

Aged care: The Depressing Reality

by Jane McCredie, ABC Health and Wellbeing, Published 20/08/2009.

Experts say up to half of all people in residential aged care may have depression but the condition often goes unrecognised and untreated.

The elderly nursing home resident handed the visiting doctor a brown envelope. Inside was a faded photograph of the house her husband had built for her, before his death half a century earlier in floods in the New South Wales Hunter Valley.

For this GP, the silent offer of the photograph was an alert that the elderly woman might be suffering from unrecognised depression. Sure enough, the patient's notes recorded that she was depressed when she entered the nursing home, but the finding had been noted and then forgotten.

Recognition of this patient's condition was the first step towards her getting help. But experts say too many aged care residents are left to suffer in silence, their condition undiagnosed and untreated.

And it's not just a question of relieving psychological stress, says psycho-geriatrician Professor John Snowdon. Depression is also linked to physical outcomes: poorer response to treatment for other health problems, less effort in rehabilitation programs and earlier death.

A population at risk

Up to half of all people in residential aged care may have symptoms of depression, which is three times the estimated rate in elderly people living in the community.

Research suggests as many as three-quarters of the cases of depression in aged care homes may go unrecognised, as its symptoms are easily confused with other conditions such as dementia. When a resident becomes withdrawn or forgetful, for example, it is easy for busy nursing home staff to dismiss the signs as a normal part of ageing. Although residents are routinely screened for depression, too often the results get filed away without any action being taken, as happened in the case of the elderly woman with the photograph.

Experts say the reasons for the high rates of depression in nursing home residents are complex:

"Fear, isolation and a sense of numbing helplessness" are common emotions in new residents, says counsellor and aged care consultant Franceska Jordan. "The experience of entering a nursing home can be one of loss, followed by anger and depression."

People in residential care also have more health problems overall than elderly

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people living in the community and chronic health problems are known to increase the risk of depression, especially when these health problems make it hard to do everyday tasks. About 80 per cent of nursing home residents also have dementia, which not only makes diagnosis harder but is also itself associated with increased risk of depression.

Physical pain is another risk factor, says GP Professor Dimity Pond, who has a special interest in aged care. "Pain is not always particularly well managed in nursing homes, what with residents' inability to communicate and staff being busy," Pond says.

On top of all these factors, the very nature of residential care can increase depression: residents may feel a lack of autonomy or purpose and have to come to terms with the knowledge that this is the final phase of life. Those who are socially isolated, with few visitors, are at particular risk.

"It can be a very deprived environment," Pond says, citing one British researcher who described the social interactions in a nursing home as being on the level of those between people in a laundromat line. "A lot of residential aged care is really underfunded and staff do their best but they don't have time. There are no animals. There's very little touching. People miss out on just skin contact."

Signs to watch for

Depression has distinct effects on people of different ages, and Pond says denial is very common in the 'stiff upper lip' World War II era cohort.

"I think that old people behave a bit differently when they are depressed from younger people," Pond says. "They are very, very stoic. They tend to withdraw. They don't necessarily cry.

"They might retire to their bed and not want to get out, but that could be attributed to all sorts of things by the staff and the doctors."

But there are some things family and friends can look out for if they are concerned an elderly person may be depressed.

- Weight loss, reluctance to participate in activities and forgetfulness can all be signs of depression, as can repeated negative comments about staff or other residents.
- An elderly person who is flat and unresponsive, giving only monosyllabic answers to questions, may be depressed, says Pond.
- Difficult or demanding behaviour can also be a sign, says Snowdon, as can general demoralisation, a type of depression seen much more in nursing homes than in the general community. "People in nursing homes have got a different set of losses," he says. "They may talk about not having anything

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useful to contribute, express hopelessness and ask what's the point going on. They have lost the sense that they are of any importance."

The best approach can be to ask the person directly how they are feeling, Pond says, although some elderly people may not be comfortable with the 'depression' label. When her own father recently went into a nursing home, she found it was better to avoid using the word.

"Have you been feeling down?" she asked. "Some people feel a bit down when they move into a nursing home."

The answers can be confronting for families, though. Pond's professional experience in aged care didn't make it any easier when her father told her he felt as though he was back in his World War II prison camp.