

Depression: Don't Let It Keep You Down

Many factors put seniors at heightened risk for developing depression: loss of loved ones, declining health and decreased mobility. Any of these can result in social isolation and feelings of hopelessness.

"We're not just talking about temporary sadness or feeling down about something," says UCI Medical Center clinical neuropsychologist Dr. Mina Oak. "Depression is an illness."

Warning signs of depression include:

- fatigue
- change in appetite or weight
- sleeping too much or too little
- more tearful than normal
- not excited about things that once brought satisfaction or pleasure
- trouble concentrating
- feelings of guilt, worthlessness or hopelessness that a situation will not improve
- seeing every situation in negative terms
- irritability
- alcohol or drug abuse

"The first thing is to have a thorough checkup because many medical conditions are associated with depression," says Oak. Alzheimer's, dementia, stroke and Parkinson's all result in brain-related changes. And a thyroid problem is often characterized by sluggishness.

"In addition, too much medication or the wrong medication can also affect mood, so ask your doctor to review all your prescriptions," she says. Once physiological factors have been ruled out, psychotherapy or medication may be prescribed.

To prevent depression, Oak emphasizes reducing your stress load. "You can't stay healthy if you're constantly showering your body with stress-induced hormones. And do the things your mother always told you to do – eat right, get enough sleep, exercise and spend time with the people you love."



Bladder Problems? Remedies are Available

More than 30 percent of women age 60 and older struggle with urinary incontinence. "A number of factors increase the risk in women," UCI Medical Center urogynecologist Dr. Felicia Lane says. These include vaginal childbirth (especially if forceps were used), hysterectomy and use of diuretic drugs.

Obesity, too, plays a role. "Loss of muscular strength and increased abdominal pressure damage ligaments necessary for bladder control," she says.

Urinary incontinence falls into four main types. Stress incontinence is prompted by coughing, laughing or sneezing. Urge incontinence, most common in seniors, is characterized by an inability to get to the bathroom in time. Mixed incontinence is a combination of stress and urge incontinence. Overflow incontinence is an incomplete emptying of the bladder. All can be treated.

For stress incontinence, Lane recommends pelvic floor exercises (Kegels), reducing caffeine and losing weight. If those techniques fail, doctors can treat with a diaphragm that supports the urethra or with trans-vaginal taping.

Urge incontinence is treated with medications and timed voiding – retraining the bladder by going at set intervals. For urge and overflow incontinence, there is an outpatient procedure called Interstim®. A tiny wire is placed via the sacrum to a nerve that runs along the bladder, correcting abnormal nerve signals.

Most important, Lane says, is understanding that incontinence is not inevitable. "Women with urinary incontinence don't go out," she says. "They feel guilty and depressed. They limit their social interactions. They lose self-respect. Don't let that happen. Tell your doctor you have a problem and take steps to greatly improve your quality of life."

