Don’t Let Blue Get to You

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Don't Let Blue Get to You

Goals and Objectives

- Goal: Provide information and resources related to depression.
    - Objectives
        - Describe depression
        - Identify the causes of depression
        - Discuss the importance of getting help
        - Identify types of help available

Materials Needed (available from http://teea.tamu.edu)

- "Don't Let Blue Get to You" PowerPoint
- National Institute on Aging "Depression" Brochure http://www.nia.nih.gov/health/publication/depression
    - Order free print copies (4-6 week delivery time) or free to download/print

Icebreaker

Cut the symptoms of depression on the following page apart. Distribute the statements to the attendees (they can work in groups if you have a large number of attendees). Have them decide if their symptom is or is not a symptom of depression. Ask for volunteers from each group to tell what their symptom was and whether it was a potential symptom of depression (Presenter Note: they are all symptoms of depression to emphasize the point that depression has many causes and may look different in different people).

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Eating Too Much	Eating Too Little
Sleeping Too Much	Sleeping Too Little
Crying Often	Tiredness
Lack of Energy	Irritability
Feeling Empty	Anxiety
Loss of Interest/Pleasure	Early Morning Waking
Persistent Aches/Pains	Difficulty Focusing
Difficulty Remembering	Difficulty Making Decisions
Thoughts of Suicide	Ongoing Sadness

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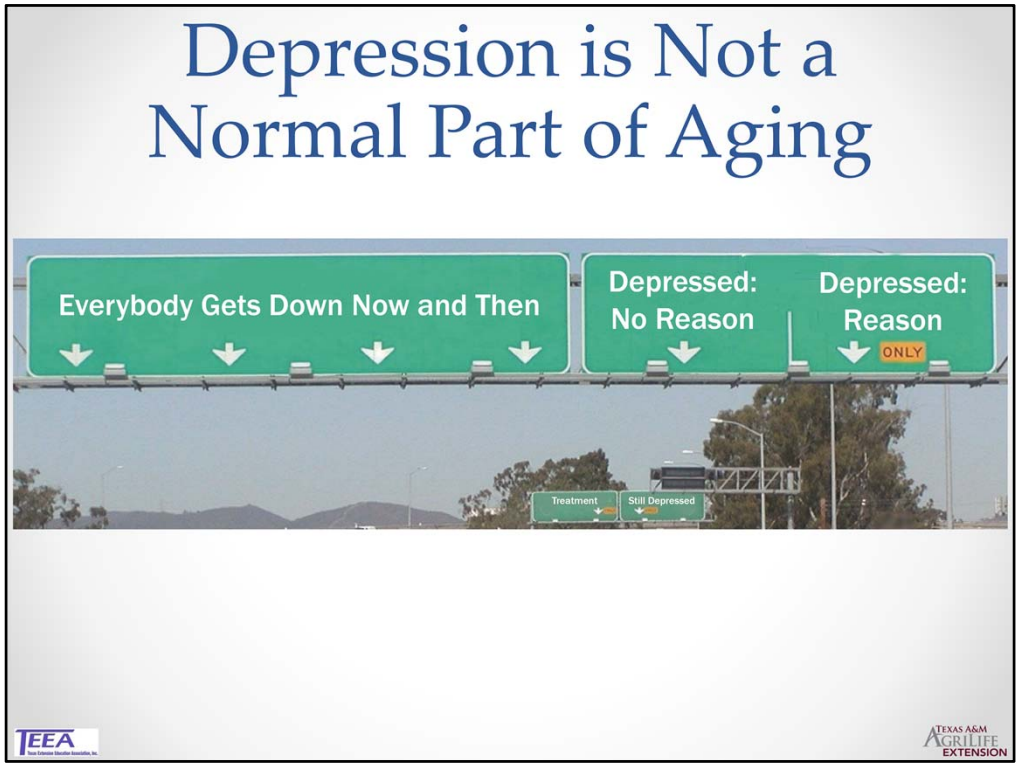
Texas A&M AgriLife Extension

Everyone feels blue or sad now and then, but these feelings don't usually last long and pass within a couple of days. When a person has depression, it may interfere with their daily life and normal functioning. It also may cause pain for both the person with depression and those who care about him or her.

