

## Lecture Notes

*The June lecture in the Aware Monthly Lecture Series was delivered by Dr Harold Barry, a GP based in Drogheda who has a particular interest in depression. On this occasion, Dr Barry spoke about depression in later life. The following article is based on notes taken by Rena Harford during that lecture.*

Dr Barry began his lecture by expressing his dislike of the term 'geriatric', which is used to describe old age: he prefers to use the more down-to-earth terms such as 'older age'. The commonality of depression was again underlined, and the audience was reminded that although thousands of older people are depressed, it is often unrecognised and untreated. People do not want to have a mental illness, as it carries such a stigma. Dr Barry said that when his grandmother spoke of TB, she lowered her voice: it is now much the same with depression.

### **The Role of the Brain**

A question often asked is whether depression is psychological, biological, physical or all of those. As we know, it is the latter as the symptoms of the illness affect all elements. Dr Barry spoke of the mind as being a function of the brain - if we did not have a brain we would not have a mind. To break the stigma we have to start here. The brain controls every single function of the body. It controls our thoughts, our feelings and our behaviour.

The brain has two parallel functions:

- Logical
- Emotional

The front part of the brain is the logical part, while the middle part of the brain is the emotional part. The emotional brain is very powerful and this power is very important.

The physical symptoms of depression are fatigue, sleep disturbance, appetite changes, changes to sex drive, memory disruption and poor concentration. So if there is a brain problem it's causing all of the above. Neuro-imaging shows structural changes in the brain.

### **Anxiety, Negative Thinking & Decreased Enjoyment**

Worry is a good description of anxiety: 'I worry about everything' is frequently uttered by those who live in a high state of tension or alertness all the time. Panic attacks can be overcome by therapy. They represent a response of the body to anxiety. Some people who have depression, will initially present with panic attacks.

Negative thinking is the biggest single problem in depression: according to Dr Barry it is at the very core of the illness. Everything is seen through a dark veil. People think they are 'goners'. They see no hope, no light. Negative thinking gets in the way of people coming for help. Negative thinking mixed with suicidal thoughts is a dangerous mix.

Decreased enjoyment, also known as 'anhedonia' is another key factor in depression. That's why those who have the illness often don't do things: don't eat, don't continue sexual relationships. Suicidal thoughts are common, and it is often the person who doesn't talk about these feelings who are most at risk.

Depression can be viewed as a breakdown of communication systems in the brain. Depression is complicated and simple at the same time. Stress is the most likely trigger in the vast majority of cases, but it depends on how genetically predisposed someone is.

### **Depression in Older People**

Those who experience depression at a later stage in life tend to have a different set of causes than younger people. The symptoms are very similar across both age groups, but there are a couple of marked differences. Memory is particularly affected in the elderly and can be misdiagnosed as dementia. They become preoccupied with physical illness. Approximately 15% of older people will be affected, and genetics do not play a big part. The major problem is that it's under-diagnosed. The depression can be missed as many of us have a (wrong!) attitude that there is nothing else to expect in old age and that they feel down because there's not much left for them. So the basic guiding light that seems to educate people's attitudes to depression can be summed up as follows:

Young - How could they be depressed?

Old - How could they **not** be depressed?

### **The Aging Brain**

As the brain ages there can be degenerative changes with cells dying off. Vascular changes such as hardening of arteries can also occur. Decreased perfusion of blood to the brain is a big problem in the elderly. With a stroke, part of the brain begins to die. Blood vessels block with a massive stroke and there is a massive interference with blood supply. If we interfere with the left side of the brain we see signs of depression. But it's important to remember that while these can be factors in later life depression, the illness is by no means inevitable.

### **Social Factors**

All of us, as we get older are either lucky or unlucky with support systems. Isolation can be a problem in later life, due to loss, bereavement, immobility or lack of access to transport. Alcohol use is a cause of concern for many GPs where older patients are concerned. There is anecdotal evidence that more elderly people are indulging in alcohol. This can have a devastating effect on young brain and a devastating effect on older brains.

Parkinson's Disease, which affects movement is linked to levels of dopamine and serotonin in the body, in a similar way to depression. Up to 50% of those with Parkinson's get depression. The older one gets the less dopamine is present, so the risk of depression and Parkinson's increases. In dementia the brain begins to degenerate at a fast speed. Again up to 50% of those with dementia get depression. If you treat the depression, the dementia improves.

### **The Basics**

- Proper nourishment is vital and older people **MUST** eat well.
- Exercise is also important, so aim for 30 minutes per day even if you don't want to do it.
- Get family/neighbours involved. Young children have a huge effect on the mood of elderly. Day services are also important to help reduce the isolation.
- Pets can be helpful – so long as the person is capable of looking after them. The care-giving involved can be important..
- Stop drinking alcohol. It interacts with drugs, causing the mood to drop further.

### **Conclusion**

The brain is the core organiser of all these symptoms; this gives the lie to the opinion that if you have depression you must have a terrible background. Absolutely normal people get depressed. You don't have to have awful things happening. We are going to crack depression eventually.

*Dr Barry's new book on depression will be published Spring 2007 by Liberty Press.*