

WHEN MY MOTHER STOPPED BREATHING – DISCUSSION

- I. What is going on with Mom??
 - A. Depression
 - B. Ready to die

- II. What do we know about depression in the elderly?
 - A. Community elderly – 15%
 - B. Residential (nursing home) – 25-30%
 - C. Subsyndromal depression (doesn't meet all criteria) and minor depression more common in elderly than in younger cohorts

- III. What about suicide in the elderly?
 - A. One person >65 takes their life every hour and 40 min
 - B. Suicide rate higher in elderly than in any other age group
 - C. 12% of population, 16% of suicides
 - D. Rate is 11/100,000 in general population; 14/100,000 in 65+; NHW males over 85 rate of almost 50/100,000

- IV. Ageism to think depression is normal part of aging

- V. Depression is coexistent with many diseases of aging, incl Parkinsons, cardiovascular disease, stroke, cancer, vision and hearing loss; also related to cognitive decline

- VI. Older pts respond well to combinations of drug and psychotherapy (exercise being investigated – different results)

- VII. When someone wants to die, is it always depression
 - A. Can someone reach a point when they've had enough?
 - B. Interestingly, DSMV considering removing bereavement exclusion criterion, since bereavement and minor depression look so similar and respond similarly to treatment

- VIII. What are the losses Mom experienced?
 - A. Loss of husband
 - B. Loss of independence
 - C. Loss of enjoyment in activities
 - D. Not every senior who experiences loss wants to die – how do seniors cope?

- IX. If you were the patient's doctor, what would you do?

- IX. Let's think about the family
 - A. What are the family dynamics? (brother/sister; mom)

- B. Seniors: Have you been in situations where family members have a different outlook on aging/end of life issues than your own? (eg what's the point of breathing?)
- C. Students: Have you had to be in discussions at bedside where family/friends wanted to "force a person to breathe" even if the patient didn't want it?
- C. How might these affect care
- D. How might you approach the family as the physician?
- E. Concept of providing security
 - 1. Help family members feel they're not abandoned
 - 2. Help them feel secure about competence of care, accessibility of care, and that they are valued for their family roles