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# Depression and Older Adults

[Español](#)

Feeling down every once in a while is a normal part of life, but if these feelings last a few weeks or months, you may have depression. Read this article to find common signs and symptoms of depression, treatment options, and if you or your loved one may be at risk for depression.

## What is depression?

Depression is a serious mood disorder. It can affect the way you feel, act, and think. Depression is a common problem among older adults, but clinical depression is not a normal part of aging. In fact, studies show that most older adults feel satisfied with their lives, despite having more illnesses or physical problems than younger people. However, if you've experienced depression as a younger person, you may be more likely to have depression as an older adult.

Depression is serious, and treatments are available to help. For most people, depression gets better with treatment. Counseling, medicine, or other forms of treatment can help. You do not need to suffer — help and treatment options are available. [Talk with your doctor](#) if you think you might have depression.

There are several types of depression that older adults may experience:

- *Major Depressive Disorder* – includes symptoms lasting at least two weeks that interfere with a person's ability to perform daily tasks
- *Persistent Depressive Disorder (Dysthymia)* – a depressed mood that lasts more than two years, but the person may still be able to perform daily tasks, unlike someone with Major Depressive Disorder
- *Substance/Medication-Induced Depressive Disorder* – depression related to the use of substances, like alcohol or pain medication
- *Depressive Disorder Due to A Medical Condition* – depression related to a separate illness, like heart disease or multiple sclerosis.

Other forms of depression include psychotic depression, postmenopausal depression, and seasonal affective disorder. Find detailed descriptions of [different types of depression from the National Institute of Mental Health](#).

## Contact someone if you need help

If you are thinking about harming yourself, tell someone who can help immediately.

- Do not isolate yourself.
- Call a trusted family member or friend.
- Call 911 or go to a hospital emergency room to get immediate help.
- Make an appointment with your doctor.

Call the 24-hour [988 Suicide & Crisis Lifeline](#) at **988** or **800-273-TALK (800-273-8255)**. For TTY, use your preferred **relay service** or dial **711 then 988**.

## What are risk factors of depression?

There are many things that may be risk factors of depression. For some people, changes in the brain can affect mood and result in depression. Others may experience depression after a major life event, like a medical diagnosis or a loved one's death. Sometimes, those under a lot of stress — especially people who care for loved ones with a serious illness or disability — can feel depressed. Others may become depressed for no clear reason.

Research has shown that these factors are related to the risk of depression, but do not necessarily cause depression:

- Medical conditions, such as [stroke](#) or cancer
- Genes – people who have a family history of depression may be at higher risk
- Stress, including [caregiver stress](#)
- [Sleep](#) problems
- [Social isolation and loneliness](#)
- Lack of [exercise or physical activity](#)
- Functional limitations that make engaging in activities of daily living difficult
- Addiction and/or [alcoholism](#) —included in Substance-Induced Depressive Disorder

## Social isolation and depression in older adults

Everyone needs social connections to survive and thrive. But as people age, they often find themselves spending more time alone. Studies show that loneliness and social isolation are associated with higher rates of depression.

If you're feeling socially isolated or lonely, and you cannot see your friends and family in person for any reason, try reaching out over the phone or joining a virtual club. Find tips to help you [stay more connected](#).



[Read and share this infographic](#) about depression and older adults.

## Stay Connected to Combat Loneliness and Social Isolation



### What are signs and symptoms of depression?

How do you know if you or your loved one may have depression? Does depression look different as you age? Depression in older adults may be difficult to recognize because older people may have different symptoms than younger people. For some older adults with depression, sadness is not their main symptom. They could instead be feeling more of a numbness or a lack of interest in activities.

They may not be as willing to talk about their feelings.



The following is a list of common symptoms. Still, because people experience depression differently, there may be symptoms that are not on this list.

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness, guilt, worthlessness, or helplessness
- Irritability, restlessness, or having trouble sitting still
- Loss of interest in once pleasurable activities, including sex
- Decreased energy or [fatigue](#)
- Moving or talking more slowly
- Difficulty concentrating, remembering, or making decisions
- [Difficulty sleeping](#), waking up too early in the morning, or oversleeping
- Eating more or less than usual, usually with unplanned weight gain or loss
- Thoughts of death or suicide, or suicide attempts

If you have several of these signs and symptoms and they last for more than two weeks, talk with your doctor. These could be signs of depression or another health condition. Don't ignore the warning signs. If left untreated, serious depression may lead to death by suicide.

