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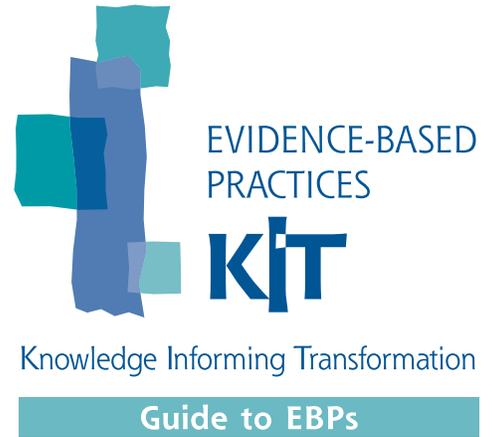
Guide to EBPs

Depression and Older Adults: Key Issues

The Treatment of Depression in Older Adults



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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Guide to EBPs

Depression and Older Adults: Key Issues

This booklet provides information about demographic trends, definitions and risk factors for depression, prevalence of depression, and the impact and cost of depression. It also provides you with a brief summary stating why implementation of evidence-based practices is important.

The Treatment of Depression in Older Adults

For references, see the booklet *The Evidence*.

This KIT is part of a series of Evidence-Based Practices KITs created by the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of The Treatment of Depression in Older Adults Evidence-based Practices KIT, which includes 10 booklets:

**How to Use the Treatment of Depression in Older Adults
Evidence-Based Practices KIT**

Depression and Older Adults: Key Issues

**Selecting Evidence-Based Practices for Treatment
of Depression in Older Adults**

Evidence-Based Practices Implementation Guides:

**Older Adult, Family, and Caregiver Guide
on Depression**

**Practitioners' Guide for Working with Older Adults
with Depression**

Guide for Agency Administrators and Program Leaders

**Leadership Guide for Mental Health, Aging,
and General Medical Health Authorities**

Evaluating Your Program

The Evidence

Using Multimedia to Introduce Your EBP



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Guide to EBPs

What's in *Depression and Older Adults:* Key Issues

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The Treatment of Depression in Older Adults

Key Issues

Depression and Older Adults: Key Issues is an overview of important information that you should know about depression in older adults. Depression is one of the most common mental health problems in older adults. It negatively affects functioning, health outcomes, quality of life, and health care costs.

This booklet provides you with important information about depression in older adults, including demographic trends, definitions and risk factors for depression, prevalence of depression, and the impact and cost of depression. It also provides you with a brief summary stating why implementation of evidence-based practices (EBPs) is important. This booklet is relevant to the following:

- Older adults and their families or caregivers;
- Practitioners who care for older adults with depression;
- Agency administrators and program leaders; and
- Mental health, aging, and general medical health authorities.



The Older Adult Population is Growing

Adults aged 65 and older currently make up more than 12 percent of the American population, but will grow to one-fifth of the American population by 2030 (U.S. Census Bureau, 2000).

The rapid growth in the older adult population requires attention. The demand for mental health services is likely to increase. Baby boomers tend to use mental health services more frequently than previous groups of older adults. They also tend to be less stigmatized by seeking mental health care.

The older adult population also is expected to become increasingly diverse. Currently, less than one-fifth (19 percent) of older adults are members of racial or ethnic minority groups (Administration on Aging, 2007):

- Eight percent are African American;
- Six percent are Latino;
- Three percent are Asian or Pacific Islander; and
- Less than one percent are American Indian or Native Alaskan.

More than one-fourth (26 percent) of older Americans will be members of racial or ethnic minority groups in the year 2030. Notably, the percentage of older adults who are Latino is expected to nearly double to 10.5 percent by the year 2030. The increasing racial and ethnic diversity will affect the following:

- Access and barriers to depression treatment;
- Language barrier;
- Stigma;
- Older adults and care provider dynamics; and
- The need to understand cultural differences in the perception of depression, treatment preferences, and the response to treatment.

