



Volume 4 Issue 1

January-February 2008

"Building Bridges Between Mental Health and Aging"



According to Mental Health America: Co-occurring Disorders and Depression

www.mentalhealthamerica.net

- Nearly 74 % of Americans who seek help for depression or symptoms of depression will go to a primary care physician rather than a mental health professional.
- The rate of depression among those with medical illnesses in primary care settings is estimated at 5-10%; among those hospitalized: 10-14%.
- The more severe the medical condition the more likely a person will experience clinical depression.
- People with depression experience greater distress, an increase in impaired functioning and less ability to follow medical regimens, thus hindering the treatment of any other medical conditions.
- The diagnosis of depression is missed 50% of the time in primary care settings.
- Though occurring together, depression and a general medical disorder may be unrelated.

Prevalence of Depression Co-occurring with Heart Disease and Stroke:

- Depression occurs in 40-65% of patients who have experienced a heart attack, and in 18-20% of people who have coronary heart disease, but who have not had a heart attack.
- After a heart attack, patients with clinical depression have a three to four times greater chance of death within the next six months.
- Men and woman with depression are at increased risk for coronary artery disease, but only men are at greater risk for dying.
- Depression occurs in 10-27% of stroke survivors and usually lasts about one year.
- An additional 15-40% of stroke survivors experience some symptoms of depression within two months after the stroke.
- Individuals reporting five or more depressive symptoms have more than a 50% risk of mortality due to stroke in the subsequent 29 years.

Importance of Treatment:

- People who get treatment for co-occurring depression often experience an improvement in their overall medical condition, better compliance with general medical care and a better quality of life.
- More than 80 percent of people with depression can be treated successfully with medication, psychotherapy or a combination of both.
- Early diagnosis and treatment can reduce patient discomfort and morbidity, and can also reduce the costs associated with misdiagnosis, and the risks and costs associated with suicide.

Other common co-occurring medical illnesses with depression are: Cancer (1/4 also suffer from clinical depression), Diabetes (for adult onset there is a 25% chance of having depression; depression affects up to 70% of those with diabetic complications), Eating Disorders, and Substance Abuse/Dependence.

Continued on page 2





Clinical depression is a common and serious medical illness that can be effectively treated. The risk of clinical depression is often higher in individuals with serious medical illnesses. However, the warning signs are frequently discounted by patients and family members, who mistakenly assume feeling depressed is normal for people struggling with serious health conditions...the symptoms of depression are frequently masked by other medical illnesses, resulting in treatment that addresses the symptoms but not the underlying depression. It is a myth that depression is a “normal” emotional response to another illness; it’s extremely important to simultaneously treat both medical illnesses.

Mental Health America: Co-occurring Disorders and Depression 11/08/06
www.mentalhealthamerica.net

Home Again

Helping Nursing Home Residents Return to Their Communities



This demonstration project was developed by the IL Dept. on Aging, and is administered in cooperation with the Egyptian Area Agency on Aging by Shawnee Alliance for Seniors (A division of Shawnee Health Service) to the lower 13 counties of Illinois. *Home Again* helps individuals who entered a nursing home for a long term stay, or for short term rehab, but were not able to return home. Help is usually needed to transition from the nursing home to the community. *Home Again* services may include: Emergency Home Response System, Rent and utility deposits, Purchase of basic home furnishings and household items, Adult Day Service and Homemaker Service, Help to find appropriate housing, Home Modification and Assistive Technology. A *Home Again* Case Manager will make sure all eligible services are in place the day the individual returns home, and make regular home visits to provide ongoing support. To be eligible for the *Home Again* program, the person must be age 60 or older, be able to work with a case manager to plan and select the options that will work best, and be eligible for Community Care Program Services. A *Home Again* Case Manager will meet with the nursing home resident to determine eligibility. For more information on *Home Again* services, contact Shawnee Alliance for Seniors, 6355 Brandhorst Drive, Carterville, IL 629818; Phone 618-985-8322 or 1-800-642-7773 or e-mail mkemp@shsdc.org.

BOOK CORNER:

Essential Psychopharmacology: The Prescriber’s Guide. Revised and Updated Edition. Stahl, Stephen M. (2006). ISBN 9780521683500

What are old people for? How elders will save the world. Thomas, Wm. H., M.D. (2004) ; Recipient of Heinz Award for the Human Condition and Book of the year in Consumer Health, Am. Jnl. Of Nursing. ISBN 9781889242323.