Today We'll Talk About…

- What is depression?
- What are its causes?
- Why is getting help important?
- What does help look like?

Today we'll talk about depression:
--what it is
--what causes it
--why it's important to get help and
--what types of help are available



Depression is not a normal part of aging but a variety of factors that affect you as you grow older may put you at risk for depression. Important life changes that happen with aging may cause feelings of uneasiness, stress and/or sadness. For instance, the death of a loved one, moving from work into retirement or dealing with a serious illness may leave you feeling sad or anxious. After a period of adjustment, many older adults can regain their emotional balance but those who cannot may develop depression.

Up to 5% of older adults in the community meet diagnostic criteria for major depression and up to 15% have significant symptoms that impact their functioning. However, the prevalence of depression is much higher in older adults with medical illnesses and in those who receive services from aging service providers. Depression is often under-recognized and under-treated in older adults.

Depression can impair an older adult's ability to function independently and contribute to poor health outcomes. It can also cause suffering and family disruption. Several treatments can reduce the symptoms of depression for most people. Treatments can include medication, therapy or a combination – the point is there are a variety of options.

What is Depression?

- Symptoms of Depression
  - Depressed mood most of the time
  - Loss of interest or pleasure in activities
  - Disturbed sleep – too much or too little
  - Change in weight/appetite
  - Fatigue/Lack of energy
  - Feelings of worthlessness or extreme guilt
  - Difficulty concentrating
  - Thoughts of death or suicide
- Minor Depression
  - Two to four symptoms for at least two weeks but not more than two years
- Major Depression
  - Five or more symptoms nearly every day for at least two weeks

Depression is, at its core, an altered mood and can vary from mild to very severe, based on the number of symptoms and their duration. For our purposes we'll discuss major and minor depression. Because many of these symptoms can be signs of physical health disorders, misdiagnosis is common and major depression is often not detected in older adults. For this reason, older adults with symptoms of depression should receive a physical health assessment to rule out other medical causes for these symptoms.

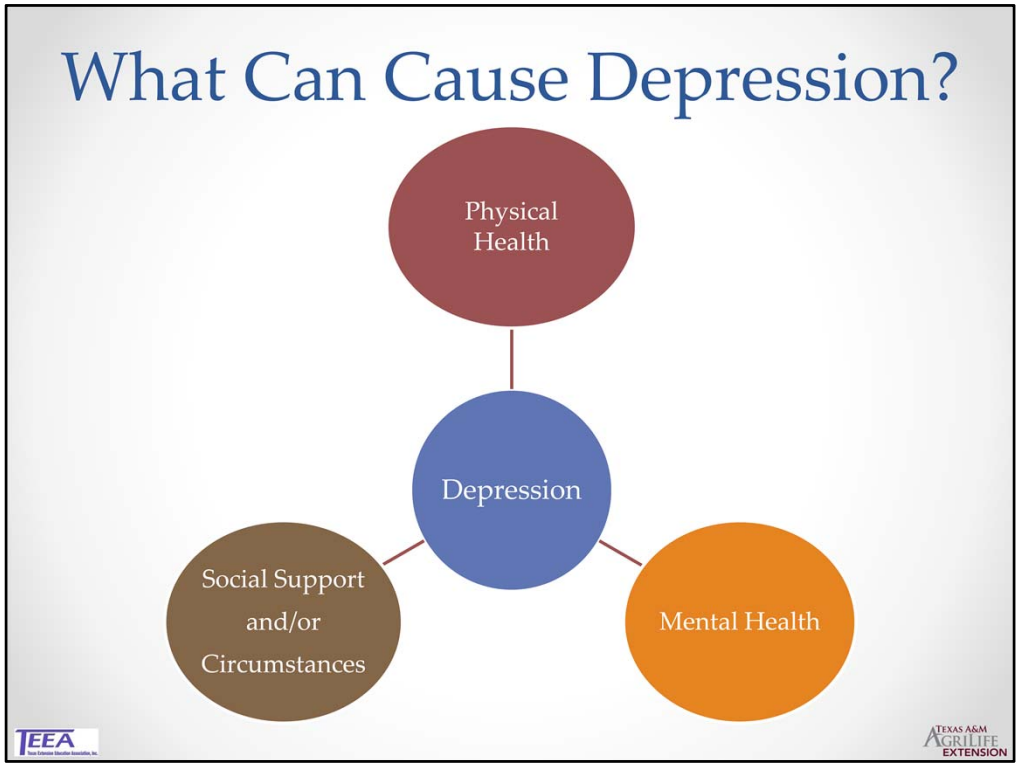
Despite its name, there is nothing minor about the impact of minor depression on the quality of life and functioning. Impairment in functioning is less severe than in major depression, although it can still affect physical and mental functioning and complicate recovery from illness.

