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Abstract: The article examines mental health care for the elderly in Canada. Reported are statistics that measures happiness, depression and health risks for older people, particularly in the period following retirement. The article explores initiatives that can lead to improved mental health care for older persons.

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LIFE LESSONS: MENTAL HEALTH AND AN AGING POPULATION

The world, quite literally, is getting older. Today, there are almost 500 million people above the age of 65. By 2050, that number will have increased three-fold. During the same period, the number of people aged 80 or older is expected to climb from 87 million to almost 400 million.

In Canada, the same trend holds true. In 1921, only five per cent of Canadians were 65 years or older. By 2031, it's expected nearly one-quarter of the population will be in this age group.

All of this has significant implications for the health care system. Seniors seek out medical help more frequently than younger people and put more demand on acute care beds and other resources.

But as conference delegates heard, one of the hardest truths is that aging is linked to high rates of two common mental disorders--dementia and depression.

Sweden's Dr. Ingmar Skoog reported on a series of studies that tracked people as they aged over the past four decades. One study looked at a group of 70 year-olds starting in 1971 and followed them through to the age of 100. Another, begun in 1968, involved women between the ages of 38 and 60; the last follow-up of this group occurred in 2005, when they were between 75 and 105. Yet another research project--most likely the largest of its kind in the world--has so far studied 950 people above the age of 95.

These studies show that the prevalence of dementia increases dramatically with age. At age 70, three per cent suffer from this disorder. The proportion then increases to 11 per

cent by age 79, to 30 per cent by age 85, and to 50 per cent by age 95.

While the relationship between aging and dementia is well established, the Swedish studies also suggest depression is more common in older people than previously recognized--and that it often goes undiagnosed.

"It's commonly thought the prevalence of depression may decrease after age 65," said Dr. Skoog. "But that's because earlier studies looked at the whole population over 65 and treated it as one entity."

Dr. Skoog explained that the lowest incidence of depression is in the 10 years after retirement--a period that appears to be the happiest and least stressful time in most people's lives. But the studies also show the incidence of new depression increases between the ages of 70 and 85. Among those 85 and older who are not suffering from dementia, fully 20 per cent experience depression.

Depression in the elderly can have serious physical consequences. The Swedish studies show that people over 85 who are depressed are twice as likely to suffer a stroke--in fact, depression is a stronger risk factor in this age group than hypertension. Depression is also a key factor in suicide by the elderly.

Dr. Skoog noted that no matter how frail, or even bedridden, a person gets, the will to live persists. Among 85 year-olds who do not suffer from dementia, he found only four percent felt life was not worth living. That's why it's important to look for undiagnosed depression when someone says they have lost interest in life.

Such feelings can, in fact, be a self-fulfilling prophecy. Research shows that 43 per cent of elderly women who felt life was not worth living actually died within three years, compared to 14 per cent who didn't have that feeling. Losing the will to live proved to be more fatal than 20 other analyzed disorders, including cardiovascular disease and cancer. "So when you actually lose your faith in life, you are also at risk of dying," observed Dr. Skoog. "And this is very unnecessary because the majority of these people have depression."

As for dementia, it's a difficult disorder to predict--and, therefore, to prevent. But one of Dr. Skoog's colleagues, Goteborg University Associate Professor Deborah Gustafson, told delegates there are some precautions that have at least the potential of delaying or averting the onset of dementia.

The biggest risk factor for dementia, said Dr. Gustafson, is aging itself--a person has to live long enough to enter the age range where dementia becomes commonplace. But there are several other factors that have been linked to a higher risk of dementia, including hypertension, heart disease, stroke, diabetes, obesity and smoking.

What might help protect against dementia? Vitamin supplements, a diet that includes fish or fish oil, and moderate alcohol intake (particularly of red wine) are all shown to have beneficial effects. Controlling high blood pressure and watching one's weight are also helpful.

In the absence of knowing if you are likely to develop dementia, Dr. Gustafson believes the most prudent approach is a lifelong commitment to health and wellness. "I'm just a lifestyle advocate from the get-go," she said. "We have to teach people to stay active, to watch what they eat and to take care of their health. It may have a smaller effect on

prevention, but in terms of improving quality of life, it's going to have a big pay-off."

An aging population also means health care planners must be taking steps today to prepare for increased demands on mental health services tomorrow.

Mel Slomp, Director, Information Management for the AMHB, told delegates that, if current trends persist, physicians in Alberta would be seeing an additional 23,000 individuals with dementia by 2030 as compared to 2006. Based on the current average of 12 physician visits per dementia patient, that translates into an additional 250,000 visits. Similarly, the 41,000 patient days in acute care and psychiatric facilities now generated by Albertans with dementia is projected to increase to 104,850 days by 2030.

What's required, said Mr. Slomp, is a range of strategies to improve mental health services for the elderly. These include an increase in the number of psychiatrists and gerontologists, more beds for the elderly in acute and psychiatric hospitals, more support for caregivers and a wider range of home care and outpatient options.

Mr. Slomp concluded his presentation with a question--and a challenge. "The baby boomers are relatively wealthy," he said. "They are politically connected and have high expectations about their health care. So how can some of those characteristics be used to leverage the change that needs to happen?"

PHOTO (COLOR): Dr. Deborah Gustafson, Associate Professor. Goteborg University, Sweden

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