

# Depression and dementia

Although it is sometimes difficult to distinguish between them and they can occur together, dementia and depression are different conditions. The purpose of this sheet is to provide helpful information about depression in the context of dementia.

## What is depression?

Depression is not just a low mood or feeling sad, but a medical condition that should be treated. Individuals with depression often feel sad, down, miserable or irritable most of the time. He or she might find it hard to engage in or be interested in normal day-to-day activities. Depression may have serious effects on physical as well as mental functioning.

Depression is common and affects over one million people in Australia each year. The presentation of depression can vary in both symptoms and severity. The latter ranges from sub-threshold forms through to mild, moderate and severe disorders. Often, symptoms of depression can interfere with memory and concentration. However, these symptoms are usually reversible with treatment of the depression.

## How do you know if a person is depressed?

Specific criteria, as well as clinical judgement, are used by health professionals to assess for the presence of depression. According to these formal criteria (termed the International Classification of Diseases, or ICD) (World Health Organization, 1992), a person may be depressed if for a period of more than two weeks they experience:

- lowering of mood that varies little from day to day and is unresponsive to circumstances but may be worse in the morning
- loss of interest and enjoyment, or loss of pleasurable feelings
- feelings of agitation and restlessness
- slowed movement and reactions
- loss of energy or marked tiredness after minimum effort
- feeling worthless

- feeling guilty for no real reason
- poor concentration, indecisiveness
- disturbed sleep, especially when waking several hours earlier than usual
- loss of libido
- reduced self-esteem or self-confidence
- appetite diminishment, weight gain or loss

Commonly, older people with depression can experience fewer or less prominent symptoms. This is referred to as sub-threshold depression. The consequences of subthreshold depression can still be serious and thorough assessment and treatment through an appropriately qualified health professional is recommended.

### **What causes depression?**

Depression has a number of causes which are common to people of all ages, including genetic factors, stress, social isolation and drug and alcohol use. Older people may also experience depression as a result of illness and major life changes such as: losing a partner, retirement, moving into residential care, or coping with increasing frailty.

Abnormal changes in the brain may also be responsible for depression, particularly when it develops for the first time in later life. The same changes may lead to dementia developing in the months or years after depression occurs.

Finally, several medical conditions and medications can mimic or even cause depression.

### **What is the relationship between dementia and depression?**

Dementia and depression can occur separately or together. Sometimes it can be difficult to distinguish between them because the signs and symptoms can overlap. However, dementia and depression are different conditions requiring different responses and treatment. For some individuals, depression earlier in life may increase the likelihood of some types of dementia developing in later life.

Dementia involves the impairment of memory, understanding and reasoning that is progressive and interferes with normal social or occupational functioning. Many conditions cause dementia, including Alzheimer's disease, vascular dementia and Lewy body disease, to name a few. These dementia conditions are generally not reversible but progression might be slowed and quality of life improved, in some types of dementia, through the management of risk factors, medications and/or psycho-social interventions.

Dementia-like symptoms can sometimes arise from other medical conditions which can be treated. In all situations where symptoms of memory impairment and confusion are noticed, or other intellectual functions have changed significantly, it's vital to get an accurate diagnosis from an appropriate medical practitioner.

### **Is it dementia or depression?**

There are many symptoms common to both dementia and depression which can lead to an incorrect diagnosis in an older person. These include:

- impaired ability to think and concentrate
- memory disturbance
- diminished motivation
- mood changes

If a person or someone close to them is concerned about these symptoms, they should talk to a doctor to ensure that a correct diagnosis is made, because the treatments for depression and dementia are different. An incorrect diagnosis of dementia could mean a person with depression doesn't get the support and treatment needed to recover. Likewise, incorrectly diagnosing dementia as depression could lead to inappropriate treatment and unrealistic expectations of improvement in the person concerned.

## **Co-occurrence of depression and dementia**

Often depression and dementia occur together and it's estimated that 20–30% of individuals with dementia may also have depression at any given time (Bennett et al., 2008). Consequently, it's important to be able to identify when these two conditions are present at the same time. Dementia can contribute to depression through the slow erosion of confidence and self-esteem as a person's ability to manage their physical and social environment is affected.