Successful aging is possible

Successful aging is possible and common. Older adults emphasize the importance of several factors for achieving successful aging (Reichstadt and colleagues, 2007; Rowe and Kahn, 1998; Vaillant, 2001).

Factors for achieving successful aging

- A positive attitude, realistic perspective, and the ability to adapt to change (for example, humor, altruism, and anticipation).
- Security and stability in living environment, financial resources, and social support (for example, spouse, family, and friends).
- Health and wellness, including prevention of disease and disease-related disability, maintenance of high cognitive and physical function, healthy exercise and nutrition, the absence of smoking, high-quality health care, the ability to manage stress, and minimal pain.
- Active engagement with life, including being socially involved, participating in stimulating activities, learning, feeling a sense of purpose in life, and being useful to others and to society.

Other factors that research has shown predict good outcomes in old age include more years of education, healthy weight, good physical health at age 50, and the absence of alcohol abuse or a depressive disorder.

It is important to encourage activities that lead to successful aging. Many of the behaviors associated with aging well can be achieved by following a healthy and active lifestyle (for example, absence of smoking or substance abuse, healthy diet and exercise, and engagement in activities and social relationships).

What Is Depression in Older Adults?

Depression is not a normal part of aging. Depression is a medical problem that affects many older adults and usually can be successfully treated. However, it is widely 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 cause suffering and family disruption. Without treatment, the symptoms of depression can last for years and inhibit an older adult's ability to achieve successful aging.

Several treatments can reduce the symptoms of depression for most older people. These treatments can be delivered by practitioners from different disciplines and in multiple locations where older adults receive services.

Types of depression

Different types of depressive disorders can vary in severity from mild to very severe, based on the number and duration of symptoms. This KIT describes some of the common types of depression in older adults, including the following:

- Major depression;
- Minor depression; and
- Dysthymia.

Major depression

Major depression includes a combination of symptoms that affect an older adult's ability to sleep, eat, and enjoy activities that were once pleasurable. Older adults with major depression have five or more of the following symptoms that are present *nearly every day for at least a 2-week period*. At least one complaint must be either depressed mood or loss of interest in activities.

Symptoms of depression

- Depressed mood most of the time
- Loss of interest or pleasure in activities
- Disturbed sleep (sleeping too much or too little)
- Weight loss or gain (changes in appetite)
- Fatigue or a lack of energy
- Feelings of worthlessness or extreme guilt
- Difficulties with concentration or decisionmaking
- Noticeable restlessness (agitation) or slow movement
- Frequent thoughts of death or suicide, or an attempt of suicide

Adapted from: American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (Fourth Edition-Revised)*. Washington, D.C.

The diagnostic criteria for major depression apply to all ages, including older adults. Older adults may display fewer symptoms than younger adults, but must still meet the criteria of five or more symptoms for a diagnosis of major depression.

Unexplained physical complaints are often a sign of depression in this age group. Older adults with depression may complain of physical problems, such as fatigue and headaches, or sleep disturbances, rather than feeling sad or depressed.

Common symptoms in older adults also may include expressions of hopelessness, anxiety, worry, and loss of pleasure. Older people with depression also may appear confused, have memory loss, or be agitated.

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.

Minor depression

Despite its name, there is nothing *minor* about the impact of minor depression on the quality of life and functioning of older adults.

Older adults with minor depression have two to four depressive symptoms, which must include either depressed mood or loss of interest or pleasure, that occur over at least 2 weeks, but not more than 2 years. Impairment in functioning is less severe than in major depression, although it can still affect physical and mental functioning and complicate recovery from illness.

Minor depression often is not detected in older adults, and one in four older people with minor depression will develop major depression within 2 years (Alexopoulos, 2005).

Dysthymia

Dysthymia is less severe than major depression, but also is characterized by long-term, chronic symptoms that may keep an older adult from functioning well or feeling good. Older adults with dysthymia are often described as having a *depressive personality* or a *chronic depression* that is marked by a persistent negative perspective and low mood.

