What is depression?

Depression is the most prevalent psychiatric disorder in the world, and although common among older people, is not a normal part of aging. The word depression is commonly used to indicate when a person feels sad or disinterested in their usual activities. However, depression as a chronic condition means much more. According to the World Health Organization (WHO), depression is defined as “... a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration”.¹

Considerable progress has been made in the prevention, screening, and treatment of depression in late life which has increased the quality of life for individuals and their families. In the past decade, significant breakthroughs have emerged in the areas of psychopharmacology,² psychotherapeutic therapies,² and depression care management,³ for the treatment of depression in older adults.

Depression Facts and Figures

Global¹

- Depression is common, affecting about 121 million people worldwide.
- Depression is among the leading causes of disability worldwide.
- Depression can be reliably diagnosed and treated in primary care.
- Fewer than 25% of those affected have access to effective treatments.

United States

- Depression is a chronic and disabling psychiatric disorder that affects 17 million U.S. Americans each year.⁴
- In 1990, the economic burden of depression was estimated at $43-53 billion a year.⁵
- Depression affects 15 to 20% of older adults,⁶,⁷ or approximately 3 million older adults in the U.S.⁷
- Older adults diagnosed with depression are likely to pay two times more for health care costs than older adults without depression.⁸

Depression is a Public Health Issue

There has been a significant growth in understanding of the prevalence, etiology, nature, trajectory, and treatment of depressive illness in late life. Research highlights that depression is a public health concern given that depression is associated with increased mortality, comorbidity, health services use and costs, and overall quality of life.⁹ Some studies have found that a history of depression is associated with future cognitive decline.¹⁰ Older adults are disproportionately likely to die by suicide, for example, people age 65 and older account for 16% of suicide deaths yet they comprise only 12% of the U.S. population.¹¹ Furthermore, older adults are at higher risk of depression when they suffer from other medical illnesses and lower daily functioning.¹²

What are the Symptoms of Depression?

Several different forms of depressive disorders exist such that people who are depressed can be diagnosed with any one or a combination of the following psychiatric diagnoses:¹³

- Major depressive disorder
- Dysthymic disorder
- Psychotic depression
- Postpartum depression
- Seasonal affective disorder

According to the National Institute of Mental Health,¹³ not all people experience the symptoms of depression exactly the same (Box 1).

Did you know that older adults are...?

- Less inclined to experience or acknowledge feelings of sadness or grief.
- More likely to endorse somatic items and less likely to endorse cognitive and suicide items.
- Are more likely to suffer from chronic medical conditions such as heart disease, stroke or cancer which may cause depressive symptoms.
- More likely to be taking medications with side effects that contribute to depression.
Research in the area of depression in late-life suggests that older adults may actually differ from younger adults in terms of how they present with depression symptoms which may at first appear less obvious\(^{13,14,15}\) (Box 2). Unfortunately, different symptom presentations may actually be the reason why depression is overlooked in older adults by family, friends, professionals, and others.

**Subthreshold Depression**

An estimated 5 million people have subsyndromal depression, or symptoms that fall short of meeting the full diagnostic criteria for a Major Depressive Disorder. Subsyndromal depression is especially common among older adults and is associated with an increased risk of developing major depression,\(^{11}\) and significant disability. For this reason, it is important to assess depressive symptoms in older adults which do not necessarily meet criteria for a clinical disorder, yet may cause significant distress and future disability.

**Evidence-Based Treatments for Depression**

Different therapies seem to work for different people. What is important is that the person see a mental health professional for an accurate diagnosis and treatment plan that may contain various approaches:\(^{16}\)

- Prescribed medications
- Psychotherapy, counseling, and group support
- Electroconvulsive therapy (ECT)

Research shows that depression care management or collaborative team approach to depression treatment for older adults, is not only effective, but over time may be less expensive than usual depression care.\(^{3,17}\)

**How are Older Latinos Affected by Depression?**

Depression affects individuals from all demographic groups although some groups may be affected by some types of depression more than others. For example, if we consider Major Depressive Disorder (MDD), we find that persons at greatest risk for MDD are those between the ages of 26-49, female, divorced or separated, and in fair to poor health.\(^{18}\) Yet, if we look at the prevalence of suicide across all groups, we find that older males over the age of 85 have a four-fold higher suicide rate compared to the overall rate for all ages (45.23 vs. 11.01 per 100,000 respectively).\(^ {18}\)

While the prevalence of MDD is similar among U.S. Latinos, African Americans and non-Latino Whites,\(^ {19}\) national data indicate that depression tends to persist among Latinos and African Americans, and the rates of quality depression care received is significantly lower.\(^ {20}\) These findings resonate with those found for psychiatric disorders in general. Similar to other U.S. minorities, national survey data from the National Institute of Mental Health showed that Latinos living in the U.S. tend to have lower rates of psychiatric disorders than whites, are less likely to receive care when in need and are more likely to receive poor quality of care when treated.\(^ {20}\)

