

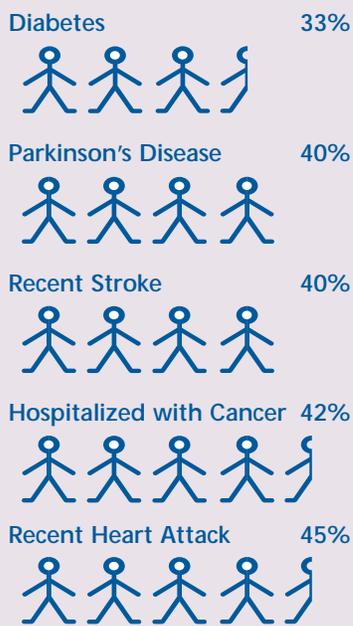


Depression

A treatable disease

Depression affects more than 19 million adults in the U.S.¹ It is common among women and people with other chronic conditions. Left untreated, depression may disrupt work, family, and personal life. Many of these consequences, however, are avoidable. Depression is a treatable disease, yet many people who are depressed do not seek treatment. Direct treatment accounts for 28 percent—\$12.4 billion—of total costs related to depression—\$43.7 billion—in the U.S. each year. Lost productivity and excess absenteeism at work account for much of the remaining costs.

PROPORTION OF PATIENTS WHO ARE DEPRESSED, BY CHRONIC CONDITION



SOURCE: Rifkin, A. (1992). "Depression in Physically Ill Patients." *Postgraduate Medicine*, 9: 147-154.

Depression affects most aspects of life including physical health, participation in social activities, satisfaction with life, and paid work.

- Adults who are depressed are much less physically healthy than adults who are not depressed.
- Adults who are depressed are less socially active and less satisfied with their life than adults who are not depressed.
- Adults who are depressed are more likely to be absent from work and experience limitations in the work that they can do, compared to adults who are not depressed.

Depression often coexists with other chronic conditions

Depression and chronic conditions often go hand in hand. Depression is one of the most common—and potentially dangerous—complications of every chronic condition because it often worsens the condition. The prevalence of depression in people with chronic conditions ranges from 25 to 33 percent. Depression is common among people who are hospitalized with cancer, have had a recent heart attack or stroke, or have diabetes or Parkinson's disease.

WHAT IS DEPRESSION?

Symptoms of depression include a depressed mood and feelings of loneliness, sadness, and unhappiness. Almost all people feel depressed at times, usually due to a troubling event or circumstance. Ongoing depression, however, is problematic. Ongoing or major depression is a serious condition that is associated with harmful symptoms, such as extreme fatigue and disinterest in usual activities. This *Profile* describes the adult population with major depression.

The population with depression is largely young, female, single, and low-income

The adult population with depression is very different from the adult population without any symptoms of depression. The population with depression is composed of larger proportions of younger adults, women, and single and low-income individuals, compared to the population without depression (see Figure 1).

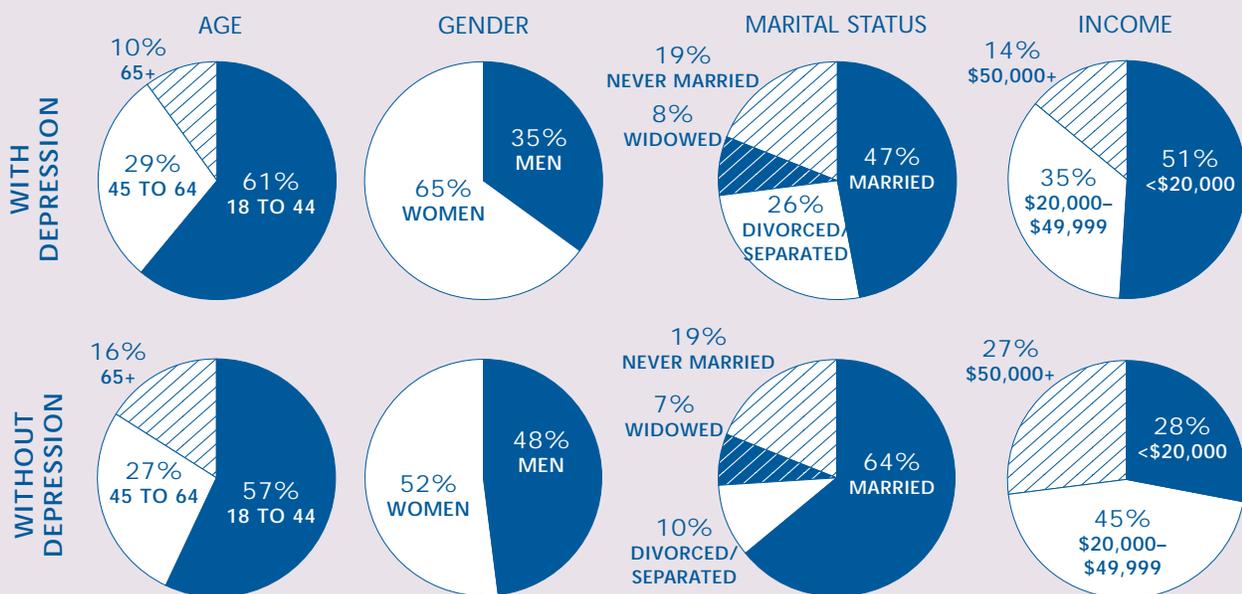
Women are more susceptible to depression

