

Dealing with Depression and Alzheimer's

Experts estimate that clinically significant depression occurs in about 20-40 percent of people with Alzheimer's disease. Though depression is extremely common, especially in the early and middle stages of Alzheimer's, symptoms may be attributed to dementia and left untreated. However, treatment of depression can improve sense of well-being, quality of life, and individual function, even in the presence of ongoing decline in memory and thinking. There are many potentially effective non-drug strategies and medications available that may provide significant benefits for people with dementia.

Diagnosing Depression

Identifying depression in Alzheimer's can be difficult. Dementia itself can lead to certain symptoms commonly associated with depression, including apathy, loss of interest in activities and hobbies, and social withdrawal and isolation. People with Alzheimer's disease may find it difficult to articulate their symptoms which can further complicate diagnosis. Depressive symptoms in Alzheimer's may come and go, depending on the person's mood, in contrast to memory and thinking problems that worsen steadily over time.

Diagnostic criteria for a specific disorder called "depression of Alzheimer's disease" have been



Angela Wyant/Alzheimer's Association

established by the National Institute of Mental Health to help identify people with Alzheimer's who are also depressed. To meet these criteria, someone must have, in addition to a diagnosis of Alzheimer's disease, a change in three or more of the following symptoms during the same two-week period:

- Significantly depressed mood – sad, hopeless, discouraged, tearful
- Loss of interest in people or activities once enjoyed
- Social isolation and withdrawal
- Disruption in appetite that is not related to another medical condition
- Disruption in sleep
- Agitation or slowed behavior
- Irritability
- Fatigue or loss of energy
- Feelings of worthlessness
- Recurrent thoughts of death, suicide plans, or a suicide attempt

If a loved one is showing these symptoms, consult with a physician to receive a thorough evaluation. It may be helpful to consult a geriatric psychiatrist who specializes in recognizing and treating depression in older adults. The physician will first want to rule out side effects of current medications and unrecognized medical conditions that can sometimes produce symptoms of depression. Key elements of the evaluation will include a review of the person's medical history, a physical and mental examination, and interviews with family members who know the person well.

Treating Depression

The most common treatment of depression in Alzheimer's involves a combination of medicine, support, and gradual reconnection of the person to activities and people he finds pleasurable.

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**Recognizing Depression Among
Alzheimer Caregivers**

by Jim Loomis, MSW

Ruby has lost a lot of weight, she rarely sleeps at night, and she is not interested in any of the activities she used to enjoy. Ruby is the caregiver of a person with dementia.

Henry recently moved his wife from their home to an assisted living facility. Every time he visits, she asks "when can I come home?" He feels overwhelming guilt every time he has to tell her that she cannot come home with him. He is lonely for her company, but knows that he can no longer provide her with the care she needs.

It's no wonder that those who care for people with Alzheimer's disease can burn out, get angry or become depressed. Providing care for a person with a chronic or terminal disease can fatigue even those with the strongest emotional and physical health. Caring for a loved one with Alzheimer's is a demanding, around-the-clock job. As the disease progresses, caregivers often lose the companionship and joy of the relationship they once had with their loved one. This loss is heartbreaking and the effects on the caregiver often go unnoticed.

Evidence has shown that caregivers of individuals with Alzheimer's are at significantly increased risk for depression. However, caregivers may not recognize the signs and symptoms of depression in themselves. Indeed the symptoms may also be invisible to others, since so often caregiving is a solitary task. Many caregivers feel it is a sign of weakness to ask others for help. Often, they can acknowledge the stress they feel only when they become totally overwhelmed.

What can be done? Above all else, caregivers must take time to care for themselves. Early attention to symptoms of depression may help to prevent the development of a more serious depression over time. **Here are some recommendations for addressing symptoms of depression:**

- Eat well and get enough sleep.
- Ask for help from children, friends, and neighbors.
- Try to be with other people and confide in someone; consider joining a local support group (*see related article on page 3*).
- Locate local respite care services.
- Set realistic goals and priorities.
- Take time for exercise and recreational activities.

