

Appendix 10.

SYMPTOMS of LATE LIFE DEPRESSION

- S** *Sleep* patterns (too much, too little, can't fall asleep, can't stay asleep, interrupted through the night, fitful)
- I** *Interest* decline. (No longer care about activities once meaningful, neglect self care, neglect responsibilities, little inclination to do much of anything outside of necessities)
- G** Excessive *Guilt*. (Can result from overly sensitive conscience, feelings of sinfulness, scrupulosity, shame)
- E** *Energy*. (Usually low. Rule out physical conditions such as low blood sugar, anemia, etc. If energy is high, could be result of manic condition)
- C** *Concentration* (Low or difficult)
- A** *Appetite* (Overeat, don't eat enough, don't feel like cooking, stuff oneself with food to stuff feelings down as a distracter)
- P** *Psychomotor retardation or agitation*. (Walk slow, head bowed...typical depressed look. Or, wring hands, rock back and forth, behaviors appear anxious or nervous)
- S** *Suicide*. (Actual attempt or think about it, make gestures, threaten, make plan, have means, begin to give away treasured items to others, feel hopeless, helpless)

If two or more of these symptoms are present for a period of longer than two weeks, please call a counselor, social worker or psychologist for a depression screening. Some depressions may require medication; others, talk therapy. Medical doctors are critical to rule out physical conditions; however, they are not always "up" on advances in psychotropic medication since this is not their field of expertise. If you are suffering from depression, a therapist may recommend that you see a psychiatrist for appropriate medication and dosing. For people 65 and older, dosing is different from that for younger people. To schedule a depression evaluation, please call (440) 262-3700 or visit our web site at www.ncsmmediation.com.