Women are twice as likely as men to suffer from depression. Higher rates of depression in women are associated with both biological and social factors. Depression occurs most frequently in women ages 25 to 44, and peaks during childbearing years. Social factors such as stress from family and work responsibilities also increase the risk of depression in women. Because women have a longer life expectancy, the death of a spouse may also contribute to higher rates of depression in elderly women.²

Men and women view depression differently

Some 43 percent of women identify depression as a health problem, compared to 32 percent of men. A larger proportion—60 percent—of men, however, view depression as an emotional weakness, compared to 48 percent of women.³ Because men are socially conditioned to hide their feelings, they are more likely to express their symptoms of depression through substance abuse, such as alcoholism, and antisocial behaviors.

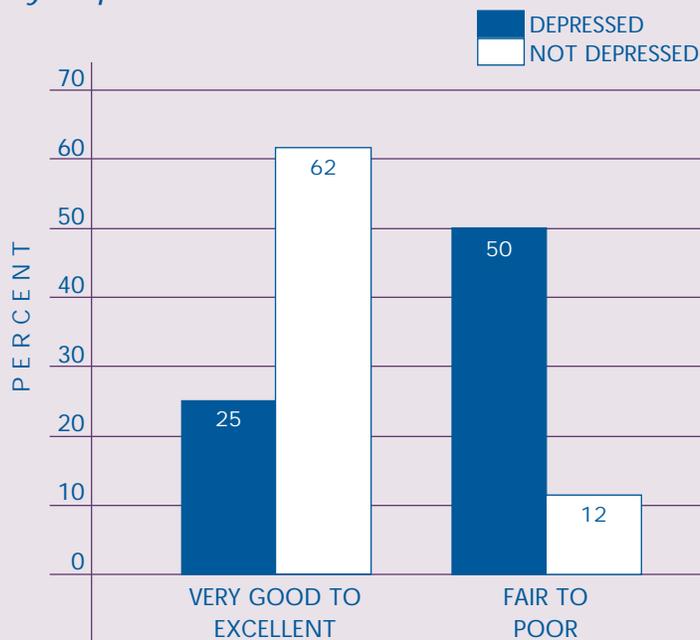
FIGURE 1 *The Populations With and Without Depression*



SOURCE: National Academy on an Aging Society analysis of data from the 1994 National Health Interview Survey of Disability, Phase I.

FIGURE 2

Physical Health Status of Adults, by Depression Status



SOURCE: National Academy on an Aging Society analysis of data from the 1994 National Health Interview Survey of Disability, Phase I.

LEFT UNTREATED, DEPRESSION CAN BE LIFE-THREATENING

Depression is a serious illness that often leads to premature death. Suicide is one result of untreated depression, and is particularly common among the elderly. Among people age 75 and older, for example, 60 to 75 percent of suicides have diagnosable depression.⁴ Researchers at Harvard University and the University of Cincinnati found that more than 80 percent of 57 premature depression-related deaths were the result of worsened chronic conditions, smoking, alcohol abuse, poor self-care, or accidents.

More than 80 percent of people who are depressed respond quickly and positively to treatment.⁵ However, in a survey of over 1,200 men and women from the U.S., nearly two out of three with depression reported waiting at least four years before seeking treatment.⁶ Common barriers to treatment include denial, shame, lack of money or insurance, and fear.

