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Mental Health of the Elderly

Having good mental health throughout life does not ensure immunity from severe depression, Alzheimer's disease, anxiety disorders and other disorders in the senior years of life. In fact, some studies show elderly people are at greater risk of mental disorders and their complications than are younger people. However, many of these illnesses can be accurately diagnosed and treated.

- From 15 to 25 percent of elderly people in the United States suffer from significant symptoms of mental illness.
- The highest suicide rate in America is among those aged 65 and older. In 1985, this age group represented 12 percent of the total U.S. population, but accounted for 20 percent of suicides nationwide. That means close to 6,000 older Americans kill themselves each year.
- Worldwide, elderly people lead the World Health Organization's list of new cases of mental illness: 236 elderly people per 100,000 suffer from mental illness, compared to 93 per 100,000 for those aged 45 to 64, the next younger group.
- Severe organic mental disorders afflict one million elderly people in this country and another two million suffer from moderate organic disorders.

Sadly, many of the nation's elderly are reluctant to seek psychiatric treatment which could cure or alleviate their symptoms and return them to their previous level of functioning. Why? Many older people don't understand mental illnesses or acknowledge that they even exist. They feel ashamed of their symptoms or else feel that they are an inevitable part of aging. Medicare, which sets the standard for health care insurance coverage, has traditionally discriminated against psychiatric care by offering a low level of benefits. Elderly people, their loved ones and friends and often their own doctors fail to recognize the symptoms of treatable mental illness in older people. They blame them on "old age" or think nothing can be done to alleviate the problem. As a result:

- Though nearly 25 percent of elderly persons suffer from symptoms of mental illness, they do not seek care; only 4 percent of the patients in community mental health centers are elderly.
- Only two percent of the patients seen in private practitioners' offices or hospitals are elderly.
- Less than 1.5 percent of the direct costs for treating mental illness is spent on behalf of older people living in the community.

Don't ignore noticeable changes in an older person's behavior or moods. These changes could be symptoms of depression, dementia, Alzheimer's disease, or other conditions for which you *can* get help. Seek medical and


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[Anxiety Disorders](#)
[Bipolar Disorder](#)
[Choosing a Psychiatrist](#)
[College Students & Alcohol Abuse](#)
[Common Childhood Disorders](#)
[Depression](#)
[Domestic Violence](#)
[Eating Disorders](#)
[Obsessive-Compulsive Disorder](#)
[Panic Disorder](#)
[Phobias](#)
[Posttraumatic Stress Disorder](#)
[Psychiatric Dimensions of HIV & AIDS](#)
[Seasonal Affective Disorder](#)
[Schizophrenia](#)
[Teen Suicide](#)
[What is Mental Illness?](#)

psychiatric evaluations which can lead to treatments that can return an older person to a productive and happy life.

Depression

Depression, considered the most common mental disorder, afflicts up to five percent of people aged 65 and older. Many researchers think this is a low estimate, because depression can mimic dementia. Some experts thus estimate that as many as ten percent of those diagnosed with dementia actually suffer from depression that, if treated, is reversible.

If you or a loved one experience any of these symptoms of depression for more than two weeks, you should seek help.

- Feelings of worthlessness, hopelessness, helplessness, inappropriate guilt; prolonged sadness or unexplained crying spells; jumpiness or irritability; loss of interest in and withdrawal from formerly enjoyable activities, family, friends, work or sex.
- Intellectual problems such as unexplainable loss of memory or the ability to concentrate; confusion and disorientation.
- Thoughts of death or suicide; suicide attempts (seek help **immediately**).
- Physical problems such as loss of appetite or a noticeable increase in appetite; persistent fatigue and lethargy; insomnia or a noticeable increase in the amount of sleep needed; aches and pains, constipation, or other physical ailments that cannot be otherwise explained.

Dementias

Dementia, which is characterized by confusion, memory loss, and disorientation, is not an inevitable part of growing old. In fact, only 15 percent of older Americans suffer from this condition. Of that number, an estimated 60 percent suffer from Alzheimer's disease, a progressive mental deterioration for which no cause or cure has been found.

The other 40 percent of all dementias can be caused by:

- Complications of chronic high blood pressure, blood vessel disease or a previous stroke. Deterioration is in steps rather than in a steady progression.
- Parkinson's disease, which generally begins with involuntary and small tremors or problems with voluntary movements. Dementia may occur when the disease is severe or very advanced.
- Huntington's disease, a genetic disorder that begins in middle age and has symptoms of changed personality, mental decline, psychosis and movement disturbance.
- Creutzfeldt-Jakob disease, thought to be caused by a viral infection leading to rapid and progressive dementia.

