



Exploring Depression in Older Adults, Barriers to Diagnosis and Treatment



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Abstract

Depression affects more than 6.5 of 35 million Americans aged 65 and over. Depression in older adults is associated with increased disability and morbidity but often goes undiagnosed and untreated, perhaps due to a misconception that depression is a normal response to aging or its symptoms can be mistaken as signs of other health conditions. Stigma may also affect how likely older adults, compared to younger adults, are to seek mental health treatment. This study aimed to better understand depression among older adults and to identify diagnosis and treatment barriers. Methods: Community dwelling adults aged 50 and older were surveyed across 6 sites in Tallahassee. The survey contained scales measuring demographics, depression stigma, treatment seeking attitudes and current depressive symptoms. Results: 109 adults completed the survey. Of these, 70% were female. The mean age was 74. Subjects overwhelming indicated depression was not a shameful condition nor did it convey personal weakness. Regarding treatment seeking attitudes, subjects indicated that if they were to experience depression they would be most likely to seek treatment from a doctor (54%) or mental health professional (50%) and least likely to take medications (54%). While current depressive symptoms were unrelated to stigma (r=.02), there was a trend for subjects with higher Geriatric Depression Scale scores to be less likely to endorse seeking treatment if they were to become depressed (r=-.22, p=.06), controlling for age and sex. Conclusions: Subjects did not endorse negative or stigma inducing beliefs about depression, thus stigma may not be a major barrier for older adults. Older adults experiencing some depressed mood, may be less willing to seek treatment if depressed, which suggests that attitudes toward treatment may differ depending on the older adult's emotional state.

What did we want to know?

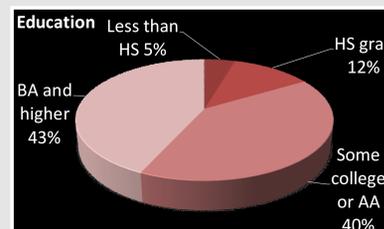
- We sought to explore attitudes and beliefs about depression in adults age 50 and older.
- We sought to identify diagnosis and treatment barriers.
- We hypothesized that depression is underdiagnosed in older adults due in part to generational and cultural attitudes about depression as a sign of mental infirmity, weakness or societal stigma.

How did we do it?

- 109 adults were surveyed and 51 adults were interviewed at six Tallahassee senior recreational and living communities.
- Individuals were asked about their perceptions and beliefs on the stigmas of mental illness and acquiring corresponding treatment. They were also asked about their own symptoms of depression.

Who participated?

- 70% of our sample was female, 30% was male.
- Ages ranged from 50 to 95 with a mean age of 74.
- 89% were Caucasian (Non-Hispanic).



What did we find?

Geriatric Depression Screening Tool Results:

- 79% of participants had less than 5 depressive symptoms in the past week.
- 10% of participants had 9 or more depressive symptoms in the past week.^[2]

Beliefs about depression:

People with depression should keep their problems to themselves.	85% Strongly Disagreed or Disagree
Having depression reflects poorly on a person and their family.	78% Strongly Disagreed or Disagree
I tend to think less of someone with depression.	83% Strongly Disagreed or Disagree
People with depression should not feel ashamed.	89% Strongly Agreed or Agreed
I tend to be someone who has depression.	30% Strongly Agreed or Agreed



If depressed, would they...

...talk to a mental health professional?	50% most likely WOULD
...seek treatment from a doctor?	54% most likely WOULD
...modify their lifestyle (exercise, diet, etc.)?	34% most likely WOULD 6% most likely WOULD NOT
...take an antidepressant?	54% most likely WOULD NOT

What did interviews reveal?

- When all 51 subjects were asked about gender differences and depression, 55% stated that men are less likely to talk openly about it and seek treatment due to societal expectations and traditional gender roles.
- We asked 36 subjects about generational effects on attitudes about depression and 56% stated that there is more awareness and education about depression now as compared to when they were growing up and there is less stigma. Many cited television, commercials and mainstream media as the reason.
- When all subjects were asked about talking to their doctor, those who stated they would talk to their doctor, described their doctors as easy to approach, good listeners, trustworthy and knowledgeable.

What did we study?



- Depression is estimated to affect almost 6.5 million Americans aged 65 and over.^[1]
- Depression is often underdiagnosed and subsequently, goes undertreated.
- Depression may be mistaken as normal aging or as a symptom of other comorbidities.
- The stigma of mental illness, coupled with generational attitudes, may contribute to lower diagnosis and treatment rates of depression in older adults.



What did we learn?

- In general, participants did not seem to bear a stigma about depression in others.
- However, when asked about their own depression, while many agreed they knew someone with depression, few indicated experiencing depression themselves.
- Older adults experiencing some depressed mood, however, seemed to be less willing to seek treatment or take an antidepressant if depressed.
- This could suggest that attitudes toward treatment may differ depending on the emotional state of the older adult and/or whether depression was self-identified or identified in others.
- Gender may also play a part in treatment seeking, as more women than men stated they would likely seek treatment if they experienced depression.
- As such, male patients may require more candid, open dialogue, discussion of attitudes about depression and more extensive screening to diagnose depression.

References

1. Duckworth, K. (2009). Depression in Older Persons Fact Sheet. National Alliance on Mental Illness. p. 1.
2. Sheikh, J. and Yesavage J. (1986). Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. Clinical Gerontology. A Guide to Assessment and Intervention. pp. 165-173.