Mental and physical health status are closely related

People who are depressed tend to be less physically healthy than people who are not depressed. Half of the population with depression is in fair to poor physical health, compared to only 12 percent of the population without depression (see Figure 2). Adults with depression are not satisfied with their physical health. Among 51 to 61 year olds, for example, less than one-fifth—19 percent—of those with depression are satisfied with their physical health, compared to 89 percent of those without it.

Differences between those with and without depression with respect to emotional health are also large. Among 51 to 61 year olds, for example, 91 percent of those who are depressed report their emotional health as fair to poor, compared to only 6 percent of those who are not depressed (see Figure 3).

FIGURE 3

Emotional Health Status of 51 to 61 Year Olds, by Depression Status

	DEPRESSED (%)	NOT DEPRESSED (%)
Very Good to Excellent	1	64
Fair to Poor	91	6

SOURCE: National Academy on an Aging Society analysis of data from the 1992 Health and Retirement Study.

Exercise may reduce the risk of depression and other conditions

Regular exercise may play a role in preventing depression as well as reducing the risk for other chronic conditions, such as heart disease. Exercise often helps people sleep, feel, and look better. It may also help people handle stress better. Over half—57 percent—of 51 to 61 year olds, for example, who are not depressed engage in light exercise three or more times a week, compared to less than one-third—32 percent—of 51 to 61 year olds who are depressed.

FIGURE 4

Participation in Social Activities by 51 to 61 Year Olds, by Depression Status

	DEPRESSED (%)	NOT DEPRESSED (%)
Attends weekly religious services	35	41
Knows all or most neighbors by name	48	52
Good friends in the neighborhood	68	72
Visits regularly with neighbors	48	55
Time spent with spouse is extremely enjoyable	5	33
Prefers to spend free time with spouse	32	55
Cares for grandchildren	31	44

SOURCE: National Academy on an Aging Society analysis of data from the 1992 Health and Retirement Study.

Depression may limit social activities

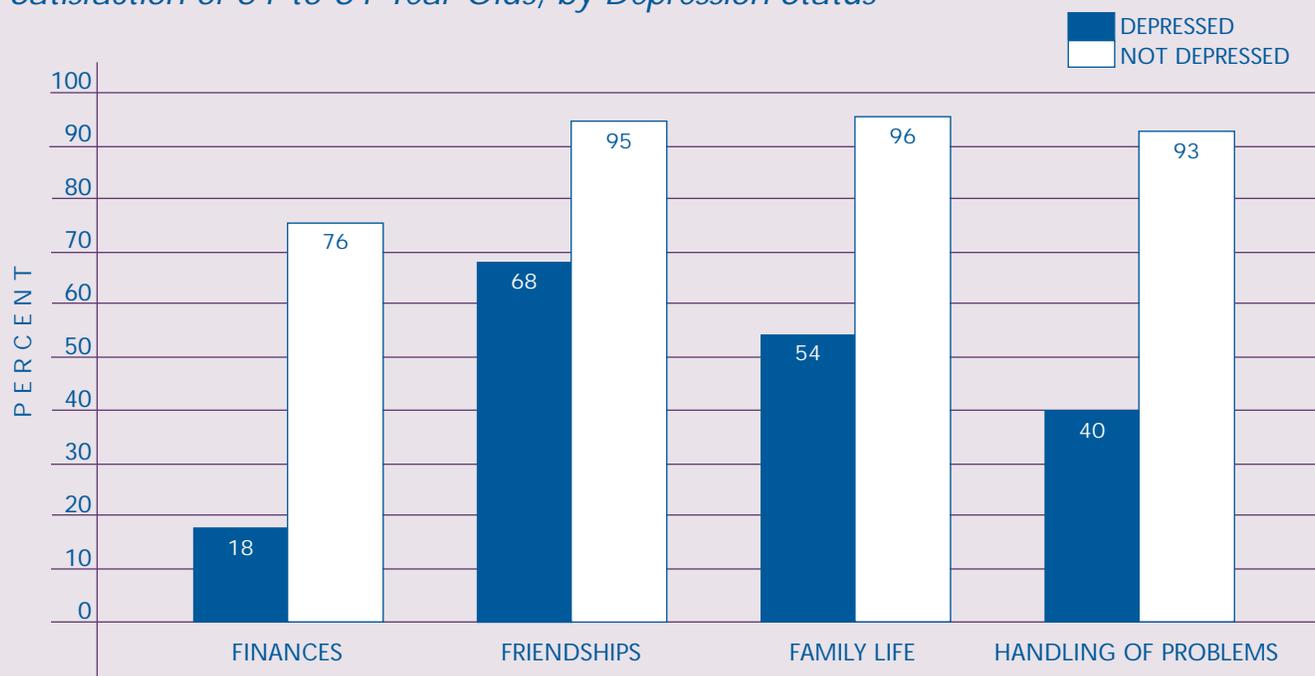
People who are depressed tend to be more withdrawn from their community, friends, and family. Among people ages 51 to 61, for example, some 8 percent of those who are depressed volunteer in their community, compared to 21 percent of those who are not depressed. Older adults who are depressed are also less likely to visit with their neighbors and spend time with a relative (see Figure 4).

