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# Seniors' Mental Health and Addictions Issues

In general, Canada's seniors are healthier, more independent and less likely to live in poverty today than they were 25 years ago, reports Health Canada. But that doesn't mean Canadians over the age of 65 are immune to mental illness.

Though many seniors have developed positive coping skills and emotional maturity, life experience is no defense against illnesses such as Alzheimer's disease, addictions, anxiety disorders and depression.

Major illness, retirement, the death of a spouse, a shrinking circle of friends—all may contribute to increased levels of stress and depression in Canada's elderly. In the over-65 age group, about 6% suffer mild to severe depression in any given year. Of those who have chronic illness, this number jumps to around 25%, and a startling near 50% of those in long-term care facilities are affected by depression.

Depression is also hard to recognize and treat because it is often confused with aging itself. A key to correctly identifying and treating depression among seniors begins with education. Seniors, like many others, hold negative attitudes which stop them from seeking help. Seniors are among the most under-treated populations for mental health. An article in the *Canadian Medical Association Journal* noted that physicians are unable to detect depression in nearly 90% of depressed seniors in hospital care.

Seniors with depression are at particularly high risk for problems with alcohol. Older people

who are depressed are three to four times more likely to have alcohol related problems than are older people who are not depressed. Between 15 and 30% of people with major late-life depression have alcohol problems. Factors such as retirement and isolation may put people at risk for developing problems with alcohol, especially if they are already accustomed to drinking. Use of medications, both prescribed and over the counter, is higher among older Canadians than younger Canadians. These carry potential risks from side-effects, and inappropriate use or dependency.

Suicide among the elderly is another danger that often goes unnoticed. Elderly men are at a far greater risk of attempting suicide than women, with over five times as many men over the age of 65 dying as a result of intentional self-harm. Of all age groups in Canada, men over the age of 85 have the highest rate of completed suicides. Men over 70 are also hospitalized at higher rates than women for attempted suicide.

Deteriorating physical health can quickly change a happy retirement into a period of confusion, fear and chronic pain. When disabilities occur later in life, individuals who were involved in working, socializing and travelling may suddenly face lower incomes, reduced mobility and dependence on caregivers and assistive devices.

These changes can have a dramatic effect on seniors' mental and emotional well-being. And increased stressors also have consequences on

## Reasons Depression May Go Unrecognized or Untreated in Seniors

Seniors may:

- believe the myth that depression is just a natural part of the aging process
- see depression as a normal consequence of losing their independence
- already have other physical or mental illnesses (e.g. dementia or diabetes) and may not distinguish depression as a separate illness that can be treated
- experience depression as a side-effect of medications (e.g. such as some drugs for high blood pressure)
- feel embarrassed or ashamed to even discuss it
- be living with a constant, low-level form of depression known as *dysthymia* so may not even recognize it or think it can be treated
- not see any life events that could have brought the depression on and so feel it must be a personal flaw; or, alternately, have so many life events going on that could trigger a depressive episode that the person feels going to a doctor could serve no purpose
- come from a culture that holds different perceptions about what depression is
- lack the mobility or family support needed for a trip to the doctor
- believe treatment would be too long-term or expensive
- get depressive symptoms (e.g. problems with sleep or appetite) diagnosed as signs of a physical illness—or ignored entirely

## 10 Warning Signs of Alzheimer's Disease

- Memory loss that affects day-to-day function
- Difficulty performing familiar tasks
- Problems with language
- Disorientation of time and place
- Poor or decreased judgment
- Problems with abstract thinking
- Misplacing things
- Changes in mood and behaviour
- Changes in personality
- Loss of initiative

Source: Alzheimer Society of Canada

physical health. Recent studies validate the link: one Statistics Canada study found that older women who are psychologically distressed such as feeling sad, worthless and hopeless are far more likely to die over the next several years as those who are not distressed. This holds true for older men as well, although death from chronic diseases seems to offset the effect of stress. Fortunately, another study suggests the inverse, that positive outlook and engagement in life—not just the absence of stress or depression—may be protective against conditions from Alzheimer's to arthritis.

One Canadian study of elderly Alzheimer's disease patients and their caregivers found that 60% of caregivers are the patient's spouses. The average age of care-giving wives was 67, and husbands 72. Some elderly individuals may spend their days caring for a spouse with Alzheimer's disease or another form of dementia, such as Pick's disease, Lewy body dementia or primary progressive aphasia. Alzheimer's and related dementia can place a tremendous burden on caregivers since people with this disease eventually need help with bathing, getting dressed, using the toilet and even feeding themselves.

