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Special needs require special lawyers.

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HOLIDAY BLUES – DEPRESSION IN THE ELDERLY

The holiday season is quickly coming upon us. If you are a caregiver for an elderly loved one, you may notice a change in your loved one's mood as the holidays approach. Perhaps you are one of many who visit their elderly parents and family during the holidays who live some distance away. When you visit, you may notice that loved ones are not as physically active as on prior visits, that they show symptoms of fatigue or sadness, or that they have no interest in the holiday or in their surroundings.

According to the National Institutes of Health, of the 35 million Americans age 65 years or older, about 2 million suffer from full-blown depression. Another 5 million suffer from less severe forms of the illness. This represents about 20% of the senior population – a significant proportion.

Depression in the elderly is difficult to diagnose and is frequently untreated. The symptoms may be confused with a medical illness, dementia, or malnutrition due to a poor diet. Many older people will not accept the idea that they have depression and refuse to seek treatment.

What causes depression in the elderly?

It is not the actual holiday that causes depression, but the fact that holidays tend to bring memories of earlier, perhaps happier, times. Additional contributing factors that bring on depression may be the loss of a spouse or close friend, or a move from a home to an assisted living facility, or a change in an older person's routine.

Depression may also be a sign of a medical problem. Chronic pain or complications of an illness or memory loss can also cause depression. In addition, diet can also be a factor when proper nutrition and vitamins are lacking.

As an example, Selma's husband died a few months before Christmas. Her family lived close by and would call or drop in often to check on her. Selma seemed a little preoccupied and tired, but this was to be expected as she had been the caregiver for her husband for many years. When the family noticed that her holiday decorations were not out, and that she had abandoned her annual routine of sending Christmas cards, they began questioning her mental and physical well-being.

A trip to her physician confirmed depression, caused by not only the loss of her spouse, but also a vitamin B12 deficiency. There were both mental and physical reasons for her depression.

Symptoms to look for in depression might include:

- Depressed or irritable mood
- Expressions of helplessness
- Loss of interest in daily activities
- Weight loss
- Lack of attending to personal care and hygiene
- Irresponsible behavior
- Talk about suicide
- Feelings of worthlessness or sadness
- Anxiety
- Loss of appetite
- Fatigue
- Difficulty concentrating
- Obsessive thoughts about death

How do you know if it is depression or dementia?

Depression and dementia share similar symptoms. A recent article on Helpguide.org gives some specific differences:

In depression there is a rapid mental decline, but memory of time, date and awareness of the environment remains. Motor skills are slow, but normal in depression. Concern with concentration and worry about impaired memory may occur.

On the other hand, dementia symptoms reveal a slow mental decline with confusion and loss of recognizing familiar locations. Writing, speaking and motor skills are impaired, and memory loss is not acknowledged as being a problem by the person suffering dementia.

Whether it is depression or dementia, prompt treatment is recommended. A physical examination will help determine if there is a medical cause for depression. A geriatric medical practitioner is skilled in diagnosing depression and illnesses in the elderly. If you are the caregiver of an elderly person it may be beneficial for you to seek out a geriatric health care specialist. For more information on senior health services go to www.longtermcarelink.net/about_senior_health_services.htm.

Treating depression in older people.

Once the cause of the depression is identified, a treatment program can be implemented. Treatment may be as simple as relieving loneliness through visitations, outings and involvement in family activities. In

more severe cases antidepressant drugs have been known to improve the quality of life in depressed elderly people. Cognitive therapy sessions with a counselor may also be effective.

As a caregiver or family member of a depressed elderly person, make it your responsibility to get involved. The elderly person generally denies any problems or may fear being mentally ill. You can make the difference and remove the Holiday Blues from seniors suffering from depression.

The Geriatric Mental Health Foundation offers a "Depression Tool Kit." To read more about this tool kit and depression in the elderly, go to www.gmhfonline.org/gmhf/consumer/depression_toolkit.html.

Ask Allie

O&H: Allie, we've heard a lot about our new First Family's search for a new First Dog. Do you have any suggestions?

Allie: Of course! I may be biased, but I think the new First Dog should actually be a First Cat! Cats are great companions, and there have been several First Cats in the White House. I understand that the Obama daughters may have allergies (The family may want to check out products from Allerpet to help cope.) plus President-elect Obama DID promise the girls a dog. Oh well...as far as dogs go, William Oast's dog Charlie is a Labradoodle. His fur is kept short, and he apparently does not shed much at all. (To tell you the truth, when Charlie visits the office, I do not get close enough to find out!) Ms. Smith is moderately allergic to dogs, and she seems to do OK around Charlie. Charlie's actually not too bad for a dog, although if you tell him I said that, I'll deny it. I think with the whole country providing ideas and connections to shelters and rescue groups, I'm sure our new First Family will find the perfect new First Pet.

Please feel free to e-mail your questions to Allie at: allie@oasthook.com.

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