



Thriving in Today's Times: Adult Depression

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IMPORTANT: This is an informational fact sheet. The purpose of this publication is to provide basic information. It is not intended to be used for assessment or treatment of depression. If you suspect a person you care for is depressed, please contact a mental health professional immediately.

Marci hears her family asking for breakfast. She loves her family but she wishes they'd just go away. The thought of getting up and getting dressed is almost too much to handle. She is so tired, and the thought of food is all but nauseating. Usually she enjoys Sunday morning family breakfasts, but now nothing seems to make her happy.

John knows he's getting more and more irritated. He is so frustrated, nothing seems worthwhile anymore. Normally he loves his job and being with his family, but keeping everything running and making decisions is almost too much. His head hurts and he feels his stomach churning. He is so tired of trying. He feels that maybe he should just give up.

Do you know Marci or John? Adult depression is a fact of life. About 18.8 million adults endure a depressive illness (National Institute of Mental Health). Depression affects both the young (see ExEx14062, "Thriving in Today's Times: Childhood and Adolescent Depression") and the old and both males and females. Depression often occurs in conjunction with other medical problems, psychiatric illness, or substance abuse. Depression affects people from all walks of life. People who suffer from depression are not weak or failures—they have a serious medical condition.

SYMPTOMS OF DEPRESSION

There are many symptoms of depression. According to the National Institute of Mental Health (NIMH), adults may experience some or all of the following symptoms for at least 2 weeks:

- persistent sad or "blue" mood
- feelings of hopelessness or helplessness
- loss of pleasure in hobbies or activities
- change in appetite (weight loss or gain)
- trouble paying attention, listening, or making decisions
- irritability or anger
- increased physical issues such as headaches, stomachaches, or chronic pain
- chronic fatigue
- excessive crying
- thoughts of death or suicide
- suicide attempts

CAUSES OF DEPRESSION

- genetic makeup (depression may occur in generation after generation)
- physical illnesses such as heart attacks or cancer
- biochemicals and hormones in the body
- poverty

- medications
- personality (adults who tend to feel overwhelmed and stressed and have low self-esteem tend to be more vulnerable)
- life events (environmental stressors such as the poor economy or a job loss can bring on depression; a major life change—such as moving, financial changes, or marital problems—can also promote depression)

GENDER DIFFERENCES

Both men and women experience depression, often reporting the same symptoms and a similar number and length of depression episodes. However, women may report a group of symptoms while men may report just one. Men tend to minimize past depressive episodes, whereas women tend to focus more on past episodes.

Women. Women suffer from depression twice as much as men. This may be because of hormones and biochemicals within their bodies. Women must deal with pregnancy, menstrual cycles, and menopause.

Although society has changed, women may also be more likely to feel as though they have no control over their lives (NIMH and American Psychological Association). Other causes that may contribute to women’s depression include a low self-esteem and other personality traits such as pessimistic thinking. Women who have experienced different forms of abuse can also become depressed. Stress can also be a cause of depression.

Women may have unique stressors that men do not experience. These include balancing family and work, major household chores and responsibilities, taking care of children, and caring for elderly parents or in-laws.

Men. Approximately 4 million men in the United States suffer from depression (NIMH). Physicians tend to diagnose depression in men less often than in women. This difference in diagnosis may be because men both less tend to admit to being depressed than women and are often less likely to ask for help. Men disguise depression by using drugs and alcohol or by employing habits that are more socially acceptable—such as working excessively.

RELATIONSHIPS AND DEPRESSION

Although depression can happen to anyone, the highest rate of depression has been found in unhappily married women. Men and women who are separated or divorced also have a high rate of depression. This may be true because of the lack of support and encouragement a person needs in these situations.

OLDER PEOPLE AND DEPRESSION

Suffering from depression is not normal for any age group, including the elderly. Becoming depressed is not a normal part of the aging process; however, depression is the most prevalent psychiatric disorder within the elderly population (American Family Physician). This might be true because of the unique stressors that the elderly population experiences.

An elderly person can suffer depression when grieving over the deaths of an increasing number of family and friends, when worrying about his or her own death, and when facing increasing personal health and financial problems. It’s also likely that if the person is in a nursing or assisted living home, he or she simply may not want to be there, can’t stand being “crowded” in, or don’t like being assigned to a single room when there used to be a farm to walk around.

The suicide rate within the elderly population is much higher than in other adult populations. The U.S. Surgeon General has reported that men who are 65 years or older commit suicide more often than any other age group. Though only 13% of the population is over 65, 19% of all people who commit suicide are within this age range (NIMH). Wallis (2000) reports that elderly people with thoughts of suicide are five times more likely to commit suicide than a younger person. Wallis also states that this does not include the elderly who refuse to eat, refuse to take medication, or who abuse drugs and alcohol.

TREATMENT FOR DEPRESSION

There are several different ways to treat depression. They include medication, psychotherapy, or a combination of both. A mental health professional will work with the depressed individual in order to most effectively treat the depression. Depression is curable with early recognition and treatment.

WHAT FAMILIES CAN DO

The most important thing a family can do for a depressed friend or family member is to ask for and get professional help. Become educated about depression and help the person who is suffering understand that this is not his or her fault. Listen to the depressed individual and offer emotional support and encouragement.

WHERE TO GET HELP

Depression cannot be ignored. It is a medical issue that requires professional help. Initially, you may turn to family members or friends who may have experienced depres-

sion, their family doctor, or a religious leader. But don't stop there. The NIMH recommends community resources:

- mental health associations (if available in your area)
- mental health professionals or specialists
- health department or community mental health centers
- doctor's office
- hospitals or clinics
- universities or medical schools.

REFERENCES

- "Depression." 2000. National Institute of Health Pub 00-3561.
- "Depression: What every woman should know." 2000. National Institute of Health Pub 00-4779.
- "If you're over 65 and feeling depressed: Treatment brings new hope." 1996. National Institute of Health Pub 96-4003.
- Nolen-Hoeksema, S., C. Grayson, and J. Larson. 1999. "Explaining the gender difference in depressive symptoms." *J Personality and Social Psychology* 77(5).
- "Older adults: depression and suicide facts." National Institute of Health Pub 01-4593.
- Sadovsky, R. 1998. "Prevalence and recognition of depression in elderly patients (Tips from Other Journals)." *Amer Family Physician*.
- "Suicide prevention effort launched by U.S. Surgeon General." 1999. www.Suicidology.org/suicidepreveffort.htm
- Wallis, M.A. 2000. "Looking at depression through bifocal lenses." *Nursing*.

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