FAST FACTS: Differentiating Pain and Depression

Depression, while it is common in older adults, is not a normal part of aging. In fact, the majority of older adults are not depressed. The likelihood of developing depression in later life increases as problems with health, such as decreased mobility and pain, interfere with quality of life. Although everyone feels sad from time to time, to be diagnosed with depression a person must have five or more of the symptoms in the list below for more than 2 weeks. However, following a significant loss such as the death of a loved one, or other life change, a two-month mourning period is allowed for prior to diagnosing a person with a major depressive episode.

- Saddened mood most of the day
- Significantly decreased interest in activities
- Difficulty sleeping
- Weight loss and overall decreased appetite
- Increased agitation/restlessness/irritability
- Fatigue
- Feelings of worthlessness or guilt
- Decreased ability to concentrate
- Suicidal thoughts or wish for death

Unfortunately, unmanaged pain can look very similar to depression in older adults. And, unmanaged pain can contribute to depression. It is important to recognize pain as different from depression in order to target treatments effectively. Symptoms of unmanaged pain may include the following:

- Crying, praying or calling out
- Increased agitation/restlessness/irritability
- Flat affect
- Diminished appetite
- Difficulty sleeping
- Decreased socialization
- Diminished cognition
- Feelings of hopelessness and despair

Routine pain assessments and effective pain management can relieve associated depressive symptoms in older adults and improve overall quality of life. Comprehensive pain assessments should be completed on all residential persons upon admission, quarterly, and with all significant changes in health. Frequent screening for pain, such as daily or even each shift, can help us be more responsive. Effective pain management helps makes everyone happy!

References