If you are a health care provider of an older person, ask how they are feeling during their visits. Research has shown that intervening during primary care visits is highly effective in reducing suicide later in life. If you are a family member or friend, watch for clues. Listen carefully if someone of any age says they feel depressed, sad, or empty for long periods of time. That person may really be asking for help. [Knowing the warning signs for suicide and how to get help. It can help save lives.](#)

## Depression can look different depending on a person's cultural background

Signs and symptoms of depression can look different depending on the person and their cultural background. People from different cultures may express emotions, moods, and mood disorders — including depression — in different ways. In some cultures, depression may be displayed as physical symptoms, such as aches or pains, headaches, cramps, or digestive problems.

## Supporting friends and family with depression

Depression is a medical condition that requires treatment from a doctor. While family and friends can help by offering support in finding treatment, they cannot treat a person's depression.

As a friend or family member of a person with depression, here are a few things you can do:

- Encourage the person to seek medical treatment and stick with the treatment plan the doctor prescribes.
- Help set up medical appointments or accompany the person to the doctor's office or a support group.
- Participate in activities the person likes to do.
- Ask if the person wants to go for a walk or a bike ride. [Physical activity can be great for boosting mood.](#)

## Talking with friends and family about suicide

It's important to watch for signs and symptoms of depression or suicide. Don't shy away from asking if a family member or friend is feeling depressed or suicidal. It may be an uncomfortable conversation, but it is important. Asking if someone is having thoughts of suicide will not make them more likely to act on those thoughts. Your questions may help the person open up about how they've been feeling and encourage them to seek treatment.

## How is depression treated?

Depression, even severe depression, can be treated. It's important to seek treatment as soon as you begin noticing signs. If you think you may have depression, start by making an appointment to see your doctor or health care provider.

Certain medications or medical conditions can sometimes cause the same symptoms as depression. A doctor can rule out these possibilities through a physical exam, learning about your health and personal history, and lab tests. If a doctor finds there is no medical condition that is causing the depression, he or she may suggest a psychological evaluation and refer you to a mental health professional such as a psychologist to perform this test. This evaluation will help determine a diagnosis and a treatment plan.



Common forms of treatment for depression include:

- [Psychotherapy](#), counseling, or “talk therapy” that can help a person identify and change troubling emotions, thoughts, and behavior. It may be done with a psychologist, licensed clinical social worker (LCSW), psychiatrist, or other licensed mental health care professional. Examples of approaches specific to the treatment of depression include cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT).
- [Medications for depression](#) that may balance hormones that affect mood, such as serotonin. There are many different types of commonly used antidepressant medications. Selective serotonin reuptake inhibitors (SSRIs) are antidepressants commonly prescribed to older adults. A psychiatrist, mental health nurse practitioner, or primary care physician can prescribe and help monitor medications and potential side effects.
- [Electroconvulsive Therapy \(ECT\)](#), during which electrodes are placed on a person's head to enable a safe, mild electric current to pass through the brain. This type of therapy is usually considered only if a person's illness has not improved with other treatments.
- [Repetitive transcranial magnetic stimulation \(rTMS\)](#), which uses magnets to activate the brain. rTMS does not require anesthesia and targets only specific regions of the brain to help reduce side effects such as fatigue,

nausea, or memory loss that could happen with ECT.

## Medication and older adults

As you get older, body changes can affect the way medicines are absorbed and used. Because of these changes, there can be a larger risk of drug interactions among older adults. Share information about all medications and supplements you're taking with your doctor or pharmacist.

Use this worksheet to help [track your medications](#).

Treatment, particularly a combination of psychotherapy and medications, has been shown to be [effective for older adults](#). However, not all medications or therapies will be right for everyone. Treatment choices differ for each person, and sometimes multiple treatments must be tried in order to find one that works. It is important to tell your doctor if your current treatment plan isn't working and to keep trying to find something that does.

