

Geriatric Depression: Common in Old Age Peoples

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Introduction

Geriatric depression is a mental and emotional condition that affects senior citizens. Sadness and occasional "blue" feelings are quite natural. Long-term depression, on the other hand, is not a normal component of ageing. Subsyndromal depression is more prevalent in older persons. This form of depression does not necessarily match all of the major depression criteria. If left untreated, it can develop to serious depression. Depression in older persons can have a negative impact on quality of life and raise the risk of suicide. Continue reading to learn about the symptoms to look out for as well as treatment alternatives. Depression may strike everyone as they get older, but there are strategies to improve your mood and make your senior years healthy and enjoyable.

Depression is linked to an increased risk of heart disease and mortality from illness in older persons. Depression, on the other hand, limits an older person's capacity to recover. The presence of depression significantly increases the chance of mortality from physical ailments among nursing home patients, according to studies. Depression has also been related to a higher risk of mortality following a heart attack. As a result, even if the depression is moderate, it's critical to have an older adult you're concerned about examined and treated.

Do You Have Depression as an Older Adult?

Psychiatry has recently identified a number of disorders linked to SSD. These are some of them.

Have you lost interest in the things you used to like to do? Do you have feelings of hopelessness and helplessness? Is it becoming increasingly difficult for you to get through the day? If that's the case, you're not alone. Depression may strike anybody as they get older, regardless of their background or accomplishments. And the symptoms of geriatric depression may influence every element of your life, affecting your energy, appetite, sleep, and interest in job, hobbies, and relationships, among other things.

Unfortunately, far too many depressed older persons are unable to recognise the symptoms of depression or refuse to seek treatment. There are a variety of reasons why depression in the elderly is frequently overlooked

- You may believe you have a valid explanation for your sadness or that depression is a natural part of ageing.
- You might feel lonely, which can lead to depression, and few others will notice your misery.
- It's possible that you aren't aware that your bodily concerns are symptoms of depression.
- You may be hesitant to express your thoughts or seek assistance.

It's critical to understand that sadness isn't a natural part of growing older, nor is it an indication of weakness or a deficiency in character. It may happen to anybody, at any age, regardless of their background or prior achievements. While life events as you become older, such as retirement, the death of a loved one, or poor health, might cause sadness, they don't have to keep you down. Whatever obstacles you endure as you become older, there are actions you can do to reclaim your happiness and hope and enjoy your golden years.

Cause

Psychiatry has recently identified a number of disorders linked to SSD. These are some of them.

In every age group, there is no one cause of depression. According to some study, the condition may have a hereditary component. In older individuals, however, biological, social, and psychological variables all play a role in depression.

According to research, the following factors may have a role in depression

- In the brain, there are low quantities of important neurotransmitter molecules (such as serotonin and norepinephrine)
- Tragic life experiences, such as abuse or the death of a loved one.
- A family history of depression

Depression in older persons may be exacerbated by aging-related complications. These issues might include the following:

- Isolation due to restricted mobility and death
- Financial difficulties while shifting from job to retirement
- Drug addiction for a long time
- Friends and family members have died.
- Divorce or widowhood.
- Long-term medical conditions.

Pharmacological Risk Factors

Late-life depression, according to psychological theories, is the same as depression that occurs earlier in life. Late-life depression is significantly linked to neuroticism and genetic functions, implying that neuroticism may be viewed as a psychological risk factor for depression as well as a genetic risk factor. Rumination style is linked to depression, and one's lifelong suffering is passively considered. People who suffer from ruminative depression are more likely to benefit from social help.

What Treatments are Available For Depression in Older Adults?

Medicine, psychotherapy or counselling, or electroconvulsive treatment or other newer types of brain stimulation are all options for treating depression (such as repetitive transcranial magnetic stimulation, or rTMS). A combination of these therapies may be employed in some cases. A doctor's recommendation is based on a variety of criteria, including the kind and severity of depressive symptoms, previous therapies, and general health.

Treatment

There is no one-size-fits-all cure for depression, just as there is no one-size-fits-all cause. It might take a long time to find the correct depression treatment. Treatment usually consists of a combination of counselling, medication, and dietary adjustments.

Selected serotonin reuptake inhibitors:

- Medication used to treat depression
- Inhibitors of Selective Serotonin-Norepinephrine Reuptake (SNRIs)
- Monoamine Oxidase Inhibitors Tricyclic Antidepressants (MAOIs)
- Bupropion\Smirtazapin

Increased physical activity, discovering a new hobby or interest, having frequent contacts with family and friends, getting enough sleep every day, and eating a well-balanced diet are all examples of lifestyle modifications used to cure depression.

An older person suffering from depression can benefit from a variety of therapy. Art therapy is a method of expressing your emotions in a creative way. In psychotherapy, you speak with a qualified therapist in a confidential situation.