Older adults with dysthymia have two to four of the symptoms of depression that occur most of the time almost every day for at least 2 years.

Risk factors for depression

Aging people often 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. Risk factors for depression can include changes in the following:

- Physical health or functioning;
- Mental health; or
- Circumstances or social support.

Common risk factors for depression in older adults

■ Changes in physical health or functioning

- ❑ Presence of a new or chronic physical disorder, such as diabetes, or development of multiple chronic physical disorders
- ❑ Stroke, bypass operation, or hip fracture
- ❑ Poor health, physical or functional disability, and sensory impairment
- ❑ Severe and chronic pain

■ Changes in mental health

- ❑ Prior episode of depression
- ❑ Family history of major depression
- ❑ Cognitive impairment
- ❑ At-risk drinking, alcohol abuse, or illicit substance abuse
- ❑ Medication misuse or abuse
- ❑ Side effects of some medications
- ❑ Changes in medications or newly prescribed medications for other disorders

■ Changes in circumstances or social support

- ❑ Income changes, such as retirement or financial difficulties
- ❑ Social changes
- ❑ Recent loss of a loved one
- ❑ Living alone or social isolation
- ❑ Diminished social network

Physical health or functioning

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 that affect older adults, such as hip fracture, heart attack, stroke, congestive heart failure, chronic obstructive pulmonary disease, cancer, arthritis, diabetes, and macular degeneration.

Untreated depression can also increase the risk of developing various physical disorders, including heart attacks, and can complicate recovery from physical disorders, when left untreated. Physical disorders also are associated with problems in mobility and functioning that can increase an older adult's risk for depression. For example, one-fifth of older adults have impairments that limit their ability to perform daily activities and one-third have mobility limitations.

Several sensory and functional impairments affect older adults. All five senses (taste, smell, touch, hearing, and vision) tend to decline in old age. One-third of adults aged 70 and older have hearing problems; one-fifth have vision problems that cannot be corrected through glasses or contact lenses alone. Sensory impairments can be associated with increased social isolation and decreased ability to engage in valued activities, including work, hobbies, social functions, reading, listening to music, and other pleasurable activities. The loss of these opportunities can be a risk factor for the development of depression.

Older adults with sensory and other physical health problems should be encouraged to seek appropriate care. Practitioners should be aware that physical disorders may make an older adult more likely to develop mental health problems.

Some interventions, such as problem-solving treatment, can teach older adults skills for managing and living with chronic physical or sensory impairment. (This and other EBPs are described in *Selecting Evidence-Based Practices for The Treatment of Depression in Older Adults* in this KIT.) Preventive programs can be used by practitioners to reduce the risk for developing depression in older adults.

Mental health

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).

Cognitive impairment also can be a risk factor for developing depression. Depression frequently co-occurs with Alzheimer's disease and other types of dementia. It also is common for depression to co-occur in older adults with other mental disorders, such as anxiety disorders or schizophrenia.

Older adults with alcohol abuse, medication misuse or abuse, and illicit substance abuse are at risk for developing depression. Even small amounts of alcohol use, such as drinking more than one drink a day, can place older adults at risk for depression and other poor health outcomes. Alcohol also can interact with many prescribed medications, especially pain, anxiety, and sleep medications, and can result in greater risk for depression and other complications. The side effects of some medications also can cause or worsen symptoms of depression.

Older adults, their families and caregivers, and their practitioners should be aware that these risk factors exist. Assessment of depression in older

adults should include an evaluation of family history of depression, cognitive functioning, other mental health disorders, and substance abuse and medication misuse.

Circumstances or social support

Changes in personal circumstances or responsibilities can be risk factors for depression in older adults. Depression can be preceded by changes in the following:

- Income or financial resources (for example, changes in employment status or financial difficulties); and
- Social support (for example, recent loss of a loved one, living alone, or diminished social network).