Major depression includes a combination of symptoms that may affect the ability to sleep, eat, and enjoy activities that were once pleasurable. Older adults with major depression have five or more of these symptoms that are present nearly every day for at least a 2-week period.

Among all major medical illnesses…

Major Depression is the *leading* cause of disability in the U.S.

Among all major medical illnesses, major depression is the leading cause of disability in the U.S. affecting all ethnic, racial and socioeconomic groups. It is estimated that for every $1 invested in expanding diagnosis and treatment of depression, there is a return of $7 in economic benefits.



Older adults may experience changes in their health and their lifestyles that can affect their ability to function. These changes can be risk factors that make an older adult more vulnerable to becoming depressed.

Physical health problems, functional disability and chronic pain can make an older adult more susceptible to developing depression. A variety of physical disorders place older adults at risk for developing depression. These include common medical conditions such as hip fracture, heart attack, stroke, cancer, arthritis, diabetes and certain eye and ear problems, among others.

A family history of depression can place an older adult at risk for developing depression. Older adults with an immediate relative with major depression or those who have had previous episodes of major depression have a greater risk of developing depression in older age. Minor depression and significant depressive symptoms also put older adults at risk for developing major depression and other physical health problems, for example, diabetes.

Changes in personal circumstances or responsibilities can be risk factors for depression in older adults. Depression can be preceded by changes in income or financial resources, for example, changes in employment status or financial difficulties; and social support, for example, recent loss of a loved one or living alone.

Depression & Suicide

- If you are thinking of hurting yourself…

  tell someone immediately

  - Call your doctor
  - Call 911
  - Go to the local hospital emergency department
  - Call a friend or family member to help you
  - Call the National Suicide Prevention Lifeline
    - 800.273.TALK

