



# IN TOUCH

HOSPICE OF THE VALLEY DEMENTIA NEWSLETTER

JUNE 2007

## Dementia and Depression

Depression is estimated to occur in up to 40% of persons with dementia ([www.alz.org](http://www.alz.org)), and yet it is often under-diagnosed and therefore undertreated. Clinicians often find it particularly challenging to identify depression in persons with moderate to advanced dementia.

Traditional methods used for evaluating depression in the non-demented population using affect, language and engagement become increasingly limited for persons with dementia due to the neurodegenerative process. Persons with advanced dementia typically demonstrate a more blunted or flattened affect, and struggle with language abilities to effectively convey thoughts and feelings. Many caregivers do not realize that in spite of the aforementioned changes, persons with advanced dementia may reflect and communicate their experiences, even those of depression. Although the expressions may not be exactly as they were prior to the advancement of dementia, they are still present and provide valuable clues that inform and direct caregiving efforts.

Experts have developed criteria for “depression of Alzheimer’s disease” (Olin JT 2002). Compared to criteria for major depression, these place a reduced emphasis on facial expression and focus on aspects such as irritability and social isolation. If persons with advanced dementia seem anxious, sad, apathetic and/or irritable, first check to ensure that all their basic needs are met, and that they do not have pain or infection. Next, consider depression as a possible cause of these uncomfortable symptoms. Does the person demonstrate depression through nonverbal indicators such as facial expression, mood, food intake and/or sleep patterns?

It is important to identify depression in a person with dementia because treatment of mood changes may help improve functional activity, enhance the person’s quality of life, and reduce caregiver distress. Typically, anti-depressant treatment improves behavioral and psychological symptoms, allowing the person to participate in activities.

Celexa (citalopram), Lexapro (escitalopram) and Zoloft (sertraline) are the three SSRI (Selective Serotonin Reuptake Inhibitor) antidepressants most commonly used in the elderly because they have the lowest side effect and

interaction profiles. The potential side effects of fatigue, insomnia, nausea, diarrhea, anorexia and headache should resolve after a few weeks of treatment.

There are also non-pharmacologic interventions which appear to reduce depressive symptoms in dementia. One study showed that exercise and caregiver education on behavioral management helped to diminish symptoms of depression in persons with dementia (Teri 2003). Listening to music provides an alternative form of personal expression for those with limited language abilities, and can uplift and provide comfort for body, mind and spirit. Use the responses on the *About Me* form (see the *About Me* edition of *Dementia In Touch* for further information on this form) to offer customized sensory experiences throughout the day that offer moments of beauty, laughter, relaxation, spiritual comfort, meaning, connection and pleasure to enhance the person’s quality of life.

### CRITERIA FOR DEPRESSION IN ALZHEIMER’S DISEASE

A person with Alzheimer’s disease who demonstrates three or more of the following symptoms is likely to have depression (must include one of the first two):

- Significantly depressed mood
- Decreased positive feelings or reduced pleasure in response to usual activities
- Social isolation or withdrawal
- Disruption in appetite that is not related to another medical condition
- Disruption in sleep
- Agitation or slowed behavior
- Irritability
- Fatigue
- Feelings of worthlessness
- Recurrent thoughts of death or suicidal ideation



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