Mental Health in the Elderly: Depression, Anxiety and Dementia

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Mental illness is a common, though often ignored, illness in older adults. The World Health Organization found that approximately 15% of adults over the age of 60 suffer from a mental disorder. Unfortunately, many people confuse symptoms of mental illness with normal signs of aging.
Mental illnesses are diseases that cause mild-to-severe disturbances in thought and/or behavior, resulting in an inability to cope with life's ordinary demands or routines. Common mental illnesses that are prevalent in the elderly include depression, dementia (Alzheimer's disease), anxiety, bipolar disorder and schizophrenia.

In Lebanon, older adults constitute around 10% of the population, and this is expected to increase to 26% by2050 (UNDP). In this article, I will discuss the major mental disorders found in the Lebanese older population namely depression, anxiety and dementia.

Depression

Depression is a common mental disorder that presentswith symptoms well beyond depressed mood. Loss ofinterest or pleasure, feelings of guilt or low self-worth,disturbed sleep or appetite, low energy, poorconcentration,and a multitude of physical ailments may accompanyclinical depression. These problems can becomechronic or recurrent and lead to substantial impairments inan individual's ability to take care of his or her everydayresponsibilities. At its worst, depression can lead to suicide, a tragic outcome associated with the loss of about850,000 lives every year worldwide.
Depression occurs in persons of all genders, ages, andbackgrounds. It is the leading cause of disability as measuredby Years Lived with Disability and was the fourthleading contributor to the global burden of disease, according to the World Health Organization. By this coming year (2020), depression is projected to rank second inthe DALYs (Disability Adjusted Life Years) calculated forall ages and both sexes.

To be diagnosed with major depressive disorder, one must meet thecriteria established in the Diagnosticand Statistical Manual of Mental Disorder. Five (or more) of the symptoms must havebeen present during the same 2-week period and representa change from previous functioning; at least one of thesymptoms should be either depressed mood or loss ofinterest or pleasure. The criteria are:

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feelssad or empty) or observation made by others (e.g.,appears tearful);
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly everyday (as indicated by either subjective account or observation made by others);
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day;
4. Insomnia or hypersomnia nearly every day;
5. Psychomotor agitation or retardation nearly everyday (observable by others, not merely subjective feelings of restlessness or being slowed down);
6. Fatigue or loss of energy nearly every day;
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick);
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others);
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, ora suicide attempt or a specific plan for committing suicide.

The above symptoms should cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. Also, the symptoms must not be due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism). While depression may occur as only one single episode in a person's lifetime, for many it is a recurrent disorder with repetitive episodes ofvarying severity.

In later life, depression frequently coexists with other medical illnesses and disabilities. In addition, advancing age is often accompanied by loss of key social support systems due to the death of a spouse or siblings, retirement, relocation of residence, or social isolation due to infirmity. Because of these changes, and the fact that older people normally experience functional and physiological decline, doctors and family may miss the diagnosis of depression in the elderly, hence delaying effective treatment. As a result, many seniors find themselves having to cope with symptoms that could otherwise be easily treated.

In addition, depression tends to last longer in older adults. It doubles their risk of cardiac diseases and increases their risk of death from other illnesses, while reducing their ability to rehabilitate.

Anxiety

Feeling worried or nervous is a normal part of everyday life. Everyone frets or feels anxious from time to time. Mild to moderate anxiety can help you focus your attention, energy, and motivation. However, if anxiety is severe, you may have feelings of helplessness, confusion, and extreme worry that are out of proportion with the actual seriousness or likelihood of the feared event. Overwhelming anxiety that interferes with daily life is not normal and should be checked with a mental health professional. This type of anxiety may be a symptom of another problem, such as depression. Anxiety affects the part of the brain that helps control how you communicate. This makes it more difficult to express you creatively or function effectively in relationships. Anxiety can cause both emotional and physical symptoms. Examples of anxiety disorders include panic attacks, phobias, obsessive-compulsive disorder, and post-traumatic stress disorder (PTSD).

Although it is one of the most common types of mental illness affecting people ages 60 and older, generalized anxiety disorder is often dismissed or overlooked in this population. Generalized anxiety disorder in the elderly increases the risk of physical disability, memory problems, and reduced quality of life — as well as increasing the risk of death. And generalized anxiety disorder seldom occurs alone. Up to 90% of patients with this disorder also have symptoms of another mental health problem, such as depression, dysthymia, bipolar disorder, or substance abuse.