For older Latinos, the picture is not as clear as most of the literature on depression and older Latinos rely on self-reported depressive symptoms and not on mood disorders diagnosed by a specialty mental health provider. Thus, most of the epidemiological research indicates that older Latinos have up to double the rates of clinically significant depressive symptoms in comparison to both whites and blacks in similar population-based studies using self-report measures.\(^ {21}\) In the only population-based study of elderly Latinos in Los Angeles County using DSM-based criteria, the rate of major depression or dysphoria reached 5% after adjusting for poor health.\(^ {22}\)

Although prevalence studies of psychiatric disorders of younger Latinos indicate more favorable mental health outcomes for some immigrant versus U.S.-born Latinos for selected disorders, older immigrant and low acculturated Latinos (especially females) tend to be at higher risk for depression.\(^ {21}\) Correlational data indicate that elevated depression rates in older Latinos are associated with female gender, older age, low income, low social support, high stress, chronic financial strain, functional decline, and low acculturation.\(^ {21}\)

Barriers to depression treatment may be a significant factor in unrecognized and undertreated depression in older Latinos which in combination may deter receiving help in earlier stages of the disorder. Several individual/family- and provider/organization-level reasons for disparity in access to quality care among older Latinos have been postulated including language and linguistic differences, sociodemographic factors, explanatory beliefs and stigma about mental illness and treatment, differences in help-seeking/help-receiving, beliefs and behaviors,
A New Study on Depression: Programa Mano Amiga

The School of Social Work at the University of Southern California (USC) was recently awarded a grant from the National Institute of Mental Health to test the feasibility, acceptability and effectiveness of adding individually administered Problem Solving Treatment (PST) to usual care as an approach for treating depression in older Latinos enrolled in adult day health care (ADHC). Under the direction of María P. Aranda, Ph.D. (Principal Investigator), the study will address the development, adaptation and refinement of depression care in a way that is congruent with the social ecology of older Latinos and their caregivers.

The randomized behavioral trial will include 100 Latino ADHC patients who meet diagnostic criteria for Major Depression Disorder (MDD). All patients will receive usual care for treating MDD and half the subjects in the study will be randomly assigned to receive PST from a social worker functioning as a depression care specialist.

The study is being conducted in partnership with Dr. Marie Torres and AltaMed Health Services Corporation, the largest provider of adult day health care services in California, and Drs. Kathleen Ell and Larry Palinkas of the School of Social Work at the University of Southern California.

Policy Recommendations & Suggested Actions

- Increase the number of bilingual/bicultural (English/Spanish) mental health professionals and community workers trained in the areas of geriatrics and gerontology.
- Develop holistic mental health programs that approach depression as a chronic care condition within a non-stigmatized, recovery perspective.
- Include routine screening for older Latinos in their language of preference across primary and specialty care, community-based services (aging network services such as senior centers, meals on wheels, congregate meal sites, etc.), and long-term care settings (social and day health care centers, MSSP programs, etc.).
- Introduce depression collaborative care management models to current care systems in order to encourage interdisciplinary approaches to depression care.
- Advocate for parity for mental health services under Medicare and extended limits for inpatient mental health care.
- Increase Medicaid reimbursement rates for mental health treatment.
- Support increased funding for culturally competent, evidence-based mental health programs tailored to older Latinos and their families.

Local Action Plan
The Los Angeles Partnership for Evidence-Based Solutions in Elder Health

The U.S. Department of Health and Human Services (DHHS) Improving Hispanic Elders’ Health Project was organized by five federal agencies to assist local communities in developing coordinated strategies for improving the health and well-being of older Latinos. The purpose of the project is to bring together teams of local leaders from communities with large numbers of older Latinos to:

- Review the latest research on Latino health.
- Identify promising practices in disease prevention, social work, and health care.
- Assist communities with translation of evidence into practice.
- Establish local action plans to address health disparities in the community.

In response to this national initiative, a coalition (The Los Angeles Partnership) was established locally to guide and support ongoing efforts to improve Latino health in Los Angeles. One of the coalition’s objectives is to identify and link key stakeholders and resources to address health disparities locally.

Selected Resources

- American Psychological Association’s Depression and Suicide in Older Adults Resource Guide. http://www.apa.org/pi/aging/depression.html
- CDC’s Prevention Research Centers Healthy Aging Research Network Conference: Effective Programs to Treat Depression in Older Adults. http://www.prc-hanconferences.com/2008-conference
• National Council on Aging Center for Healthy Aging Mental Health Resources. http://www.healthyagingprograms.org/content.asp?sectionid=71

• National Institute of Mental Health Depression website: http://www.nimh.nih.gov/health/topics/depression/index.shtml

• SAMHSA Older Adults and Mental Health website: http://mentalhealth.samhsa.gov/cmhhs/CommunitySupport/olderadults/default.asp

• SAMHSA National Registry of Evidence-Based Programs and Practices. http://www.nrepp.samhsa.gov/

References


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