

DEPRESSION AND DEMENTIA

Most people feel low or sad from time to time. This is not the same as being depressed. Depression is a condition that can last for several weeks or months. When a person has depression a number of negative feelings can dominate their life, including sadness, hopelessness and a loss of interest in things they used to enjoy.

At least one in five people in the UK will have depression at some time in their lives. However, it is more common in people with dementia, particularly if they have vascular dementia or Parkinson's disease dementia. Depression is often diagnosed when a person is in the early stages of dementia. However it can develop at any stage. Depression can also come and go.

Causes of depression

If a person has had depression in the past they are more likely to have it again if they develop dementia.

Depression often has more than one cause. The causes vary a lot from person to person including:

- a history of traumatic or upsetting events
- other health conditions or disabilities – particularly heart problems, breathing difficulties, chronic pain or hormonal problems
- side-effects of medications – including certain sleeping pills, steroids, beta-blockers and drugs used to treat Parkinson's disease
- not having enough meaningful things to do, social isolation or a lack of social support
- not getting enough good-quality sleep
- bereavement – this can make a person more vulnerable to depression, although grief itself is not normally thought of as a type of depression

- feeling stressed about issues such as money, relationships or the future
- drinking too much alcohol.

These causes can be similar for everyone – whether they have dementia or not. However, if a person in the early stages of dementia has depression, it might be directly linked to them worrying about their memory and the future.

People with [vascular dementia](#) often have more insight and awareness of their condition than people with Alzheimer's disease. This may explain why it's more common for people with vascular dementia to have depression.

The diseases that cause dementia can also sometimes cause depression.

People who live in a care home seem to be at particular risk of developing depression. This is why good staff training and regular visits from family members and friends can help to improve their wellbeing.

Symptoms of depression

Depression can affect people in different ways. There are also different levels of depression – doctors talk about people having 'mild', 'moderate' or 'severe' depression. Common symptoms include feeling sad, hopeless or irritable for much of the time. A person may lose interest or pleasure in activities they once enjoyed, or they may feel worthless, guilty or have low self-confidence.

People with depression can have disturbed sleep, such as waking in the very early morning. They may also struggle to think clearly or concentrate, or they may become more forgetful.

Older people who have depression may have slightly different symptoms than younger people. They are likely to feel more agitated and to have more health anxiety (worries about their own health). They are also more likely to have more physical symptoms, such as aches and pains.

Depression can drain a person's energy and make them feel hopeless. It could even make them think about ending their own life. This is why depression should be taken very seriously. It should not be dismissed as a person just feeling 'a bit down'.

As well as having negative feelings, if a person with dementia has depression, it can make problems with their thinking and memory worse. Depression may also make any [changes in their behaviour](#) worse. They may be agitated and aggressive. They may also have problems sleeping or refuse to eat. For people in the later stages of dementia, symptoms of depression often include tearfulness and weight loss.

Some symptoms of depression are similar to symptoms of dementia. This includes being withdrawn and having problems with memory and concentration. However, there are key differences between the symptoms of depression and dementia.

Differences between depression and dementia

- Depression tends to develop much more quickly than most types of dementia – over weeks or a few months.
- It is common for people with dementia to have problems with their speech and awareness of where they are and what time it is. This is unusual in depression.
- A person with depression may sometimes say they can't remember something but then remember when they are prompted. However, a person with dementia (particularly [Alzheimer's disease](#)) is likely not to remember recent events. They may also try to cover up their memory loss.
- A person with severe depression may have problems with their reasoning or memory. However, this is likely to be because they have poor concentration. Their problems with reasoning or memory should get better with treatment or when the depression lifts. This does not happen with dementia.

Treatment for depression

A person who has depression should be offered a range of treatments, depending on how long they've had it and how severe it is. If they have mild depression they may be offered a support group or self-help (activities and techniques they can do by themselves). If they have more severe or persistent depression their GP may prescribe an antidepressant medication, as well as (or followed by) referring them for a talking therapy (see the section 'Talking therapies').

The difficulties people with dementia may have with their mental abilities can make it harder to treat depression. This could include difficulties with their attention, communication, memory or reasoning. To have the most benefit, some types of talking therapy need a person to have these mental abilities intact. This includes cognitive behavioural therapy (CBT). However, there's no reason why a person with dementia can't benefit from talking about their thoughts and feelings with a professional counsellor or therapist, at least during the earlier stages of the condition.

Antidepressant drugs are widely used to treat depression. However they don't seem to be as effective in people with dementia. As a result, treating depression in a person with dementia can be more about improving their quality of life through:

- care and support that matches their needs, personality and preferences
- dealing with any underlying issues that may be the cause of depression, such as loneliness, or treating pain generally helping them live as positively as possible.

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