# *Your Elderly Client: Is She Really Suffering From Dementia?*

One of the most common misdiagnoses in mental health is that of dementia. This is not to say that dementia is not a real illness, or that the elderly do not suffer from it in great numbers, but it is to say that clients are not infrequently diagnosed as being demented when in fact they are really depressed. Or they may be both demented and depressed.

The reason for this diagnostic confusion is that many of the symptoms of the two illnesses are similar, if not identical. But since depression is treatable (whereas most forms of dementia are not), it is critical that a careful, accurate and **thorough** assessment be made of the elderly client. Moreover, the legal steps often needed with a demented person (i.e. conservatorship or guardianship) are not appropriate with someone who's depressed. Depression and dementia are two of the most common of all psychiatric disorders in those 65 years old and older. They're often very difficult to tell apart, and depression is not infrequently mistakenly diagnosed as dementia. Research tells us that although mental disorders are not proportionately more frequent in the elderly, a misdiagnosis with this population has potentially more damaging consequences.

## What Exactly Is Dementia?

First, some background. Dementia is an organic disorder that may be caused by many different factors, e.g. from a stroke, or a vitamin deficiency, or an endocrine disorder or from t HIV or Parkinson's Disease. Sometimes, as is the case with Alzheimer's Dementia, the underlying cause is not known. Depression, on the other hand, may have some organic etiology but is more commonly thought of as a mood disorder. Both the depressed and demented client are likely to show impairments in thinking and

memory. The depressed person, however, is far more likely to acknowledge cognitive impairment, whereas the demented person is more likely to try to minimize any problems. People who are depressed usually don't show noticeable mood swings, while those with dementia may become irrationally angry or sad, for instance, and display emotions inappropriate to the situation. Depressed people are more likely to complain about their poor memory. They are more likely to have fluctuations in their thinking abilities, and the onset of their symptoms is more sudden. However, it is very important to note that persons with dementia can also be clinically depressed. In fact, a prior history of depression earlier in life dramatically increases the possibility of dementia, and those with dementia are at a greater risk for developing depression.

A diagnosis of dementia means the individual has severe memory deficits along with at least one problem in thinking: problems with language, motor activities, inability to recognize familiar objects and/or disturbance in higher cognitive processes (e.g. abstract thinking, planning or organizing). If the client is younger than 50 years old and is displaying symptoms of dementia, it's most likely due to alcoholism or AIDS. If the client is older than 50, the incidence of dementia increases markedly, and it's most commonly due to problems in metabolism, vitamin deficiencies, Parkinson's Disease, alcoholism or stroke (a.k.a. cerebral vascular accident).

Depression in the elderly shows up differently

The symptoms most commonly associated with depression (i.e. depressed mood or guilt) are less common with seniors. Instead, the elderly tend to display physical symptoms such as problems with sleeping, eating or lack of energy. They may start neglecting self-care and become far less social. They are often apathetic towards life and seem emotionally "flat." This different presentation of depression

in the elderly is one key reason why the diagnosis is sometimes missed and the symptoms attributed to other causes.

So how can anyone be sure what the correct diagnosis is? The only certain way is a comprehensive psychological or neuropsychological evaluation which includes psychological testing, a thorough taking of the client's history and gathering of collateral information from others who know the client well. The consequences of not conducting an exhaustive evaluation can be dire indeed, and could result in an unnecessary loss of autonomy for the individual who is suffering from a treatable depression, and NOT an ever-worsening dementia.

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