



Depression: How “Chronic Sadness” Negatively Impacts Quality of Life *by Diane Walker, RN, MS, John Dystel Nurse Fellow of the National MS Society*

We all probably know a little something about depression, right? Everyone feels sad at times and that is perfectly normal. For many people, however, the sadness becomes a chronic experience and they actually have a clinical depression. Among older adults, depression is particularly disabling and it can often go unrecognized and undiagnosed for years. Depression affects approximately 20% of adults over 65 years of age but only about 10% of those with the condition receive treatment. Let’s explore the difference between sadness and depression, the ways that depression severely impacts adults’ quality of life, and learn how it can be effectively treated.

Sadness is a normal emotion experienced as feelings of disadvantage, loss, and helplessness.¹ It almost always accompanies unwanted change such as leaving a home of many years and especially the loss of something important such as a loved one, close friend, or a job. This form of sadness, often referred to as grief, has been so well described by Elizabeth Kubler Ross. Sadness can be expressed by quietness, withdrawal, or having less energy as a short-term response to a life event (even the memories of an event can trigger this feeling). While sadness can lead to depression if



(Continued on page 2)

You Can Make A Difference In November

September Is Healthy Aging Month

GRISWOLD SPECIAL CARE is making it possible for Clients and Caregivers to get out and vote so their voices can be heard loud and clear in the November election. Here is how the Offices are helping to, “GET OUT THE VOTE”. Most GSC Offices are serving as a registration information center, where people can pick up voter registration forms. The Offices are delivering forms to Clients and live-in Caregivers who might have trouble getting out to register. GSC Offices are also encouraging Caregivers to assist Clients to get to the polls and are asking Clients’ families to help live-ins with election-day coverage, so the Caregivers can get out to vote.

GSC Offices have informed the local and state candidates that they are helping to get out the vote in a non-partisan way. Candidates are encouraged to leave literature in the Offices so visitors can become more informed about the candidates and their views. Contact your local office to find out more about the Get Out The Vote Campaign and how to obtain registration forms.



The Administration on Aging has pronounced September to be



because its never to late to get on the road to better health. The month is part of the Healthy Aging® Campaign designed to broaden awareness of the positive aspects of aging. The AOA is also highlighting six evidence-based programs that focus on outreach to community dwelling older adults. To learn more about the programs and find out if there is a program in your area, visit http://www.aoa.gov/PRESS/observances/HealthyAging/Healthy_Aging.aspx.

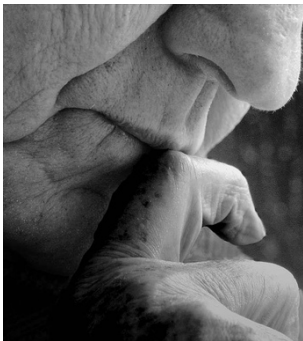
Special points of interest:

- Pg. 2 Rule Issued for Medicaid Beneficiaries
- Pg. 2 Medicare Launches new website
- Pg. 3 Vitamin D– The New Wonder Drug?

(Continued from page 1)

one gets “stuck” in these emotions, depression is believed to be a real bio-chemical alteration in the brain that does not have to be associated with a life event. Some of the more common risk factors for developing depression include family history, divorced or widowed marital status, medical illness, chronic pain, certain medications, cognitive impairment, gender (women are more likely to experience depression; men have a higher risk of suicide), physical disability, social isolation, and caregiving. Unlike sadness, depression is a serious medical condition that requires treatment.

