

# Depression

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## Introduction

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Depression is a state of low mood which in some individuals can be moderate and in others severe and prolonged. There appears to be a complex interaction between external events, inner stresses, genetic predisposition and biochemical changes in the brain, which is not fully understood. People of all ages can experience depression. Risk factors include:

- social isolation
- bereavement
- pain and physical illness
- multiple adverse events or change in circumstances
- family history or past episodes of depression
- alcohol abuse.

Depression is the most common mental health problem of later life, affecting 10-20 per cent of older people (National Institute for Mental Health in England 2005) (12) and up to 40 per cent of care home residents, yet in older people depression is often under-diagnosed and under-treated. Older people in residential and nursing homes are two to three times more likely to experience depression than older people in the community. (13)

Older people tend not to complain of being depressed, they are more likely to refer to physical symptoms, and some symptoms of physical illness are similar to those of depression. Physical illness is also a common trigger for depression in older people.

The most common symptoms of depression are:

- a pervading feeling of sadness
- a loss of interest in life and inability to take pleasure in things
- tiredness and sleep problems
- loss of appetite
- poor concentration and memory
- anxiety and agitation

- hopelessness
- feelings of guilt and worthlessness
- thoughts of suicide.

Depression causes great mental distress and affects a person's ability to function day to day. When untreated, depression shortens life, exacerbates disability from medical illnesses, increases health care costs and is the leading cause of suicide among older people. When treated, quality of life improves (National Institute for Mental Health in England 2005) ([14](#)).

## Suicide

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Suicide is a significant risk for older people who are depressed. Older people are less likely than younger people to talk about suicide, but more likely to carry it out (Help the Aged 2004) ([15](#)). Older men aged 75 and over have the highest incidence of suicide - 11 per cent higher than the rates for all males aged 15 and over (Samaritans 1998).

### Practice point

Make sure that you always consider the risk of suicide in an older depressed person.

For more information, see:

[National suicide prevention strategy for England](#), 2002 (PDF) ([16](#))

[Preventing Suicide: A toolkit for mental health services](#) (PDF) ([17](#))

## Key research findings

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- Depression is the most common and most reversible mental health problem in old age.
- Older people and professionals tend to underestimate the significance of late life depression.
- Risk factors for depression in later life include:
  - bereavement
  - other life events such as the onset of illness or disability
  - financial crisis
  - being a victim of crime
  - moving accommodation
  - illness of or separation from a loved one
  - poor social support and loneliness
  - lower socio-economic status.
- Older people, and older men in particular, comprise a higher percentage of 'completed' suicides.

## Further information

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For more information on depression, see:

[Royal College of Psychiatrists: leaflets on depression](#)

[Help the Aged - Factsheet No 11. Beating the blues](#) (PDF)

## Ideas from practice

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