When symptoms progress beyond the mild stage, caregivers should seek professional help. Research shows that with counseling and treatment, depressive symptoms in family caregivers can be effectively eased. Providing care for a loved one with Alzheimer's is challenging, but with the support of others and early attention to the symptoms of depression, it can be done successfully. •

References: National Institute of Mental Health (2001). *Depression*, Publication No. 00-3561, Bethesda, MD, as cited in **Family Caregiver Alliance (2002),** *Caregiver Depression: A Silent Health Crisis; Fact Sheet: Caregiving and Depression.*

Jim Loomis is a professional medical social worker and the owner of Counseling at Home, a private practice in Kalamazoo that provides mental health services to homebound patients.

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Non-drug approaches:

- Schedule a predictable daily routine, taking advantage of the person's best time of day to undertake difficult tasks, such as bathing.
- Make a list of activities, people, or places that the person enjoys and schedule these things more often.
- Help the person exercise regularly, particularly in the morning.
- Acknowledge the person's frustrations or sadness, while expressing hope that he will feel better soon.
- Celebrate small successes/occasions.
- Find ways the person can contribute to family life and be sure to recognize his contributions.
- Provide reassurance that the person is loved, respected, and appreciated as part of the family.
- Nurture the person with offers of favorite foods or soothing activities.
- Reassure the person that he will not be abandoned.

Pharmaceutical approaches:

Physicians often prescribe antidepressants for treatment of depressive symptoms in Alzheimer's. The most commonly used medications are in a class of drugs called selective serotonin reuptake inhibitors (SSRIs). These include Celexa, Zoloft, Paxil and Prozac. Physicians may also prescribe antidepressants that inhibit the reuptake of brain chemicals other than serotonin, including Effexor, Remeron, and Wellbutrin.

A combination of approaches is often most successful in treating symptoms of depression. Consider supportive psychotherapy and/or involvement in a support group, especially an early-stage group for people with Alzheimer's who are aware of their diagnosis and prefer to take an active role in seeking help or helping others. Call the chapter office nearest you at 800.337.3827 to discuss these options. •

Chapter Resources

Although there is no antidote for being tired, new research points out that intensive, individualized counseling and support to husbands and wives caring for a spouse with Alzheimer's disease significantly reduces their depression. The benefits of this enhanced counseling last for more than three years, even after the spouse with Alzheimer's dies or enters a nursing home.

Individual consultation and support is available to you through the Alzheimer's Association. Our dementia specialists can meet with you at one of our four office locations or at select

community locations throughout our chapter service area. One-hour appointments are available at no charge; call 800.337.3827 for more information. Phone consultation is available 24/7 by calling the Alzheimer's Association Helpline at 800.337.3827.

Support groups can also offer help and hope when you are dealing with the difficult challenges of caring for a person with Alzheimer's. To locate a support group in or near your community, call the chapter office nearest you at 800.337.3827 and request a complimentary copy of our community calendar. •

Resources

Books

Available for purchase or through Chapter Lending Library

"The Loss of Self"

Cohen & Eisdorfer, 2001
\$32

Provides practical guidelines on the general care of people with Alzheimer's.

"Alzheimer's Early Stages: First Steps for Family, Friends and Caregivers"

(Second Edition)
Kuhn, 2003
\$15

Discusses practical ways to manage the disease and offers advice on how to relieve caregiver stress.

"Partial View: An Alzheimer's Journal"

Henderson, 1998
\$25

Offers a glimpse at middle stages of Alzheimer's through the eyes of history professor Cary Henderson.

"Share My Lonesome Valley: The Slow Grief of Long-Term Care"

Manning, 2001

Provides insight on the circumstances that cause the "quiet sorrows" of caregiving.

Video

Available through Chapter Lending Library

"Managing and Understanding Behavior Problems in Alzheimer's Disease and Related Disorders: Depression"

Alzheimer's Research Center, University of Washington, 1992

To locate a lending library in or near your community, call the chapter office nearest you at 800.337.3827.