

Depression and dementia

This Help Sheet looks at depression in people with dementia, how to recognise it, and importantly, ways in which it may be treated.

What is depression?

While depression is usually described as feelings of extreme sadness, it is more than this – it is a serious illness that needs treatment. It describes both a mood and a syndrome.

A depressed mood may be:

- A normal reaction to an event such as the death of a loved one
- A symptom of another disorder such as hypothyroidism
- Part of a syndrome of depressive disorder such as major depression

A syndrome is a collection of several symptoms.

A depressive syndrome, will usually consist of depressed mood or loss of interest in previously enjoyed activities together with other symptoms, such as:

- Lack of energy
- Inability to sleep or sleeping too much
- Changes to appetite
- Feelings of guilt or worthlessness

Depression is not a normal part of ageing.

Depression and dementia

Depression is very common among people with dementia. Depressive symptoms have been reported to occur in approximately 40-50% of people with Alzheimer's disease. People in long-term residential care appear to be particularly at risk of depression.

Other factors that may be contributing to a person's depression may be:

- The side effects of medication
- Physical illness
- Reaction to diagnosis and perceived impact on lifestyle
- Social isolation
- Fatigue
- Environmental factors, such as the inability to screen out unwanted stimulation of loud noises and crowds

Signs of depression

It can be very difficult to know if a person with dementia is depressed. Some typical signs are:

- Loss of interest and pleasure in previously enjoyed activities
- Lack of energy
- Poor sleep
- Loss of appetite and weight
- Expressing feelings of worthlessness and sadness
- Being unusually emotional, crying, angry or agitated
- Increased confusion

However, many of the symptoms of dementia and depression are alike and it can be difficult to tell the difference.

Where to begin

If you suspect that depression may be affecting a person with dementia, talk with the doctor who will be able to carry out a thorough examination to rule out other medical problems. Medication such as an anti-depressant may be prescribed and can be very helpful in improving the symptoms of sadness, and may improve appetite and sleep problems. The doctor can also arrange for any appropriate referrals such as to the Aged Care Assessment Team (ACAT), or for specialised psychiatric assessment.

Treating depression can make significant improvements in a person's mood and their ability to participate in activities. It is important to investigate and treat depression whenever it is suspected.

National Dementia Helpline 1800 100 500

dementia.org.au

Treatment

Treatment with anti-depressants often improves depression in people without dementia. Anti-depressants can have side effects, which should be discussed with the doctor before treatment is started. Generally, newer, more modern anti-depressants have fewer side effects and are less likely to cause difficulty to a person with dementia than older drugs such as tricyclic anti-depressants. If drug treatment is ineffective it should be ceased, and if it causes side effects the treatment may need to be changed. Usually a trial of at least two weeks treatment is necessary to tell how useful the medication is going to be.

What to try

- Keep to a daily routine for the person with dementia
- Incorporate regular exercise as this has been proven to have a positive impact on depressive symptoms
- Limit the amount of noise and activity in the environment if this causes a problem. This will help avoid overstimulation
- Large group situations can make some people feel worse, while some can benefit from the stimulation of a busy, active gathering. It is important to know what the person has enjoyed in the past, as it is likely that similar activities will still appeal now
- Have a realistic expectation of what the person can do. Expecting too much can make both the person with dementia and their family and carers feel frustrated and upset
- Be aware of when the person is least fatigued and do any important tasks at these times
- Be positive. Frequent praise will help everyone
- Include the person in conversation to the extent that they feel comfortable

Remember

Family and carers should try to make sure they get adequate breaks from caregiving so that they do not do not become worn down by demanding behaviour.

Based on:

Depression and dementia, an article by Associate Professor David Ames, Associate Professor of Psychiatry of Old Age, University of Melbourne

Depression and dementia – A double jeopardy, an article by Associate Professor E Chiu, University of Melbourne

Information from your family doctor: Depression and Alzheimer's disease, American Academy of Family Physicians

Who can help?

Discuss with the doctor your concerns about behaviour changes, and their impact on you.

The Dementia Behaviour Management Advisory Service (DBMAS) is a national telephone advisory service for families, carers and care workers who are concerned about the behaviours of people with dementia. The service provides confidential advice, assessment, intervention, education and specialised support 24 hours a day, 7 days a week and can be contacted on **1800 699 799**.

FURTHER INFORMATION

Dementia Australia offers support, information, education and counselling. Contact the National Dementia Helpline on **1800 100 500**, or visit our website at **dementia.org.au**



For language assistance phone the Translating and Interpreting Service on **131 450**