



**CONTINUING STUDIES**  
University of Wisconsin–Madison

# *Myths and Misconceptions About Geriatric Depression and Anxiety*

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# Today's Focus

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- Consider the features of resilience in late life mental health
- Dispel myths about geriatric depression and anxiety

Understand that treatment produces better health outcomes

Know why depression screening tools are important to early intervention and treatment

- October 10 – National Depression Screening Day

# Geriatric Mental Health

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What are some positive behaviors that support mental health in aging?

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# Geriatric Mental Health



## Elements of Resilience



# Geriatric Mental Health

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## Resilience

- Not simply bouncing back
- **Learning** how to recover
- **Adjusting** to change
- SOC (Theory – Baltes and Baltes Max Plank Institute)
  - Selective Optimization with Compensation
  - To compensate for loss, select/optimize abilities to compensate for physical, social and emotional loss
  - Examples

# Geriatric Mental Health



Source: Basic psycho-social Needs from Person Centered Care by Thomas Kitwood, PhD

# Positive Mental Health and Aging

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The Positive Effects of Aging - Dr. Marc Agronin

# Myths and Misconceptions: Geriatric Mental Health

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- False notions, myths, misconceptions about aging abound
- Fostered by multiple sources
- Result in poor outcomes for elderly and society





# Myth: Aging is a disease

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# Fact: Aging is not a disease

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“,...if aging is understood as an *emergent phenomenon* occurring progressively in each and every individual surviving beyond certain duration of life within the evolutionary framework, then aging cannot be considered as a disease. This latter viewpoint then transforms our approach towards aging interventions from the so-called anti-aging treatments to achieving healthy aging.”

Source: Aging Dis. Jun 2014; 5(3): 196–202. Published online Jun 1, 2014. Pre-published online Nov 11, 2013. doi: [10.14336/AD.2014.0500196](https://doi.org/10.14336/AD.2014.0500196), S.I. Rattan author.

# Myth: Most elderly are depressed

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**“Why wouldn’t  
older people be  
depressed most of  
the time?”**

Fact: Most elderly are not depressed, but Anxiety and Depression do occur

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- Anxiety

- A psychiatric disorder involving the presence of anxiety that is so intense or so frequent that functioning is impaired
- 10-20% of elderly population
- Most prevalent is Generalized Anxiety Disorder/GAD

# Fact: Most elderly are not depressed, but Anxiety and Depression do Occur

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- Depression

- A psychiatric/medical disorder characterized by an inability to concentrate, insomnia, loss of appetite, feelings of extreme sadness, guilt, helplessness and hopelessness, and thoughts of death.
- 1-3% community dwelling elderly
- 5-9% primary care
- 12-30% nursing home care
- 20% Symptoms alone w/o clinical depression

# Fact: Anxiety and Depression do occur

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## Why do we care?

- Untreated:
  - Have poorer health outcomes
  - Be admitted to a hospital or a nursing home
  - Visit their physician more frequently, visit an emergency room
  - Be prescribed multiple medications
  - Have problems with functional capacity
  - Have higher healthcare costs
  - Significant suffering

