**Depression and Falls in our Senior Population**

**What is depression?**

Depression is a serious mood disorder. It can affect the way you feel, act, and think. Depression is a common problem among older adults, but clinical depression is not a normal part of aging. In fact, studies show that most older adults feel satisfied with their lives, despite having more illnesses or physical problems than younger people. However, if you’ve experienced depression as a younger person, you may be more likely to have depression as an older adult.

Research has shown that these factors are related to the risk of depression, but do not necessarily cause depression:

* Medical conditions, such as [stroke](https://www.nia.nih.gov/health/stroke) or cancer
* Genes – people who have a family history of depression may be at higher risk
* Stress, including [caregiver stress](https://www.nia.nih.gov/health/taking-care-yourself-tips-caregivers)
* [Sleep](https://www.nia.nih.gov/health/good-nights-sleep) problems
* [Social isolation and loneliness](https://www.nia.nih.gov/health/loneliness-and-social-isolation-tips-staying-connected)
* Lack of [exercise or physical activity](https://www.nia.nih.gov/health/exercise-physical-activity)
* Functional limitations that make engaging in activities of daily living difficult
* Addiction and/or [alcoholism](https://www.nia.nih.gov/health/when-does-drinking-become-problem) —included in Substance-Induced Depressive Disorder

SOURCE: <https://www.nia.nih.gov/health/depression-and-older-adults>

Social isolation is closely linked to depression and falls in late life and are common among seniors. Results indicate that the likelihood of seniors living alone and reporting depression is the highest among those 80 years and above. Conversely, the odds of depressed seniors reporting falls is the greatest among the 60–69 year olds.

A recent publication from the [National Academy of Sciences (NAS) (2020)](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0355) underscored the high prevalence of social isolation among older adults in the US. While adverse health outcomes associated with social isolation of the elderly have been documented for decades ([Academies and of Sciences, Engineering, and Medicine (NAS), 2020](https://www.sciencedirect.com/science/article/pii/S221133552030231X#b0355), [Academies and of Sciences Engineering, and Medicine (NAS), 2018](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0360)), lockdowns and physical distancing ([Das Gupta and Wong, 2020a](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0130), [Fong et al., 2020](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0200)) during COVID19 are shining an intense spotlight on this topic ([Holmes et al., 2020](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0265)). Social isolation is closely linked to depression and falls in late life and are common among seniors ([Cudjoe et al., 2020](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0120), [Durbin et al., 2016](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0155), [Deandrea et al., 2010](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0140), [Fiske et al., 2009](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0185); [Freedman and Nicolle, 2020](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0205), [Hayashi et al., 2020](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0530); [Health Resources and Services Administration, 2019](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0245), [Petersen et al., 2020](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0385), [Quach and Burr, 2020](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0535)). All three conditions are critical public health concerns ([Fiske et al., 2009](https://www.sciencedirect.com/science/article/pii/S221133552030231X#b0185), [People, 2020](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0250), [Kelsey et al., 2012](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0310), [Academies and of Sciences, Engineering, and Medicine (NAS), 2020](https://www.sciencedirect.com/science/article/pii/S221133552030231X#b0355), [Satcher and Druss, 2010](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0415)) given the progressive aging of populations across the US ([Das Gupta and Wong, 2020b](https://www.sciencedirect.com/science/article/pii/S221133552030231X" \l "b0135)).

The proportion of seniors reporting living alone and falls increased over the elderly age categories with the reverse being true for the depression indicator. Over half of the older adults over 80 years (51.77%) were living alone, in contrast to about a third of the 70–79 year olds (33.82%), and about a quarter of the 60–69 year olds (24.56%). Whereas fall incidences reported were the highest among the 80-year olds (30.89%), the self-reported prevalence of depressive disorder was the highest among 60–69 year olds (19.47%). These age-based differences were statistically significant (p < 0.05).

***Depression is a greater indicator of falls for those 60 and older versus age.***

Associations between living alone, depression, and falls among community-dwelling older adults in the US

“The proportion of seniors reporting living alone and falls increased over the elderly age…”

“Over half of the older adults over 80 years (51.77%) were living alone, in contrast to about a third of the 70–79 year olds (33.82%), and about a quarter of the 60–69 year olds (24.56%)…”

“…the self-reported prevalence of depressive disorder was the highest among 60–69 year olds (19.47%)…”

SOURCE:

<https://reader.elsevier.com/reader/sd/pii/S221133552030231X?token=E4F8A9AE6BA337B2DF9EF471A0C720E451B64256BA497338CF09155A69FD0E84E30A2033E604BBB28D192A3A2C0C4105&originRegion=us-east-1&originCreation=20210924021220>

Depression has many symptoms, including physical ones. If you have been experiencing several of the following symptoms for at least two weeks, you may be suffering from depression:

▶ Persistent sad, anxious, or “empty” mood

▶ Loss of interest or pleasure in hobbies and activities

▶ Feelings of hopelessness, pessimism

▶ Feelings of guilt, worthlessness, helplessness

▶ Decreased energy, fatigue, being “slowed down”

▶ Difficulty concentrating, remembering, making decisions

▶ Difficulty sleeping, early-morning awakening, or oversleeping

▶ Appetite and/or unintended weight changes

▶ Thoughts of death or suicide, suicide attempts

▶ Restlessness, irritability

▶ Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

**How do I help someone with depression?** If you know someone who has depression, first help him or her see a doctor or mental health professional. Several ways you can help an older adult with depression is to:

▶ Offer support, understanding, patience, and encouragement.

▶ Help keep track of his or her appointments and weekly “pillbox” if possible because many older adults with depression may not be thinking clearly.

▶ Try to make sure he or she has a way of getting to doctor visits.

▶ Talk to him or her, and listen carefully.

▶ Never ignore comments about suicide, and report them to your loved one’s therapist or doctor.

▶ Invite him or her out for walks or outings, or to engage in indoor activities with you.

▶ Remind him or her that, with time and treatment, the depression will lift.

SOURCE: <https://www.nimh.nih.gov/sites/default/files/documents/health/publications/older-adults-and-depression/19-mh-8080-olderadultsanddepression.pdf>

**What does Dr. John J. Ratey say about the brain…**

What are “Novel Events”? Social events as a “novel event” and the impacts of BDNF on the brain. Most who are depressed, do not engage in socialization.

SOURCE: SPARK, 2008, John J. Ratey, MD.

**Top 10 Falls in the Elderly Statistics for 2021**

* 67% of falls don’t happen from a height, but rather when individuals slip or trip.
* Isolation due to the pandemic increases the likelihood of a fall-related injury.
* The prevalence of falls in the elderly is 700,000 to one million hospital patients yearly.
* Every 11 seconds, an older person is receiving treatment for a fall in the emergency room.
* 80% of hospital patient falls aren’t witnessed by staff.
* In the US, accidental falls in older people complicate 2% of hospital stays.
* Every year, 37.3 million falls worldwide result in serious injuries that need medical treatment.
* Someone dies by fall every 19 minutes.
* Falls statistics in the elderly show that older people with hearing loss have three times the risk of an accidental fall.
* Projects aimed at fall prevention have been successful, resulting in a 35% reduction in hospital fall rates.

<https://medalerthelp.org/blog/falls-in-the-elderly-statistics/>