People who are depressed are less satisfied with life

Among 51 to 61 year olds, just over one-quarter—28 percent—of those who are depressed are satisfied with their life as a whole, compared to 97 percent of those who are not depressed. This difference may reflect the finding that people who are depressed are less satisfied with the manner in which they handle their problems, compared to people who are not depressed. People who are depressed are also less satisfied with their friendships and family life (see Figure 5).

FIGURE 5

Satisfaction of 51 to 61 Year Olds, by Depression Status



SOURCE: National Academy on an Aging Society analysis of data from the 1992 Health and Retirement Study.

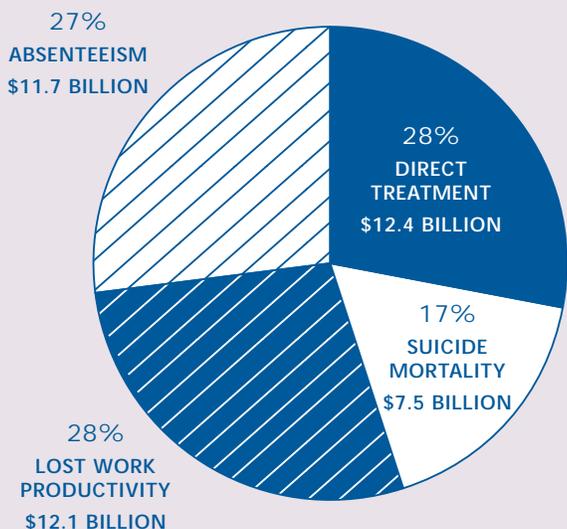
People who are depressed are less likely to work

Among 18 to 64 year olds, less than half—43 percent—of those who are depressed are working, compared to over three-quarters—76 percent—of those who are not depressed. In later years, the difference between the two groups is more extreme. Among people ages 45 to 64, for example, only 31 percent of those who are depressed are working, compared to 70 percent of those who are not depressed.

Depression decreases work productivity

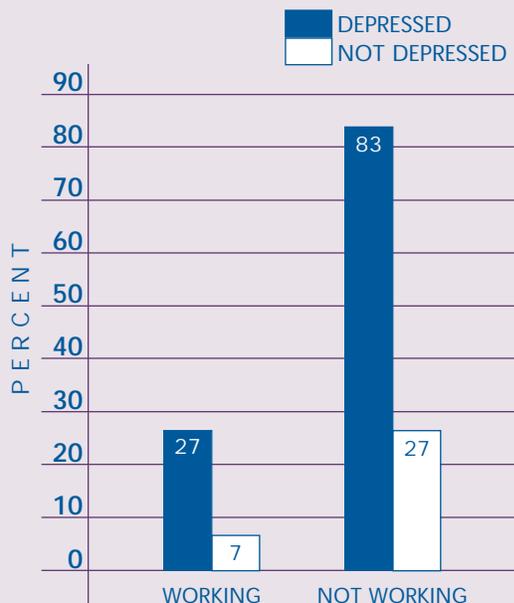
Depression results in over 200 million days lost from work each year. Among 18 to 64 year olds, for example, some 20 percent of workers who are depressed report missing a day or more of work in the past two weeks, compared to just 6 percent of workers who are not depressed. Employers bear over half—55 percent—of depression costs to the U.S. in the form of excess absenteeism and lost work productivity (see Figure 6).