Income or financial resources

Poverty is a risk factor for a variety of health conditions in older adults, including depression. About one in 10 older adults lives in poverty. Certain groups of older adults experience higher rates of poverty. These include older Latinos (19 percent) and African Americans (23 percent), and older adults who live alone (17 percent). Overall, the poverty rate for older women is almost twice that of older men (12 percent versus 7 percent). For older women who are unmarried, the rate is much higher, with more than one in four living below the poverty line. The highest poverty rates are experienced by older Latino and African American women who live alone (41 percent and 38 percent, respectively) (Administration on Aging, 2007).

Inadequate income or poverty may be lifelong, or alternatively, may follow the death of a spouse or dwindling income after the loss of a job or retirement. Although retirement is often a time to celebrate accomplishments and enjoy successes, some adults may struggle to redefine their lives and may not feel financially secure. Some older adults choose to work in order to remain engaged and connected with their peers and colleagues and to provide more financial security.

One in seven older Americans (aged 65+) is working or actively seeking work, including about 20 percent of older men and 12 percent of older women. Up to one-quarter of older adults are active in volunteer activities. Remaining active in meaningful activities, participating in organized group or educational activities, and volunteering or engaging in paid part-time work are commonly cited by older adults as contributing to successful aging (Reichstadt, 2007).

Social support

Older adults can experience grief and bereavement due to the loss of family members and friends. These losses may have significant and long-lasting effects on emotional well-being. The support of caregivers, friends, and family is helpful during these difficult times.

Strong social support networks and social contact are related to good physical and mental health and can decrease the risk for developing depression (Oxman and Hull, 2001). Older adults with depression and strong social support networks also have a lower risk for suicide (Alexopoulos, 1999).

Although social activities may become less frequent in older age, the total number of people in the social network typically remains steady. As people age, their social network tends to include more younger people, children, and relatives, and fewer older friends and neighbors.

Older adults with low levels of social support and a history of serious suicide attempts should be carefully evaluated for thoughts of suicide. Precautions should be taken even when the older adult's depression is mild. *The Practitioners' Guide for Working with Older Adults with Depression* in this KIT provides more information on assessing depression, risk for suicide, and other areas.

Prevalence of depression

Depressive disorders and symptoms affect many older adults. A review of literature conducted by Hybels and Blazer (2003) identified the prevalence of depression in older adults of all ethnicities.

| Prevalence of depression | | |
|--------------------------|---|------------------|
| | Minor depression, dysthymia, or depressive symptoms | Major depression |
| Community | Up to 26% | Up to 5% |
| Primary care | 10% | 6.5% |
| Hospital inpatient care | 23% | 11.5% |
| Home health care | 8% | Up to 16% |
| Nursing homes | Up to 35% | Up to 15% |

Depression, especially minor depression and dysthymia, is under-recognized and under-treated. As such, the prevalence of depression may actually be higher than these estimates. In addition, the prevalence of major depression doubles after age 80 years (Alexopoulos, 2005).

Of note, depressive disorders tend to be more common in older women, compared to older men. Gender stereotyping may contribute to the more frequent under-diagnosis of depression in older men.

Few racial or ethnic differences are in the prevalence or diagnosis of depression. However, African American and Latino older adults have lower rates of treatment than Caucasian older adults.

Depressive symptoms can be persistent. More than half of patients with less severe types of depression remain depressed 1 year later (Alexopoulos, 2005).

Impact of depression

According to the World Health Organization (2001), depression is among the top causes of worldwide disability. Depression in older adults is associated with decreased levels of functioning, worse health status, and reduced quality of life.

Depression in older adults can lead to disability in functioning and physical health. Older adults with depression are more disabled with respect to self care and daily community living skills, compared to older adults without depression. They also tend to recover more slowly from physical disorders, such as stroke or hip fractures. Older adults with depression are more likely to die, either because of worsening of physical disorders or by suicide (Reynolds and Kupfer, 1999).

