorado, National Institute on Mental Health, Colorado Office on Suicide Prevention, Mental Health Center of Boulder County Geriatric Team