Though many seniors experience memory loss, dementia from Alzheimer's disease is *not* part of normal aging, says the Alzheimer Society of British Columbia. It is a progressive neurological disease that affects the brain and many of its functions including language, intellect and spatial orientation. Once the brain loses the capacity to regulate elementary body functions, people with Alzheimer's or related dementia die of malnutrition, dehydration, infection or heart failure. The Alzheimer's Disease Research Project estimates that the disease runs a course of seven years on average, but life expectancy has been known to range from two to twenty years after the onset of symptoms.

Informal caregivers of patients with dementia are also gravely affected by the health of their loved ones. In a 2006 study, researchers found

that caregiver quality of life was strongly related to their loved one's mental decline. Caregivers are also much more likely to be depressed if their patient is also depressed.

The loss of one's life partner is another major life stressor associated with aging. About a third of Canadian seniors are coping with the loss of their life partners, not to mention the gradual loss of their friends, relatives and social circles.

Though feelings of anxiety, grief and sorrow are normal reactions to major life changes, the most common medical approach to anxiety and depression in seniors is to prescribe drugs. According to Statistics Canada, nine in ten seniors take at least one type of medication—most take three types. More than a quarter of senior women are taking more than five. At the same time, the Canadian Public Health Association

## Tips for Maintaining Mental Health As You Age

### To cope with physical changes

- Accept reality and get the things that will help you (e.g., hearing aid, eyeglasses)
- Keep a positive attitude and enjoy activities you have always enjoyed
- See your family doctor regularly and be careful of your medications
- Take responsibility for your own health by asking good questions
- Adopt a balanced diet with fewer fatty foods
- Drink less alcohol

### To cope with bereavement

- Don't deny your feelings
- Accept the range of emotions you will feel
- Remember and talk about the deceased person
- Look to your family and friends for support
- Be supportive of those you know who have suffered a loss

### To cope with loneliness

- Stay active and look for new social contacts
- Try to make friends with people of different ages
- Spend time with grandchildren and grand-nieces and nephews
- Learn to recognize and deal with the signs of depression

### To cope with retirement

- Make a list of your abilities and skills for volunteering or working at a small business
- Enrich your life by renewing contacts with neglected family members and old friends
- Renew your interest in the hobbies and activities you enjoy
- If you can afford it, travel

Source: Canadian Mental Health Association

## Partners:

Anxiety Disorders  
Association of  
British Columbia

British Columbia  
Schizophrenia  
Society

Canadian Mental  
Health Association,  
BC Division

Centre for  
Addictions  
Research of BC

FORCE Society for  
Kids' Mental  
Health Care

Jessie's Hope Society

Mood Disorders  
Association of BC

**For more  
information call  
the Mental Health  
Information Line  
toll-free in BC at  
1-800-661-2121**

**or email  
bcpartners@  
heretohelp.bc.ca**

**web:  
heretohelp.bc.ca**

released a report noting that three to five of every ten prescriptions are not taken properly, essentially making these medications ineffective. More frighteningly, they point out that nine out of every ten outpatients take their prescriptions improperly or not at all.

Some of the most widely-prescribed medications for seniors are known to be addictive and may cause numerous side-effects. For example, benzodiazepine medications—Ativan, Valium, Serax and Xanax, among others—are commonly prescribed for treating acute anxiety and insomnia. Although they are meant to be used for only a few weeks or months, benzodiazepines can be addictive and may cause side-effects ranging from confusion, poor muscle coordination, drowsiness, impaired performance and decreased ability to learn new things. One review of seniors' benzodiazepine use noted that about 23 % are taking the drug on a long-term basis. Use is more prevalent among women than men, and the rate increases with age. The review also highlights problems with addiction: one study estimates around 11 % of seniors using benzodiazepines have become dependent on the drug, and another found that about three-quarters of benzodiazepine dependency among senior women goes undiagnosed.

Though medications are often helpful, elderly people may also benefit from information about alternative methods of dealing with emotional and stress-related illnesses, says Valerie Oglov, coordinator of the Older Women's Health Project based in West Vancouver. For example, seniors need opportunities to express feelings such as anxiety, frustration or grief and receive recognition from others that what they are feeling is normal and valid, Oglov says.

Communities can help foster seniors' well-being by providing the elderly with information on how to interact with the medical system, how to describe what they are experiencing and what questions to ask their physicians, she adds.

An increase in social and economic resources is needed to provide seniors with opportunities to cope and thrive successfully. For example, access to transportation and social activities are extremely important for seniors with physical disabilities, mental illness or both, who may otherwise be confined to their homes.

As Canada's elderly population continues to grow, staff in health care facilities, social services and community care programs must have geriatric training to help them understand seniors' unique needs.

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