



This Feb. 17, 2012 file photo shows singer-actress **Michelle Williams** at the 43rd NAACP Image Awards in Los Angeles. Destiny's Child singer Williams says she's seeking help for the depression she has struggled with for years. Williams said in an Instagram post Tuesday, July 17, 2018, that she has "sought help from a great team of health care professionals." (AP Photo/Matt Sayles, File)



In 2014, **Comedian Wayne Brady** revealed his long time struggle with depression. Despite enduring his depression for a long time, Brady admitted the breaking point came when he hit rock bottom, on his 42nd birthday. For Brady, the wake up call came when Robin Williams, who he knew personally, died of an apparent suicide after struggling with depression. (AP Photo/File)

## Take charge of your health today. Be informed. Be involved.

### Depression in Older Adults



ESTHER BUSH

#### Depression

This month, the "Take Charge of Your Health Today" page focuses on depression. The Urban League of Greater Pittsburgh's Erricka Hager, health advocate, and Esther L. Bush, president and CEO, recently spoke about this topic.

**EH:** Good morning, Ms. Bush. I'm excited that we're going to be discussing depression and its effect on older adults. Despite the recent public health focus on mental health and the importance of getting help, older adults are still hesitant to do so. According to a National Institute of Mental Health survey, only 42 percent of older adults will seek help from mental health professionals.

**EB:** Wow! I didn't realize that it was such a large number. We need to change that trend by addressing a common misconception about depression, which is that it's normal to be depressed. Sadness is normal. Depression is not. It's an illness. If Courier readers are experiencing any of the symptoms associated with depression, then I'd encourage them to seek professional help. There are many mental health services options. People can find a care plan that works for them.

**EH:** Thank you for addressing that common misconception, Ms. Bush. It is normal to experience sadness from time to time, but if you feel like that sadness isn't going away, then it's best to seek help. Research shows that untreated clinical depression can lead to other chronic illnesses, including diabetes or high blood pressure. It's especially important for us, as African Americans, to seek help because of the negative effect depression has on our health and well-being. Receiving appropriate treatment for depression can help older adults lead longer, healthier lives.

**EB:** Thank you, Erricka, for all this information. I agree that seeking treatment is essential and a critical issue to discuss. The stigma around depression and mental illness is not unique to Black culture, but it does appear to be a bigger barrier in our community than in the general population. It's considered a sign of personal weakness or weak faith to admit that you need help. This kind of thinking deters older adults from seeking help. How do we address that perception? No one should blame themselves for depression.

**EH:** That's a great question, Ms. Bush. I have two suggestions for our readers. My first suggestion would be to get involved with research. There are two studies listed on this page that are designed to find out more about which symptoms are associated with depression in order to develop helpful treatments. As we know, African Americans are largely underrepresented in research, which prevents the development of treatments that will benefit our communities specifically. Getting involved with research is quite simple. The Urban League's health education office is always available to connect Courier readers with studies that interest them. Second, I would encourage readers to simply talk. Whether that talking is with a health care professional, a family member or even God, it's important to create a comfortable environment that will encourage older adults to talk about their mental health. When we start talking about our mental health—specifically depression—then we can begin to change the idea that seeking help is a weakness.

**EB:** Thank you for sharing your thoughts with me, Erricka. We've provided readers with some great information and ways they can take charge of their health today. I look forward to chatting with you next month as we discuss menopause.

Everyone feels down, or "blue," once in a while. The occasional blue feeling is a normal part of life. But feeling blue without relief can be a sign of what doctors call clinical depression.

According to the National Institute of Mental Health, depression is one of the most common mental disorders in the United States. In 2016, an estimated 16.2 million adults in the United States had at least one major depressive episode. Researchers believe that depression can be caused by a combination of genetic, biological, environmental and psychological factors. Depression can happen to anyone, but it most commonly occurs in adults.

While clinical depression is a common problem for older adults, it is not a normal part of aging. Common reasons why older adults show signs of depression include the loss of loved ones and ongoing medical conditions like diabetes, high blood pressure, cancer, heart disease and changes in memory. Chronic stressors like the loss of a job, worsening pain, disability and having to provide care for children and grandchildren also contribute to depression and feelings of excessive stress. When stress and depression become persistent, are present more days than not and start to negatively affect quality of life, relationships and daily functioning, these issues may indicate the person has clinical depression.

Depression in late-life often includes persistent sadness, inability to experience enjoyment in previously pleasurable activities (like spending time with grandchildren or going to church), irritability, low energy, insomnia, change in appetite, feeling slowed down and having trouble concentrating and remembering. Many older people with depression experience excessive worry and have a difficult time turning off their anxiety. Some older people with depression worry excessively about their health. People



JORDAN KARP, MD

with depression cannot just "snap out of it." Their feelings and changes in behavior can be overwhelming for family and friends who find their "moodiness" to be confusing, which can cause difficulty with relationships. When depression is more severe, some older adults have thoughts that life is not worth living or they would be better off dead. At times, the depression contributes to their feeling like a burden to their family. They may fantasize that their family would be better off if they were no longer around. When people become too hopeless or feel that their mood will never improve, they may consider actually taking their own lives. Suicide is the most tragic outcome of severe and untreated depression.

For some people, seeking help can be stressful or embarrassing. Some people find it challenging to find the words to describe how they are feeling, which further contributes to a sense of isolation. Primary care physicians (PCP) are often the first health professionals in whom older adults confide about their stress, mood

and anxiety. In general, PCPs are educated about depression and anxiety in older patients and want their patients to bring this up during appointments. PCPs can evaluate patients for symptoms of depression and excessive stress. Then, they work with patients to decide whether a referral for counseling or a prescription for an antidepressant medication would be helpful. Both counseling and antidepressant medications are effective treatments for depression in older adults.