The Mature Mind. The positive power of the aging brain. Cohen, G.D., M.D. Ph.D. (2005). ISBN 0465012035.

Gerotranscendence. A developmental theory of positive aging. Tornstam, L., Ph.D. (2005). ISBN 0826131344.

Alzheimer’s from the Inside Out. Taylor, Richard. (2007). ISBN 9781932529234.



Correction to last newsletter: Dr. Enciso is a board eligible psychiatrist.

DIFFERENCES BETWEEN DEPRESSION, DEMENTIA, DELIRIUM and NORMAL AGING

Table Source: Mental Health in Later Life: A guidebook for Older Marylanders and the People who Care for Them
April 2006

| CHARACTERISTIC | DEPRESSION | DELIRIUM | DEMENTIA | NORMAL AGING |
|------------------------------|---|---|---|---|
| Onset | Variable | Usually sudden, caused by acute medical disorders | Variable, often gradual or unnoticed. | n/a |
| Duration | Weeks to Years | Days to Weeks | Months to many years | n/a |
| Progression | Variable | Symptoms suddenly severe in days | Varies with type of dementia | n/a |
| Memory | Person usually complains of memory problems | Person often denies having problems | Person often unaware; problems noted by others | People may complain of mild changes and forgetfulness |
| Attention | Often impaired | Impaired | Often intact | Normal |
| Judgment | Variable, person often believes it is impaired | Poor | Poor, person's behavior is frequently inappropriate | Normal |
| Insight | Cognitive distortion likely (self-doubt, negative thoughts, etc.) | Impairment likely, sometimes intermittent | Usually absent | Normal, consistent with personal history |
| Sleep | Early morning waking common, insomnia or excessive sleep | Typically disturbed | Often normal, day-night reversals possible | Increased likelihood of wakefulness or changes in sleep patterns. |
| Problems in functioning | Mild to extensive | Extensive | Mild to extensive | Appropriate to health status |
| Hallucinations and Delusions | Unusual | Often present and vivid | Sometimes present | Absent |

Upcoming Events

AGING IN AMERICA 2008 ANNUAL CONFERENCE OF THE NATIONAL COUNCIL ON AGING AND THE AMERICAN SOCIETY ON AGING MARCH 26-30, WASHINGTON, D.C.

Register on line at WWW.AGINGCONFERENCE.ORG

APRIL 17 & 18 MENTAL HEALTH AND AGING CONFERENCE Lincolnshire MORE info to follow....

Southern IL Pioneer Coalition Training and Meeting Dates:

Training Topics

| | | | |
|---|----------|-----------------------|-----------|
| Resident Councils | 2/13/08 | John A. Logan College | 1-4 p.m. |
| Dept. of Public Health & Culture Change | 5/14/08 | John A. Logan College | Time: TBA |
| Culture Change for the Silent/Dementia Resident | 8/13/08 | John A. Logan College | Time: TBA |
| Culture Change and Resident Rights | 11/12/08 | John A. Logan College | Time: TBA |

Meetings SIPC Advisory Committee, all at Egyptian AAA Office, 8:30-9:30 a.m.

2/21/08, 5/22/08, 8/21/08 and 11/20/08

Questions or Comments?

If you have questions or comments regarding this newsletter or MHASI you may contact the Gero-Psych Specialist in your area.

Franklin-Williamson Human Services, Inc. (Tan)

Contact Person: Lynn Tadda, LCSW

902 West Main St.

West Frankfort, IL 62896

618.937.6483 x7504

Email: lynn.tadda@fwhs.org

Heartland Human Services (Green)

Contact Person: Linda Warner, EdM, QMHP

P.O. Box 1047, 1200 N. Fourth St.

Effingham, IL 62401

217.347.7179 x1046

Email: lwarner@heartlandhs.org

Southeastern Illinois Counseling Centers, Inc. (Blue)

Contact Person: Juanita Suro, MA, LCPC

P.O. Drawer M, 504 Micah Drive

Olney, IL 62450

618.395.4309 x230

Email: jjsuro@msn.com