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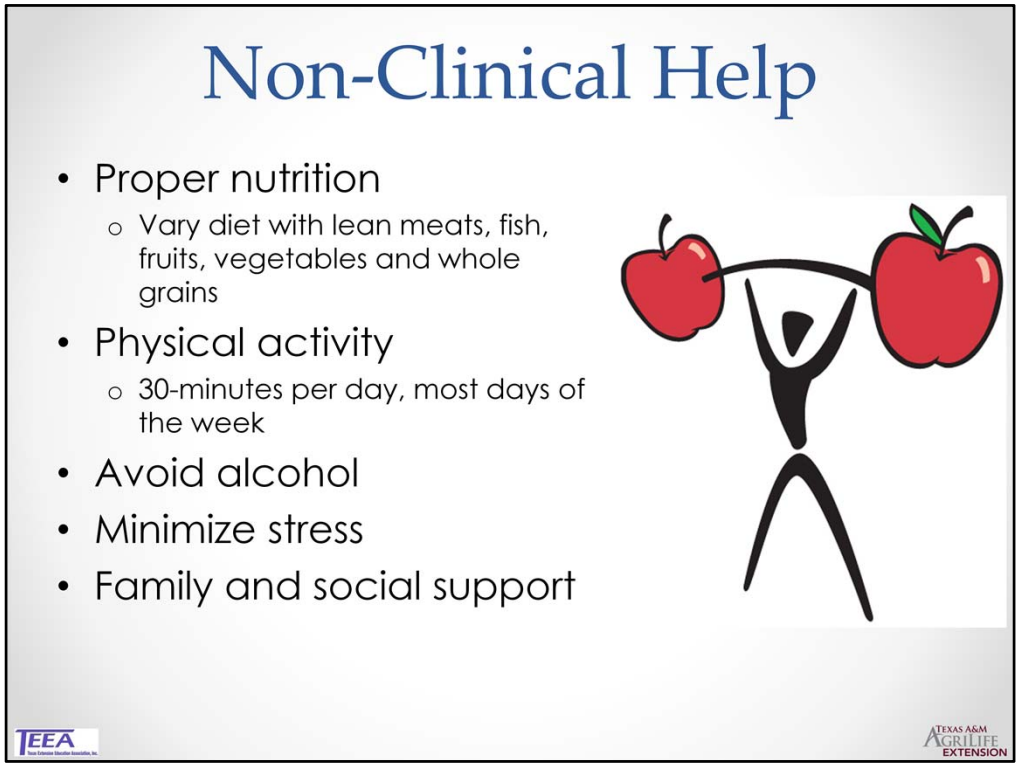
Though it is widely believed that suicide more often affects young people, suicide is a serious problem among older adults, too – particularly among older men – and depression is usually a major contributing factor. Adults 65 and older have a suicide rate that is higher than the rate for the national population.

If you are thinking of hurting yourself or know that someone is thinking of hurting themselves, TELL SOMEONE IMMEDIATELY!

It's natural to feel grief in the face of major life changes that many older adults may experience, such as leaving a home of many years or losing a loved one. Sadness and grief are normal, temporary reactions to the inevitable losses and hardships of life. Unlike normal sadness, however, clinical depression doesn't go away by itself and may last for months. Clinical depression needs professional treatment to reduce duration and intensity of symptoms. Unresolved depression may begin to affect the body.

Fortunately, the treatment prognosis for depression is good. Once diagnosed, 80 percent of clinically depressed individuals can be effectively treated. You may not be comfortable with the subject of mental illness. Or, you might feel that asking for help is a sign of weakness. The first step is to accept that you or your family member needs help.



While seeking professional help is paramount in treating depression, there are some things that you can do on your own to get a good start.

You want to have variety in your diet, including lean meats, fish, fresh fruits and vegetables, and whole grain breads and cereals. Also, it is important to avoid foods that are high in trans- and saturated fats. It is important to introduce changes to your diet in stages – otherwise, you find yourself craving the very things you are trying to eliminate and it becomes easier to fall back into unhealthy habits. Fluids are a part of our diets, and it is very important to stay hydrated – getting enough to drink -- whether it is water, decaffeinated coffee or tea, 100% fruit juices, or low-fat dairy products.

When we talk about regular physical activity, we are talking about more than just exercise. Often when you hear advice to get more exercise, the mental image of being in a gym wearing Spandex and getting sweaty doesn't motivate you to make it happen. So when we talk about getting more physical activity, we are talking about parking your car farther away from a store entrance and walking that longer distance across the parking lot. More physical activity can mean something as simple as picking up sticks or raking leaves in your yard, or vacuuming and dusting in your home. Thinking of physical activity in a positive way is important – rather than thinking about how long it will take you to walk across the parking lot, think instead about how much physical activity you are getting without setting foot inside a gym!

With regard to alcohol, the United States Department of Agriculture recommends that men

have no more than two alcoholic drinks a day, and one for women. A drink is the equivalent of one to two ounces of hard liquor or four to six ounces of wine or 12 ounces of beer. Alcohol in and of itself is a depressant so if you're working toward addressing your depression, avoiding alcohol is a great first step.

Minimizing your stress is also very important. The best way to minimize your stress is to look for stressors in your life and try to address them – tackle the problem at its root. But sometimes you can't completely eliminate stressors in your life so it will be important to try to find ways to effectively manage them. Try some relaxation techniques to help calm you. Remember to get plenty of rest. Also, physical activity will help with managing stress.