FIGURE 6
Depression Costs the U.S.
\$43.7 Billion Annually



SOURCE: Greenberg, P., L. Stiglin, S. Finkelstein, and E. Berndt. (1993). "The Economic Burden of Depression in 1990." *Journal of Clinical Psychiatry*, 54: 415–418.

FIGURE 7
Proportion of 51 to 61 Year Olds Limited in Work, by Depression Status



SOURCE: National Academy on an Aging Society analysis of data from the 1992 Health and Retirement Study.

Depression limits the type and amount of work

Depression causes limitations in the type or amount of work that can be done. Among 51 to 61 year olds, for example, some 71 percent of people who are depressed, compared to 13 percent of people who are not depressed, report that a health condition limits the type or amount of work they can do. The majority of people who are depressed and not working are limited in the work they can do (see Figure 7).

Depression may even lead to a complete withdrawal from the labor force. Among 51 to 61 year olds, for example, over one-quarter—28 percent—of those who are depressed, compared to one-tenth of those who are not, are completely retired. And 37 percent of those who are depressed have not worked outside of the home for 10 or more years, compared to 8 percent of those who are not depressed.

Depressed retirees are not satisfied

The majority of 51 to 61 year-old retirees who are depressed were forced into retirement. This may contribute to the finding that only 4 percent of depressed retirees find retirement satisfying (see Figure 8).

1. National Institute of Mental Health. (1999). *Depression Research*. Bethesda, MD.
2. National Mental Health Association. (1999). *Clinical Depression and Women*. Alexandria, VA.
3. National Mental Health Association. (1996). *American Attitudes about Clinical Depression and its Treatment: Survey Implications for Women*. Alexandria, VA.
4. Conwell, Y. (1996). *Diagnosis and Treatment of Depression in Late Life*. Washington, D.C.: American Psychiatric Press.
5. National Institute of Mental Health. (1999).
6. Global Alliance of Mental Advocacy Networks. (1997). *Advocacy Groups: A Cross-National Comparison*. New York, NY.

ABOUT THE PROFILES

This series, *Challenges for the 21st Century: Chronic and Disabling Conditions*, is supported by a grant from the Robert Wood Johnson Foundation. This *Profile* was written by Lee Shirey with assistance from Laura Summer and Greg O'Neill. It is the ninth in the series. Previous *Profiles* include:

1. Chronic Conditions: A challenge for the 21st century
2. Hearing Loss: A growing problem that affects quality of life
3. Heart Disease: A disabling yet preventable condition
4. At Risk: Developing chronic conditions later in life
5. Arthritis: A leading cause of disability in the United States
6. Diabetes: A drain on U.S. resources
7. Caregiving: Helping the elderly with activity limitations
8. Childhood Asthma: The most common chronic disease among children

The National Academy on an Aging Society is a Washington-based nonpartisan policy institute of The Gerontological Society of America. The Academy studies the impact of demographic changes on public and private institutions and on the economic and health security of families and people of all ages.

FIGURE 8

Reasons for and Satisfaction with Retirement Among Retirees Ages 51 to 61, by Depression Status

	DEPRESSED (%)	NOT DEPRESSED (%)
Forced to retire	87	35
Wanted to retire	9	59
Poor health was a very important reason for retiring	91	27
Retirement is very satisfying	4	58

SOURCE: National Academy on an Aging Society analysis of data from the 1992 *Health and Retirement Study*.

ABOUT THE DATA

Unless otherwise noted, the data presented in this *Profile* are from three national surveys of the community-dwelling population in the United States. The 1994 National Health Interview Survey of Disability, Phase I (NHIS-D) was conducted by the National Center for Health Statistics. The NHIS-D asks people age 18 and older about major depression, which is defined as a depressed mood and loss of interest in almost all activities for at least two weeks. Wave 1 of the Health and Retirement Study (HRS) provides information for a population age 51 to 61 in 1992. Wave 1 of the study of Assets and Health Dynamics Among the Oldest Old (AHEAD) provides information about respondents age 70 and older in 1993 and 1994. Both data sets were sponsored by the National Institute on Aging and conducted by the Institute for Social Research at the University of Michigan. The HRS and AHEAD data sets ask about eight symptoms of depression. Major depression is defined as having seven or more of the eight symptoms.



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