If depression is so prevalent and such a serious condition, why does it go unrecognized/untreated in so many older adults? Older adults may not want others to know they are depressed, so they hide their feelings. Among individuals over 65 years of age, particularly those who grew up in the Great Depression, clinical depression is often considered a character flaw. The person may be afraid the physician will take away his/her remaining independence. Older



adults may also believe that there isn't a cure for depression or that the treatment is worse than the condition. Some adults don't feel sad and so they do not recognize they are depressed. Other reasons may include the false beliefs that the sadness will go away by itself, that it is a normal part of being older because of dependency and disability, or the clinicians who might be in a position to detect the presence of a clinical depression do not ask the right questions or spend enough time with the person.²

Regardless of why, depression usually doesn't go away by itself and, if left untreated, results in higher mortality, diminished quality of life, and susceptibility to other medical illnesses. Clinical depression affects one's thoughts, feelings, behaviors, and physical health. People often describe depression as “feeling sad for no reason,” or “having no motivation to do anything.” It is characterized by memory problems, confusion, negative thinking, social isolation, loss of appetite, inability to sleep, irritability, anxiety, persistent physical complaints, discouragement, loss of self-worth, self-blame, inattention to appearance, inability to complete activities of daily living, and lack of humor.³ There are several questionnaires that can be used to determine if someone is depressed and how severely. You

(Continued on page 3)

ARCH National Respite Network announced that a final rule, that would allow more Medicaid beneficiaries to be in charge of their own personal assistance services, including personal care services, instead of having those services directed by an agency, was announced today by the Centers for Medicare & Medicaid Services (CMS).

The rule, on display today at the *Federal Register*, guides states who wish to allow Medicaid beneficiaries who need help with the activities of daily living to hire, direct, train or fire their own personal care workers. Beneficiaries could even hire qualified family members who may already be familiar with the individual's needs to perform personal assistance (not medical) services.

A copy of the regulation is available on the Federal Register's Website at: http://federalregister.gov/OFRUpload/OFRData/2008-23102_PI.pdf

The first 13 pages gives a wonderful history of how consumer directed services have been implemented in the United States. The document also covers the details of the new ruling.

Medicare Launches New Website For Caregivers

The federal centers for Medicare and Medicaid Services has launched a new website for caregivers. The new service comes in the wake of the same question being asked 1000 times, “What do you mean Medicare does not pay for it?” It would be a great day if the website told you Medicare now does pay for the care so many frail elderly require, but at least caregivers will have a resource to go to for “accurate” information.

The website, *Ask Medicare*, makes very clear that only the poorest Americans receive services from Medicare when it comes to paying for long-term, custodial care. The site, however, does serve as a link to information and support from government and non-government sources including articles by experts, interactive tools, and networking opportunities.

Family caregivers can visit the new site by going to <http://www.medicare.gov/caregivers/>.

There is also a wonderful article by Jane Gross entitled, “Choosing Long-term Care: Advice From An

(Continued on page 4)

(Continued from page 2)

can find a sample questionnaire at www.CaringTimes.org.

The good news is that depression is very treatable: approximately 80% of depressed individuals can recover fully when treated with modern antidepressant medications and psychotherapy. These medications over time correct the chemical imbalances in the brain. It can take longer to treat an older person because the medications take longer to have an effect, physicians usually begin with lower dosages and the type of antidepressant may have to be changed due to the side effects, the adults may forget to take the medication, and they may not take the prescription regularly due to cost.³

If someone you know feels worthless most of the time, cries frequently, has persistent physical complaints, or has thoughts of suicide, contact his or her health care provider. The longer depression goes untreated, the more at risk the individual becomes. The very nature of the illness often interferes with a person's ability to seek help. As a family member, friend, or neighbor you may have to become actively involved in helping the person get the treatment they need. You can offer emotional support and encouragement, help the person make appointments with a physician, take them there, and then monitor medication compliance.

In addition to traditional medical treatment, there are forms of self-help that older adults can use to elevate their mood – but these are not a substitute for proper medical care. For example, mild exercise and walking outdoors, music, pets, gardening, visiting friends, playing games, telling jokes, using vitamins, and doing activities that have always been pleasurable can be very helpful. There are also a number of advocacy organizations that can be contacted for support. You will find direct links to these groups at www.caringtimes.org, where there is also an expert you can contact with your questions.

