

DEPRESSION IN LATER LIFE AND WHAT YOU SHOULD DO ABOUT IT



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Depression is a disease. It is not a state of consciousness nor is it a natural consequence of the aging process. In older people, depression is common, serious, and under appreciated as a source of disability and suffering for older people themselves and for their families. Depression at any age is a matter of concern. In later life, depression is particularly important because of the widespread suffering that it causes suffering that is magnified by problems in the recognition of the illness. Unrecognized and untreated depression in older persons is a significantly disabling condition in its own right. Additionally, however, we have learned that depression is a source of considerable and unnecessary disability and death in older persons afflicted with a broad variety of chronic illnesses.

Depression is a disease of the brain--a whole generation of basic science and clinical investigation has clearly showed that research has also shown that treatment changes the brain when it is effective. Modern science has brought us a number of treatments that are safe, effective and appropriate for use in older people. Nonetheless, many older people and those that care for them and about them think that depression is a normal part of aging: "who wouldn't be depressed if ..." is a common thought in the face of the experience of chronic illness, loss, and social transition. Coupled with that is the stigma that those with depression and other serious mental disorders confront in their everyday lives. There is a general expectation that older people will be depressed. And so, older people will complain that they "feel lousy", that they have no interest in things, take no pleasure in things, have trouble sleeping, poor appetite, no energy, an inability to concentrate. Everyone around them will think this is normal. And when asked if they are "depressed" older people will answer "no". "Depression without sadness" is one of those seeming paradoxes in late-life and one that significantly impedes recognition and identification.

At the same time, we need to recognize that the great majority of older people do not suffer from depression. Current research is providing clues that will help us understand resilience, plasticity and avoidance of risk. This research is charting the direction for a new generation of studies to identify effective strategies for prevention.

Research at UCSD is improving our understanding of depression and its treatment. In this presentation, I will discuss the nature and clinical course of depression and will describe some of the research that is being planned at SIRA, research that builds upon UCSD's world leadership in basic science, genetics, brain imaging and environmental influences on behavior.