And, finally, ask for help and accept help from friends, family, peers and neighbors. No man/woman is an island and everyone in our lives has something to offer in the way of help. It may be embarrassing to admit that you need help – and that might not ever go away – but try to look at it from a positive vantage: "I'm asking for help because I need it. I'm going to swallow my pride and know that I'm doing what I need to do to get better."

Medications can be beneficial for older adults in treating the symptoms of depression. Medications are frequently combined with supportive psychotherapy or cognitive behavioral therapy to improve their effectiveness. Research has shown that depressed individuals may need to try more than one medication to get the best response.

Psychosocial treatment plays an essential role in the care of older adults who have significant life crises, lack social support or lack coping skills. Because large numbers of older adults live alone, have inadequate support systems or do not have contact with a primary care physician, special efforts are needed to locate and identify these people to provide them with needed care. Natural supports like church or bridge group colleagues should be encouraged.

There are services available to help older adults, but clinical depression must be detected before treatment can begin.

How Can I Help?

- Be patient and understanding
  - Just being "present" for someone struggling with depression may provide needed support
- Destigmatize depression
  - Educate to combat the stereotype that depression & seeking help for it is a sign of weakness
- Advocate for treatment
  - Encourage adherence to treatment regimes and offer to help

Family and friends can play an important role in treatment. They can encourage someone who is depressed to stay with the treatment plan. Or, they may make appointments or accompany their friend or relative to see the doctor or go to a support group. Be patient and understanding. Ask your relative or friend to go on outings with you or to go back to an activity that he or she once enjoyed. Encourage the person to be active and busy but not to take on too much at one time.

When approaching someone about an issue, try using "I" messages rather than "You" messages. So, rather than saying something like, "you need to get help," you might say something like, "I want to help." A "you" message can sometimes sound like a threat or an accusation or a demand. An "I" message takes your thought/words and makes them sound like a request or an entreat or an action item on your part.

Key Takeaways

- Depression is one of the most treatable emotional disorders
- Seek appropriate professional help
- Provide support to manage depression

There are many causes for depression. While it is highly treatable, it is not something a person can just "have the right attitude" to get over. Professional help is needed when multiple symptoms persist over several weeks and the person's function is affected.

Think of depression as pain – mental and emotional pain – and encourage treatment. If you had a headache, you wouldn't think twice about taking a headache medicine.

Additional Resources

- National Institute of Mental Health
  - Depression – http://www.nimh.nih.gov/health/topics/depression/index.shtml
- Area Agencies on Aging
  - 800.252.9240
- Physical Activity
  - Walk Across Texas – http://walkacrosstexas.tamu.edu
  - NIA Go4Life – http://go4life.nia.nih.gov
- Proper Nutrition
  - MyPlate – http://www.choosemyplate.gov

What Questions Would You Like to Ask?

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Please take a moment to provide feedback on this program.

1. Regarding the **overall program/teaching** (rate your response by circling a number):

Statement	Scale (1= Worst, 5 = Best)				
The value of the lesson was	**1** not valuable	**2**	**3**	**4**	**5** very valuable
The overall teaching was	**1** poor	**2**	**3**	**4**	**5** excellent
The teacher's knowledge of the lesson was	**1** poor	**2**	**3**	**4**	**5** excellent

2. Regarding **what you know and actions you plan to take** (circle your response):

I learned new information today. YES NO

I plan to use the information I learned today. YES NO

I feel this information helps de-stigmatize depression as an illness. YES NO

I think I now know at least three signs and symptoms of depression. YES NO

I know how to talk openly about depression and resources to help. YES NO

3. This lesson was delivered by a(n) (check only one):

_____ TEEA Member. _____ Extension Agent/Specialist _____ Other Speaker.

4. Please tell us about yourself.

I am a _____ Woman. _____ Man.

I am in District: **1 2 3 4 5 6 7 8 9 10 11 12**

I have been a member of TEEA for _____ years.

My age is _____ years-old.

5. Additional Comments.

Thank You For Completing This Form!