Depression is a leading risk factor for suicide in older adults. Older Caucasian males complete suicide more often than any other group of people (Hoyert, 1999; NCIPC, 2008). Treatment of depression may help prevent suicide in older adults.

Cost of depression

Depression is an expensive health problem. Health care costs for older adults with depression are approximately 50 percent higher than for those without depression (Unützer and colleagues, 1997). Older adults with depression are more likely to be admitted to a hospital or a nursing home, visit their physician, visit an emergency room, and more often prescribed multiple medications.

Effective depression treatment can be provided to older adults at a modest cost. For example, Katon and colleagues (2005) found that integrated and collaborative treatment of depression in the primary care setting produces positive clinical outcomes and increases health care costs by less than \$150 per older adult per year.

In some instances, treatment of depression in older adults can reduce the overall cost of health care. For example, one study found that providing psychiatric consultation services to older adults who were hospitalized with a hip fracture resulted in fewer days of hospitalization and a significant reduction in overall yearly health care costs. Cost savings were greater than the costs of providing psychiatric treatment (Mossey and colleagues, 1990).

The potential cost savings for treatment of depression in older adults may be best appreciated by taking a long-term perspective. For example, Unützer and colleagues (2008) found that older adults who received one year of integrated and collaborative treatment of depression in the primary care setting had lower average costs for all of their health care over a four-year period. Even when the cost of team care treatment was included, total health care costs were approximately \$3,360 less than costs for older adults who received traditional care.

Why EBPs for Older Adults with Depression Are Important

The primary reason that you should focus on EBPs is that these interventions have been scientifically proven to improve the health and functioning of older adults with depression.

Providing EBPs for depression is an effective way to address these problems and to do the following:

- Reduce the symptoms of depression;
- Improve functioning;
- Improve overall health outcomes; and
- Ensure that older adults receive effective types of care.

Reduce depressive symptoms

One important way to improve the quality of care that older adults receive is to implement EBPs for depression.

Depression treatments are designed to do the following:

- Reduce the symptoms of depression;
- Prevent relapse, recurrence of symptoms, and suicidal thinking;
- Improve cognitive and functional status; and
- Help patients develop skills to cope with disability or other problems.

Strong scientific proof shows that EBPs for treating depression in older adults can reduce the symptoms of depression. Sixty to 80 percent of older adults who receive appropriate treatment will have lower severity of depressive symptoms.

Recovery from depression also is possible and should be pursued. EBPs vary with respect to their ability to help older adults achieve full remission of depression.

Improve functioning

Depression affects older adults' ability to perform their usual daily activities. Older adults with depression can have low energy, poor concentration, low motivation, apathy, lack of attention to appearance and hygiene, lack of interest in personal surroundings and usual activities, and withdrawal from personal relationships and social activities.

Treatment of depression can improve an older adult's ability to do the following:

- Engage in self-care;
- Participate in meaningful activities related to work or relationships;
- Engage in social or community activities; and
- Engage with their peers and other members of their social network.



Improve health outcomes

Untreated depression in older adults is likely to lead to high levels of physical disability and functional impairment. It may contribute to longer recovery periods for illness or surgery, as well as premature death. It may also contribute to poor cognitive functioning in older adults.

When older adults receive appropriate treatment for depression, many of these health issues can be improved or prevented.

Ensure that older adults receive effective types of care

Despite the importance of providing effective care, many EBPs for treating depression are not available to older people. This problem has been highlighted in several reports, including those by the United States Surgeon General (1999, 2001), the President's New Freedom Commission on Mental Health (2003), and the Institute of Medicine (2001, 2006).

Top recommendations from the White House Conference on Aging (2005) note that practitioners who care for older adults need training to do the following:

- Address issues that are common or unique to older adults; and
- Improve their ability to recognize, assess, and treat depression in older adults.

These reports highlight both the need to understand issues that are important in caring for older adults with depression and to improve the quality of services for older adults.

