

Importance of Interdisciplinary Perspective in Recognizing and Treating Depression

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Depression in older people is an important clinical and public health problem that is commonly overlooked by health care providers. As people age, social support systems may be lost due to the death of significant others, retirement, cognitive and physical health problems, and residence relocation. With these changing circumstances, health care professionals expect older clients to show changing activity levels and reduced resilience and may miss the symptoms of depression. As a result, many older people find themselves having to manage a set of problems that could otherwise be easily treated.

Informing providers from all disciplines of depression risk factors, best practices, and new intervention research is critical in improving care. This information may eventually lead to the development of standard interdisciplinary practice protocols for depression to guide early detection in nursing homes, hospitals, and community care settings. Research shows that early detection is enhanced by targeting high-risk individuals. A recent longitudinal study identified several key risk factors associated with older adults developing major depression (Lyness, Yu, Tang, Tu, & Conwell, 2009). Older clients with low-level depression symptoms, who perceived that they have poor social support, had a history of previous depression and were at the highest risk for developing major depression in the next 1 to 4 years. These researchers also pointed out that it is this at-risk group that holds the greatest promise for cost-effective treatment benefits.

While pinpointing high-risk clients and providing timely interventions sounds simple, recognition of depression in primary care and other settings frequented by older adults remains a significant challenge. Depression is complex, often occurring comorbidly with other physical or cognitive conditions. Despite the fact that the National Institute of Mental Health (2009) states that depressive disorders should not simply be considered a normal part of aging, older people themselves often mistakenly think their persistent emotional symptoms are merely a response to illnesses and the social and financial hardships they may be experiencing. Stigma often locks the depression issue far from the health care provider's view, and thus older adults do not talk about depression unless they are directly assessed.

This special issue of *Research in Gerontological Nursing* provides new insights and evidence for nurses, therapists, and gerontologists about the benefits of training, understanding the perspective of the older person, careful assessment, treating individuals with comorbidities, and evidence to support specific pharmacological and nonpharmacological approaches. The article by Butcher and McGonigalKenney describes the experience of dispiritedness in later life from the older adults' perspective and provides details about low-level mood symptoms and the thematic areas that should be recognized as important. Smith, Johnson, Seydel, and Buckwalter's article evaluates innovative case-based depression training, which may positively influence nursing practice and collaboration with interdisciplinary providers. Pharmacotherapy best practices, along with possible side effect profiles for older adults, are discussed in the article by Rojas-Fernandez, Miller, and Sadowski. A small but important efficacy study using Reiki as a complementary and alternative treatment approach is described as an intervention for community-dwelling clients with multiple symptoms including

depression, pain, and anxiety in the article by Richeson, Spross, Lutz, and Peng. The article by Kaskie and Buckwalter describes the Collaborative Model of Mental Health Care for Older Iowans, a state-of-the-art approach to treating mental health problems in older adults. Depression in individuals with co-existing anxiety is outlined in the article by Beattie, Pachana, and Franklin, with a call for advanced training and interdisciplinary dialogue. Finally, Buettner, Fitzsimmons, and Dudley show that interdisciplinary treatment for clients with dementia and depression must be individualized and tailored to the older person to best address behavioral and psychological symptoms of dementia.

Although it appears important progress has been made in increasing detection of depression in older adults with complex conditions, it is clear that greater focus now needs to be placed on interdisciplinary treatment, continued improvements in quality of life, and achieving consistent outcomes, regardless of care setting. This special issue brings a renewed focus on the most treatable mental health problem in late life and the need to provide interdisciplinary approaches.

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