Depression causes tremendous suffering and loss (including suicide) for the persons afflicted with the disease as well as their loved ones. The winter months, when there is less light, and the holiday season, can often spark episodes of depression. But the holidays are also a wonderful opportunity to spend the time listening to an older parent/person to assess their state of mind and functioning. Learning how to recognize the signs of depression and seeking appropriate medical intervention are essential tools for healthy aging at any age.

¹ Sadness. (2007) Retrieved from <http://en.wikipedia.org/wiki/sadness>. September 29, 2008.

² Depression in Older Persons. Retrieved from http://www.nami.org/Template.cfm?Section=by_illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=17624. October 5, 2007.

³ Depression in Older Adults and the Elderly: Signs, Symptoms, Causes and Treatment. Retrieved from http://www.helpguide.org/mental/depression_elderly.htm. October 5, 2007.

Robert Pear of the New York Times reported this week that the Department of Health and Human Services found 90% of nursing homes were cited for violations of the federal health and safety standards in 2007.¹ For-profit homes, which account for about two thirds of the facilities nationally, topped the list of those cited. More than 1.5 million people now live in the 15,000 nursing home in the United States.

Of the deficiencies identified in the report, 17% cause “actual harm or immediate jeopardy” to residents. These deficiencies included bedsores, medication errors, poor nutrition, and abuse and neglect of residents.

Another finding in the report addressed the importance of proper staffing levels for nurses. Researchers found that residents received better care in homes with a higher ratio of nursing staff to residents.

Efforts are underway to establish a “quality of care” ranking system of nursing homes that would be published on a federal website. The report did not address any differences found in the quality of care delivered in consumer directed homes called “green houses” that are being piloted in several states.

¹ Violations Reported at 94% of Nursing Homes. Spetember 30, 2008. Retrieved from <http://www.nytimes.com/2008/09/30/us/30nursing.html?partner=rssnyt&emc=rss>.

Vitamin D—The New Wonder Drug?

Vitamin D, known as the “sunshine vitamin,” is receiving a lot of attention for its potential benefits beyond bone health and preventing osteoporosis. Studies of its preventative effects in reducing the risk of cancer, cardiovascular disease, glucose intolerance, high blood pressure, asthma, multiple sclerosis and type 2 diabetes are underway.¹ Because of the risk of skin cancer, it's now recommended that adults take vitamin supplements as the source of the vitamin. The recommended daily dose for older adults is 1000 IUs. In addition to supplements, Vitamin D can also be found in cod liver oil, fortified milk and orange juice.

Vitamin D and Cancer. (2008) *NHS News*. Volume 15, p. 1-3.

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Expert,” posted on the New York Times website. The article includes a discussion between Ms. Gross and an expert in long-term care options and financing. It details some of the alternatives available to the “middle class poor” when it comes to paying for long-term care and offers suggestions about how we could modify the system to make it more affordable.

CARING TIMES© and Its Companion Web Page Services



The **CARINGTIMES©** newsletter and its companion website are a service **GRISWOLD SPECIAL CARE** offers to Clients, family caregivers, and professionals who care for older adults and individuals living with a disability. Experts keep you current with helpful articles, legislative updates, tips on caregiving, news about advocacy organizations and more.

On-line Caregiving Resources

Our website (www.CaringTimes.org) includes a resource center that is designed to help make it easier for you to care for your loved ones in the home. You will have access to **articles** about elder care and disability issues, direct access to **experts** who you can talk with about your personal issues and concerns, and **links** to national organizations that offer support to family caregivers, and past newsletters. Check the website regularly for the latest

information. Here are some of the features that are currently posted:

- ◆ A brochure to prevent falls at home
- ◆ Welcoming A Caregiver Into Your Home
- ◆ Preventing Caregiver Burnout
- ◆ Tax Related Issues
- ◆ Legal Documents: POA and Living Wills
- ◆ Dementia: The Disease and New Hope for Treatment, Parts I and II
- ◆ Home and Community Based Care: What Consumers Want And Need

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