Beat depression to stay healthier and live longer: a guide for older adults and their families

Gary S. Moak

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Americans are living longer and longer, with many more people in the present day living to 80, 90, or even 100. However, these *golden years* are being tainted for many older adults by the dark specter of depression. Studies have shown that the aged are more susceptible to depression, with up to 9.1% of older adults having depressive disorders in 2010. The medical system habitually undertreats or neglects these individuals. Often, the few older adults willing to seek care are unable to get it. Additionally, more than half of all geriatric depression cases are individuals who are suffering their first episode of depression, making them less likely to seek treatment. In *Beat Depression to Stay Healthier and Live Longer: A Guide for Older Adults and Their Families*, Dr. Gary S. Moak suggests that family members and doctors need to step up in detecting depression early and in encouraging the elderly to accept treatment.

Dr. Moak is a geriatric psychiatrist and has produced this book out of his more than 30 years of experience to address the epidemic and pernicious phenomenon of geriatric depression. He has written this book in a style mixing self-help with the caution and knowledge of sound medical advice. It takes a tone which resembles the demeanor of a psychiatrist advising a patient to choose a certain path, while using humor to lighten the gravity of the subject matter.³ The book is written especially for sufferers of geriatric depression and their families.

The book is divided into three parts with multiple subchapters. It starts with a preface which details the author's career and the issue that brought the author to write this book: the statistic that 20% of the elderly have depression which commonly goes ignored and untreated. Dr. Moak tries to make the reader understand the gravity of geriatric depression

by utilizing two end-of-life case studies and a statistical comparison to Alzheimer's disease. In the first section, the author attempts to break down the many myths around depression. He especially addresses the common qualm of older adults towards treatment, specifically the belief that depression is the product of one's own mind. The author argues compellingly that depression is not merely an expected reaction to sad circumstances, as popular culture would indicate, but a disease of the brain which extinguishes the will to live and love of life from an individual. Using medical statistics, Dr. Moak debunks stigmatizing paradigms of depression, which are especially present in the elderly, such as the idea of depression being a normal part of aging, a sign of *senility*, a disease of a weak mind, or a permanent state that cannot improve for elderly patients. In the second chapter, he explains in layman's terms the subtle difference between the idea that geriatric depression is caused by the nature of old age, and the truth that depression in the aged is a byproduct of the gradual decline of the brain induced by aging. According to research, geriatric depression can appear when the brain locks itself into a setting of misery due to a variety of malfunctions. The author suggests that this is an issue that can and should be repaired. This critical difference is important, as it allows the patient to place depression with other geriatric syndromes, such as incontinence and arthritis. The book then proves the previous point by showing how the brain damage caused by well-known illnesses such as stroke, Alzheimer's Dementia, and Parkinson's Disease can actually trigger depression. Finally, Dr. Moak outlines both the different types of depression and the various other illnesses that can masquerade as depression in the elderly, being especially emphatic about the necessity of deep consideration before choosing a diagnosis.

In Part II, the author makes a persuasive argument for the treatment of depression in older adults. He proceeds to list 11 late-life diseases such as stroke, chronic pain, and diabetes and the number of ways that depression makes them all worse and more likely to appear. Dr. Moak takes care to exhaustively list the effects of depression on these diseases, making the reading of this section somewhat laborious. This section provides a much more in-depth look at the risks late-in-life depres-

sion can pose and depression-disease interactions.

Part III of *Beat Depression* covers the specifics and logistics of treatment. Dr. Moak starts out with describing how a willing family can coax a reluctant elder to accept treatment. He first provides a list of advice to families including common reasons for resistance of treatment, a list of typical situations in these cases, and ways to help the older adult go through with treatment. He then shifts perspective and addresses older adults who may require treatment for depression, trying to persuade them that there is hope and that one can undergo treatment successfully. The author then goes on to provide a small layman's guide to depression treatment, listing the various treatments, such as the many classes of antidepressants, psychotherapy, and even many alternative medicine approaches. He then dives into a cautionary note on the fact that treatment can take a long time to personalize, and that, especially in older people, it can be a matter of painstaking trial and error and of many false starts. He emphasizes that, if all other treatments fail, electroconvulsive therapy can provide effective relief. He concludes the book with a set of principles to employ in making sure that the older adult gets high-quality psychiatric help that can allow them to break the grip of depression.

Beat Depression to Stay Healthier and Live Longer is a well-written, ambitious piece of writing. For all practical intents, it is several books on this topic within two covers, and thus readers who are unfamiliar with the topic may want to choose the most suitable chapters to read for their purposes. It is a good work at advising doctors on the complications of depression, equipping families to deal with a depressed older adult, or at persuading those patients to seek treatment. Dr. Moak's writing is also effective if one wishes to hone in on any relevant section of the book in order to answer a specific question. Overall, Dr. Moak's language is approachable and his perspective compassionate.

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