EBPs must be available in the settings where older adults receive their health care. Delivering EBPs can help ensure that older adults receive effective depression care.

There are several effective treatments for older adults with depression. For a description of these EBPs, see *Selecting Evidence-Based Practices for The Treatment of Depression in Older Adults* in this KIT.

EBPs for depression in older adults

- Psychotherapy interventions
 - Cognitive behavioral therapy
 - Behavioral therapy
 - Problem-solving treatment
 - Interpersonal psychotherapy
 - Reminiscence therapy
 - Cognitive bibliotherapy
- Antidepressant medications
- Multidisciplinary geriatric mental health outreach services
- Collaborative and integrated mental and physical health care

Psychotherapy interventions and antidepressant medications are both effective treatments for depression. In some cases, these EBPs are more effective when they are provided together.

Psychotherapy interventions and antidepressant medications can be provided within specific models of outreach services and collaborative and integrated mental and physical health care.

The choice of treatment depends on many issues. These issues can include the following:

- The severity and duration of depression;
- The older adult's clinical presentation;
- The older adult's prior history of response to treatments;
- The presence of other health conditions or medications;
- The tolerability of the treatments with respect to side effects or required effort; and
- The older adult's treatment preferences.

Selection of the most appropriate and effective treatment should be made in consultation with experienced practitioners. Despite state of the art treatment, including EBPs, some proportion of older adults with depression may not respond favorably. Older adults with a lifetime history of recurrent depression or with a particularly complex case of depression require attention by a specialist in geriatric mental health treatment. In addition, referral to specialists outside the mental health care system may be warranted to improve recovery.

Although effective treatments exist, older adults are less likely than younger people to receive appropriate medications or psychotherapy. Factors that may contribute to this include the following:

- Stigma;
- Poor recognition of depression in older people;
- Lack of practitioners who are trained to assess and treat depression;
- Provider bias, or ageism, in providing appropriate and effective services; and
- Lack of accessible, affordable, and age-appropriate care.

Several of these factors can be overcome by doing the following:

- Educating practitioners, older adults and their families or caregivers, and the general population; and
- Implementing EBPs.



Summary of Key Facts About Depression in Older Adults

- Depression is one of the most common mental health disorders in older adults. One in ten older adults in primary care has symptoms of depression, and higher rates are found among older adults who are hospitalized or residing in a nursing home.
- Different types of depressive disorders can vary in severity from mild to very severe.
- Depression is among the top cause of worldwide disability. Depression in older adults is associated with decreased levels of functioning, worse health status, reduced quality of life, and increased disability and mortality. Depression is a leading risk factor for suicide in older adults.
- Health care costs for older adults with depression are approximately 50 percent higher than for older adults without depression.
- Providing EBPs for depression in older adults can reduce depressive symptoms, improve health and functioning, and ensure that effective types of treatment are available and used.
- Sixty to 80 percent of older adults who receive appropriate treatment achieve a reduction in their symptoms of depression.
- The incidence of major depression and suicide can be decreased by identifying older adults who are at risk for depression and providing them with effective prevention and intervention programs.

Available Fact Sheets that Describe Depression in Older Adults

- Older Adults: Depression and Suicide Facts (revised April 2007).
<http://www.nimh.nih.gov/publicat/elderlydepsuicide.cfm>
- Facts About Depression in Older Adults (September 2003).
- Late-Life Depression: A Fact Sheet.
http://www.gmhfonline.org/gmhf/consumer/factsheets/depression_factsheet.html
- Depression in Older Adults (updated November 2006).
<http://www.mentalhealthamerica.net/go/information/get-info/depression/depression-in-older-adults>
- Depression in Late Life: Not a Natural Part of Aging.
http://www.gmhfonline.org/gmhf/consumer/factsheets/depression_latelife.html

Available in Spanish: Depresión Tardía: No Es Una Parte Natural Del Envejecimiento.

http://www.gmhfonline.org/gmhf/consumer/factsheets/depression_tardia.html



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