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[Asian American/Pacific Islanders \(AAPI\)](#)
[Hispanic Mental Health](#)
[National American Indian/Alaskan Native Heritage](#)
[Men's Mental Health](#)
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[Children's Issues](#)
[College Mental Health](#)
[Psychiatry FAQ](#)
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[Women's Issues](#)
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[- Funerals & Memorials](#)
[- Gay, Lesbian & Bi Issues](#)
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[- Patients Bill of Rights](#)
[- Postpartum Depression](#)
[- Psychiatric Hospitalization](#)
[- Storm Disasters](#)

Pseudodementias

Elderly people may become forgetful, disoriented, or confused because they have developed a quickly reversible condition that is totally unrelated to dementia. For example, drug interactions or overdoses, poor diet and other physical or mental problems cause symptoms that mimic dementia. Depression often resembles dementia in that its victims withdraw, cannot concentrate and appear confused.

These pseudodementias can be reversed when their causes are diagnosed and treated. It is therefore important that a psychiatrist first complete a thorough medical evaluation. The evaluation can differentiate true dementia from the following other factors that could mimic the condition:

Medications

Elderly people take many more prescription and over-the-counter medications than other age groups. Because metabolism is slower in the elderly, these substances can stay in the body longer and reach toxic levels more quickly. Moreover, because many older people take more than one medication and may drink alcoholic beverages, there is a high risk that the drugs will interact, causing confusion, mood changes and other symptoms of dementia.

Malnutrition caused by poor eating habits. Because the brain requires a steady supply of proper nutrients, poor eating habits or problems with digestion can upset the way the brain functions. For example, pernicious anemia, a blood disorder caused by inability to use B vitamins, causes irritability, depression or dementia. Too little sugar in the bloodstream also causes confusion and personality change. Changed eating habits may result from dental problems. An elderly person may drop certain important foods from the diet because they are hard to chew.

Diseases of the heart or lungs. The brain also requires a great deal of oxygen to work properly. If diseased lungs cannot draw enough oxygen into the blood or a diseased heart fails to pump enough blood to the brain, lack of oxygen can affect the brain and behavior.

Diseases of the adrenal, thyroid, pituitary or other glands. These glands help regulate emotions, perceptions, memory and thought processes. When they don't function, these mental processes are affected.

Alzheimer's Disease

One form of dementia--Alzheimer's disease--has received increasing attention in the years since German psychiatrist Alois Alzheimer first described it in 1907.

Alzheimer's disease is the fourth leading cause of death in America. An adult's chances of developing the illness are one in 100. One million people over 65 are severely afflicted with Alzheimer's disease and another

two million are moderately affected. The odds of developing Alzheimer's disease increase fourfold among family members of a person suffering from the disorder.

Alzheimer's disease, which causes the brain's cells to die, often begins in a part of the brain that controls memory. As it spreads to other parts of the brain, the illness affects a greater number of intellectual, emotional and behavioral abilities.

Symptoms

The onset of Alzheimer's disease is usually very slow and gradual. The first symptom is often a loss of recent, short-term memory. For example, a person forgets to turn off the stove or can't remember which medications he or she took that morning. Mild personality changes, such as increased apathy or social withdrawal, also occur.

As the disease progresses, patients have trouble with abstract thinking, handling money, working with numbers when paying bills, understanding what they are reading or organizing their days. They also may become more irritable, agitated, quarrelsome and less neat in appearance.

In late stages of the disease, the patient becomes confused or disoriented about time and date and unable to describe where he or she lives or name a recently visited place. The person ultimately stops conversing, becomes erratic in mood and uncooperative, incontinent and, in the end, becomes unable to care for himself or herself.

Scientists have not yet defined the cause of Alzheimer's disease. Researchers have learned that the brains of patients with Alzheimer's have inappropriate levels of the enzyme choline acetyltransferase, a brain chemical that is important in memory loss and disorientation. Still other research has focused on the possibility that a slow-acting virus causes the progressive brain damage seen in Alzheimer's disease. Until the cause of Alzheimer's disease is known, the cure remains elusive.

Because this disease is so widespread, many associations have organized support groups and developed educational materials and insurance information for Alzheimer's sufferers and their families. Many support groups offer day-care activities for patients and counseling for family members who are often faced with years of care for their loved one.

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