

Coping with Mood Changes Later in Life



Depression and Bipolar
Support Alliance

We've been there.
We can help.

Feeling sad? Irritable? Hopeless? You can feel better.



You may have been told that these feelings are just part of growing older. They're not. They may be symptoms of depression.

What is depression?

Depression is more than just the blues or a bad day. Depression is a medical illness that can be treated, just like arthritis or diabetes. It is not a weakness or a flaw. It can't be overcome by "thinking positive" or "pulling yourself up by your bootstraps". But it can be diagnosed and treated by your health care provider. Having an illness of the brain and getting treatment is no reason to be ashamed.

Depression is different from grief.

You may be going through changes such as children moving away, illness, moving to assisted living facilities or the death of people you love. All of these things can cause feelings of sadness or grief. But when feelings of sadness last for a significant length of time and keep you from enjoying your life or doing things you used to, it may be a sign that you should seek treatment.

What causes depression?

What are the symptoms?

Depression is caused by a chemical imbalance in the brain. Other illnesses such as heart disease, diabetes or cancer might make someone more likely to get depression. Medications for other illnesses may also cause, mimic or worsen depression. A period of at least two weeks during which you feel sad, lose interest in things, and have at least four of the following symptoms can mean major (clinical) depression.

- Crying spells, feelings of emptiness
- Inability to enjoy things you once liked, not wanting to be with people
- Major changes in appetite and sleep patterns
- Irritability, anger
- Worry, anxiety
- Pessimism, indifference, feeling like nothing will ever go right
- Loss of energy, tiredness, fatigue
- Unexplained aches and pains
- Feelings of worthlessness, hopelessness and/or guilt
- Inability to concentrate or make decisions
- Excessive alcohol or drug use
- Recurring thoughts of death or suicide

If you or someone you know has thoughts of death or suicide, contact a health care provider, clergy member, loved one, friend or crisis line such as 1-800-SUICIDE (1-800-784-2433), or go to the nearest hospital emergency room immediately.

Is there more than one type of depression?

Yes. Dysthymia is another, milder form of depression. People who have dysthymia have problems with sleep or appetite, low energy, low self-esteem, poor concentration, difficulty making decisions and/or feelings of hopelessness for two or more years.

When moods swing from depression or sadness to a highly excited, irritated or energized state (called mania) and back, it may be a sign of bipolar disorder, also known as manic depression. There is more information about bipolar disorder on page 10. Major (clinical) depression, dysthymia and bipolar disorder are types of mood disorders.

How can I find out if I have depression?

Since only a health care provider can diagnose a mood disorder, seek professional help as soon as possible if you have concerns. Use the checklist on page 3 to get started. Tell your provider about all of your symptoms.

What should I expect from treatment?

Treatment has three parts: talk therapy, medication and support from people who understand. Work with your providers to find the combination that is best for you.

Talk therapy (psychotherapy) can be an important part of treatment, and can sometimes work alone for mild or moderate depression. A good psychotherapist can help you cope with feelings you are having and work on changing

patterns that contribute to your illness. There are many different types of therapy. Many therapists use a combination of types. Your therapy may look at your behavior, or at the way your thoughts and emotions affect one another. One type of therapy is not necessarily better than another – try to find the one that works best for you. You may get therapy from a psychiatrist, a psychologist, a social worker, a therapist, a counselor, a nurse or another health professional.

It can be helpful to involve your family in your therapy or treatment. Since depression often runs in families, your decision to seek treatment might help other family members.

Medications to help with symptoms of depression can be prescribed by physicians or psychiatrists. You and your doctor will work together to find the right medication(s) for you. This process may take some time, but don't lose hope. Different people have different responses to medication. Many people need to try several before they find the best one(s). Though it may not be easy, be patient when starting new medications and wait for them to work. It may take four to eight weeks before you feel their full effects. You may require different amounts of medication than younger adults depending on your metabolism, the function of organs such as your liver and kidneys, or other medications you may be taking. You may have more trouble with symptoms such as fatigue, physical pain or memory loss. Your doctor should keep these things in mind when choosing a treatment for you.

Keep your own records of treatment – how you feel each day, what medications and dosages you take and how they affect you – to help your doctor develop a treatment plan for you. DBSA's Personal Calendar, available by calling DBSA at 1-800-826-3632, or at www.DBSAlliance.org, can be very helpful with this.

Support groups are another important part of treatment. With more than 1,000 DBSA groups across the U.S. and Canada, no one with depression or bipolar disorder needs to feel alone or ashamed. The benefits of support groups are described on page 8.

How can I cope with medication side effects?

Many of the medications that affect the brain may also affect other systems of the body. You might feel the side effects before you feel the helpful effects of your medication. Don't be discouraged; there are ways to reduce or get rid of them.