Other changes that can contribute to depression in a person with dementia include:

- loss of independence and increasing reliance on others
- inability to go out alone
- loss of ability to undertake enjoyable activities
- loss of ability to carry out everyday tasks
- high anxiety and agitation
- confusion and loss of memory
- biological changes to the brain
- untreated pain

Although depression affects mood, it can also lead to poor memory, poor attention and difficulties making decisions and organising and initiating activities. For a person with dementia, depression not only affects their mood, but may also worsen their symptoms of dementia.

Depression is three to four times more common in people with dementia than in older people without dementia, but it can go unrecognised for a number of reasons.

- Often it is incorrectly assumed that it's 'normal' for older people to be depressed, especially those with dementia.
- It can be difficult to distinguish symptoms of depression from those of dementia.
- People with dementia can have problems communicating with their doctors and carers or may not be able to describe their own symptoms very well.

## **Recognising depression in the presence of dementia**

An accurate diagnosis involves more than simply identifying the symptoms. Factors which need to be taken into account include:

- the number of symptoms present
- the type of symptoms – particularly feelings of hopelessness, guilt and worthlessness
- the length of time the symptoms have been experienced

Experts have also tried to address the challenges that arise because the two conditions can result in the same symptoms. They recommend that less emphasis is placed on poor concentration when assessing for depression in someone who also has dementia, as it can occur as a result of either. Instead, clinicians should look for specific symptoms that seem to be particularly useful for differentiating between the two conditions. These include losing the ability to enjoy or find pleasure in social and other activities, social withdrawal or isolation, and agitation (Teng et al., 2008).

Dementia usually gets worse slowly over a period of months or years. If there is a noticeable change in behaviour and functioning over a few weeks, depression might be the reason.

Depression affects how a person functions in everyday life. It can be difficult to diagnose in the presence of dementia and in all instances, should be diagnosed and treated by a doctor.

## **How is depression treated?**

Options for treatment include medication and ‘talking therapies’ such as counselling, cognitive therapy and behavioural interventions. It’s important to understand the cause of the depression in order to determine the most appropriate treatment.

The cause of depression is usually considered multifactorial. These causative factors include biological and psychosocial factors and will be different for each individual. Treatment needs to be tailored to the individual and address all of the causative factors.

Treatments may include psychological, environmental and medication treatment. There has been recent uncertainty about the effectiveness of antidepressant medication for depression in the setting of dementia. This emphasises the importance of holistic treatment that addresses diverse causative factors and monitoring of treatment response and side effects if present.

For further information about treating depression in dementia with medication, see **Dementia Q&A 4: Drugs used to relieve behavioural and psychological symptoms (changed or responsive behaviours) of dementia.**

### **What can you do to help?**

In addition to professional treatments there are a number of things that you can do to both reduce the risk of depression and to maintain and/or improve the quality of life of a person with dementia.

- adapt the person's home and immediate environment to make it more manageable
- minimise change and keep to a predictable routine
- minimise stress and anxiety by simplifying or eliminating tasks or activities that have become too difficult
- reduce exposure to over stimulating or threatening situations
- provide support for the person so he/she can carry out normal activities for as long as possible
- ensure that healthy meals with lots of fresh fruit and vegetables are available everyday
- provide vitamin B supplements if deficiency is present
- encourage regular exercise
- make sure a small amount of time is spent in the sun each day
- make sure that something enjoyable is done every day
- make sure that there is regular social contact
- get a pet if appropriate care is available
- encourage a period of relaxation or meditation every day

## What help is available for families?

If families think that a relative with dementia is experiencing depression, they should tell the person's doctor or healthcare professional. It will be helpful if the symptoms that have led to their concern can be clearly described. Key indicators of depression are changes in mood (including agitation, anxiety and sadness) and fluctuations in weight and sleep patterns. It is important to remember that depression is not a normal or expected part of dementia, but rather is a treatable condition that warrants attention to improve an individual's quality of life.

## References:

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This sheet was produced in association with beyondblue: the national depression initiative. For information and advice about depression and available treatments go to the beyondblue website at [beyondblue.org.au](http://beyondblue.org.au) or call 1300 224 636

**This sheet is provided for your information only and does not represent an endorsement of any assessment or treatment by Dementia Australia.**

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## Further Information

Dementia Australia offers support, information, education and counselling. Contact the National Dementia Helpline on **1800 100 500**, or visit our website at [dementia.org.au](http://dementia.org.au)



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