

November 2007



This Update Sheet was produced in association with *beyondblue*: the national depression initiative.

## Depression and Dementia

Dementia and depression can occur separately or together and have much in common, much that is different, and much that remains to be discovered. Although it is sometimes difficult to distinguish between them, dementia and depression are different conditions requiring appropriate responses and treatment. The purpose of this Update Sheet is to help people to identify depression and to provide them with information that will help them to raise issues with their clinicians.

### What is dementia?

Dementia describes a collection of symptoms that include impairment of memory, understanding and reasoning that interfere with normal social or occupational functioning. Many conditions cause dementia, including Alzheimer's disease, vascular dementia and dementia with Lewy bodies, to name a few. These conditions are irreversible.

The same symptoms can sometimes arise from other conditions which are treatable. In all situations where symptoms of memory impairment are noticed or other intellectual functions have changed significantly, it is vital to seek an accurate diagnosis from an appropriate medical practitioner.

### What is depression?

Depression is not just a low mood or feeling sad, but an illness that requires treatment. People with depression generally feel sad, down or miserable most of the time. They find it hard to do normal activities and function from day to day. Depression has serious effects on physical as well as mental health. Depression is common and affects up

to one million Australians each year. In its most severe form, depression can interfere with memory and concentration.

However, these symptoms are reversible with treatment of the depression.

### How do you know if a person is depressed?

A person may be depressed, if for more than two weeks they have:

1. Felt sad, down or miserable most of the time, OR
2. Lost interest or pleasure in most of their usual activities

AND experienced some of the following symptoms:

- Weight gain or loss
- Disturbed sleep
- Feelings of agitation and restlessness
- Slowed movement and reactions
- Tiredness or loss of energy
- Feeling worthless
- Feeling guilty for no real reason
- Poor concentration, indecisiveness
- Recurrent thoughts of death, thinking about suicide

- Bodily discomfort or pain in the absence of a physiological cause
- Feelings of stress and anxiety
- Feelings of confusion
- Memory disturbance

Depression manifests in a number of different ways but when it is clinically significant it always affects how a person functions in everyday life.

### Is it dementia or depression?

There are a number of symptoms that are common to both dementia and depression. Symptoms that can lead to an incorrect diagnosis in an older person include confusion, memory disturbance and changes in the ability to concentrate. If a person or someone close to them is concerned about such symptoms, it is important that they obtain the opinion of a skilled medical practitioner to ensure that a correct diagnosis is made, because the treatments for depression and dementia are different.

In most instances, depression is a treatable condition and an incorrect diagnosis of dementia could lead to unnecessary suffering due to lack of treatment. Likewise, incorrectly diagnosing dementia as depression could lead to inappropriate treatment and the encouraging of unrealistic expectations in the person concerned.

### Co-occurrence of depression and dementia

While it is necessary to ensure that the initial diagnosis of either dementia or depression is correct, it is also important to be able to identify when these two conditions are present at the same time.

Although depression is a mood disorder it can also adversely affect cognitive function and result in poor memory, difficulty in decision making and difficulties in organising and

initiating activities. Hence, for the person with dementia, depression may exacerbate the symptoms of dementia.

Although depression is known to be 3 to 4 times more common in people with dementia than in older people without dementia, it might go unrecognised for a number of reasons including:

- the 'normalising' of depression in older people, particularly those with dementia
- the complexities of distinguishing symptoms of depression from those of dementia
- the difficulties inherent in patient/clinician communication for people with dementia
- the reduced ability of people with dementia to describe their symptoms due to impaired insight

### Causes of depression

Depression has several key causes which are common across the life course, including genetic predisposition, loneliness or poor self-esteem. It also has other causes which are more specific to older people and might relate to life changes such as retirement or increasing frailty.

Recent research also suggests that there may be physiological causes of depression in older age relating to diseases of the small blood vessels in the brain as well as structural changes to the brain caused by ageing processes or by disease.

The detrimental effect that dementia has on a person's ability to manage their physical and social environment can also contribute to depression through the slow erosion of confidence and self-esteem. Changes that can contribute to depression in a person with dementia include:

- Loss of autonomy and reliance on others
- Inability to go out alone
- Loss of ability to undertake enjoyable activities
- Loss of ability to carry out every day tasks
- Confusion and loss of memory

### **Recognising depression in the presence of dementia**

An accurate diagnosis involves more than simply identifying the symptoms. Other factors which need to be taken into account include the number of symptoms that are present, the length of time the symptoms have been experienced, and the current life situation and past history of the person being diagnosed.

Minor, or sub-syndromal depression, is one of the more common forms of depression amongst older people. Failure to identify depression in dementia often results from a focus on major depression without attention being paid to less severe symptoms which may still impact on a person's social, functional and cognitive abilities. Depressive symptoms are such that they affect how a person functions in everyday life. Symptoms are present intermittently and may include different symptoms at different times and for different lengths of time.

In all instances, depression in dementia should be diagnosed by a qualified medical practitioner and preferably by one who also has experience in treating people with dementia. Then the most appropriate course of treatment can be determined.

### **Treatment of depression**

Depression is usually treated by a health practitioner using medication and/or psychosocial therapies such as counselling, cognitive behaviour

therapy and behavioural interventions. Any treatment plan should be based on a thorough diagnosis and take into account the likely causes of the depression.

Understanding the cause of the depression is particularly important as depression which has a physiological basis may not respond to psychosocial interventions alone. Equally, depression in which the primary cause is psychological or environmental may be more responsive to psychosocial treatments and strategies to improve the environment rather than to medication.

In some instances depression may have physiological and psychosocial causes and appropriate treatment may include both medication and therapy.

### **Things you can do to reduce the risk of depression in dementia**

In addition to professional treatments there are a number of things that you can do to both reduce the risk of depression and to maintain and/or improve the quality of life of a person with dementia. Some simple things that you can start to implement straight away are:

- Adapt the environment to make it more manageable
- Minimise change and keep to a predictable routine
- Minimise stress and anxiety by simplifying or eliminating tasks or activities that have become too difficult
- Reduce exposure to overstimulating or threatening situations
- Provide support for your friend or relative to do the things that they usually do for as long as they can
- Ensure that healthy meals with lots of fresh fruit and vegetables are available everyday
- Provide vitamin B supplements if deficiency is present

- Encourage regular exercise
- Make sure a small amount of time is spent in the sun each day
- Make sure that something enjoyable is done every day
- Make sure that there is regular social contact
- Get a pet if appropriate care is available
- Encourage a period of relaxation or meditation every day

### **Help for families and where to find it**

If families think that their relative with dementia is experiencing depression it is vital that this concern is communicated to their general practitioner, specialist medical provider, or where applicable, senior staff at the aged care facility. It will help the health professional if families are able to clearly describe the symptoms that have led to their concern. Changes in mood including agitation, anxiety and sadness, fluctuations in weight, and sleep disturbance are key indicators of depression.

*Thanks to Professor David Ames for reviewing this material.*

*This Update Sheet is provided for your information only, and does not represent an endorsement of any treatment by Alzheimer's Australia.*

### **Further Information**

A range of books, videos, Help Sheets and Update Sheets are available through Alzheimer's Australia in your State or Territory by contacting the National Dementia Helpline on 1800 100 500.

Help Sheets and Update Sheets, including any more recent information, can also be obtained on the internet at [www.alzheimers.org.au](http://www.alzheimers.org.au)

For information and advice about depression and available treatments go to the *beyondblue* website: [www.beyondblue.org.au](http://www.beyondblue.org.au) or call the *beyondblue* info line 1300 22 4636.