- Change the time you take your medication to help with sleepiness or sleeplessness.
- Take it with food to help with nausea.
- Your doctor may change your dosage or prescribe another medication.

Tell your doctor about any side effects you are having. The decision to change or add medication must be made by you and your doctor together. *Never stop taking your medication or change your dosage without talking to your doctor first.*

How should I work with my health care provider?

You should see yourself as a partner with your health care provider. Don't be afraid to ask questions, and never be afraid to ask for a second opinion. If you have more than one provider, encourage them to share information about your conditions and treatments. Make sure you know:

- Your medication dosage(s) and what to do if you miss a dose.
- How you can reach your provider in an emergency, and who you can talk to (such as a nurse) if he or she is not available.
- How your medication will interact with the medications you take for other illnesses, and whether your medication will affect the symptoms of other illnesses.
- How you can recognize problems with your treatment.
- If psychotherapy is recommended as part of your treatment.
- If there are other things you can do to stay healthy, such as changing your diet, physical activity or sleep patterns.

What is ECT?

Electroconvulsive therapy (ECT) involves a short electrical current that “resets” the brain. This helps relieve depression or mania. ECT is not painful or dangerous. It can be the safest, most effective way to manage a mood disorder for some people. It can be helpful when you need treatment that works quickly or if you can't take medication.

Some people have short-term memory loss as a side effect of ECT. It is adjusted to meet the needs of each individual. It will never be forced on you or used as a means of control. You must give voluntary, informed consent to receive ECT.

How can DBSA support groups help me?

It often helps to have a group of people to talk to who have had similar experiences, and can understand and offer support. You may feel apprehensive or ashamed at first. You may not want anyone to know you're coping with mood disorder symptoms. Most people in DBSA groups also struggled with these feelings at first.

Keep going to the meetings, it will get easier. You will find people in your group who can understand the feelings you are having and offer coping skills. You may also meet people who want to start a special group for older adults that meets earlier in the day, is accessible to someone with disabilities, is closer to your home, or meets other needs you have. DBSA groups are confidential and free of charge. Contact DBSA at 1-800-826-3632 or visit www.DBSAlliance.org to locate the DBSA support group nearest you.

When combined with treatment, DBSA support groups:

- Can help you understand and stay with your treatment plan, and avoid hospitalization.
- Provide a place for mutual acceptance, understanding and self-discovery.

- Help you understand that a mood disorder does not define who you are.
- Give you the opportunity to benefit from the experiences of those who have “been there.”

How can faith and spirituality help me?



Many people find comfort in faith. Some say their faith has helped them through their darkest times. If you need treatment, it doesn't mean that your faith has failed you or that you don't have enough faith. Faith can be very important to your wellness. However, treating your depression with faith alone is not likely to be enough.

Being part of an organized religion can give you a supportive community and positive, encouraging beliefs and ideas to lean on during hard times. You don't have to be part of an organized group unless you want to – you can seek faith on your own. Faith gives you a power larger than yourself to rely on in difficult times.

Discover what gives you strength and joy, and hold onto it. Your path of spiritual discovery is personal, and can be whatever you choose. It may include worship, prayer, meditation, writing in your journal, reading inspirational books, helping others or other things you choose.

Could my illness be bipolar disorder (also known as manic-depression)?



Have you had periods of depression, followed by periods of unusually high energy? Do you go through periods when you spend excessive amounts of money or take unnecessary risks?

Take a look at the list below. If you've had one or more week-long periods of unusually high energy or irritability, and you checked three or more symptoms, talk with your health care provider about bipolar disorder.

- Greatly increased physical and mental activity and energy
- Extreme optimism and self-confidence
- Grandiose thoughts
- Aggressive behavior, anger
- Decreased need for sleep without feeling tired
- Rapid speech, racing thoughts
- Impulsiveness, poor judgment
- Reckless behavior such as spending sprees, unwise business decisions, careless driving and sexual promiscuity
- In severe cases, delusions (believing things that aren't true) and hallucinations (seeing or hearing things that don't exist)

How can I reduce the cost of treatment?

- Talk to your health care provider(s) about:
 - ✓ Lower fees or a payment plan.
 - ✓ Whether a generic medication is right for you.
 - ✓ Whether you are eligible to receive free medication from the manufacturer, or a special discount for senior citizens.
 - ✓ Whether he or she has free samples of your medication to give you.
 - ✓ Whether he or she can contact your insurance company and ask if they will allow more treatment for you.
- Use community or state-provided services.
- Space out your allowable psychotherapy visits over time and have your therapist help you develop skills you can use between visits.
- Find out if you are eligible for Medicare Supplement Insurance.
- If you are having difficulty getting insurance, find out if your state offers a risk pool for harder-to-insure individuals.
- Get help before there is a crisis. A brief appointment to talk about how you're feeling or adjust your medication can prevent more costly interventions later.

