DEPRESSION AND AGING. Depression is not a normal part of aging. It’s a treatable medical condition. Older adults often are misdiagnosed and/or undertreated because their symptoms are mistakenly viewed as a natural reaction to illness and other life changes that tend to occur as we age (e.g., loss). This may prevent older adults from seeking help because they don’t understand they could feel better with appropriate treatment.

TREATMENT FOR DEPRESSION. There are effective treatments for depression and most people get better with appropriate treatment. Common treatments are antidepressant medication, talk therapy/counseling, or a combination of both.

ANTIDEPRESSANTS. Antidepressants are a common and effective treatment for depression. They work by restoring the right balance of certain chemicals in the brain that control mood or stress (neurotransmitters). Antidepressants can also be used to treat other conditions, such as chronic pain or sleep problems. They are not habit-forming or addictive. They’re a medication used to treat a medical condition –like taking blood pressure medication to treat high blood pressure.

SOME IMPORTANT FACTS ABOUT ANTIDEPRESSANTS:
• Give the antidepressant time to work. It may take 6-8 weeks to feel the full benefits.
• Keep taking the antidepressant, even once symptoms improve. Most people taking an antidepressant for depression should stay on it for 6-12 months. Stopping too early increases the chance symptoms will return.

COMMON REASONS ADULTS QUIT TAKING THEIR ANTIDEPRESSANT MEDICATION
• Side effects: Common ones include headaches, nausea, fatigue, restlessness, weight gain and sexual problems. Many of these tend to be mild and improve within a few weeks.
• Not seeing any change in symptoms. Remember – it may take 6–8 weeks to begin to get the full effects of the antidepressant.
• Difficulty remembering to take or refill the medication. Tools like a calendar, pill box, cell phone alarm or smart phone app can help on a daily basis. Many pharmacies also can provide refill reminders.
• Can’t get to the pharmacy. Remind Minnesota Senior Health Options (MSHO) members they can use Provide-A-Ride™️ for trips to the pharmacy to pick up covered medications.

THINGS TO DISCUSS WITH YOUR DOCTOR
• Questions about side effects or how the antidepressant is working
• Concerns about how long to take the antidepressant
• Interest in counseling/other available treatments
• Other medications/treatments, including over the counter medications, herbal remedies, and homeopathic treatments you are trying

IMPORTANT!
• Don’t stop taking your antidepressant without talking to your doctor
• Stopping an antidepressant suddenly can cause side effects or worsen symptoms
• Keep taking your antidepressant, even if you start feeling better. Stopping your medicine too early increases the chances your symptoms will return
• Talk to your doctor if side effects are too troublesome or the medicine doesn’t seem to be working – s/he may try a different dose or a different drug.
• Looking for support? The National Alliance on Mental Illness Minnesota (NAMI) offers help, including support groups for people with depression and their families. Visit namihelps.org or call 1.888.626.4435.
DID YOU KNOW?
SOME FORM OF MENTAL ILLNESS AFFECTS AS MANY AS ONE IN FOUR AMERICANS ACCORDING TO THE NATIONAL ALLIANCE ON MENTAL ILLNESS.

ADDITIONAL RESOURCES ON DEPRESSION IN OLDER ADULTS

**ANTIDEPRESSANT MEDICATION MANAGEMENT PROVIDER TOOLKIT** ([http://www.stratishealth.org/pip/antidepressant.html](http://www.stratishealth.org/pip/antidepressant.html)): A collaborative of Minnesota health plans developed this toolkit to provide resources for providers working with patients experiencing depression. See page 12 for resources for seniors.

**IMPACT PATIENT EDUCATION TOOLS** ([http://aims.uw.edu/impact-improving-mood-promoting-access-collaborative-treatment](http://aims.uw.edu/impact-improving-mood-promoting-access-collaborative-treatment)): Project IMPACT is an evidence-based depression care program affiliated with the AIMS Center at the University of Washington. The website provides patient education tools, including information targeting older adults, and a video depicting a care coordinator working with an older adult and answering questions/concerns about antidepressant medication. There is also a video that contains interviews with patients talking about their experiences with depression and depression treatment.

**CDC – DEPRESSION IS NOT A NORMAL PART OF GROWING OLDER** ([http://www.cdc.gov/aging/mentalhealth/depression.htm](http://www.cdc.gov/aging/mentalhealth/depression.htm)): The Centers for Disease Control and Prevention describes why depression is not a normal part of aging, provides tips on how to determine if a person is experiencing depression, highlights why depression is different for older adults, and provides resources on how/where to find help.

**NIMH – DEPRESSION: WHAT YOU NEED TO KNOW** ([http://www.nimh.nih.gov/health/publications/depression-what-you-need-to-know-12-2015/index.shtml](http://www.nimh.nih.gov/health/publications/depression-what-you-need-to-know-12-2015/index.shtml)): This booklet, prepared by the National Institute of Mental Health (NIMH), provides an overview of depression, including a section on older adults and a section on medications.