

## Overview of Depression Among Elderly

Riva Santra<sup>1\*</sup>, Mrs. Bindu Kumari G<sup>2</sup>

### ABSTRACT

Mental health has not been considered seriously for so many years. But the current trend says people are more getting affected by mental disorders. Depression is one of the most common one especially for geriatrics. It has been found in several studies that elderly people suffer from depression due to so many factors. In this article, we have searched several articles related to elderly depression and have found out some common data including prevalence, types, causes, symptoms, management and prevention. The common causes are cognitive decline, poor social support, lower income and dependence. The preventive strategies can be engaging in activities, social networking, healthy and balanced diet, good sleep etc.

*Keywords: Elderly, Depression*

Depression is a common mental health condition that causes persistent feeling of sadness and loss of interest in things and activities once individual used to enjoy. It is a mood disorder which can also cause difficulty in thinking, memory, eating and sleeping.<sup>1</sup>

It is different from regular mood changes and feelings about everyday life. It can affect all aspects of life, including relationships with family, friends and society. It can happen to anyone, who has experienced stressful events, any trauma, any loss of loved ones, any abuse etc. sometimes depression can even lead to suicide. So it is very important to focus on this aspect.<sup>2</sup>

Depression in older adults remains significantly underdiagnosed and undertreated. A contributing factor is the widespread misconception held by both healthcare providers and family members that depressive symptoms are a normal aspect of aging. This belief often leads to the misinterpretation or dismissal of clinical signs of depression. Additionally, the presence of comorbid physical illnesses, polypharmacy, and age-related changes in drug metabolism and sensitivity further complicate both the diagnostic process and therapeutic interventions. This review examines the clinical manifestations and risk factors associated with depression in later life and highlights the unique challenges involved in its recognition and management in the elderly population.<sup>3</sup>

<sup>1</sup>Student, M.Sc. Nursing, St. John's College of Nursing, Bangalore, Karnataka, India

<sup>2</sup>Assistant Professor, St. John's College of Nursing, Bangalore, Karnataka, India

\*Corresponding Author

Received: December 30, 2025; Revision Received: March 27, 2026; Accepted: March 31, 2026

## Overview of Depression Among Elderly

### **PREVALENCE:**

An estimated 4% of the population experience depression, including 5.7% of adults (among which .9% are aged over 70 years). Approximately 332 million people worldwide suffer from depression. It is more common in women than men. An estimated 727 people lost their lives due to suicide.<sup>2</sup>

The prevalence of depressive disorder in elderly over 60 years of age is about 5.7%. However it increases with age and reach about 27% among the old age of 85 years. Also the prevalence increases and reaches 49% of those living in old age homes or nursing homes, regardless of the severity of the depression.<sup>4</sup>

### **TYPES OF DEPRESSION:**

There are many types of depression like: Major depressive disorder, Persistent depressive disorder, seasonal affective disorder, postnatal depression, premenstrual dysmorphic syndrome etc.<sup>5</sup>

#### **Major depressive disorder:**

This is the most common form of depression which includes typical symptoms like feeling down, exhausted, gloomy and lack of motivation for at least two weeks. This may also include trouble sleeping and loss of appetite.

#### **Persistent depressive disorder:**

This is also called as chronic depression, which is a long lasting form of depression where symptoms lasts for more than two years. Though the symptoms are less severe than major depressive disorder, it is very distressing for the individuals who suffer as it a continuous episode and there is no relief.

#### **Seasonal affective disorder:**

Some people get affected by depression particularly in some season, like during dark autumn or winter. This kind of depression is called as seasonal affective disorder.

#### **Postnatal depression:**

Many mothers experience inexplicable mood changes and feel down after childbirth. In some women this turn into postpartum depression. This can be sometimes so severe that mothers have trouble looking after their child which leads to feeling of guilt in them.

