

Depression & Suicide in Older Adults

Screening, Treatment, & Important Conversations

An estimated 19.4 million adults in the U.S. had at least one major depressive disorder in 2019.¹ Its toll can be enormous — interrupting a person's daily life, causing insomnia and fatigue, impacting memory and decision-making, raising the risk of cardiovascular disease, increasing pain sensitivity, weakening the immune system, causing weight changes, and raising the risk of death. Death by suicide is a serious problem for people ages 65 and older who make up 16 percent of the population but account for more than 19 percent of suicides.² White men ages 85 and older take their own lives at four times the rate of the general population.³

Depression may present differently in older adults — complicating timely recognition and treatment. This resource includes guidance on recognizing and screening for depression in older adults, tips on having important conversations with your patients about treatment, and links to additional resources.

1 Substance Use and Mental Health Services Administration. 2020. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health*. HHS Publication No. PEP20-07-01-001, NSDUH Series H-55. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. www.samhsa.gov/data. Last accessed April 2022.

2 Kochanek, K et al. 2019. *National Vital Statistics Report: Deaths, Final Data for 2017* 68(9). Hyattsville, MD: National Center for Health Statistics. www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_09-508.pdf. Last accessed April 2022.

3 Centers for Disease Control and Prevention. 2014. Fatal Injury Reports, National and Regional, 1999-2014. Available at https://webappa.cdc.gov/sasweb/ncipc/mortrate10_us.html. Last accessed April 2022.

INCREASED RISK

A variety of medical, social, and environmental factors put older adults at heightened risk for depression. Chronic diseases and health problems, Alzheimer's disease and other dementias, financial stress, disability, surgeries and hospitalizations, substance use disorders, certain medications, loss of independence, social isolation and loneliness, grief over the death of a loved one, and other major life changes or stressful events — all make older adults particularly vulnerable to depression.

Loneliness and social isolation can exacerbate depression, and older adults are more likely to experience both. They are more likely to live alone and to have lost family, friends, and loved ones. The COVID-19 pandemic only made this worse with half of older adults reporting loneliness during the pandemic.⁴

DIFFICULTIES OF DETECTION

Detecting depression in older adults can be complicated by a variety of factors:

- Depression often looks different in older adults, who instead of experiencing sadness, are more likely to report:
 - Decreased motivation and energy
 - Reduced ability to experience pleasure
 - Weight loss
 - Paranoid ideations
 - Memory problems
 - Social withdrawal, irritability, and loneliness
 - Physical problems like the worsening of pain or chronic disease symptoms
- Alzheimer's and other dementias can have symptoms similar to depression and are often accompanied by depression.

⁴ University of Michigan. 2020. Loneliness Among Older Adults Before and After the COVID-19 Pandemic. *National Poll on Healthy Aging*. Available at https://deepblue.lib.umich.edu/bitstream/handle/2027.42/162549/0212_NPHA-loneliness-report-FINAL-09112020-handle.pdf?sequence=5&isAllowed=y

- Certain medications can produce side effects that look like or exacerbate depression.
- Older adults may have their first episode of depression later in life.
- Individuals may not recognize or report their symptoms as due to depression, or may be hesitant to discuss them due to the stigma of mental illness.
- Symptoms of depression may be attributed to what are thought to be expected reactions to illness, loss, or other significant life changes.
- Even mild depression can produce significant distress in older adults, yet they often don't meet the criteria for major depression.

SCREENING TOOLS AND REIMBURSEMENT

The U.S. Preventive Services Task Force recommends screening for depression in all adults, regardless of risk factors. The Centers for Medicare and Medicaid Services (CMS) covers an annual depression screening in a primary care setting. Assessment for depression should also be a part of the Welcome to Medicare Visit and the first [Yearly Wellness Visit](#). CMS allows the use of any depression assessment tool that has been validated in older populations (e.g., the [Patient Health Questionnaire](#) (PHQ) or [Geriatric Depression Scale](#)).

No matter which tool you use, a positive screen should either prompt the use of additional assessments or referral for an in-depth evaluation by a mental health specialist.

Also remember that patients can be suicidal without meeting the criteria for a major depressive disorder. Be sure to [ask your patients about suicidal thoughts](#) even if they don't appear to be depressed.

IMPORTANT CONVERSATIONS

Talking with a patient you think could be depressed can be challenging. Consider incorporating the following points into your conversation:

- Depression is common but not a “normal” part of aging.
- It can happen to anyone and is not a sign of weakness.
- It’s normal to experience sadness, anxiety, and other symptoms after stressful or life-changing events, but if symptoms last for more than two weeks, it may be more than a typical response to stress or life events.
- Let them know you are concerned and can assist them in finding help.
- There may be others in their community that they can reach out to for help like faith-based leaders.
- Make sure they understand that depression is a treatable medical condition and that many people get better after treatment. They may not be able to work through it on their own, or just eventually “snap out of it.”

When discussing treatment:

- Let them know that medications can treat their depression but discuss the potential side effects and how long it may take the medication to work. Emphasize that sometimes the first medication doesn’t work and a different one may be needed. This is especially important since they may experience treatment-resistant depression that needs different interventions.
- Since medications are not the only treatment, discuss psychotherapies and other potential treatments.
- Encourage them to pursue self-care including staying socially connected, finding a new purpose or goal, adopting healthy habits, and seeking help when needed.
- Tell them they should talk to you before taking any over-the-counter (OTC) or herbal medications they may read about for depression. Mixing certain medications can decrease their effectiveness and increase the risk of adverse events, including death.
- You may want to refer your patient to a mental health professional for further treatment, especially for therapy or if they don’t respond to initial treatments.

IS YOUR PATIENT SUICIDAL?

An average of 64% of people had a healthcare visit within one month of their attempted suicide,⁵ so be sure to look for suicidal tendencies, thoughts, or symptoms in your patient — even if they aren't depressed. Not all patients who experience suicidal ideation will present with depression. Be sure to ask questions and screen your patients for suicide risk.

If you think your patient could be at risk of being suicidal, ask them:

- Do you ever have thoughts about hurting yourself?
- Do you have weapons in your home?
- Are you in a safe environment?

If they are in immediate danger, get them to a hospital or consider other options to ensure that the person is protected from self-harm.

LEARNING MORE AND GETTING HELP

There are many resources to learn more:

[American Foundation for Suicide Prevention](#)

[American Psychological Association](#)

[Depression & Bipolar Support Alliance](#)

[National Alliance on Mental Illness](#)

[Mental Health America](#)

[National Institute of Mental Health](#)

[National Suicide Prevention Lifeline](#)

[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)




5 Ahmedani et al. 2015. Racial/Ethnic Differences in Health Care Visits Made Before Suicide Attempt Across the United States. *Medical Care* 53(5):430-5.



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