To be diagnosed with anxiety, the following symptoms should be present:
Physical symptoms of anxiety include: • Trembling, twitching, or shaking. • Feeling of fullness in the throat or chest. • Breathlessness or rapid heartbeat. • Lightheadedness or dizziness. • Sweating or cold, clammy hands. • Feeling jumpy. • Muscle tension, aches, or soreness (myalgias). • Extreme tiredness. • Sleep problems, such as the inability to fall asleep or stay asleep, early awakening, or not feeling rested upon awakening.

Emotional symptoms of anxiety include: • Restlessness, irritability, or feeling on edge or keyed up. • Worrying too much. • Fearing that something bad is going to happen; feeling doomed. • Inability to concentrate; feeling like your mind goes blank.

Alzheimer's

The origin of the term Alzheimer's disease dates back to 1906 when Dr. Alois Alzheimer, a German physician, presented a case history before a medical meeting of a 51-year-old woman who suffered from a rare brain disorder. A brain autopsy identified the plaques and tangles that today characterize Alzheimer's disease.

Alzheimer's disease is a progressive, degenerative disorder that attacks the brain's nerve cells, or neurons, resulting in loss of memory, thinking and language skills, and behavioral changes.
These neurons, which produce the brain chemical, or neurotransmitter, acetylcholine, breakconnections with other nerve cells and ultimately die.

Alzheimer's disease is the most common cause of dementia, or loss of intellectual function, among people aged 65 and older.

Alzheimer's disease is not a normal part of aging.
The 10 warning signs of Alzheimer's disease include:
• Memory loss
• Difficulty performing familiar tasks
• Problems with language
• Disorientation to time and place
• Poor or decreased judgment
• Problems with abstract thinking
• Misplacing things
• Changes in mood or behavior
• Changes in personality
• Loss of initiative

Epidemiology

In Lebanon, the Lebanese Evaluation of the Burden of Ailments and Needs of the Nation LEBANON), was undertaken by the Institute for Development, Research Advocacy and Applied Care (IDRAAC) with the Department of Psychiatry and Clinical Psychology at Balamand University, and St George Hospital University Medical Center. The primary goal was to produce nationally representative data for prevalence, correlates, and treatment of mental disorders, to raise awareness about mental illness, and to influence healthcare policy in Arab countries.

Based on the LEBANON study that interviewed nearly 3,000 subjects (nationally representative sample),12.6% of the Lebanese population suffer from a lifetime prevalence of mood disorder. As for the geriatric population (65 years and older), 9.3% suffer from a lifetime prevalence of mood disorders.

The lifetime prevalence of mood disorders was 9.1% (men: 6.2%, women: 12.1%). The lifetime prevalence of anxiety disorders was 12.3% (men: 6.4%, women: 17.6%). For any mental disorder, the lifetime prevalence was 17.4% (men: 11.7%, women: 22.4%).

The prevalence of lifetime suicide behavior in the total sample was 3.5% for ideation, 1.8% for plan, and 1.1% for attempt.
As for dementia, a pilot study in Lebanon estimated the prevalence of dementia to be 9% of the elderly population. Based on that number, this means close to 50,000 elderly Lebanese live with dementia.

Stigma

To some, the increased prevalence of mental disorders in the United States compared to Lebanon for example may seem surprising.

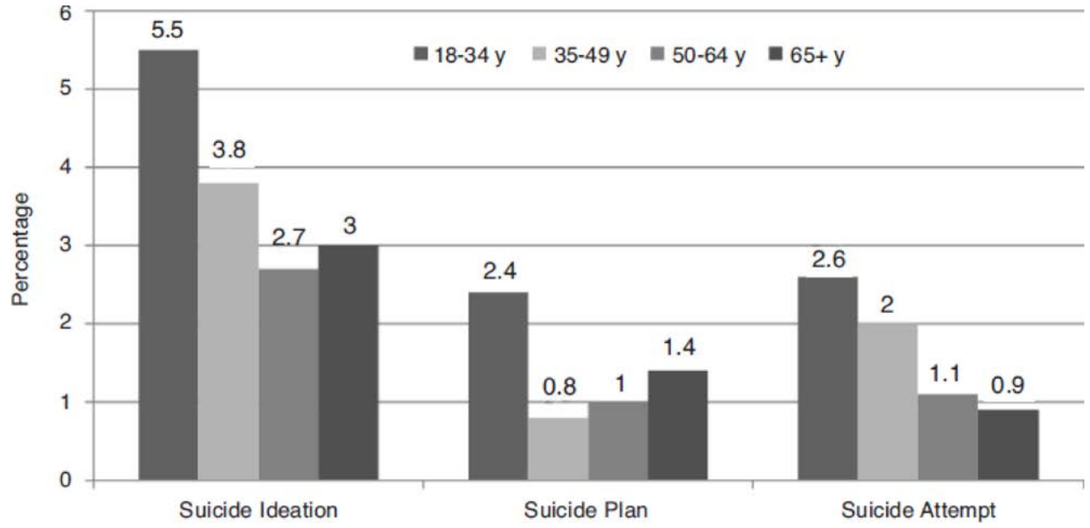
Residents of developing countries in general contend with stressors to a greater degree than in developed countries,and Lebanon is no exception. Political uncertainty, security concerns, and economic stress are the obvious constants, but in addition increasingly fragmented family structure, limited healthcare access and social support, attitudes towards the elderly, and a widening gap between the rich and poor, all provide additional layers of stress.