# Myth: Depression and Anxiety are not medical conditions



**“Depression is not like a real medical illness,... like high blood pressure!”.**

# Fact: Depression and anxiety are medical conditions

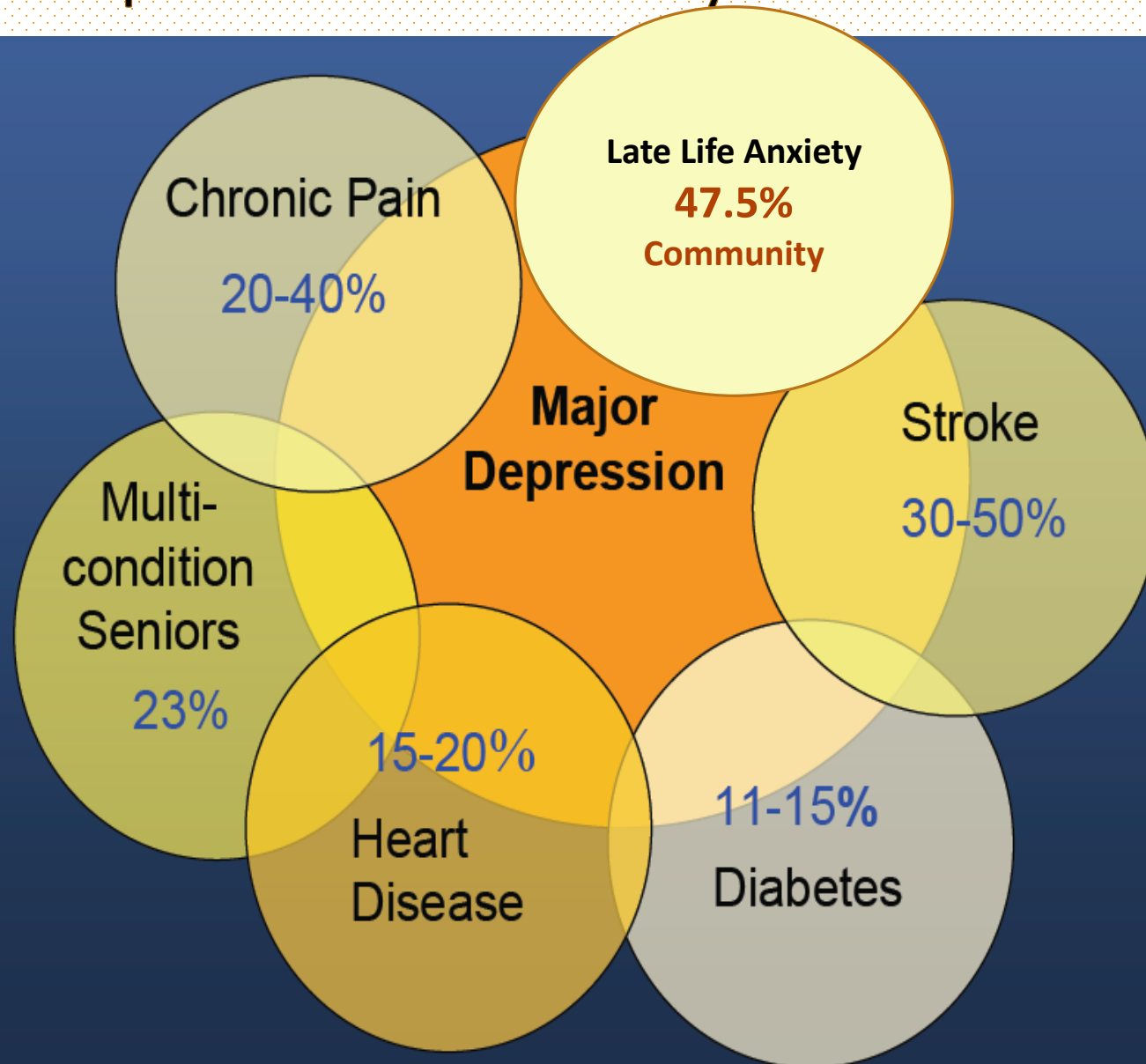
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## Geriatric depression and anxiety are:

- Identified by specific clinical signs and symptoms
- Screened for by using evidence-based tools
- Treated with evidence-based medical and psycho-social treatment methods
- Found to significantly interfere with ADLs and IADLs
- Bio-psycho-social in nature



# Fact: Depression and Anxiety are Medical Conditions



# Myth: Depression and anxiety are due to moral flaws or social failing

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**“I should have  
been a better wife  
and mother.”**

Fact: Depression and anxiety are not due to moral flaws or social failing

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Depression and anxiety are the result of multiple factors:

- Major medical illness
- Chronic illness
- Co-occurring mental illness
- Substance use disorders
- Multiple losses
- Depletion syndrome
- Untreated pain
- Loss of independence
- Medication mismanagement

# Myth: Geriatric depression and anxiety are easily recognized

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**“I Just can’t sleep and think it’s because my joints ache so much. It’s no surprise that I feel so angry at don’t want to get out of bed in the morning.”**

Fact: Geriatric depression and anxiety are often missed

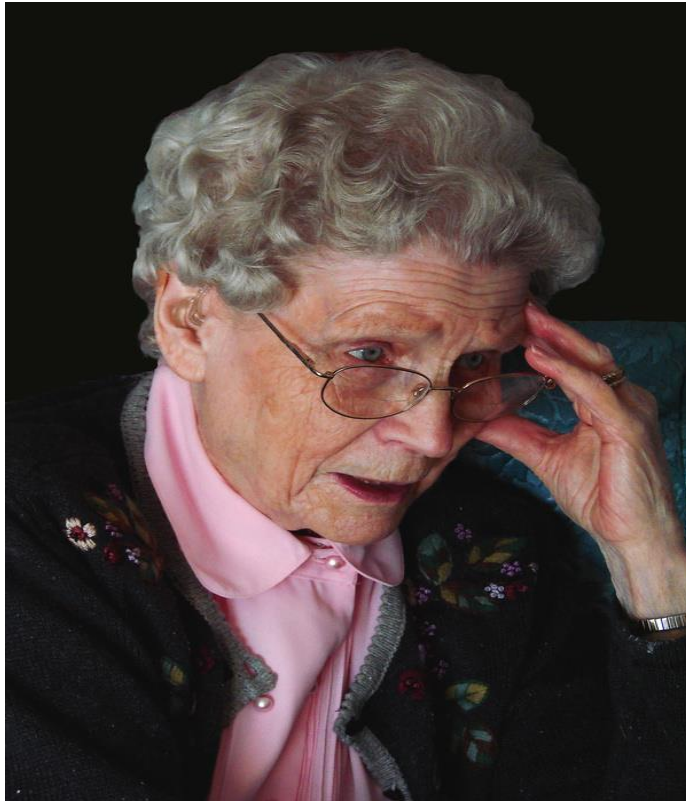
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## Very complex and challenging

