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Holiday Blues - Depression in the Elderly and Disabled

The holiday season is upon us. Care-givers for the elderly and disabled often notice a change in the attitude or mood of their loved ones at this time of year. Physical activity may diminish, symptoms of fatigue or sadness are exhibited, appetites abate, and interest in the holidays seems nonexistent.

According to the National Institute of Health, more than 20% of the senior population suffers from some form of depression. Depression in the elderly and disabled is difficult to diagnose and frequently untreated. The symptoms may be confused with medical illness, dementia, or malnutrition. Many sufferers refuse to acknowledge that they have depression and do not seek treatment.

The holidays do not cause depression. While the holidays may bring memories of earlier, perhaps happier times, illness, inactivity, the loss of a spouse or close friend, a move from home to assisted living, or a change in routine can also be factors. Depression may be a sign of a medical problem. Chronic pain or complications of an illness, memory loss and even diet, when proper nutrition and vitamins are lacking, can cause depression.

Common symptoms include: irritable mood, anxiety, feelings of worthlessness or sadness, loss of interest in daily activities, loss of weight and appetite, neglect of personal care and hygiene, fatigue, difficulty concentrating, irresponsible behavior, expressions of helplessness, death and suicide.

Depression and dementia share similar symptoms. Those who suffer from depression exhibit a rapid mental decline but retain an awareness of time, date and the environment. Motor skills may be slow and there may be an increase in concern about impaired memory. Dementia sufferers reveal a slow mental decline with confusion and loss of recognition of familiar faces and locations. Writing, speaking and motor skills can be impaired and memory loss is not acknowledged as a problem.

Whether it is depression or dementia, prompt treatment is recommended. If you are a care-taker, schedule a physical exam to rule out medical and nutritional causes. Implement a treatment program. Treatment may be as simple as relieving loneliness through visitations, outings and involvement in family activities. In more severe cases antidepressant drugs have been proven to improve quality of life. Cognitive therapy sessions with a counselor may also be effective.

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