

# Depression in Elderly People

Subjects: **Neurosciences**

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Depression is not a sign of weakness, nor a lack of will or laziness. It is not a simple “being sad” or bored, but rather a pathology that needs intervention, treatment, and monitoring by professionals with expertise in mental health. It is a disorder that impacts the lives of people who do not receive timely help affecting not only the individual himself in his feelings, thoughts, and behaviors but also harming his relationships and daily life and is prevalent among elderly people. Depression manifests through multiple symptoms, is caused by numerous factors, and is preventable with specific practices. It is described as the “most frequent mental health problem worldwide,” has a higher prevalence in women, is different from mourning and sadness, and needs to be addressed to avoid extreme situations, such as suicide.

depression

suicide

sadness

suffering

elderly

According to Brito et al. <sup>[1]</sup>, “Depression is one of the conditions that contributes the most to the global burden of diseases related to mental health” (p. 2). Considering this idea, it is essential to portray a theme that the literature points out as necessary to alert and raise awareness among the population and to allude to the need to intervene efficiently in this area. Depression is a common mental disorder that physically and mentally affects the individual <sup>[2]</sup>. The number of people with this problem explains the term “common” since, according to WHO <sup>[3]</sup>, 280 million people suffer from this pathology, where 5% are adults, and 5.7% are older adults over 60.

The symptoms of this pathology include sadness, fatigue, guilt, uselessness, recurrent thoughts of death, lack of concentration, lack of self-esteem, and loss of interest and pleasure in previously gratifying activities. It also has implications in appetite, causing a lack of or excess hunger, which leads to weight loss or gain; in sleep, with opposite extremes, i.e., individuals experience extra rest or insomnia; and in decision making, given the lack of a future perspective <sup>[4][5][6]</sup>.

There are multiple causes associated with this disorder, such as external (situations of loss, work problems, economic issues), hormonal (pregnancy and menopause), physical (stroke, infections), and even genetic (inheritance) <sup>[7]</sup>. However, it can arise without apparent cause and explanation (the person feels they have everything and has no reason to feel depressed). It accounts for its complexity since “many factors can make us feel depressed even when we believe we should feel happy” <sup>[8]</sup> (p. 5).

Therefore, given the range of symptoms, depression is characterized as a “sad, empty or irritable mood, clear variations in affect, associated with somatic, cognitive and physical changes” <sup>[9]</sup> (p. 233). It is essential to mention that, given these attributes, the individual is compromised at the cognitive level and in their daily activities due to

the amount and intensity of these symptoms, so there is a distinction between mild, moderate, and severe depression [2][5][6][9].

The study period was limited to 20 years (from 2002 to 2022). It resulted in 45 articles that were found in the following databases: Google Scholar, Pubmed, RECAAP, and Scielo using the following keywords: “elderly,” “intervention,” “depression,” “grief,” and “suicide”. The goal is to make a literature review from the last 20 years of research on the main theme of depression in elderly people; what does the literature show about this issue?

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