Some people may try complementary health approaches, like yoga, to improve well-being and cope with stress. However, there is little evidence to suggest that these approaches, on their own, can successfully treat depression. While they can be used in combination with other treatments prescribed by a person's doctor, they should not replace medical treatment. Talk with your doctor about what treatment(s) might be good to try.

Don't avoid getting help because you don't know how much treatment will cost. Treatment for depression is usually covered by private insurance and [Medicare](#). Also, some community mental health centers may offer treatment based on a person's ability to pay.

## Depression in people with dementia

Depression is common in people with [Alzheimer's and related dementias](#). Dementia can cause some of the same symptoms as depression, and depression can be an early warning sign of possible dementia. Suicide attempts may also increase in people recently diagnosed with dementia. It is important to have support systems in place to help cope with a dementia diagnosis and possible depression symptoms that follow. More research is needed to determine effective depression treatment options for people with dementia.

## Can depression be prevented?

Many people wonder if depression can be prevented and how they may be able to lower their risk of depression. Although most cases of depression cannot be prevented, healthy lifestyle changes can have long-term benefits to your mental health.

Here are a few steps you can take:

- Be [physically active](#) and eat a [healthy, balanced diet](#). This may help avoid illnesses that can bring on disability or depression. Some diets — including the [low-sodium DASH diet](#) — have been shown to reduce risk of

depression.

- Get [7-9 hours of sleep](#) each night.
- [Stay in touch](#) with friends and family.
- [Participate in activities you enjoy](#).
- Let friends, family, and your physician know when you're experiencing symptoms of depression.

Participation in [clinical trials and studies](#) can help advance research to better diagnose, treat, and prevent depression. Talk with your doctor if you're interested in participating in a clinical trial or study about depression. Find [clinical trials on depression here](#).

## You may also be interested in

- Finding [ways to stay socially connected](#)
- Exploring [fun ideas to stay physically active](#)
- Reading [tips for talking with your doctor about sensitive topics](#)

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## For more information about depression

### Administration for Community Living (ACL)

202-401-4634

<https://www.acl.gov>

### American Psychological Association

800-374-2721

202-336-6123 (TDD/TTY)

[www.apa.org](http://www.apa.org)

### Centers for Disease Control and Prevention (CDC)

800-232-4636

888-232-6348 (TTY)

[cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

[www.cdc.gov](http://www.cdc.gov)



**Depression and Bipolar Support Alliance**

800-826-3632

[www.dbsalliance.org](http://www.dbsalliance.org)**MedlinePlus**

National Library of Medicine

[www.medlineplus.gov](http://www.medlineplus.gov)**Mental Health America**

800-969-6642

[www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)**National Alliance on Mental Illness**

800-950-6264

[www.nami.org](http://www.nami.org)**National Center for Complementary and Integrative Health**

888-644-6226

866-464-3615 (TTY)

[info@nccih.nih.gov](mailto:info@nccih.nih.gov)[www.nccih.nih.gov](http://www.nccih.nih.gov)**National Coalition on Mental Health and Aging (NCMHA)**

309-531-2816

[admin@ncmha.org](mailto:admin@ncmha.org)[www.ncmha.org/](http://www.ncmha.org/)**National Heart, Lung, and Blood Institute**

301-592-8573

[nhlbiinfo@nhlbi.nih.gov](mailto:nhlbiinfo@nhlbi.nih.gov)[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)**National Institute of Mental Health**

866-615-6464

866-415-8051 (TTY)

[nimhinfo@nih.gov](mailto:nimhinfo@nih.gov)[www.nimh.nih.gov](http://www.nimh.nih.gov)**988 Suicide & Crisis Lifeline**

988 or 800-273-8255 (24 hours a day)

711 then 988 or 800-799-4889 (TTY)

<https://988lifeline.org>**Substance Abuse and Mental Health Services Administration**

877-726-4727

800-487-4889 (TTY)

[samhsainfo@samhsa.hhs.gov](mailto:samhsainfo@samhsa.hhs.gov)[www.samhsa.gov](http://www.samhsa.gov)



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