



## Misconceptions about Depression in Older Adulthood

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Depression is a serious, debilitating, and commonly occurring mental illness characterized by sad mood and/or loss of interest or pleasure in previously enjoyed activities. Depression makes it more difficult for individuals to complete everyday activities, increases disability rates, and decreases workplace productivity. Depression also commonly occurs with other medical and psychological conditions and often contributes to increased healthcare costs. Together, the complications directly and indirectly associated with depression are estimated to cost the United States \$210.5 billion every year. There are many common myths and misconceptions about depression in older adults. To improve care, conserve resources, and stop the spread of misinformation about depression, these myths must be met head on.

### Myths and Misconceptions about Depression in Older Adulthood

The cause, presentation, occurrence, course, and treatment of depression is typically thought to differ across the lifespan. As a result, there are many common misconceptions about depression in older adulthood. It is often mistakenly believed that depression in the elderly is:

- **More often caused by psychological factors** – It is assumed that depression in the elderly is more likely to be caused by psychological factors, such as feeling lonely or worried about death or dying. In actuality, psychological factors may be protective against depression for older populations. Older adults report higher levels of well-being and lower levels of negative emotions like sadness compared to middle aged adults. Instead, depression in the elderly may be attributable to age-related biological factors like structural and functional changes in the brain, heart, and immune system.
- **Experience different symptoms** – Older adults are thought to more commonly experience the bodily symptoms associated with depression, such as changes in appetite, sleep, and energy level and body aches and pains. While there are some studies that suggest elderly individuals are more likely to report these types of symptoms, the evidence is neither clear nor consistent across studies. Depressive symptoms generally present similarly in younger and older adults.
- **More common** – Many believe that depression occurs more often among older adults. The rate of depression is significantly lower in older adults compared to younger and middle-aged adults, which suggests that depression is less likely to occur as individuals age. While the rate of depression is elevated in elderly individuals who reside in long-term care facilities such as nursing homes and hospice care, this is a small subgroup (6.4%) that is not representative of older adults.
- **More difficult to treat** – It has been suggested that it is harder to treat depression in the elderly. For the most part, this is a myth. Older adults respond to psychotherapy and electroconvulsive therapy at a rate that is similar to younger and middle-aged adults. While there is some evidence that the elderly may be less likely to respond to antidepressant medication, depression in older adults does not generally appear to be more difficult to treat.
- **Worse course and outcomes** – Older adults are more likely to die due to suicide than their younger counterparts. This, coupled with the fact that depression seems to be associated with worse trajectory for elderly individuals begins to explain the gravity of the situation. Older adults are likely to experience another episode of depression sooner than their younger and middle-aged counterparts. This relationship may be due to the presence of more medical problems, severe depression, or previous depressive episodes as individuals age.

### The Impact of Myths and Misconceptions

The myths and misconceptions related to depression in older adults have a number of negative consequences. Inaccurate information may bias the way in which medical and mental health professionals screen for, diagnose, and treat depression in older adults. Inaccurate information may impact how older individuals struggling with depression view their diagnosis and their likelihood to seek treatment. In addition, the caregivers and loved ones of older individuals may miss the warning signs of depression, further delaying treatment. Together, these misperceptions may make it more difficult for depressed older adults to receive an accurate diagnosis and the treatment that they need, which has the potential to exacerbate the health and economic burden associated with depression and potentially lead to premature death.

## How to Address the Myths and Misconceptions

While depression is not more common in elderly individuals, its effect on older adults' and the misunderstandings about their experiences create important problems that require careful consideration. Advocates, policymakers, and healthcare professionals must recognize that:

- Depression in older adults is associated with a more chronic course and comes with an increased risk of death due to suicide.
- The presentation and treatment of depression is similar across the lifespan. Therefore, evidence-based screening and diagnostic tools must be used to assess for the presence of depression and evidence-based treatment methods must be used to treat it.
- More research is needed on programs aimed at preventing the recurrence of depressive episodes. Depression in older adults does not seem to be caused by psychological factors, but may be attributable to age-related biological factors.
- Overall, the best way to dispel the myths and misconceptions about depression in older adulthood is by clearly communicating what is fact and what is fiction.
- Accurate information must be provided to medical and mental health professionals as well as the general public to increase understanding about depression in older adulthood.

**Read more in Emily A.P. Haigh, Olivia E. Bogucki, Sandra T. Sigmon, and Dan G. Blazer, "Depression Among Older Adults: A 20-Year Update on Five Common Myths and Misconceptions." *The American Journal of Geriatric Psychiatry* (June 2017).**