

## **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](http://www.ncsmmediation.com).**