One explanation lies in the stigma attached to mental illness and depression in Lebanon. Depression and anxiety are often viewed as a sign of weakness – a character flaw that must be addressed by self-improvement. In some conservative societies of various religions, mental illness is considered a punishment from God for discretions committed by the family. Afflicted patients are kept away from public view, and the problem is not talked about. The shame of seeking help for depression is sometime sensed in the primary caresetting, when patients present for "other" conditions, then apologetically seek help for stress and depression. It is quite possible that a sizable segment of the population remains sundiagnosed and suffers in silence. In order to overcome this cultural hindrance, public awareness campaignsmay prove helpful.

Another explanation would be the lack of awareness of this disorder among the public and primary care physicians alike.

In the LEBANON study, people were asked if they would be ashamed to seek help for their mental disorder and the answer was overwhelmingly in favor of seeking help. However, those that did suffer from mental health often were not aware of their condition.

Healthcare professionals must be vigilant and actively screen for mental disorders and initiate treatment when appropriate, or refer the patient when necessary.



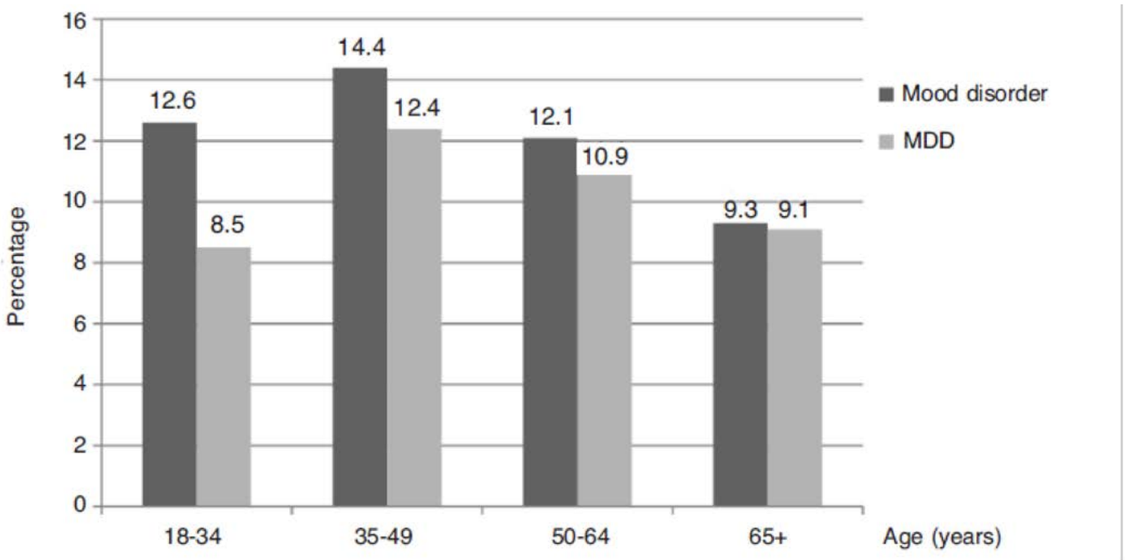


TABLE 2. Prevalence of mental disorders by age categories[e]

	Lifetime Mental Disorders[a]						
		60+ y					
	18–59 y % (N)	Total % (N)	60–75 y % (N)	76 + y % (N)	OR (60 + vs. 18–59)	CI	p
Any anxiety disorder[b]	16.6 (230)	12.3 (41)	13.0 (36)	9.0 (5)	0.67	0.40–1.11	0.12
Any mood disorder[c]	13.3 (299)	9.1 (53)	9.6 (45)	6.1 (8)	0.66	0.48–0.91	0.01**
Any mental disorder[d]	25.7 (400)	17.4 (72)	17.9 (59)	15 (13)	0.59	0.39–0.88	0.01**