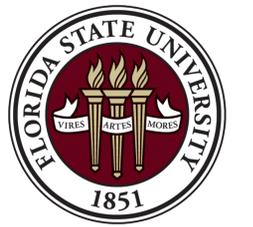




Exploring Depression in Older Adults, Barriers to Diagnosis and Treatment



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What did we study?



•According to the National Alliance on Mental Illness, depression is estimated to affect almost 6.5 million of 35 million Americans aged 65 and over. [1]

•However, it is often underdiagnosed and subsequently, undertreated.

•Depression may be mistaken as an expected response to the normal aging process 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 want to know?

•We sought to explore attitudes and beliefs about depression in adults over 50 years old.

•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.



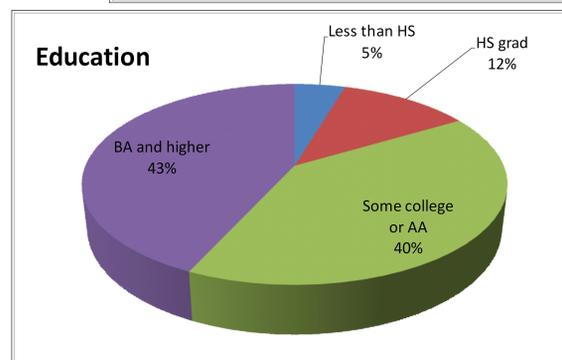
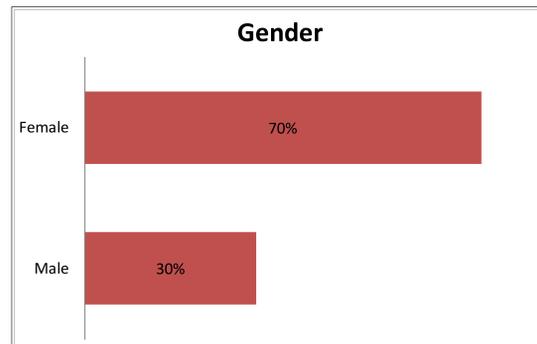
How did we do it?

•109 adults age 50 and over were surveyed and 51 adults were interviewed at 6 Tallahassee senior recreational and living communities.

•Individuals were asked about their symptoms of depression as well as their perceptions and beliefs on the stigmas of mental illness and acquiring corresponding treatment.

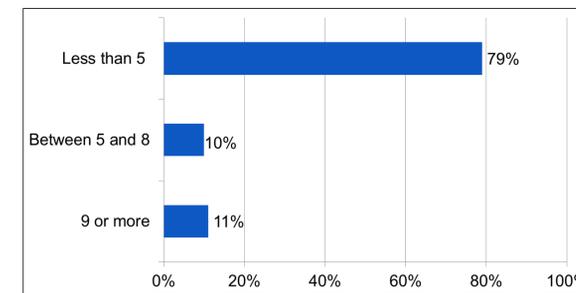
Who were the participants?

Ages ranged from 50 to 95 with a median age of 74.



What did we find?

Geriatric Depression Screening Tool Results



Number of depressive symptoms in the last week [2]

Was there an internal or external stigma?

People with depression should keep their problems to themselves.	85% Strongly Disagreed or Disagreed
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 Disagreed
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

Treatment seeking: How likely were they to...

...talk to a mental health professional	37% very likely 15% not very likely
...talk to your doctor	39% very likely 12% not very likely
...modify your lifestyle (exercise, diet, etc.)	34% very likely 6% not very likely
...take an antidepressant	43% not very likely 23% very likely

Was there a gender difference in seeking treatment?

•Of the 40 individuals stating they were very likely to talk to a mental health professional, 32 were female.

•In contrast, of the 16 individuals stating they would not be very likely to seek treatment, 10 were male.

What did participants share in the interviews?

•When all 51 subjects were asked about gender differences and depression:

55% stated that men are less likely to talk openly about depression and seek treatment due to societal expectations and traditional gender roles.

• We asked 36 of the 51 subjects about generational effects on attitudes about depression:

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.

When asked the reason for this, many cited television, commercials and mainstream media.

•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 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 admitted 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.



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.