#### **Premenstrual dysmorphic syndrome:**

Some women develop symptoms of depression in the second half of their menstrual cycle which improves when menstruation starts. They experience extreme mood swings, irritation, sadness, difficulty to concentrate etc.

### **Most of the elderly population suffer from major depressive disorder and persistent depressive disorder.**

### **DEPRESSION AMONG ELDERLY:**

Depression among older adults can be hard to recognize. For some sadness is not the main symptom. They could instead be feeling emotional numbness or lack of interest in activities or they may not be as open to talk about their feelings as younger adults. The signs and symptoms may look different depending on the person and the cultural background. People from some culture may express emotions like low mood and other typical symptoms where

## **Overview of Depression Among Elderly**

as people from other culture may show as physical symptoms like pains, headaches, cramps or digestive problems. The overall prevalence of depression among elderly was 35.1%.<sup>6</sup>

### **SCALES OF MEASURING DEPRESSION:**

There are several scales of measuring depression like, Hamilton depression rating scale (HAM-D), Beck Depression Inventory (BDI), Zung Self-Rating Depression Scale (SDS), hospital anxiety and depression scale (HADS), Geriatric depression scale (GDS). GDS is specially developed to screen and assess the depression severity among elderly.

### **SEVERITY OF DEPRESSION AMONG ELDERLY:**

Geriatric depression scale is especially developed to measure depression among elderly which is a 30 item scale. Maximum score is 30. Depression can be classified into 3 categories based on the severity measured by Geriatric depression scale (GDS), they are:

- No depression: (score 0-9)
- Moderate depression: (score 10-19)
- Severe: (score 20-30)

### **CAUSES OF DEPRESSION:**

There are many causes of depression. They are<sup>8</sup>:

- Stressful life events
- Vulnerable personality
- Family history
- Pregnancy
- Menopause
- Loneliness
- Alcohol and drugs
- Chronic illness
- Sudden loss
- Poor coping strategies

### **CAUSES OF DEPRESSION IN ELDERLY:<sup>9</sup>**

- Poor physical health.
- Cognitive decline.
- Chronic illness.
- Social isolation.
- Loss of spouse or loved ones.
- Poor social support.
- Trauma or Stressful life events.
- Lower income.
- Medical illness and disability.
- Poor functional status.
- Medication and substance use.

### **COMMON ILLNESS ASSOCIATED WITH DEPRESSION IN ELDERLY:<sup>10</sup>**

- AIDS
- Addison's disease
- Alzheimer's disease
- Cancer
- Cerebral atherosclerosis

## Overview of Depression Among Elderly

- Coronary artery disease
- Diabetes mellitus
- Hypothyroidism
- Epilepsy
- Multiple sclerosis
- Parkinson's disease
- Chronic kidney disease
- Post stroke

### **SYMPTOMS OF DEPRESSION AMONG ELDERLY:<sup>11</sup>**

- Memory difficulties
- Feeling of sadness, emptiness, tearfulness, hopelessness
- Feeling worthlessness, guilty, self-blame.
- Trouble thinking, concentrating, making decisions.
- Anxiety and agitation
- Personality changes
- Physical pain
- Sleep disturbances
- Fatigue, loss of appetite, sleep problems
- Loss of interest in any activities
- Often wanting to stay home rather than going out and socialize
- Ignoring important roles in life
- Suicidal thinking
- Dissatisfaction with life

### **MANAGEMENT STRATEGIES OF DEPRESSION AMONG ELDERLY:<sup>12</sup>**

- Determine a treatment setting
- Establish and maintain a therapeutic alliance
- Monitor the patient's psychiatric status and safety
- Provide education to patient and when appropriate to the family
- Enhance treatment adherence
- Address the issue or early signs of relapse
- Seek medical treatment
- Lifestyle modification
- Exercise

### **STRATEGIES TO PREVENT DEPRESSION AMONG ELDERLY:**

- Engaging physical activity
- Practicing balance exercise
- Endurance training
- Stretching and mobility training
- Strength training
- Establishing regular sleep patterns
- Eating a healthy diet
- Drinking plenty of water
- Taking opportunities to socialize
- Accessing community resources
- Volunteering
- Pursuing hobbies and interests.

