Depression is not a normal part of ageing
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Depression

One in four older people will suffer from depression.

Depression can be prevented and treated and is not a normal part of growing old.

People who have depression tend to feel low for long periods of time - often over two weeks.

They may feel sad all the time, even when they are doing something that they would normally enjoy.

Sometimes it is worse at certain times of the day, such as when waking up in the morning.
Sleep

People who are depressed often wake up a lot earlier than usual.

They often have difficulty falling asleep.

Changes

People who are depressed may have changes to their normal behaviour like:

- Not wanting to eat
- Becoming more irritable or negative
- Not looking after themselves properly
Feelings
People with depression may be more tearful than usual.
They may feel hopeless, guilty or trapped.
They may feel it would be better if they were not alive.

Unusual ideas
In some cases people have ideas that aren’t real - like they can’t pay for something when they have enough money.

Hallucinations
In other cases a person with depression may hear things that aren’t there. These are called hallucinations.
Hallucinations can be very upsetting.
Causes of depression

There are many different causes of depression. Sometimes it can come on for no apparent reason.

In older people depression might be caused by:

- Somebody dying

- Illness. People are more likely to suffer from depression if they have illnesses such as diabetes or difficulty with breathing

- Stroke. A stroke is where there has been a blockage in the flow of blood to the brain
Depression in older people

In older people depression might also include:

- Memory problems. Some people have memory problems caused by depression. This is different from memory loss caused by dementia

- Difficulty in concentrating

- Being agitated or restless
Getting help

If you are depressed you should see your local doctor (GP). They will be able to tell whether it is normal sadness, or if you have depression.

They will ask you to go for a blood test. This is to see if you have any physical illnesses.

They usually recommend some treatment.

There is a good chance that, with the right treatment, you will be able to get back to your normal life.
Treatment

Treatment may be:

- Talking therapies
- Medication
- Change in your lifestyle
- Going into hospital. This is not common. It only happens in the most severe cases.
Talking therapy

Talking therapy may involve seeing a psychologist.

Talking therapy may be:

- **Counselling** - where you talk about your problems

- **Cognitive behavioural therapy** - this is where you learn ways to change bad thoughts

- **Interpersonal therapy** - which looks at your relationships with other people

- **Psychodynamic psychotherapy** - which looks deep into why you are behaving how you do
Medication

The doctor may suggest you take a type of medication called an antidepressant.

These often help - but may take some weeks to start working.

You need to find out about possible side effects before you start.

Side effects are unhelpful things that sometimes happen when you take medication.
Life style
Sometimes a change in your lifestyle can help like:

- Taking regular exercise
- Changing your diet

Hospital
If your depression is very bad the doctor may recommend that you into hospital.

This will be for your own safety.

In hospital your medications may be changed.

Sometimes, and only in very severe situations, you may be offered electro-convulsive therapy (ECT)

This is where they give a tiny electric shock to your brain.

It can help people who have serious depression. It can cause some memory problems.
Avoiding depression

You can help to prevent depression with a healthy lifestyle.

It helps if you:

- Take regular exercise
- Eat healthily
- Meet up with friends
- Go out to the cinema or theatre
For more information

This resource is part of the MindEd online learning site.

For more information please contact:-

**Web:** www.mindedforfamilies.org.uk

**Email:** MindEd@rcpsych.ac.uk

**Twitter:** @MindEdUK

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