What can I do if I'm thinking about suicide?

- Tell a health care provider, family member or friend right away.
- Have a family member or friend take away anything you could use to hurt yourself.
- Know that thinking about suicide is a symptom of your illness that can be treated. When you have these thoughts, your mind is lying to you and making it seem that life is hopeless. There is hope, and your life is worthwhile.
- Call 1-800-442-HOPE, the National Hopeline network, for help.
- Keep following your treatment plan.
- Don't use alcohol, drugs, or medications not prescribed for you.
- Call 911 or go to the nearest emergency room if necessary.

What else can I do to improve my health?

- Learn as much as you can about your illness and its treatments.
- Follow your treatment plan, and keep all health care appointments. Write notes to yourself to help you remember medications and doctor visits.
- Eat regular, nutritious meals and have a regular sleep/wake schedule.
- Try to do some physical activity each day.
- Do something each day that you enjoy, or something that relaxes you.
- Work to reduce the stress in your life.

- Avoid alcohol and don't use illegal drugs.
- Be aware of your symptoms and try to get help early, before they become severe.
- Ask family and friends to help you watch for symptoms.

How can I help a relative or friend who has depression or bipolar disorder?



- Encourage your loved one to get help. Talk to the doctor, if necessary. Help your loved one stay with treatment.
- Reassure your loved one that depression and bipolar disorder are not flaws or weaknesses.
- Remember the mood disorder is not your or your loved one's fault. You cannot make your loved one well, but you can offer support and understanding.
- Be patient and keep an encouraging positive, hopeful attitude.
- Help with housework or errands.
- Watch for symptoms that may need a doctor's attention.
- Educate yourself about depression and bipolar disorder.
- Get help and support if you need it.

Resources

In addition to information available from DBSA, the following resources may provide assistance. DBSA is not responsible for the content or accuracy of the information they provide.

Administration on Aging – Eldercare Locator

1-800-677-1116 • www.aoa.gov • www.eldercare.gov

American Association for Geriatric Psychiatry (AAGP)

1-301-654-7850 • www.aagpgpa.org

Medicare

1-800-MEDICARE • TTY: 1-866-226-1819

www.medicare.gov

Medication Assistance

www.rxassist.org

National Institute on Aging

1-800-222-2225 • TTY: 1-800-222-4225 • www.nia.nih.gov

Pharmaceutical Research and Manufacturers of America

Patient assistance program

1-202-835-3410 • www.helpingpatients.org

Risk pool information

(Insurance for hard-to-insure individuals)

www.healthinsurance.org/riskpoolinfo.html

U.S. Department of Health and Human Services

1-877-696-6775 • www.hhs.gov

U.S. Department of Veterans Affairs

1-800-827-1000 • www.va.gov

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- I wish my gift to remain anonymous.
- Please send me ___ donation envelopes to share.
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- I have enclosed my company's matching gift form.
- I'd like to receive more information about mood disorders.
- Please send all correspondence in a confidential envelope.

If you would like to make your gift a Memorial or Honorary tribute, please complete the following:

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Please send this form with payment to: DBSA, 730 N. Franklin Street, Suite 501, Chicago, IL 60610-7224 USA

Questions? Call 1-800-826-3632 or 1-312-642-0049.

Credit card payments (Visa, MasterCard or Discover) may be faxed to 1-312-642-7243.

Secure online donations may be made at www.DBSAAlliance.org.

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**We've been there.
We can help.**

**Depression and Bipolar
Support Alliance**

The Depression and Bipolar Support Alliance (DBSA) is the leading patient-directed national organization focusing on the most prevalent mental illnesses. The organization fosters an environment of understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically-based tools and information written in language the general public can understand. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably.

Assisted by a Scientific Advisory Board comprised of the leading researchers and clinicians in the field of mood disorders, DBSA has more than 1,000 peer-run support groups across the country. Nearly two million people request and receive information and assistance each year. DBSA's mission is to improve the lives of people living with mood disorders.

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730 N. Franklin Street, Suite 501
Chicago, Illinois 60610-7224 USA
Phone: 1-800-826-3632 or 1-312-642-0049
Fax: 1-312-642-7243
Website: www.DBSAlliance.org

Visit our updated, interactive website for important information, breaking news, chapter connections, advocacy help and much more.

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This brochure was reviewed by DBSA Scientific Advisory Board Member Charles F. Reynolds III, M.D., Professor of Psychiatry, Neurology and Neuroscience at Western Psychiatric Institute and Clinic, University of Pittsburgh, by Bryce Miller of DBSA Kansas State and by Mildred M. Reynolds, Ed.D., M.S.W.

DBSA does not endorse or recommend the use of any specific treatment or medication for mood disorders. For advice about specific treatment or medication, patients should consult their physicians and/or mental health professionals.