### CONCLUSION

Depression among elderly is a significant but often under recognized public health concern that impacts quality of life, physical health and overall wellbeing. It is not normal part of aging but rather a treatable mental health condition. Early identification, appropriate medical and psychological support, family support and community-based programs can reduce suffering and promote healthy aging. By addressing depression proactively, we can help elderly individuals to maintain dignity, independence and a better quality of life.

### REFERENCES

1. Cleveland Clinic. Depression: Causes, Symptoms, Types & Treatment [Internet]. Cleveland Clinic; 2023 [cited 2025 Sep 11]. Available from: <https://share.google/RMAUu1ahidJ7V3Asx>
2. World Health Organization. Depressive disorder (depression) [Internet]. Geneva: World Health Organization; 2025 Aug 29 [cited 2025 Sep 11]. Available from: <https://www.who.int/news-room/fact-sheets/detail/depression>
3. S. Varma G. Depression in the elderly: clinical features and risk factors. *Aging Dis.* 2012 Dec;3(6):465-71. Epub 2012 Oct 21. PMID: 23251852; PMCID: PMC3522513.
4. Devita M, De Salvo R, Ravelli A, De Rui M, Coin A, Sergi G, Mapelli D. Recognizing Depression in the Elderly: Practical Guidance and Challenges for Clinical Management. *Neuropsychiatr Dis Treat.* 2022 Dec 7; 18:2867-2880. doi: 10.2147/NDT.S347356. PMID: 36514493; PMCID: PMC9741828.
5. InformedHealth.org (IQWiG). Depression: Learn More – Types of depression [Internet]. Cologne, Germany: Institute for Quality and Efficiency in Health Care; updated 15 April 2024 [cited 2025 Sep 11]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK279288/>
6. Depression and older adults, National institute on aging report, available online [<https://share.google/P7zWkxBOtOULDFPjg>]
7. Hong Cai, Yu JIn, Rui Liu, Qinge Zhang and et al, Global prevalence of depression in older adults, A systematic review and meta-analysis of epidemiological surveys, *Asian Journal of Psychiatry*, vol.20, feb 2023, doi:10.1016/j.ajp.2022.103417
8. Causes of depression, national health survey report, available online: [<https://share.google/COmVI64GT30xur2cM>]
9. Aziz, R, David C S, what are the causes of late life depression, the psychiatric clinics of North America, 36(4), 497-516, doi: 10.1016/j.psc.2013.08.001
10. Mayo Clinic. Clinical depression: What does that mean? [Internet]. Rochester, MN: Mayo Foundation for Medical Education and Research; 2017 May 13 [cited 2025 Sep 11]. Available from: <https://www.mayoclinic.org/health/clinical-depression/AN01057>
11. Mayo Clinic. Depression (major depressive disorder) Symptoms and causes [Internet]. Rochester, MN: Mayo Foundation for Medical Education and Research; 2025 Jun 3 [cited 2025 Sep 11]. Available from: <https://www.mayoclinic.org/disease-s-conditions/depression/symptoms-causes/syc-20356007>
12. Hastings B. 12 ways to prevent depression [Internet]. Beth Hastings Counselling; 2025 May 12 [cited 2025 Sep 11]. Available from: <https://beth-hastings-counseling-nj.com/blog/12-ways-to-prevent-depression>

## Overview of Depression Among Elderly

### ***Acknowledgment***

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

### ***Conflict of Interest***

The author(s) declared no conflict of interest.

***How to cite this article:*** Riva, S. & Bindu, K.G. (2026). Overview of Depression Among Elderly. *International Journal of Indian Psychology*, 14(1), 2458-2463. DIP:18.01.246.2026 1401, DOI:10.25215/1401.246