- Lack knowledge, information and resources about geriatric anxiety and depression
- May lack sad affect or not want to talk
- May believe their symptoms are due to chronic illness
- Anxiety and depression are just a part of growing old
- Older adults may not be screened or interviewed for possible depression or anxiety
- May think it is dementia

# Myth: There are no effective treatments

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**“I don’t want to talk about it. Besides this medication won’t help older people like me.”**

# Fact: There are effective treatments

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- Evidence-based treatments are:
  - Anti-depressants
  - Cognitive Behavioral Therapies
  - Interpersonal therapy
- Monitoring is essential:
  - Must work closely with health care and human service professionals, family, caregivers etc.
  - May take up to 2 months for positive effect of antidepressants to take place

# Fact: There are effective treatments

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## Psycho-social Support

- Stay connected
- Support basic psycho-social needs
  - Occupation
  - Attachment
  - Kindness/Compassion
  - Identity
  - Inclusion



# Fact: There are effective treatments

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- Facilitate care coordination and community support
- Family involvement
- Identify an advocate
- Use elements of behavioral activation
- Develop natural helping systems
- Learn what is meaningful and important for the person

## Fact: There are effective treatments

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*“I didn’t know anything about depression, so I didn’t know I was depressed. ... The questionnaire was essential to getting me in for treatment. It was sent to me three times before I sent it back. I took medication and went to a class that helped me learn skills to work on the depression. ... I now have two friends getting treatment for depression since I told them about my situation.”*

Source: Participant in a depression care management program (Centers for Disease Control, DC, 2009a).

# Older Woman Depression - VIDEO



## One Woman's Experience With Depression



National Institute On Aging



10,854 views

# Identify Risk Factors for depression

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## Isolation

Decreased social contact

Decreased physical activity

Functional impairment

Substance misuse or abuse

Major medical conditions

- Stroke, by-pass, hip fracture
- Delirium
- COPD

# Identify Risk Factors for depression

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Multiple Medications

Terminal illness

Multiple losses – Depletion Syndrome

Chain of events

Pain

History of previous mental illness

Excessive worry and fear

# Provide support

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## ADVOCATE

- Listen, show support and compassion
- Designate a point person
- Work with the primary care provider/physician
- Mobilize a support group
- Keep them engaged
- Provide with factual information .
  - It is an illness like any physical illness
  - Stay connected
  - Work with physician and other supports

# Warning Signs for Suicide in Elderly

- **Loss of interest in things or activities that are usually found enjoyable.**

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- **Cutting back social interaction, self-care, and grooming.**
- **Breaking medical regimens (such as going off diets, prescriptions).**
- **Experiencing or expecting a significant personal loss (spouse or other).**
- **Feeling hopeless and/or worthless.**
- **Putting affairs in order, giving things away, or making changes in wills.**
- **Stock-piling medication or obtaining other lethal means.**
- **Preoccupation with death or a lack of concern about personal safety.**  
Remarks such as "This is the last time that you'll see me" or "I won't be needing anymore appointments" should raise concern.
- **The most significant indicator is an expression of suicidal intent.**  
**Abrupt change in mood to expressing uncommon happiness.**

# If an emergency,....

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Older adults with depression are at risk for suicide. In fact, white men age 85 and older have the highest suicide rate in the United States.

If someone is thinking about harming themselves or attempting suicide, tell someone who can help **immediately.**

- **Call 911 for emergency services**
- **Call your doctor**
- **Go to the nearest hospital emergency room.**
- **Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255)**



# What you can do

## Reach out for help!

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Contact your physician and have a conversation

- Ask if you can be screened
- Have treatment plan explained and support to keep it in place
- Know that there is hope and help
- For further information
  - **CALL THE National Alliance on Mental Illness/NAMI HELPLINE 800-950-NAMI [info@nami.org](mailto:info@nami.org) M-F, 10 am - 6 pm ET**

# Geriatric Depression and Anxiety

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There is Hope

There is Help

## New Life to Added Years

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“It is not enough for a great nation merely to have added new years to life--our objective must also be to add new life to those years.”

- John F. Kennedy

# Summary

**Most older adults have good mental health**

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**Depression and anxiety often goes unrecognized and untreated in older adults**

**Suicide rates among older adults are high**

**Depression can be co-morbid with anxiety**

**Geriatric Depression and Anxiety are treatable**

**Effective Screening Tools are**

- **PHQ-9**
- **GDS**
- **GAD-7**
- **Daily living screens**

**SSRI's and SNRI's are effective**

**Behavioral Therapies are effective**

**There is help, there is hope.**

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[www.phqscreeners.com](http://www.phqscreeners.com)