Many people get better with counseling or antidepressant medications. However, some people experience a more difficult-to-treat type of depression that requires switching or combining medications or more intensive counseling. Jordan Karp, MD, associate professor of psychiatry, of anesthesiology, and of clinical and translational science at the University of Pittsburgh School of Medicine, is leading a study focusing on the difficulty of treating late-life depression (see information on the OPTIMUM study elsewhere on the page).

"Treatment-resistant depression is really the norm, not the exception in older adults," says Dr. Karp. "More than half of depressed adults do not respond to the antidepressant medications they take. Older adults may respond differently to medications than younger people. We are trying to learn what are the safest and most effective treatment options for these patients. With the OPTIMUM study, we're trying to identify those differences and find the safest treatment without serious side effects."

It is important to get depression treated because research shows that inadequately treated depression may cause memory problems, worsen other medical conditions, like diabetes and high blood pressure, and contributes to early death. As Dr. Karp says, "Depression kills. Treatment works. Get help."

## OPTIMUM Study provides help for adults 60 and older

For patients with difficult-to-treat depression, seeking help from a mental health professional is a good option. However, because of a shortage of mental health specialists, in particular psychiatrists who specialize in the care of older adults, it can be challenging to get an appointment with a psychiatrist in our community. A study at the University of Pittsburgh called OPTIMUM (Optimizing Depression Treatment in Older Adults) is trying to bridge this gap. Researchers with OPTIMUM are trying to learn how to best treat people 60 and older who have difficult-to-treat depression. The OPTIMUM project is studying whether doctors should switch antidepressants or combine antidepressants for patients who are still depressed despite having tried at least two different antidepressant medications.

The OPTIMUM team works closely with



patients' primary care physicians (PCP). OPTIMUM provides psychiatric treatment recommendations, close monitoring of patients' mood symptoms and can be conducted entirely by phone. PCPs and patients remain in control of care. In other

words, it is always the decision of patients and their health care providers whether or not to follow the recommendations. Both patients and PCPs receive support from the OPTIMUM mental health team.

Some of the benefits of participating in the OPTIMUM research program are continued care with patients' PCPs with expert psychiatric treatment recommendations provided by the study team; more attention and monitoring compared to that received in a PCP office or clinic; free evaluation of patients' depression; the potential of helping others in the future by advancing medical knowledge; and, if the patient wants, an evaluation of the patient's memory by the OPTIMUM team.

To learn more about OPTIMUM, or to find out if you or a loved one may be eligible to participate, please call 412-586-9851 or visit [www.OPTIMUMstudy.org](http://www.OPTIMUMstudy.org).

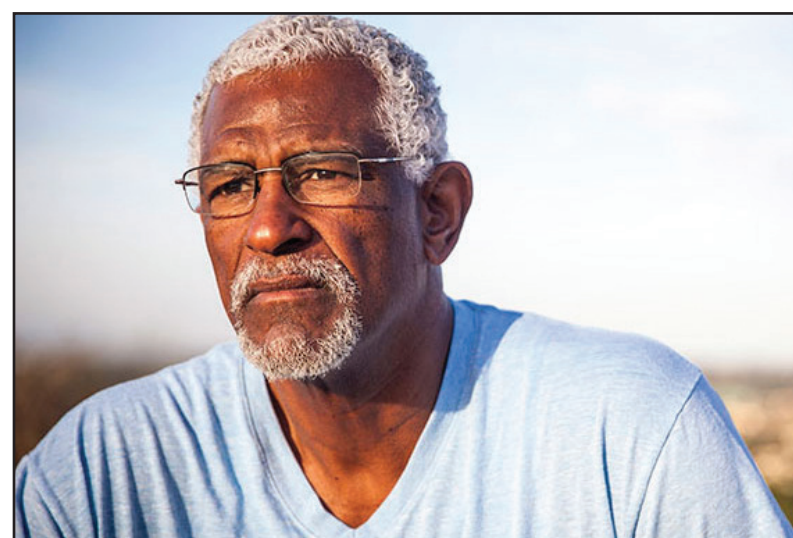
## The MAPP Study: Understanding Seasonal Affective Disorder

### What is the MAPP Study?

Seasonal affective disorder (SAD) may affect people who find their mood is down or depressed in winter. People with SAD are less interested in doing things they typically enjoy during the rest of the year. They may feel tired, have changes in how much they sleep and eat and not want to socialize as much as they normally do. People with SAD may even feel worthless, hopeless or have thoughts of hurting themselves. The aim of the MAPP study is to try to figure out what causes SAD so that we can develop better treatments for it.

**What is involved in the study?**

Participants will be interviewed about their



experiences across the seasons, including their mood, energy level, sleep and other

behaviors. In addition, the study involves DNA testing to determine whether some inherited genes could be part of SAD. Participants will have four to five visits this summer and then another four to five visits in the coming winter. Although the study does not provide treatment, we can give participants and callers to our laboratory referrals for SAD treatment in their community.

**How can I learn more?**

Call us at 412-624-9180 or learn more at [www.roecklein.pitt.edu](http://www.roecklein.pitt.edu) about the MAPP study and to find out if you might be eligible to participate. Our research assistants will answer any questions you have, describe the study and even e-mail you resources.